



**MaineCare Services**  
 An Office of the  
 Department of Health and Human Services

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# Memorandum

**To:** Providers serving Members with cost of care  
**From:** Office Of MaineCare Services  
**Date:** September 28, 2010  
**Re:** Monthly Billing Requirements for Cost of Care Providers in MIHMS

Starting with September 1, 2010 dates of service and later, all providers serving members with cost of care will be required to bill MaineCare monthly rather than weekly or bi-weekly. Monthly billing will make cost of care simpler and easier for everyone. The facilities that will have a cost of care deducted from their claims include:

MIHMS Provider Type Code	MIHMS Specialty Code	MeCMS Specialty
Alternative Residential Facility	No Specialty	Adult Family Care Homes
Boarding Home	Cost Reimbursed Boarding Homes (CRBH) (Case Mix)	Appendix C Private Non-Medical Institutions (PNMIs); (Medical and Remedial Service Facilities)
Boarding Home	Cost Reimbursed Boarding Homes (Non-Case Mix)	Appendix F Private Non-Medical Institutions (PNMIs); Non-case mixed Medical and Remedial Facilities
Group Home (Developmentally Disabled)	ICF/MR	ICF MRs
Nursing Home	Brain Injury Facility	Nursing Facilities
Nursing Home	Cost Reimbursed Boarding Homes (Case Mix)	Nursing Facilities
Nursing Home	ICF/MR	Nursing Facilities
Nursing Home	Nursing Home	Nursing Facilities
Hospital	When the member is admitted to a Nursing Home or an ICR/MR from a hospital and the admit date is after the 1st of the month, Cost of Care will be deducted from the hospital claim.	

For dates of service prior to September 1, 2010 providers will bill MeCMS. MeCMS will accept weekly billing. For all dates of service on or after September 1, 2010, providers must bill MIHMS (Maine Integrated Health Management Solution) on a monthly basis.

## **MaineCare Services**

### **Cost of Care Deduction Rules for Admit/Discharge Months**

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Because September 1, 2010 is in the middle of the week (Wednesday), if you were billing weekly, you will bill MeCMS for August 30 thru August 31<sup>st</sup>. Then, you will bill MIHMS for the month of September (September 1<sup>st</sup> through September 30<sup>th</sup>). This will ensure that the cost of care in MIHMS will be calculated correctly.

#### **Cost of Care Deduction Rules**

Please see the attached document for details of how the cost of care deduction rules in MIHMS.

Note: There is a change in the deduction of cost of care on Appendix C and F PNMI and Alternative Residential Facility. monthly claims. For these claims, cost of care will only be deducted from the room and board revenue code.

For Nursing Facilities billing after Medicare who are part of the QMB population, cost of care will no longer be deducted from the coinsurance/deductible claims . Nursing facilities billing for non-QMB members will continue to have Cost of Care deducted from their Medicare coinsurance/deductible claims.

If you have questions regarding the MIHMS monthly billing requirement and how it will affect you as a provider serving members with cost of care please e-mail: [MaineCare2010.DHHS@maine.gov](mailto:MaineCare2010.DHHS@maine.gov)

## MaineCare Services Cost of Care Deduction Rules for Admit/Discharge Months

### Chart Key:

AFCH= Adult Family Care Homes  
 ARF= Alternative Residential Facility (formerly Adult Family Care Home in MECMS)  
 Hospital= Inpatient Beds and Swing Beds  
 ICF/MR= Group Home ICF/MR  
 ICF= Intermediate Care Facility  
 NF= Nursing Facility  
 PNMI= Private non-Medical Institution (Appendices C and F)

***This document addresses those facilities where cost of care is deducted from claim payments. Cost of Care from members receiving Waiver services are mailed directly to the State and will not be deducted from claims.***

***When billing for month of discharge to either CRBH or ARF, please use Patient Status Codes of 01 (discharge to home/self care routine discharge) or 70 (discharge/transfer to another type of health care institution not defined elsewhere in the code list).***

**Please Note:** It is the facility's responsibility to reimburse the member any unused portion of their Cost of Care if the full amount is not used in the month.

Member moves:		
From	To	Is Cost of Care Owed?
Home	NF	No, unless admitted on 1st of the month and is a resident the entire month.
Home	PNMI	No, regardless of day of admit.
NF #1	NF #2	Yes to NF #1 for allowable charges not exceeding Cost of Care owed to facility.
NF	PNMI	No to either facility.
NF	Hospital	Yes to NF for allowable charges not exceeding Cost of Care owed to facility.
NF	Home	No.
NF	Deceased	Yes to NF up to allowable charges.
PNMI	NF	Yes to PNMI for allowable charges not exceeding Cost of Care owed to facility.
PNMI #1	PNMI #2	Yes to PNMI #1 unless admitted on 1st of the month. If member is admitted to PNMI #2 on first of the month, no COC is deducted from either facility.
PNMI	Hospital	Yes to PNMI for allowable charges not exceeding Cost of Care owed to facility.
PNMI	Home	Yes to PNMI up to allowable charges.
PNMI	Deceased	Yes to PNMI up to allowable charges.
Hospital	NF	Yes to Hospital for allowable charges not exceeding Cost of Care owed to hospital.
Hospital	NF (under skilled Medicare)	Yes to Hospital up to allowable charges.

Note: PNMI rules also apply to ARFs