

## RECIPIENT LIABILITY

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Medicaid has various eligibility categories based on income and other factors, such as disability or pregnancy. Some people qualify for Medicaid without any cost sharing while others may be responsible for a part of their medical bills. This is called recipient liability or client share.

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.

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

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

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.