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Web Announcement 2031

## **Instructions for Updating Patient Liability Amounts on Inpatient Claims**

**Attention provider types 16 (Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public), 19 (Nursing Facility), 65 (Hospice, Long Term Care) and 68 (Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private):**

If a patient liability amount is updated for a recipient after a claim has been processed, providers must submit an adjustment claim if the claim is within timely filing. Instructions for adjusting claims are explained in the [Electronic Verification System \(EVS\) User Manual Chapter 3](#).

If the claim is outside of timely filing, but within two years of the date of service, providers must first void the claim and then resubmit a new claim. The new claim must have an attachment that refers to the patient liability update and includes the Internal Control Number (ICN) of the initial patient liability deduction and a reference to this Web Announcement number.

In the future, patient liability amounts will be automatically adjusted on claims submitted by provider types 16, 19, 65 and 68. Providers will be notified when the Medicaid Management Information System (MMIS) is updated to calculate the patient liability amount automatically.