

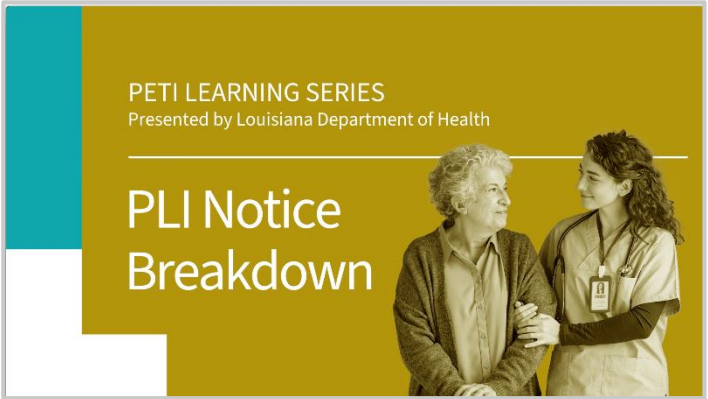
Dialogue

Welcome to the PETI Training for Providers. This training will explain the main elements of understanding the updates and changes regarding the Post-Eligibility Treatment of Income (PETI). Before we start with PETI, lets visit some of Medicaid’s policy on reported changes. Timely reporting and processing of changes will be important factors not only in how far adjustments can be applied but when they will go into effect.

Visuals



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Section L of the Louisiana Medicaid Eligibility manual outlines some specifics of what must be reported, when it should be reported and the time frames given for the changes to take place.

Enough notice must be given to the beneficiary prior to the change taking place. Advance notice rules dictate LDH must provide 10 days advance notice and appeal rights whenever it intends to change a beneficiaries PLI or coverage.

Medicaid has sent out a Memo outlining the changes and is conducting this training session to explain the changes in the PLI process, and both will remain available for review.

**Section L of the Louisiana Medicaid Eligibility manual** outlines some specifics of what must be reported, when it should be reported and the time frames given for the changes to take place.



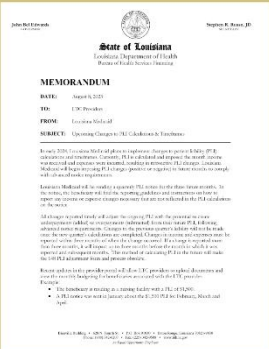
The time frame must expire prior to the action taking place. For these reasons and to allow for notification by mail it's a general rule that anything processed after the **15<sup>th</sup>** of the month the change will happen the first of the month following next month. Anything processed prior to the **15<sup>th</sup>** will take effect the following month.

## Dialogue

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## Visuals

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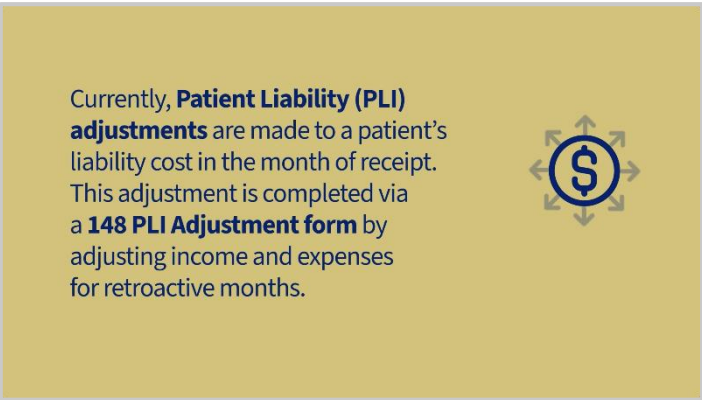
Dialogue

PETI stands for the Post-Eligibility Treatment of Income.

Currently, Patient Liability (PLI) adjustments are made to a patient's liability cost in the month of receipt. This adjustment is completed via a 148 PLI Adjustment form by adjusting income and expenses for retroactive months.

To become compliant with federal regulations and improve administrative workload, PLI will now be calculated based on the Post-Eligibility Treatment of Income (PETI) rules.

Visuals



# Dialogue

With the PETI modifications, adjustments will now be made for ongoing months instead of retrospective months.

This is based on Notification rules that allow the beneficiary time to appeal the decision. We will continuously refer to the time frame used to give notification to the beneficiary prior to any action taking place as adverse action rules.

PLI calculations will now be projected for 3 months into the future based on the date the change is being processed. When calculating PLI before the adverse action date, the PLI adjustment will be allowed to begin the following month.

When calculating PLI after the adverse action date, the PLI adjustment will begin the second month after the current date.

# Visuals

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PLI calculations will now be projected for **3 months** into the future based on the date the change is being processed. When calculating PLI before the adverse action date, the PLI adjustment will be allowed to **begin the following month**.



When calculating PLI **after the adverse action date**, the PLI adjustment will **begin the second month** after the current date.

### Dialogue

The 148 PLI has been used to make adjustments to PLI in the past. Since there will no longer be changes to payments in the past, the 148 PLI is going to be phased out as PETI rules take effect.

The 148 PLI will still be used when adjusting PLI's for changes that happen prior to PETI rules taking effect, as well as for any changes reported prior to PETI go live, but as the timely reported change restrictions take effect at PETI go live, the 148 PLI form will soon become obsolete.

Changes reported in income, such as, unearned, earned and self-employment income, and allowable expenses like Medicare part A, B, C, D Premium Payments, Health Insurance Premiums, and Incurred Medical Expenses, such as hearing, vision, and dental, can affect when PLI will be calculated based on PETI Rules.

PETI did not change how Income or expenses can affect PLI.  
The key components of PETI:

### Visuals

The **148 PLI** has been used to make adjustments to PLI in the past. Since there will no longer be changes to payments in the past, the **148 PLI** is going to be **phased out as PETI rules take effect**.

The **148 PLI** will still be used when adjusting PLI's for changes that happen **prior to PETI rules taking effect**, as well as for any changes reported **prior to PETI go live**, but as the timely reported change restrictions take effect at PETI go live, the 148 PLI form will soon become obsolete.

Changes reported in income and allowable deductions (Expenses) can affect how PLI will be calculated based on PETI Rules.	
INCOME	EXPENSES
Unearned	Medicare Part A, B, C, D Premium Payments
Earned	Health Insurance Premiums
Self-Employment	Incurred Medical Expenses Hearing, Vision and Dental

**PETI did not change how Income or Expenses can affect PLI. The key components of PETI:**



## Dialogue

- Setting a standard 3 month retro period to capture any change. Income and expense changes reported more than 3 months from the time that they were incurred will no longer be included in PLI calculations and will not result in an adjustment to PLI.
- System updates were made to capture the date information is reported to the agency. This date will be used to determine how far back an adjustment can be processed. With PETI changes the Reported-On Date will now determine if we can consider changes to income and expenses for a PLI adjustment.
- Anything outside the reported-on date minus 3 months will not be considered timely and will not be used to adjust an individual's PLI.
- To reconcile any changes reported timely and project a PLI using Advanced notice rules giving beneficiaries the opportunity to appeal any changes in eligibility or liability prior to them taking effect. Following these rules may extend the months changes are able to take effect.

## Visuals

### PETI did not change how Income or Expenses can affect PLI. The key components of PETI:

Setting a **standard 3 month retro period** to capture any change. Income and expense changes reported more than 3 months from the time that they were incurred will no longer be included in PLI calculations and will not result in an adjustment to PLI.

### PETI did not change how Income or Expenses can affect PLI. The key components of PETI:

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### PETI did not change how Income or Expenses can affect PLI. The key components of PETI:

To reconcile any changes reported timely and project a PLI using **Advanced Notice Rules** giving beneficiaries the opportunity to appeal any changes in eligibility or liability prior to them taking effect. Following these rules may extend the months changes are able to take effect.

## Dialogue

For example: (assuming PETI rules in effect)

- Beneficiary has a current ongoing PLI of \$1175
- Beneficiary purchases dental insurance with a monthly premium of \$175 effective date 8/1.
- Provider submits insurance documentation to Medicaid 10/5

This is considered timely reporting since it's within 3 months from when the change took place. Depending on when this change is processed will determine when the change takes place.

If Medicaid processes this change on 10/10 the earliest the PLI will be adjusted will be 11/1. Overpayments from August, September, and October will be carried forward to reconcile the November PLI.

It's important to note the PLI remains \$1175 for August, September, and October.

## Visuals

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If Medicaid processes this change on **10/10** the earliest the PLI will be adjusted will be **11/1**. Overpayments from August, September, and October will be **carried forward** to reconcile the November PLI.



It's important to note the PLI remains \$1175 for August, September, and October.



## Dialogue

If the analyst processes the change 10/25, the carryforward will still start from August, however because of advanced notice rules the earliest a change can take effect is 12/1.

Overpayments will be carried forward from August, September, October, and November. A general estimate is changes processed after the 15th of the month will not take effect until the month following the next month. Until the change takes effect, the beneficiary's liability does not change.

## Visuals

If the analyst processes the change **10/25**, the carryforward will still start from **August**, however because of advanced notice rules the earliest a change can take effect is **12/1**.



Overpayments will be **carried forward** from August, September, October, and November. A general estimate is changes processed **after the 15<sup>th</sup> of the month** will not take effect until the month following the next month. Until the change takes effect, the beneficiary's liability does not change.

