



Medicaid Waiver Cost of Care Amount

Billing Instructions for Waiver Providers

Effective August 1, 2020

What is Cost of Care Amount?

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

Who collects a waiver recipient’s Medicaid COCA?

Effective for dates of service on and after August 1, 2020, the Alaska Department of Health and Social Services, Division of Health Care Services will collect COCA for Medicaid waiver recipients who live independently, i.e., NOT in assisted living homes. Waiver providers will no longer be responsible for collecting the COCA, and Medicaid will no longer reduce the amount paid to the waiver provider by the amount of the Medicaid waiver recipient’s COCA.

How do I submit a claim to Medicaid for a waiver recipient who has a COCA?

Complete a CMS-1500 with all necessary information. Effective for dates of service on and after August 1, 2020, enter the total charge in field 28; do NOT enter 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.

What happens if I reduce a Medicaid claim I submit by the waiver recipient’s COCA?

If you reduce the total charge in field 28 by the amount of the Medicaid waiver recipient’s COCA, or if you enter the COCA in field 29, you will be underpaid. In the example below, if you reduce the \$145.24 claim by the \$50 COCA, you will be paid \$95.24 instead of \$145.24 and you cannot collect the \$50 COCA from the recipient.

What will my Medicaid remittance advice look like as of August 1, 2020?

The following example shows what a remittance advice will look like when submitting a claim that is not reduced by the recipient’s COCA.

Claim submitted by waiver provider = \$145.24
 Medicaid recipient’s COCA = \$ 50.00
 Claim payment to waiver provider = \$145.24

MEMBER ID	MEMBER NAME	HCPCS	REND PROV	UNITS	BILLED	ALLOWED	DISALLOWED	EOB	STATUS
CLAIM CONTROL #	PATIENT ACCT NBR	DESCRIPTION							
SERVICE DATES	REV HCPCS MOD								
060xxxxxx	Doe, Jane								
20184xxxxxxxx	123456								
8/1/2020	XXXXX	xxxxxxxxx	xxxxxxxxx	1.0	\$122.93	\$122.93	\$0.00		P
8/2/2020	XXXXX	xxxxxxxxx	xxxxxxxxx	1.0	\$ 22.31	\$ 22.31	\$0.00		P
					TOTAL CHARGE	\$145.24	\$145.24	\$0.00	
TPL \$0.00	PATIENT LIABILITY \$0.00		CO-PAYMENT \$0.00				PAYMENT \$145.24		
			CONTRACTUAL						
EOB Codes									

Can I continue to collect the COCA amount from Medicaid waiver recipients?

No. Effective August 1, 2020, non-ALH waiver service providers are prohibited from collecting a Medicaid waiver recipient’s COCA.