

## Client Share (Recipient Liability)

### PURPOSE

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Recipient liability is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. It works like a monthly deductible. Recipient liability does not apply to members who have Medicaid Expansion coverage.

### APPLICABILITY

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Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System (AVRS) by dialing 1.877.328.7098.

The recipient liability amount is based on the difference between a member or household's monthly net income and Medicaid income limits.

Certain medical expenses such as health insurance or Medicare premiums, that a member is responsible to pay, can be used to lower a member's monthly recipient liability if they submit proof of the expenses to the human service zone.

Each month ND Medicaid applies a member's recipient liability amount to claims submitted based on the order in which the claims are submitted and processed. The recipient liability may be applied to one or more claim(s). Once the entire monthly recipient liability amount is applied to a claim(s), ND Medicaid pays for other covered services received during the month.

When recipient liability is applied to a claim, ND Medicaid sends a notice to the member showing the provider's name, date of service, and the amount of recipient liability owed to the provider. The member is responsible for paying the recipient liability to the provider(s) listed on the notice.

Providers are notified via the remittance advice of the amount of recipient liability owed from a member. Providers (except for Point-of-Sale Pharmacy) may not collect RL at the time of service.

### DEFINITIONS

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- [Client Share \(Recipient Liability\)](#) - the amount of monthly net income after all appropriate deductions, disregards, and Medicaid income levels have been

allowed. All such income must be considered to be available for payment of medical services provided to the eligible individual or family.

## REFERENCES

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- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)
- [Client Share Fact Sheet](#)

## RELATED POLICIES

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- [Client Share 510-05-90-20](#)

## FREQUENTLY ASKED QUESTIONS

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**Q:** How is my Client Share determined?

**A:** Client share is determined based on the total countable income less allowable deductions and the appropriate income level for the Medicaid unit. Some common deductions are health insurance premiums, payroll taxes (FICA, state tax and Medicare deduction) and childcare expenses.

**Q:** What should I do when my Client Share is reduced, and I have already paid for my medical expenses?

**A:** When your Client Share is reduced for the current or previous months, North Dakota Health and Human Services will review your claims. The department will pay the provider and tell the provider to repay you. Neither you nor the provider should have to do anything.

**Q:** How does Client Share work when I have other insurance along with Medicaid?

**A:** Your other insurance is the first source of payment. Your medical provider must bill your insurance company before billing ND Medicaid. You must report your insurance coverage to the Customer Support Center or a human service zone office and medical providers. Once your other insurance has paid its part of the bill, it is then reviewed for payment by ND Medicaid. If you still have a Client Share for that month, it must be paid and applied to the bill before ND Medicaid pays.

**Q:** How does Client Share work for members who have health plans issued by tribes?

**A:** Members are responsible to pay their client share. Medicaid pays before Tribal Self-Insured Plans. Because Medicaid pays primary to Tribal Self-Insured Plans, these plans are not entered into the Medicaid Management Information System

(MMIS). Tribal employees who are fully insured due to employment will have their plans entered into the MMIS system and Medicaid is payor of last resort.

**Q:** How does Client Share work when a member sees an Indian Health Service or tribal health program provider?

**A:** Client share is not applied to claims from Indian Health Service (IHS) or tribal providers. Tribal providers are defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with IHS under the Indian Self-Determination and Education Assistance Act (ISDEAA).

**Q:** How is Client Share applied to each claim?

**A:** If Medicaid is the primary payor the billed amount is applied to the Client Share. The member is not eligible for Medicaid until the Client Share has been met each month. If Medicaid is the secondary or tertiary payor the allowed amount is applied to the Client Share.

**Q:** Is the Client Share applied to non-covered charges?

**A:** No

## CONTACT

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## SUMMARY OF POLICY UPDATES

January 2024

Section	Update
Purpose and Applicability	Added information about Expansion and member responsibility

October 2025

Section	Update
	Format changes and clarifications added throughout.

January 2026

<b>Section</b>	<b>Update</b>
FAQ	Added two Q&A