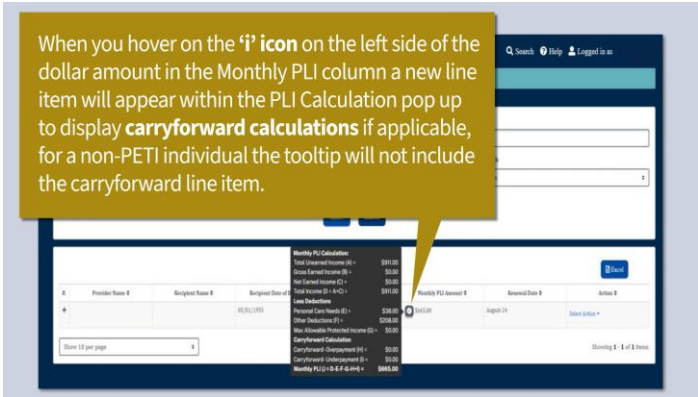
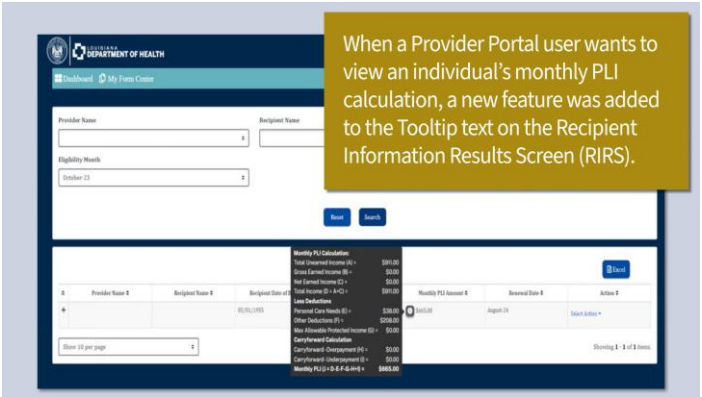
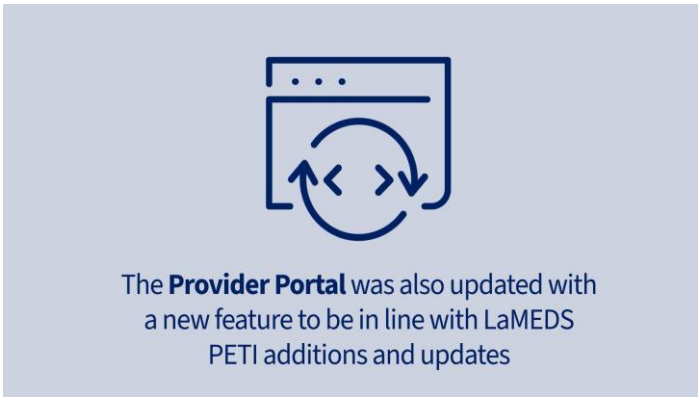
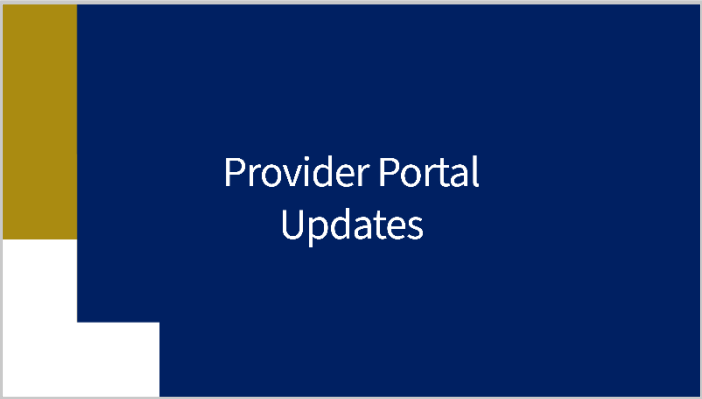
# Dialogue

The Provider Portal was also updated with a new feature to be in line with LaMEDS PETI additions and updates

When a Provider Portal user wants to view an individual's monthly PLI calculation, a new feature was added to the Tooltip text on the Recipient Information Results Screen (RIRS).

When you hover on the 'i' icon on the left side of the dollar amount in the Monthly PLI column a new line item will appear within the PLI Calculation pop up to display carryforward calculations if applicable, for a non-PETI individual the tooltip will not include the carryforward line item.

# Visuals



Dialogue

The new line-item titled Carryforward Calculations, under which users will see the addition of the titled line items as: Carryforward - Overpayment, Negative Amounts, and Carryforward -Underpayment, Positive Amounts, which we will discuss in our next section.

The Provider Portal will only display the current PLI month and the previous 5 months of PLI calculations. The PLI Summary Notice will display three projected months.

When submitting a 148 PLI form, the Provider Portal will now update the form to only pull dates that are entered before the PETI go live month of August 2024.

Visuals

The new line-item titled **Carryforward Calculations**, under which users will see the addition of the titled line items as:

**CARRYFORWARD—OVERPAYMENT**  
(Negative Amounts)

**CARRYFORWARD—UNDERPAYMENT**  
(Positive Amounts)



The Provider Portal will only display the current PLI month and the previous 5 months of PLI calculations.  
**The PLI Summary Notice will display three projected months.**



When submitting a 148 PLI form, the Provider Portal will now update the form to only pull dates that are entered **before the PETI go live month of August, 2024.**

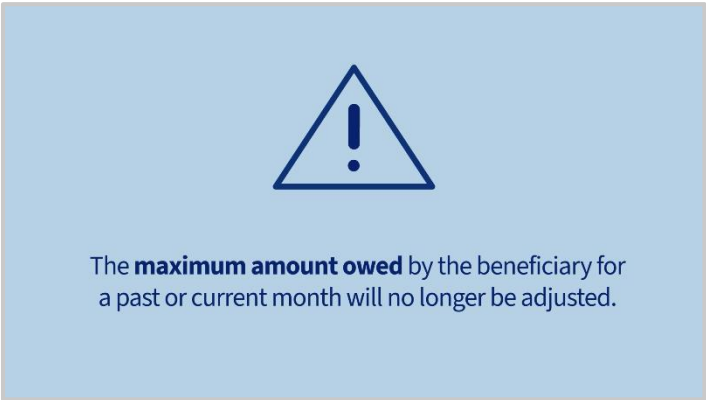
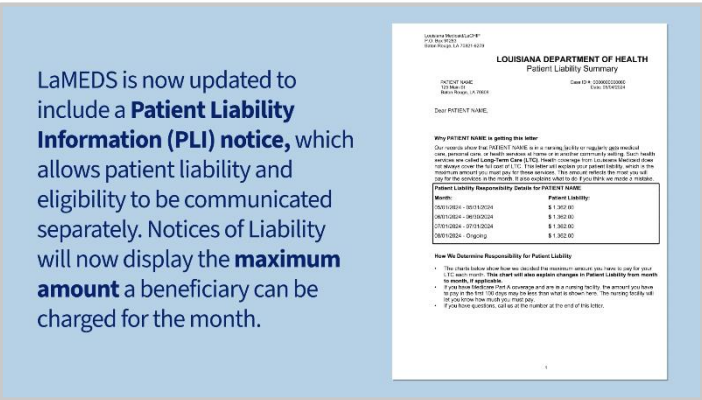
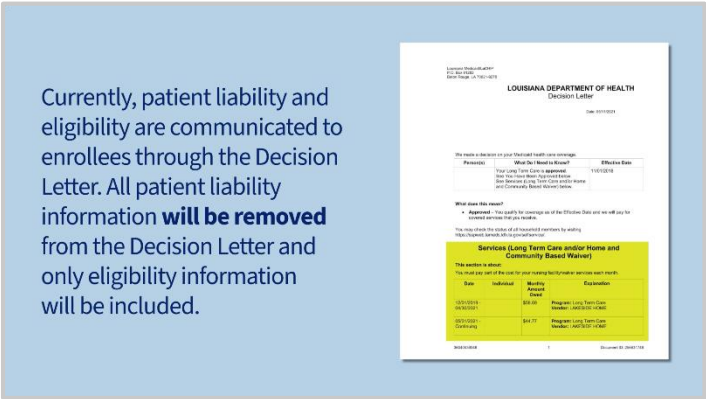
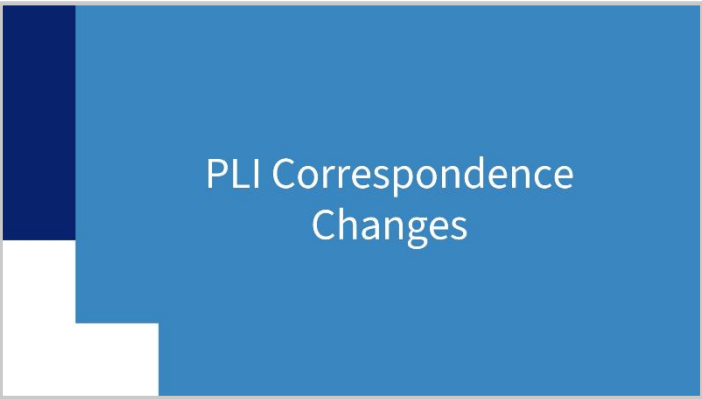
Dialogue

Currently, patient liability and eligibility are communicated to enrollees through the Decision Letter. All patient liability information will be removed from the Decision Letter and only eligibility information will be included.

LaMEDS is now updated to include a Patient Liability Information (PLI) notice, which allows patient liability and eligibility to be communicated separately. Notices of Liability will now display the maximum amount a beneficiary can be charged for the month.

The maximum amount owed by the beneficiary for a past or current month will no longer be adjusted.

Visuals



## Dialogue

The actual amount owed for the month may be reduced by hospital leave, conversion to a Medicare payment source, discharge, or death and will be up to the facility to adjust.

Partial PLI's will no longer be displayed on notices when beneficiaries admit, leave/return from the hospital, change payment sources or transfer facilities. After PETI, PLI notices will display the calculations used to determine the PLI for the month reported.

While most fields like gross income, expenses, and deductions are familiar, new terms like carryforward, overpayment and underpayment are also shown. Since Medicaid rules no longer allow any past adjustment of PLI, reconciliation of changes in PLI will be carried forward to a future month.

This reconciliation includes both overpayments and underpayments. So, a carry forwarded overpayment would be the amount we will subtract from a future liability if it is reported or we find that your income decreases, or expenses increase.

## Visuals



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While most fields like gross income, expenses, and deductions are familiar, new terms like **carryforward**, **overpayment** and **underpayment** are also shown. Since Medicaid rules no longer allow any past adjustment of PLI, reconciliation of changes in PLI will be **carried forward** to a future month.

This reconciliation includes both **overpayments** and **underpayments**. So, a carry forwarded overpayment would be the amount we will subtract from a **future liability** if it is reported or we find that your income decreases, or expenses increase.



Dialogue

A carry forwarded underpayment is the amount we will add to a future liability if it is reported, or we find we find that the beneficiary income increases or expenses decrease.

Future months PLI will be increased or decreased based on actual income and expenses received in the past three months from the date the change was reported or discovered by Medicaid, while still allowing the beneficiary sufficient time to appeal the decision by using advanced notice rules.

Advanced notice rules give the beneficiary appropriate appeal rights prior to a change taking effect.

Visuals

A **carry forwarded underpayment** is the amount we will add to a future liability if it is reported, or we find we find that the beneficiary **income increases** or **expenses decrease**.

**Future months PLI** will be increased or decreased based on actual income and expenses received in the **past three months** from the date the change was reported or discovered by Medicaid, while still allowing the beneficiary sufficient time to appeal the decision by using **advanced notice rules**.



