Medicaid Waiver Cost of Care Amount

Billing Instructions for Providers

March 1, 2021

What is Cost of Care Amount?

Cost of Care Amount (CoCA) is the amount of money Medicaid waiver are required to pay monthly toward the total cost of waiver services they receive (7 AAC 100.550 – 7 AAC 100.579).

Who collects a Medicaid Waiver Recipient's CoCA?

If a Medicaid recipient owes a CoCA, the amount owed must be collected by the recipient's skilled nursing facility, assisted living homes, or waiver provider(s) who provide services in the resident's home.

How do I submit a claim to Medicaid for a resident who has a CoCA?

If submitting a CMS-1500

Complete all required fields. Enter the total charge in field 28; do NOT deduct the CoCA. Do NOT enter the CoCA in field 29. If submitting an electronic claim, do NOT report CoCA as a patient payment in Loop 2300 in the AMT (Patient Amount Paid) segment and do NOT enter the F5 qualifier.

If you reduce the total charge in field 28 by the amount of the ALH resident's CoCA, or if you enter the CoCA in field 29, you will be underpaid for the stay. In the example below, if you reduce the $300 claim by the $50 CoCA, you will be paid $200 instead of $250.

If submitting a UB-04

Complete all required fields. Enter the total charge in field 47; do NOT deduct the CoCA. Do NOT enter the CoCA in fields 48 or 54. If submitting an electronic claim, do NOT report CoCA as a patient payment in Loop 2300 in the AMT (Patient Amount Paid) segment and do NOT enter the F5 qualifier.

If you reduce the total charge in field 47 by the amount of the ALH resident's CoCA, or if you enter the CoCA in fields 48 or 54, you will be underpaid for the stay. In the example below, if you reduce the $300 claim by the $50 CoCA, you will be paid $200 instead of $250.

What will my Medicaid remittance advice look like?

If the recipient is responsible for paying a CoCA, the amount will be entered as *Patient Liability* on the remittance advice. The total payment will also be reduced the same CoCA about.

MEMBER ID CLAIM CONTROL # SERVICE DATES	MEMBER NAME PATIENT ACCT NBR REV HCPCS MOD	HCPCS DESCRIPTION	Rend Prov	UNITS	BILLED	ALLOWED	DISALLOWED	EOB	STATUS
060xxxxxx 20184xxxxxxxxx 03/01/2021	Doe, Jane 123456 T2031	Assist Living	xxxxxxxxxx	1.0	$150.00	$150.00	$0.00		P
03/01/2021	T2031	Assist Living	xxxxxxxxxx	1.0	$150.00	$150.00	$0.00		P
			TOTAL CHARGE		$300.00	$300.00	$0.00		
TPL $0.00	PATIENT LIABILITY $50.00		CO-PAYMENT $0.00 CONTRACTUAL			PAYMENT $250.00			
EOB Codes									

What happens if the Medicaid waiver recipient refuses to pay their CoCA?

Just as a provider is responsible for collecting from a private pay resident, patient, client, or customer, the provider is responsible for collecting CoCA from a Medicaid waiver recipient.