**Advanced notice rules** give the beneficiary appropriate appeal rights prior to a change taking effect.


Scene Description

# Dialogue

- The following PLI notices have been created to communicate all patient liability information.
- Please note, PLI notices are for specific types of assistance, including Long Term Care/Long Term Care Spend Down, Waiver Spend Down, and Adult Day Health Care (ADHC) and Community Choice Waivers with VPLTC (Vendor Payment – Long Term Care) assistance.
  - Client Patient Liability Summary: Sent to clients to communicate changes to patient liability, LTC coverage, or facility.
  - Provider Patient Liability Summary/ OAAS (Office of Aging & Adult Services) / OCDD (Office for Citizens with Developmental Disabilities): Sent to providers to communicate changes to a client’s patient liability, LTC coverage, or facility.

# Visuals

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**Provider Patient Liability Summary / OAAS (Office of Aging & Adult Services) / OCDD (Office for Citizens with Developmental Disabilities):**  
Sent to providers to communicate changes to a client’s patient liability, LTC coverage, or facility.

The following **PLI notices** have been created to communicate all patient liability information:

**CLIENT PATIENT LIABILITY SUMMARY:**  
Sent to clients to communicate changes to patient liability, LTC coverage, or facility.

# Dialogue

There are multiple reasons why a PLI notice will be generated. Beneficiaries and Providers will receive a notice for all instances of intake.

On an individual level, PLI notices will generate under the following circumstances for beneficiaries and Providers:

- An individual who currently receives non-Long-Term care adds an individual who is approved for LTC coverage.
- An individual in a PLI-enabled type of assistance and an individual is added to the case who is approved for LTC coverage.

# Visuals

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On an individual level, **PLI notices** will generate under the following circumstances for beneficiaries and Providers:

2

An individual in a PLI-enabled type of assistance and an individual is added to the case who is approved for LTC coverage.

## Dialogue

- An individual or case with LTC coverage that was closed then reverted to open.
- An individual or case with LTC coverage was closed but the individual(s) re-applies and is approved for LTC coverage.

Changes in Household information can also cause a PLI notice to generate. Listed below are some examples of reported household changes:

- An individual undergoes intake for LTC. A 142 Medical Certification and Nursing Home Information is added with the payment source identified as Medicaid only. In this scenario, beneficiaries and Providers would receive the notice.
- An individual receiving LTC coverage undergoes a case change that results in the transfer from one facility to another without changing assistance programs. In this scenario, only the Provider would receive the notice.

## Visuals

On an individual level, **PLI notices** will generate under the following circumstances for beneficiaries and Providers:

**3**

**An individual or case with LTC coverage that was closed then reverted to open.**

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**4**

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An individual undergoes intake for LTC. A 142 Medical Certification and Nursing Home Information is added with the payment source identified as Medicaid only. In this scenario, beneficiaries and Providers would receive the notice.

**Changes in Household information** can also cause a PLI notice to generate. Listed below are some examples of reported household changes:

**2**

An individual receiving LTC coverage undergoes a case change that results in the transfer from one facility to another without changing assistance programs. In this scenario, only the Provider would receive the notice.

## Dialogue

- An individual receiving LTC coverage undergoes a case change to change or add a payment source that results in a change or break in PLI. In this scenario, beneficiaries and Providers would receive the notice.

A PLI notice will generate with reported income changes or changes in the individuals' expenses for both beneficiaries and Providers.

In instances of a case change, a new section stating there has been a change to income and/or expense will display.

Additionally, when a second case change is done in the same day that results in a change in PLI or a change in facility, the PLI notice will be updated with the most recent authorization.

## Visuals

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Dialogue

This table will display each month of LTC coverage that was processed. In our example, this notice was generated to reflect the beneficiary’s initial start of PLI payments.

**Note:** This section will appear for Intake cases, transitions to Long Term Care or new Vendor Payment Long Term Care segment updates.

**Patient Liability Responsibility Details:** This table will display each month of LTC coverage as well as the corresponding final adjusted PLI amount for each of the listed months. The final month listed in this table will display as ‘ongoing.’

Above the Patient Liability Determination – ‘Your Income’ the start and end date will show the benefit period in which the calculation occurred.

Visuals

PLI SUMMARY BREAKDOWN

LOUISIANA DEPARTMENT OF HEALTH  
Patient Liability Summary

Why PATIENT NAME is getting this letter

Month	Patient Liability
05/01/2024 - 05/31/2024	\$ 1,362.00
06/01/2024 - 06/30/2024	\$ 1,362.00
07/01/2024 - 07/31/2024	\$ 1,362.00
08/01/2024 - Ongoing	\$ 1,362.00

Below the Determination Responsibility for Patient Liability

- The chart below shows how we calculated the maximum amount you have to pay for your LTC each month. This chart will also explain changes to Patient Liability from month to month, if applicable.
- If you have Respite Care it is coverage and you do not pay for it. The amount you have to pay in the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.
- If you have questions, call us at the number at the end of this letter.

PLI SUMMARY BREAKDOWN

Patient Liability Responsibility Details:

LOUISIANA DEPARTMENT OF HEALTH  
Patient Liability Summary

Why PATIENT NAME is getting this letter

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- If you have questions, call us at the number at the end of this letter.

PLI SUMMARY BREAKDOWN

Above the Patient Liability Determination — ‘Your Income’

Start Date

End Date

Retirement, Social Security, and Disability Insurance (RSDI) - Social Security Supplemental Security Income (SSI) - Federal benefits Other Unearned Income Earned Income Total Gross Income

Minus Earned Income Deduction Remaining Income

Personal Maintenance Needs

Personal Maintenance Needs (PMN) - Social Security Family Member Needs (SSFMN) - Health Insurance/Medicaid-Covered Medical Expenses (HME) Careforward Calculations Income Remaining after Deductions Careforward - Deduction of Part (B) Careforward - Unemployment (if any) (B) Maximum Amount You Must Pay/Patient Liability (B)

(1) Personal Maintenance Needs

(2) Personal Maintenance Needs

(3) Personal Maintenance Needs

(4) Careforward - Deduction

(5) Careforward - Unemployment



Dialogue

To the right inside the grey arrow individuals can also see how income is budgeted.

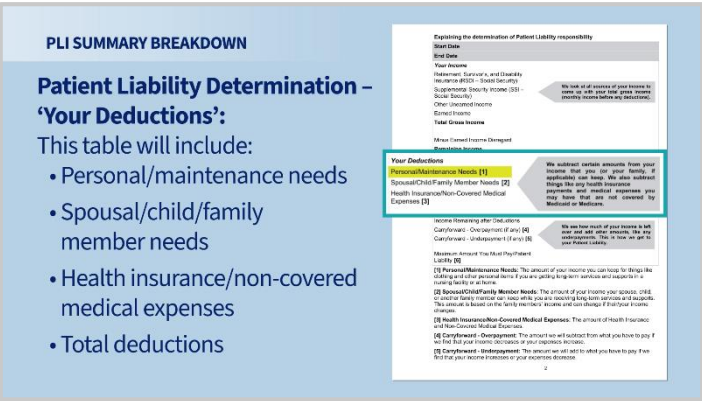
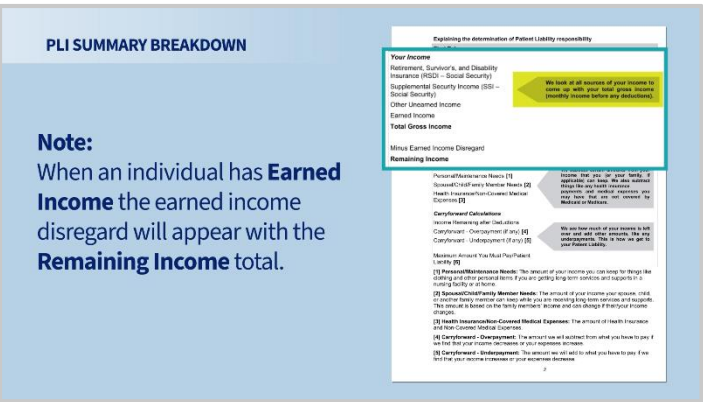
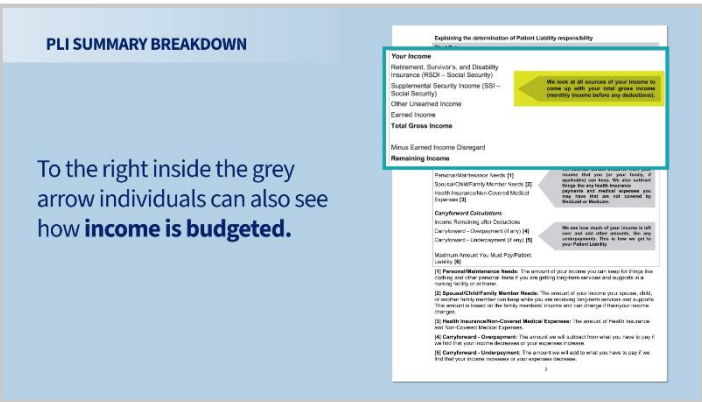
Note: When an individual has Earned Income the earned income disregard will appear with the Remaining Income total.

Patient Liability Determination – ‘Your Deductions’: This table will include:

- personal/maintenance needs
- spousal/child/family member needs
- health insurance/non-covered medical expenses

Patient Liability Determination – ‘Carryforward Calculations’: This table will include income remaining after deductions, which is the calculated PLI amount for that month.

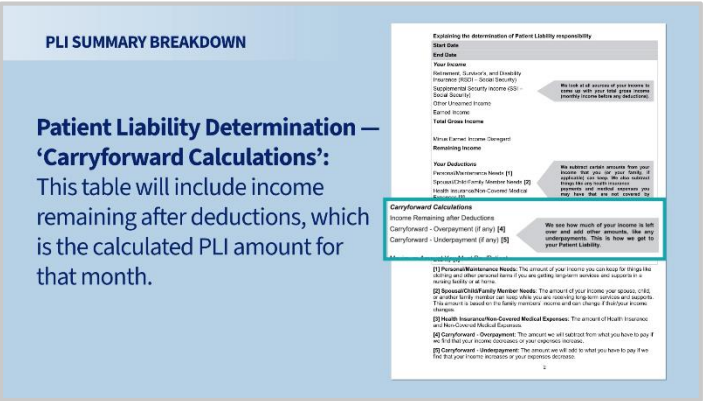
Visuals



Patient Liability Determination – ‘Your Deductions’:

This table will include:

- Personal/maintenance needs
- Spousal/child/family member needs
- Health insurance/non-covered medical expenses
- Total deductions



Patient Liability Determination – ‘Carryforward Calculations’:

This table will include income remaining after deductions, which is the calculated PLI amount for that month.

Dialogue

This table will also include carryforward overpayment, carryforward underpayment, and amount that must be paid/patient liability, all of which will be populated from LaMEDS.

To the right inside the grey arrow individuals can also see how carryforward amounts are calculated.

Finally, underneath the Maximum Amount You Must Pay/Patient liability, a numbered footnote will display that gives the recipient definitions of each line item for deductions.

Visuals

PLI SUMMARY BREAKDOWN

Explaining the determination of Patient Liability responsibility

Start Date

End Date

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI) - Social Security

Supplemental Security Income (SSI) - Social Security

Other Unearned Income

Spouse's Income

Total Gross Income

Minus Covered Income Exempted

Remaining Income

Your Deductions

Personal/Maintenance Needs [1]

Spouse/Child/Family Member Needs [2]

Health Insurance/Non-Covered Medical Expenses [3]

Carryforward - Overpayment (if any) [4]

Carryforward - Underpayment (if any) [5]

Income Remaining after Deductions

We take all of sources of your income to come up with your total gross income. Income before any deductions.

We adjust certain amounts from your income that you, or your family, or dependent, can keep. We also adjust things like any health insurance payments, and medical expenses you pay. You, that you can't deduct by Medical or Deduction.

We use how much of your income is left over and add other amounts, like any overpayments. This is how we get to your Patient Liability.

We use how much of your income is left over and add other personal items if you are getting long-term services and supports in a nursing facility or at home.

The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

The amount of Health Insurance and Non-Covered Medical Expenses.

The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

[1] Personal/Maintenance Needs: The amount of your income you can keep for things like clothing and other personal items if you are getting long-term services and supports in a nursing facility or at home.

[2] Spouse/Child/Family Member Needs: The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

[3] Health Insurance/Non-Covered Medical Expenses: The amount of Health Insurance and Non-Covered Medical Expenses.

[4] Carryforward - Overpayment: The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

[5] Carryforward - Underpayment: The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

PLI SUMMARY BREAKDOWN

Explaining the determination of Patient Liability responsibility

Start Date

End Date

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI) - Social Security

Supplemental Security Income (SSI) - Social Security

Other Unearned Income

Spouse's Income

Total Gross Income

Minus Covered Income Exempted

Remaining Income

Your Deductions

Personal/Maintenance Needs [1]

Spouse/Child/Family Member Needs [2]

Health Insurance/Non-Covered Medical Expenses [3]

Carryforward - Overpayment (if any) [4]

Carryforward - Underpayment (if any) [5]

Income Remaining after Deductions

We take all of sources of your income to come up with your total gross income. Income before any deductions.

We adjust certain amounts from your income that you, or your family, or dependent, can keep. We also adjust things like any health insurance payments, and medical expenses you pay. You, that you can't deduct by Medical or Deduction.

We use how much of your income is left over and add other amounts, like any overpayments. This is how we get to your Patient Liability.

We use how much of your income is left over and add other personal items if you are getting long-term services and supports in a nursing facility or at home.

The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

The amount of Health Insurance and Non-Covered Medical Expenses.

The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

[1] Personal/Maintenance Needs: The amount of your income you can keep for things like clothing and other personal items if you are getting long-term services and supports in a nursing facility or at home.

[2] Spouse/Child/Family Member Needs: The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

[3] Health Insurance/Non-Covered Medical Expenses: The amount of Health Insurance and Non-Covered Medical Expenses.

[4] Carryforward - Overpayment: The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

[5] Carryforward - Underpayment: The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

PLI SUMMARY BREAKDOWN

Explaining the determination of Patient Liability responsibility

Start Date

End Date

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI) - Social Security

Supplemental Security Income (SSI) - Social Security

Other Unearned Income

Spouse's Income

Total Gross Income

Minus Covered Income Exempted

Remaining Income

Your Deductions

Personal/Maintenance Needs [1]

Spouse/Child/Family Member Needs [2]

Health Insurance/Non-Covered Medical Expenses [3]

Carryforward - Overpayment (if any) [4]

Carryforward - Underpayment (if any) [5]

Income Remaining after Deductions

We take all of sources of your income to come up with your total gross income. Income before any deductions.

We adjust certain amounts from your income that you, or your family, or dependent, can keep. We also adjust things like any health insurance payments, and medical expenses you pay. You, that you can't deduct by Medical or Deduction.

We use how much of your income is left over and add other amounts, like any overpayments. This is how we get to your Patient Liability.

We use how much of your income is left over and add other personal items if you are getting long-term services and supports in a nursing facility or at home.

The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

The amount of Health Insurance and Non-Covered Medical Expenses.

The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

[1] Personal/Maintenance Needs: The amount of your income you can keep for things like clothing and other personal items if you are getting long-term services and supports in a nursing facility or at home.

[2] Spouse/Child/Family Member Needs: The amount of your income your spouse, child, or another family member can keep while you are receiving long-term services and supports. This amount is based on the family members income and our change if their/patir income changes.

[3] Health Insurance/Non-Covered Medical Expenses: The amount of Health Insurance and Non-Covered Medical Expenses.

[4] Carryforward - Overpayment: The amount we will subtract from what you have to pay if we find that your income decreases or your expenses increase.

[5] Carryforward - Underpayment: The amount we will add to what you have to pay if we find that your income increases or your expenses decrease.

To the right inside the grey arrow individuals can also see how carryforward amounts are calculated.

Dialogue

Your Income: The Social Security field in the ‘Your Income’ section on pages 2 and 3 of the PLI notice will be updated to include:

‘Retirement, Survivor’s, and Disability Insurance (RSDI – Social Security)’ and ‘Supplemental Security Income (SSI – Social Security)’ in separate fields to represent the way LaMEDS uses income to calculate the correct PLI information.

• Retirement, Survivor’s, and Disability Insurance (RSDI – Social Security) information will be populated from the Countable Unearned Income for that benefit month.

• Supplemental Security Income (SSI – Social Security) information will be populated from the supplemental security income amount for that benefit month.

Visuals

PLI SUMMARY BREAKDOWN

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

Your Deductions

Personal/Dependent Needs	\$ 10.00	\$ 10.00	\$ 10.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Medicaid/Medical Expenses	\$ 100.00	\$ 100.00	\$ 100.00
Total Deductions (This amount will be subtracted from the "Remaining Income")	\$ 110.00	\$ 110.00	\$ 110.00
Countdown Calculations			
Income Remaining after Deductions	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00
Countdown - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Countdown - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability (If this amount changes you will receive an updated notice)	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00

1

PLI SUMMARY BREAKDOWN

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

Your Deductions

Personal/Dependent Needs	\$ 10.00	\$ 10.00	\$ 10.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Medicaid/Medical Expenses	\$ 100.00	\$ 100.00	\$ 100.00
Total Deductions (This amount will be subtracted from the "Remaining Income")	\$ 110.00	\$ 110.00	\$ 110.00
Countdown Calculations			
Income Remaining after Deductions	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00
Countdown - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Countdown - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability (If this amount changes you will receive an updated notice)	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00

2

PLI SUMMARY BREAKDOWN

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

Your Deductions

Personal/Dependent Needs	\$ 10.00	\$ 10.00	\$ 10.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Medicaid/Medical Expenses	\$ 100.00	\$ 100.00	\$ 100.00
Total Deductions (This amount will be subtracted from the "Remaining Income")	\$ 110.00	\$ 110.00	\$ 110.00
Countdown Calculations			
Income Remaining after Deductions	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00
Countdown - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Countdown - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability (If this amount changes you will receive an updated notice)	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00

3

PLI SUMMARY BREAKDOWN

Your Income

Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

Your Deductions

Personal/Dependent Needs	\$ 10.00	\$ 10.00	\$ 10.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Medicaid/Medical Expenses	\$ 100.00	\$ 100.00	\$ 100.00
Total Deductions (This amount will be subtracted from the "Remaining Income")	\$ 110.00	\$ 110.00	\$ 110.00
Countdown Calculations			
Income Remaining after Deductions	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00
Countdown - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Countdown - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability (If this amount changes you will receive an updated notice)	\$ 1,390.00	\$ 1,390.00	\$ 1,390.00

4



Dialogue

Patient Liability Determination – ‘Your Income’: This table, located on page 3 of the PLI notice, will include the start and end dates for each authorized month,

social security income, other unearned income, earned income, total income, minus earned income disregard, and remaining income, all of which will be populated from the PLI Calculation Details pop-up screen which analysts review on their end.

Patient Liability Determination – ‘Your Deductions’: This table, located on page 3 of the PLI notice, will include personal/maintenance needs, spousal/child/family member needs, health insurance/non-covered medical expenses, and total deductions.

Visuals

PLI SUMMARY BREAKDOWN

**Patient Liability Determination – ‘Your Income’:** This table, located on page 3 of the PLI notice, will include the start and end dates for each authorized month,

Patient Liability determination for PATIENT NAME			
Start Date	05/01/2024	06/01/2024	07/01/2024
End Date	05/31/2024	06/30/2024	07/31/2024
<b>Your Income</b>			
Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
<b>Remaining Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
<b>Your Deductions</b>			
Personal/Maintenance Needs	\$ -30.00	\$ -30.00	\$ -30.00
Spousal/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Non-Covered Medical Expenses	\$ -100.00	\$ -100.00	\$ -100.00
<b>Total Deductions (This amount will be subtracted from the "Remaining Income")</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>
Carryforward Calculations			
Income Remaining after Deductions	\$ 1,362.00	\$ 1,362.00	\$ 1,362.00
Carryforward - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Carryforward - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
<b>Maximum Amount You Must Pay/Patient Liability</b> *If this amount changes you will receive an updated notice	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>

PLI SUMMARY BREAKDOWN

social security income, other unearned income, earned income, total income, minus earned income disregard, and remaining income, all of which will be populated from the PLI Calculation Details pop-up screen which analysts review on their end.

Patient Liability determination for PATIENT NAME			
Start Date	06/01/2024	06/01/2024	07/01/2024
End Date	06/30/2024	06/30/2024	07/31/2024
<b>Your Income</b>			
Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
<b>Remaining Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
<b>Your Deductions</b>			
Personal/Maintenance Needs	\$ -30.00	\$ -30.00	\$ -30.00
Spousal/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Non-Covered Medical Expenses	\$ -100.00	\$ -100.00	\$ -100.00
<b>Total Deductions (This amount will be subtracted from the "Remaining Income")</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>
Carryforward Calculations			
Income Remaining after Deductions	\$ 1,362.00	\$ 1,362.00	\$ 1,362.00
Carryforward - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Carryforward - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
<b>Maximum Amount You Must Pay/Patient Liability</b> *If this amount changes you will receive an updated notice	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>

PLI SUMMARY BREAKDOWN

**Patient Liability Determination – ‘Your Deductions’:** This table, located on page 3 of the PLI notice, will include personal/maintenance needs, spousal/child/family member needs, health insurance/non-covered medical expenses, and total deductions.

Patient Liability determination for PATIENT NAME			
Start Date	05/01/2024	06/01/2024	07/01/2024
End Date	05/31/2024	06/30/2024	07/31/2024
<b>Your Income</b>			
Retirement, Survivor's, and Disability Insurance (RSDI - Social Security)	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Unearned Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
<b>Remaining Income</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
<b>Your Deductions</b>			
Personal/Maintenance Needs	\$ -30.00	\$ -30.00	\$ -30.00
Spousal/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Non-Covered Medical Expenses	\$ -100.00	\$ -100.00	\$ -100.00
<b>Total Deductions (This amount will be subtracted from the "Remaining Income")</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>	<b>\$ 130.00</b>
Income Remaining after Deductions	\$ 1,362.00	\$ 1,362.00	\$ 1,362.00
Carryforward - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Carryforward - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
<b>Maximum Amount You Must Pay/Patient Liability</b> *If this amount changes you will receive an updated notice	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>	<b>\$ 1,362.00</b>

Dialogue

Patient Liability Determination – ‘Carryforward Calculations’:  
This table, located on page 3 of the PLI notice, will include income remaining after deductions, which is the calculated PLI amount for that month.

This table will also include carryforward overpayment, carryforward underpayment, and amount that must be paid/patient liability.

Within the Rights and Responsibilities attachment in the Client Patient Liability Summary, a Fair Hearing statement will be present for Advance Notice cases in English, Spanish, or Vietnamese, stating,

“If you ask for a Fair Hearing by <Appeal Logic Date> your benefits will continue until a decision is made by a judge about your case.

Visuals

PLI SUMMARY BREAKDOWN

Patient Liability Determination for PATIENT NAME			
Start Date	06/01/2024	06/01/2024	07/01/2024
End Date	05/31/2024	06/30/2024	07/31/2024
Year Income	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Retirement, Social Security, and Disability Insurance (SSDI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Government Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Year Deductions			
Personal/Dependent Needs	\$ 0.00	\$ 0.00	\$ 0.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Other Government Benefit Expenses	\$ 0.00	\$ 0.00	\$ 0.00
Total Deductions (Other Government Benefit Expenses)	\$ 0.00	\$ 0.00	\$ 0.00
Income Remaining after Deductions	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Carryforward - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Carryforward - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability: *If this amount changes you will receive an updated notice.	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00

PLI SUMMARY BREAKDOWN

**YOUR FAIR HEARING RIGHTS**

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an Appeal).

If you want to request a Fair Hearing, you must do so by 06/01/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We will ask you for proof of your emergency health issue.

**What will happen when you ask for a Fair Hearing?**

- You will get a meeting with someone from our office to set up your Fair Hearing.
- You have the right to:
  - Request your medical record and any other information we plan to use at the Fair Hearing.
  - Attend the Fair Hearing.
  - Have someone else attend about the Fair Hearing with you.
  - Present evidence at the Fair Hearing and allow witnesses to speak.
  - Question any person who testifies against you.

You can ask for a Fair Hearing by doing one of the following:

- Complete and mail this Request for Fair Hearing form to the Director of Administrative Law, Fair Hearing, PO Box 4100, Baton Rouge, LA 70821-4100.
- Click the [Request for Fair Hearing](#) link.
- Click the [Request for Fair Hearing](#) link.
- Complete the Request for Appeal Request Form.
- Click [Submit](#).

**OR**

- Complete and sign this page and mail it to:  
Director of Administrative Law, Fair Hearing  
PO Box 4100, Baton Rouge, LA 70821-4100
- Complete and sign this page and mail it to:  
1-202-270-0800

**OR**

- Call 1-202-270-0800.

To request a Fair Hearing (sometimes called an Appeal) enter name of each person or check the box if there are any exceptions to the hearing. (If there are any exceptions, you must also provide a written statement of the exceptions.)

1. Name of person or check the box if there are any exceptions to the hearing. (If there are any exceptions, you must also provide a written statement of the exceptions.)

Other \_\_\_\_\_

PLI SUMMARY BREAKDOWN

Patient Liability Determination for PATIENT NAME			
Start Date	06/01/2024	06/01/2024	07/01/2024
End Date	05/31/2024	06/30/2024	07/31/2024
Year Income	\$ 1,001.00	\$ 1,000.00	\$ 1,001.00
Retirement, Social Security, and Disability Insurance (SSDI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Supplemental Security Income (SSI - Social Security)	\$ 0.00	\$ 0.00	\$ 0.00
Other Government Income	\$ 0.00	\$ 0.00	\$ 0.00
Earned Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,001.00	\$ 1,000.00	\$ 1,001.00
Minus Earned Income Disregard	\$ 0.00	\$ 0.00	\$ 0.00
Remaining Income	\$ 1,001.00	\$ 1,000.00	\$ 1,001.00
Year Deductions			
Personal/Dependent Needs	\$ 0.00	\$ 0.00	\$ 0.00
Spouse/Child/Family Member Needs	\$ 0.00	\$ 0.00	\$ 0.00
Health Insurance/Other Government Benefit Expenses	\$ 0.00	\$ 0.00	\$ 0.00
Total Deductions (Other Government Benefit Expenses)	\$ 0.00	\$ 0.00	\$ 0.00
Income Remaining after Deductions	\$ 1,001.00	\$ 1,000.00	\$ 1,001.00
Carryforward - Overpayment	\$ 0.00	\$ 0.00	\$ 0.00
Carryforward - Underpayment	\$ 0.00	\$ 0.00	\$ 0.00
Maximum Amount You Must Pay/Patient Liability: *If this amount changes you will receive an updated notice.	\$ 1,001.00	\$ 1,000.00	\$ 1,001.00

PLI SUMMARY BREAKDOWN

**YOUR FAIR HEARING RIGHTS**

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an Appeal).

If you want to request a Fair Hearing, you must do so by 06/01/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We will ask you for proof of your emergency health issue.

**What will happen when you ask for a Fair Hearing?**

- You will get a meeting with someone from our office to set up your Fair Hearing.
- You have the right to:
  - Request your medical record and any other information we plan to use at the Fair Hearing.
  - Attend the Fair Hearing.
  - Have someone else attend about the Fair Hearing with you.
  - Present evidence at the Fair Hearing and allow witnesses to speak.
  - Question any person who testifies against you.

You can ask for a Fair Hearing by doing one of the following:

- Complete and mail this Request for Fair Hearing form to the Director of Administrative Law, Fair Hearing, PO Box 4100, Baton Rouge, LA 70821-4100.
- Click the [Request for Fair Hearing](#) link.
- Click the [Request for Fair Hearing](#) link.
- Complete the Request for Appeal Request Form.
- Click [Submit](#).

**OR**

- Complete and sign this page and mail it to:  
Director of Administrative Law, Fair Hearing  
PO Box 4100, Baton Rouge, LA 70821-4100
- Complete and sign this page and mail it to:  
1-202-270-0800

**OR**

- Call 1-202-270-0800.

To request a Fair Hearing (sometimes called an Appeal) enter name of each person or check the box if there are any exceptions to the hearing. (If there are any exceptions, you must also provide a written statement of the exceptions.)

1. Name of person or check the box if there are any exceptions to the hearing. (If there are any exceptions, you must also provide a written statement of the exceptions.)

Other \_\_\_\_\_

# Dialogue

If the decision about your case is found to be correct, you may have to repay the amount of any benefits you received that you were not eligible for.

The Appeal Logic Date will either be populated with 30 calendar days prior to the closure date or the closure date, depending on when the closure date falls.

Maximum amount you will pay displays the highest amount the individual will be required to pay for that month. This amount may be reduced if the beneficiary discharges, goes on hospital leave, changes to a Medicare primary benefit or passes away.

# Visuals

PLI SUMMARY BREAKDOWN

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an appeal).

If you want to request a Fair Hearing, you must do so by 06/03/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We may ask you to give us proof of your emergency health issue.

**What will happen when you ask for a Fair Hearing?**

- You will get a package with documents that we plan to use at your Fair Hearing.
- You have the right to:
  - Review your medical record and any other information we plan to use at the Fair Hearing.
  - Attend the Fair Hearing.
  - Have someone else (such as a friend) attend the Fair Hearing with you.
  - Present evidence at the Fair Hearing and allow witnesses to speak.
  - Question any person who testifies against you.

**You can ask for a Fair Hearing by doing one of the following:**

1. Complete an online appeal request form available at the Division of Administrative Law's website. [See Form and Instructions](#) on page 1.
2. Call the [Appeal Request](#) toll-free line.
3. Complete the [Fair Hearing Request Form](#).
4. [Click Request](#).

**OR**

1. Complete and sign this page and mail it to:  
Division of Administrative Law - 190 Section  
PO Box 4190  
Barnstable, MA 02521-0190
2. Complete and sign this page and fax to:  
1-202-275-0623
3. Complete and sign this page and fax to:  
1-202-275-0623

**OR**

1. Call 1-202-275-0623.

To request a Fair Hearing (sometimes called an appeal) enter names of each person to check the box of those who are requesting a Fair Hearing. List below why you think our decision was incorrect. If you need more space to write attach additional sheets.

☐ Other \_\_\_\_\_

PLI SUMMARY BREAKDOWN

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an appeal).

If you want to request a Fair Hearing, you must do so by 06/03/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We may ask you to give us proof of your emergency health issue.

**What will happen when you ask for a Fair Hearing?**

- You will get a package with documents that we plan to use at your Fair Hearing.
- You have the right to:
  - Review your medical record and any other information we plan to use at the Fair Hearing.
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PLI SUMMARY BREAKDOWN

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an appeal).

If you want to request a Fair Hearing, you must do so by 06/03/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We may ask you to give us proof of your emergency health issue.

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1. Call 1-202-275-0623.

To request a Fair Hearing (sometimes called an appeal) enter names of each person to check the box of those who are requesting a Fair Hearing. List below why you think our decision was incorrect. If you need more space to write attach additional sheets.

☐ Other \_\_\_\_\_

The **Appeal Logic Date** will either be populated with 30 calendar days prior to the closure date or the closure date, depending on when the closure date falls.

PLI SUMMARY BREAKDOWN

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an appeal).

If you want to request a Fair Hearing, you must do so by 06/03/2024.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We may ask you to give us proof of your emergency health issue.

**What will happen when you ask for a Fair Hearing?**

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2. Call the [Appeal Request](#) toll-free line.
3. Complete the [Fair Hearing Request Form](#).
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1-202-275-0623

**OR**

1. Call 1-202-275-0623.

To request a Fair Hearing (sometimes called an appeal) enter names of each person to check the box of those who are requesting a Fair Hearing. List below why you think our decision was incorrect. If you need more space to write attach additional sheets.

☐ Other \_\_\_\_\_

Dialogue

A PLI Notice will be sent to the beneficiary and provider at the beginning of every quarter, based on the individual's renewal date, to inform them of their PLI for the months included in that quarter.

Notices will be sent to the member, provider, and OAAS/OCDD via email if email delivery has been indicated as preferential.

Notices can also be sent to nursing home providers, group home providers, and support coordinators via fax if fax delivery has been indicated as preferential.

Member notices will be generated in English, Spanish, or Vietnamese, depending on the individual's preferred language.

Visuals

QUARTERLY NOTICE

**A PLI Notice** will be sent to the beneficiary and provider at the beginning of every quarter, based on the individual's renewal date, to inform them of their PLI for the months included in that quarter.

LOUISIANA DEPARTMENT OF HEALTH  
Quarterly Provider Patient Liability  
Summary

FACILITY NAME: [redacted]

Dear PATIENT NAME,

Why PATIENT NAME is getting this letter

Our records show that PATIENT NAME is in a nursing facility or regularly gets medical care, personal care, or health services at home or in another community setting. Each month we calculate your Patient Liability based on the 100 days you have been in the facility or in a nursing facility. The amount you have to pay for the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.

If you have questions, call us at the number at the end of this letter.

Patient Liability Responsibility Details for PATIENT NAME	
Month: 02/29/2024 - 02/29/2024	Patient Liability: \$ 0.00

- The chart below shows how we calculated the maximum amount you have to pay for your 100 days of care. This chart will also explain changes in Patient Liability from month to month. If applicable.
- If you have Medicare Part A coverage and are in a nursing facility, the amount you have to pay in the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.
- If you have questions, call us at the number at the end of this letter.

QUARTERLY NOTICE

Notices can also be sent to nursing home providers, group home providers, and support coordinators via fax if fax delivery has been indicated as preferential.

LOUISIANA DEPARTMENT OF HEALTH  
Quarterly Provider Patient Liability  
Summary

FACILITY NAME: [redacted]

Dear PATIENT NAME,

Why PATIENT NAME is getting this letter

Our records show that PATIENT NAME is in a nursing facility or regularly gets medical care, personal care, or health services at home or in another community setting. Each month we calculate your Patient Liability based on the 100 days you have been in the facility or in a nursing facility. The amount you have to pay for the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.

If you have questions, call us at the number at the end of this letter.

Patient Liability Responsibility Details for PATIENT NAME	
Month: 02/29/2024 - 02/29/2024	Patient Liability: \$ 0.00

- The chart below shows how we calculated the maximum amount you have to pay for your 100 days of care. This chart will also explain changes in Patient Liability from month to month. If applicable.
- If you have Medicare Part A coverage and are in a nursing facility, the amount you have to pay in the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.
- If you have questions, call us at the number at the end of this letter.

QUARTERLY NOTICE

Notices will be sent to the member, provider, and OAAS/OCDD via email if email delivery has been indicated as preferential.

LOUISIANA DEPARTMENT OF HEALTH  
Quarterly Provider Patient Liability  
Summary

FACILITY NAME: [redacted]

Dear PATIENT NAME,

Why PATIENT NAME is getting this letter

Our records show that PATIENT NAME is in a nursing facility or regularly gets medical care, personal care, or health services at home or in another community setting. Each month we calculate your Patient Liability based on the 100 days you have been in the facility or in a nursing facility. The amount you have to pay for the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.

If you have questions, call us at the number at the end of this letter.

Patient Liability Responsibility Details for PATIENT NAME	
Month: 02/29/2024 - 02/29/2024	Patient Liability: \$ 0.00

- The chart below shows how we calculated the maximum amount you have to pay for your 100 days of care. This chart will also explain changes in Patient Liability from month to month. If applicable.
- If you have Medicare Part A coverage and are in a nursing facility, the amount you have to pay in the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.
- If you have questions, call us at the number at the end of this letter.

QUARTERLY NOTICE

Member notices will be generated in English, Spanish, or Vietnamese, depending on the individual's preferred language.

LOUISIANA DEPARTMENT OF HEALTH  
Quarterly Provider Patient Liability  
Summary

FACILITY NAME: [redacted]

Dear PATIENT NAME,

Why PATIENT NAME is getting this letter

Our records show that PATIENT NAME is in a nursing facility or regularly gets medical care, personal care, or health services at home or in another community setting. Each month we calculate your Patient Liability based on the 100 days you have been in the facility or in a nursing facility. The amount you have to pay for the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.

If you have questions, call us at the number at the end of this letter.

Patient Liability Responsibility Details for PATIENT NAME	
Month: 02/29/2024 - 02/29/2024	Patient Liability: \$ 0.00

- The chart below shows how we calculated the maximum amount you have to pay for your 100 days of care. This chart will also explain changes in Patient Liability from month to month. If applicable.
- If you have Medicare Part A coverage and are in a nursing facility, the amount you have to pay in the first 100 days may be less than what is shown here. The nursing facility will let you know how much you must pay.
- If you have questions, call us at the number at the end of this letter.

## Dialogue

**Beneficiaries will receive reminder notices displaying next 3 months of PLI. The notice will not display the current but the following 3 months in that quarter.**

**The notice will not show the current month's PLI because we have previously sent a notice with the current month's information.**

**A new section will be included in the provider and OAAS/OCDD Notices when changes to income/expenses are reported in pre-PETI Go-Live months to help providers clarify how the PETI Go-Live date will impact the way PLI is calculated and when to use the 148 PLI Adjustment Process.**

**For example, prior to PETI Go-Live, if a change in income or expenses was submitted on 7/1/2024 for a benefit month of 3/1/2024 a retroactive adjustment will be completed.**

## Visuals

## QUARTERLY NOTICE

Beneficiaries will receive reminder notice displaying next 3 months of PLI. The notice will not display the current but the following 3 months in that quarter.

[illegible]

A new section will be included in the provider and OAAS/OCDD Notices when changes to income/expenses are reported in pre-PETI Go-Live months to help providers clarify how the PETI Go-Live date will impact the way PLI is calculated and when to use the 148 PLI Adjustment Process.

## QUARTERLY NOTICE

The notice will not show the current month's PLI because we have previously sent a notice with the current month's information.

[illegible]

For example, prior to PETI Go-Live, if a change in income or expenses was submitted on **7/1/2024** for a benefit month of **3/1/2024** a retroactive adjustment will be completed.



## Dialogue

After a PETI Go Live, if a change in income/resources was submitted on 8/1/2024 for a benefit month of 3/1/2024 PETI rules will apply, and carryforward amounts will begin for months within the 3 month look back period moving forward with an ongoing adjusted PLI in September (depending on when the Analyst completes the request).

The Provider PLI notice will inform the Provider how the PLI amounts were adjusted. On the decision notice the following added section will display:

**ATTENTION: Patient Liability (PLI) adjustments for months occurring before <date> fall under the previous policy, which allows PLI(s) to be adjusted in the past. Resubmit these months using the former 148-PLI process.**

**Months occurring after <date>, are subject to the new policy and should not be resubmitted using the former 148-PLI process. <date> is the PETI-Go Live date for the individual the notice pertains to.**

## Visuals



After a PETI Go Live, if a change in income/resources was submitted on **8/1/2024** for a benefit month of **3/1/2024** PETI rules will apply, and carryforward amounts will begin for months within the **3 month look back period** moving forward with an ongoing adjusted PLI in September (depending on when the Analyst completes the request).

The Provider PLI notice will inform the Provider how the PLI amounts were adjusted. On the decision notice the following added section will display:



**ATTENTION:** Patient Liability (PLI) adjustments for months occurring before <date> fall under the previous policy, which allows PLI(s) to be adjusted in the past. Resubmit these months using the former 148-PLI process.



Months occurring after <date>, are subject to the new policy and should not be resubmitted using the former 148-PLI process. <date> is the PETI-Go Live date for the individual the notice pertains to.

Dialogue

Email notices will be sent to the client, provider, and OAAS/OCDD if email delivery has been indicated as preferential. Notices can also be sent to nursing home providers, group home providers, and support coordinators via fax.

Client notices can be generated in English, Spanish, or Vietnamese, depending on the individual’s language preference.

Visuals



Email notices will be sent to the client, provider, and OAAS/OCDD if email delivery has been indicated as preferential. Notices can also be sent to nursing home providers, group home providers, and support coordinators via fax.



Client notices can be generated in English, Spanish, or Vietnamese, depending on the individual’s language preference.

# Dialogue

Currently, Incurred Medical Expense (IME) denials are manually sent by analysts. A new IME Decision Notice has been created that will automatically be sent to individuals, Providers, and OAAS/OCDD Providers to inform them of an IME denial.

If the IME is not budgeted because it was reported beyond the 3 month look back period, a notice will not be generated. Take note when an initial IME is submitted and denied, a PLI notice will not be sent.

IME Decision Notices for individuals will be generated in English, Spanish, or Vietnamese, depending on the individual's language preference.

A new section will be included in the provider and OAAS/OCDD Notices when changes to income/expenses are reported in pre-PETI Go-Live months to help providers clarify how the PETI Go-Live date will impact the way PLI is calculated and when to use the 148 PLI Adjustment Process.

# Visuals



Currently, Incurred Medical Expense (IME) denials are manually sent by analysts. A new IME Decision Notice has been created that will automatically be sent to individuals, Providers, and OAAS/OCDD Providers to inform them of an IME denial.



If the IME is not budgeted because it was reported beyond the **3 month look back period**, a notice will not be generated. Take note when an initial IME is submitted and denied, a PLI notice will not be sent.



IME Decision Notices for individuals will be generated in English, Spanish, or Vietnamese, depending on the individual's language preference.



A new section will be included in the provider and OAAS/OCDD Notices when changes to income/expenses are reported in pre-PETI Go-Live months to help providers clarify how the PETI Go-Live date will impact the way PLI is calculated and when to use the 148 PLI Adjustment Process.

## Dialogue

**Individual IME Decision Notice:** The IME Individual notice will generate for an individual enrolled in a PLI supported plan within the reported IME time frame for any denied Incurred Medical Expense such as Hearing, Dental, and Other.

The IME Decision Notices will generate when the IME(s) reported for the individual were after the Individual's Provider coverage begin date.

**If there are multiple providers during the initial month of the reported IME(s) then the notice will be sent to all necessary Providers present for that month.**

**If the Provider is LTC, it will generate the IME Provider Decision Notice.**

## Visuals

## DENIED IME NOTICE

## Individual IME Decision Notice:

The IME Individual notice will generate for an individual enrolled in a PLI supported plan within the reported IME time frame for any denied Incurred Medical Expense such as Hearing, Dental, and Other.

Louisiana Department of Health  
 P.O. Box 9308  
 Baton Rouge, LA 70833-9308

**LOUISIANA DEPARTMENT OF HEALTH**  
**Injured Member Expense Decision**

PAYROLL NUMBER: \_\_\_\_\_ Date of Injury: 04/05/2014  
 Date of Decision: 04/05/2014

Dear F.A.B. (F.A.B.):

Notice of Injured Member Expense (IME) Decision

Assigned Name	Facility Name	IME Provider Name	Date of Service	IME Type	IME Decision Amount
FA.B. (F.A.B.)	LOU 02747- HMOA	LOU 0264	01/02/2014	Dental	Transmittal 01/02/2014

SIGNATURE: \_\_\_\_\_  
 Long Term Care Manager  
 Email: [den\\_presentation@rediffmail.com](mailto:den_presentation@rediffmail.com)  
 Fax Number: 1-225-383-8679

Phone Number: 1-800-755-0750

To Receive Your Information Log To Date:

## DENIED IME NOTICE

If there are multiple providers during the initial month of the reported IME(s) then the notice will be sent to all necessary Providers present for that month.

[illegible]

## DENIED IME NOTICE

**The IME Decision Notices**  
will generate when the IME(s)  
reported for the individual  
were after the Individual's  
Provider coverage begin date.

LOUISIANA PROSTATECTOMY  
PATIENT REGISTRATION  
FORM (LAPR) - 2015

**LOUISIANA DEPARTMENT OF HEALTH**  
Informed Medical Decision Section

Case ID #: 2005100000000000  
DOB: 000000000000

PATIENT NAME  
LAST FIRST MI  
DOB: 000000000000

Case # PATIENT'S NAME:

Recipient Name	Facility Name	IME Provider Name	Date of Service	IME Type	IME Denial Reason
PATIENT NAME	LSU CLINICAL CENTER	LSU ENT	01/01/2024	Denial	This medical procedure is not covered under the terms and conditions of the insurance policy.

LOW COST USER NOTICE  
Email: lowcost@prostatectomy.com Phone Number: 1-202-255-2650  
Fax Number: 1-202-255-2610  
No Easy Year Information Up to Date:

## DENIED IME NOTICE

If the Provider is LTC, it will generate the IME Provider Decision Notice.

**LOUISIANA MEDICAL AID  
FOR THE ELDERLY  
Benefit Inquiry (LA 7503) 6/75**

**LOUISIANA DEPARTMENT OF HEALTH  
Incurred Medical Expense Section**

PATIENT NAME  
GJ. TAYLOR  
Benefit Inquiry (LA 7503)

Case No. 000000000000  
EXP. NUMBER

Enter PATIENT NAME

Recipient Name	Facility Name	IME Provider Name	Date of Service	IME Type	IME Denial Reason
PATIENT NAME	LESLIE HALL SCHOOL	LESLIE HALL	6/30/2008	Denial	This request was denied because the recipient was not a resident of the facility at the time of service.

Click HERE FOR MORE INFORMATION

EXP. NO. 000000000000      Printed Number: 1 6020 20080000  
EXP. NUMBER: 1 075 000 8000

We Make Your Information Easy to Share

# Dialogue

If the Provider is Waiver Spend Down, LaMEDS will generate the IME OAAS/OCDD Provider Decision Notice.

# Visuals

DENIED IME NOTICE

If the Provider is Waiver Spend Down, LAMEDS will generate the IME OAAS/OCDD Provider Decision Notice.

LOUISIANA DEPARTMENT OF HEALTH  
Incurred Medical Expense Decision

INSURED NAME  
JAN MARRAS  
Address: 1000 N. 10th St.  
New Orleans, LA 70116-1000

CASE ID: 14-001000000000  
FILE NUMBER: 14-001000000000

Dear FAVORITE NAME:

Notice of Incurred Medical Expense (IME) Decision

Recipient Name	Facility Name	IME Provider Name	Date of Service	IME Type	IME Detail
INSURED NAME	1000 N. 10th St. New Orleans, LA 70116-1000	1000 N. 10th St. New Orleans, LA 70116-1000	10/10/2014	Waiver	Reason: Reason for Incurred Medical Expense Decision

Policy reference: 1000 N. 10th St. 1000 N. 10th St.  
(optional)  
e-mail: 1000 N. 10th St. 1000 N. 10th St.  
Phone Number: 1-800-255-0000

To Keep Your Information Up to Date:



# Dialogue

The PETI enhancement will use a Pilot Go-Live approach. Providers will be grouped into 3 phases by LTC Management, and each phased group will go live at different times.

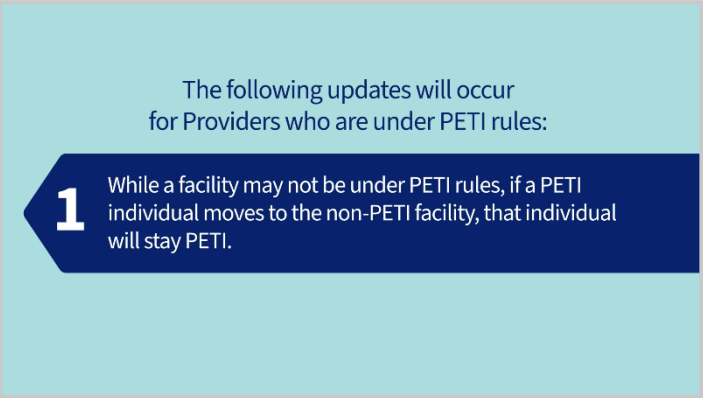
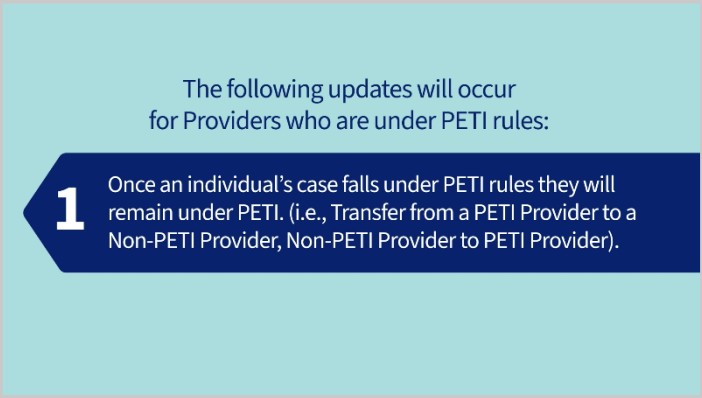
- Group 1 will go-live in August 2024, for 10% of LTC Providers.
- Group 2 will go-live in September 2024, for 50% of LTC and Waiver Providers.
- Group 3 will go-live on October 2024, for the remaining Providers at which point all providers will be live with PETI.

You should have received a Provider Memo that informs you which group you are a part of.

The following updates will occur for Providers who are under PETI rules:

- Once an individual’s case falls under PETI rules they will remain under PETI. (i.e., Transfer from a PETI Provider to a Non-PETI Provider, Non-PETI Provider to PETI Provider).
- While a facility may not be under PETI rules, if a PETI individual moves to the non-PETI facility, that individual will stay PETI.

# Visuals



Dialogue

- When an individual or case undergoes the renewal process a PLI notice will be sent to both the beneficiary and the Provider.

Visuals

The following updates will occur  
for Providers who are under PETI rules:

2

When an individual or case undergoes the renewal  
process a PLI notice will be sent to both the beneficiary  
and the Provider.

Dialogue

We are now going to take what we have learned about PETI and apply it to a few different scenarios.

First, we will take a look at a scenario that involves timely reported changes.

In this scenario, Ms. Wendy Darling submitted a change on 12/10/2024. Ms. Darling received an increase in her RSDI payments from \$1500 to \$1575 monthly on 10/1/2024.

Visuals



Dialogue

Changes in income and expenses reported in the past three months from the date Medicaid is notified will be considered timely. Timely reported changes will result in a reconciliation period which will carryforward overpayments or underpayments to a future month to be adjusted.

In this scenario, a change that happened in 10/1 was reported on 12/10. The beneficiaries PLI will not change in the past, so for October, November and December the PLI will remain \$1462, which is \$1500 minus \$38.

There will be a \$75 carryforward for each of the months October, November, and December.

Assuming the change is completed on the date of receipt the PLI change will be adjusted in January adding the carryforward of \$225 for a total of \$1762 and returning to a normal amount of \$1537 once the carryforward is exhausted.

Visuals

SCENARIO 1: TIMELY CHANGE

- Changes in income and expenses reported in the past three months from the date Medicaid is notified will be considered timely.
- Timely reported changes will result in a reconciliation period which will carryforward overpayments or underpayments to a future month to be adjusted.

SCENARIO 1: TIMELY CHANGE

In this scenario, a change that happened in **10/1** was reported on **12/10**. The beneficiaries PLI will not change in the past, so for October, November and December the PLI will remain **\$1462**, which is **\$1500-\$38**.

SCENARIO 1: TIMELY CHANGE

There will be a **\$75 carryforward** for each of the months October, November, and December.

SCENARIO 1: TIMELY CHANGE

Assuming the change is completed on the date of receipt the PLI change will be adjusted in January adding the carryforward of **\$225** for a total of **\$1762** and returning to a normal amount of **\$1537**.

# Dialogue

Changes in income and expenses reported in the past three months from the date Medicaid is notified will be considered timely.

Timely reported changes will result in a reconciliation period which will carryforward overpayments or underpayments to a future month to be adjusted.

Changes reported timely will result in the most accurate liabilities calculated as quickly as possible.

# Visuals

SCENARIO 1: TIMELY CHANGE

- Changes in income and expenses reported in the past three months from the date Medicaid is notified will be considered timely.
- Timely reported changes will result in a reconciliation period which will carryforward overpayments or underpayments to a future month to be adjusted.
- Changes reported timely will result in the most accurate liabilities calculated as quickly as possible.



# Dialogue

Next, we will take a look at a scenario that involves untimely reported changes.

In this scenario, Mr. William Darcy submitted a change request on 12/10/2024. Mr. Darcy reported that he had an increase to his Medicare Part A premium back on 2/1/2024.

Changes reported beyond three months from their effective date will not result in a change in PLI from the date of change. Ongoing changes will be reconciled from a maximum of a lookback of 3 months from the date the change is reported to Medicaid.

In this example, the reported change happened in February and was reported in December.

# Visuals

SCENARIO 2:  
Untimely Change

SCENARIO 1: TIMELY CHANGE

- Changes reported beyond three months from from taking effect will not result in a change in PLI from the date of change.
- Ongoing changes will be reconciled from a maximum of a lookback of 3 months from the date the change is reported to Medicaid.

SCENARIO 2: UNTIMELY CHANGE

Mr. William Darcy submitted a change request on **12/10/2024**. Mr. Darcy reported that he had an increase to his Medicare Part A premium back on **2/1/2024**.

  
William

SCENARIO 1: TIMELY CHANGE

The reported change happened in February and was reported in December.

Dialogue

Since this is greater than 3 months from the change, the adjustment will only go back to September.

Again, the PLI is not changing in September, but the difference in the PLI for the retro months is being carried forward to a future month when the change is taking place.

Changes prior to the lookback period will not be carried forward for reconciliation. So, reconciliation will take place from September onward, and no adjustments will be made from February. Unreported changes and untimely reported changes will be reviewed for possible fraud to determine if a change was purposefully not reported to the agency.

Visuals

SCENARIO 1: TIMELY CHANGE

Since this is **greater than 3 months** from the change, the adjustment will only go back to September.

SCENARIO 1: TIMELY CHANGE

Again, the PLI is not changing in September, but the difference in the PLI for the retro months is being carried forward to a future month when the change is taking place.

SCENARIO 1: TIMELY CHANGE

- Changes prior to the lookback period will not be carried forward for reconciliation. So, reconciliation will take place from September onward, and no adjustments will be made from February.
- Unreported changes and untimely reported changes will be reviewed for possible fraud to determine if a change was purposefully not reported to the agency.



## Dialogue

Let's revisit Wendy again for this next scenario.

Emily has now reported that Ms. Wendy Darling has passed away. Emily reported Ms. Darling's death on 1/2/2025 before the Carryforward could be reconciled.

If the beneficiary dies prior to the reconciliation taking place, no change to past PLI will take place. If someone dies or is discharged, no carryforwards will be calculated. The PLI is not calculated past their death month.

## Visuals

### SCENARIO 3: Death with Change

#### SCENARIO 3: DEATH WITH CHANGE

- If the beneficiary dies prior to the reconciliation taking place, no change to past PLI will take place.
- If someone dies or is discharged, no carryforwards will be calculated. The PLI is not calculated past their death month.

#### SCENARIO 3: DEATH WITH CHANGE

Emily has now reported that Ms. Wendy Darling has passed away. Emily reported Ms. Darling's death on **1/2/2025** before the Carryforward could be reconciled.



Emily



Wendy

## Dialogue

Lastly, let's take a look at what happens if the beneficiary transfers to another facility.

If a beneficiary transfers from a nursing home involved in Phase 1 to another nursing home that isn't involved until Phase 3, any carryforwards will remain with the beneficiary. There would be no changes in when the PLI would be adjusted. The Provider will see they are now receiving a new PLI summary notice.

Again, if we revisit Emily and Ms. Darling's scenario. If Emily had reported on 8/5 that a change happened on 6/1, a 148 PLK would have to be submitted for June/July and after 8/5, PETI rules will apply.

## Visuals

### SCENARIO 4: Transfer from Go-Live to Non- Go-Live facility

#### SCENARIO 4: TRANSFER FROM GO-LIVE TO NON- GO-LIVE FACILITY

- If a beneficiary transfers from a nursing home involved in Phase 1 to another nursing home that isn't involved until Phase 3, any carryforwards will remain with the beneficiary.
- There would be no changes in when the PLI would be adjusted.
- The Provider will see they are now receiving a new PLI summary notice.

#### SCENARIO 4: TRANSFER FROM GO-LIVE TO NON- GO-LIVE FACILITY

If Emily had reported on **8/5/24** that a change happened of **6/1/24**, a 148 PLI would have to be submitted for **June/July** and after **8/5/24**, PETI rules will apply.



Emily



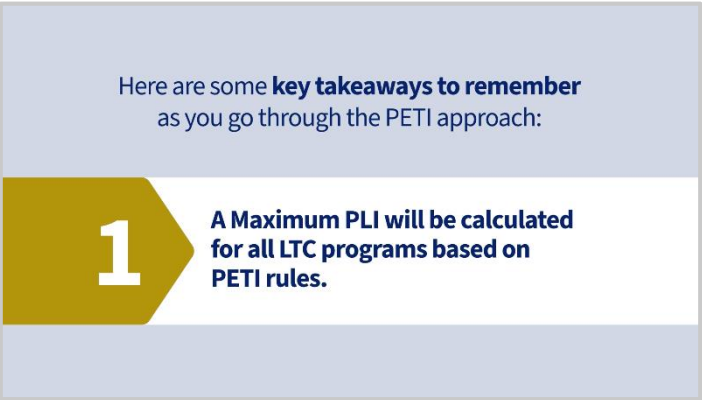
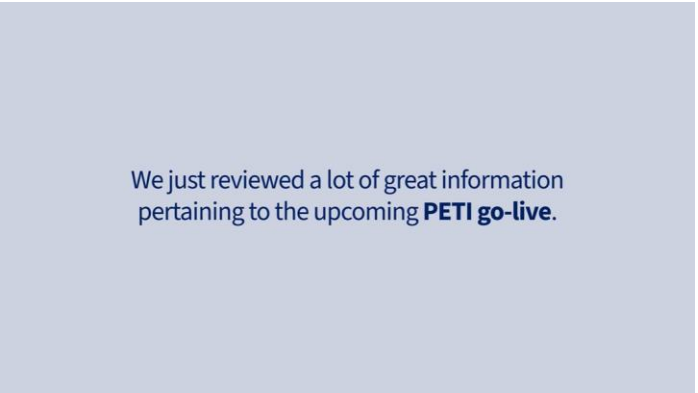
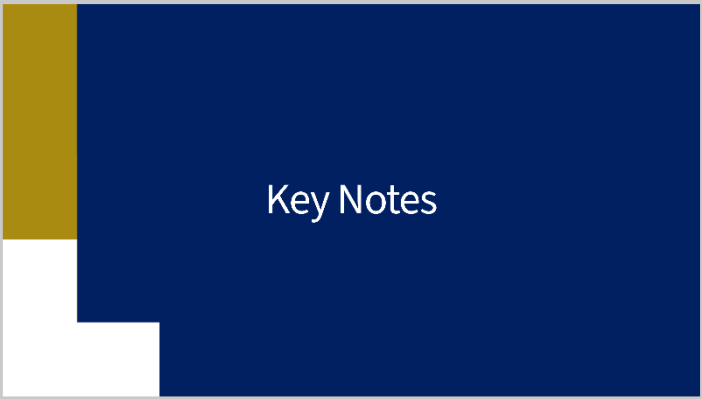
Wendy

Dialogue

We just reviewed a lot of great information pertaining to the upcoming PETI go-live. Here are some key takeaways to remember as you go through the PETI approach:

- 1. A Maximum PLI will be calculated for all LTC programs based on PETI rules.
- 2. PLI's given for past months will not change.

Visuals





Dialogue

- 3. Any reported changes will go back a maximum of 3 months from the date reported.
- 4. Any adjustments will be carried forward to a future month.
- 5. Overpayments can be deducted from resources only if they can be reconciled.
- 6. Changes in payment source can change what the beneficiary actually owes, however only the full month’s PLI will be reflected on the notice.

Visuals

Here are some **key takeaways to remember** as you go through the PETI approach:

3

Any reported changes will go back a maximum of 3 months from the date reported.

Here are some **key takeaways to remember** as you go through the PETI approach:

4

Any adjustments will be carried forward to a future month.

Here are some **key takeaways to remember** as you go through the PETI approach:

5

Overpayments can be deducted from resources only if they can be reconciled.

Here are some **key takeaways to remember** as you go through the PETI approach:

6

Changes in payment source can change what the beneficiary actually owes, however only the full month’s PLI will be reflected on the notice.

Dialogue

- 7. Since the purpose of the 148 PLI was to make adjustments to PLI in the past, the notice will become obsolete after PETI rules take full effect
- 8. Eligibility notices and PLI notices will now be separate
- 9. PLI notices will generate quarterly, projecting PLI for the next three future months, even if no changes are reported
- 10. Timely reporting and reconciliation will be important for accurate liability calculation.

Visuals

Here are some **key takeaways to remember** as you go through the PETI approach:

7

Since the purpose of the 148 PLI was to make adjustments to PLI in the past, the notice will become obsolete after PETI rules take full effect.

Here are some **key takeaways to remember** as you go through the PETI approach:

8

Eligibility notices and PLI notices will now be separate.

Here are some **key takeaways to remember** as you go through the PETI approach:

9

PLI notices will generate quarterly, projecting PLI for the next three future months, even if no changes are reported.

Here are some **key takeaways to remember** as you go through the PETI approach:

10

Timely reporting and reconciliation will be important for accurate liability calculation.

## Dialogue

Thank you for taking the time to learn about the new PETI updates for Providers. For additional information or questions, please contact the long-term care unit director, Katie Andrepont, at [Katie.E.Andrepont@la.gov](mailto:Katie.E.Andrepont@la.gov) or your individual analyst.

For additional reference, this information along with a collective Q&A document can be found linked to the memo distributed with this training.

## Visuals



For additional information or questions, please contact the long-term care unit director, **Katie Andrepont**, at [Katie.E.Andrepont@la.gov](mailto:Katie.E.Andrepont@la.gov) or your individual analyst.



For additional reference, this information along with a collective Q&A document can be found linked to the memo distributed with this training.



Q & A Session