

Frequently Asked Questions Client Expenditure Report

The Client Expenditure Report will allow the LHDs to help families decide if it's worth having a CSHCS payment agreement. It is important to remember that some costs a family would typically have to pay such as co-pays (if they have insurance) are not seen on this report. The family will need to be advised to calculate the amount they will have to pay in co-pays if they decide not to re-enroll with CSHCS due to the cost of the payment agreement.

- 1. This report shows that CSHCS paid “zero dollars” on a line item; is the remaining balance the client’s responsibility?**
 - a. No. CSHCS often pays a zero dollar payment to the health care provider. It occurs most often for clients with insurance. If the insurance paid more than the Medicaid/CSHCS fee screen then the claim is acknowledged as “paid” through a zero dollar payment. Both CSHCS and the provider view this claim as paid in full. Any remaining balance is not the responsibility of the client. Providers may not charge the family.

- 2. When I look at this report it says “other insurance” but the client doesn’t have other insurance. Why is that on the report?**
 - a. This is a report with a set format. If the client does not have any other insurance, the report will have a zero amount in that column.

- 3. If both the client’s private insurance and CSHCS do not cover the entire dollar amount of a claim, is the client responsible?**
 - a. No. If the entire charge is not covered by the client’s private insurance and CSHCS the remaining balance is not the client’s responsibility. Again the provider views this amount paid in full by the client even though their records may show a remaining balance. The provider cannot bill this balance to the client.

- 4. I noticed the dates of the claims do not match up with the days the client received service. Why is that?**
 - a. The date on the report is the date the bill was paid; not the date of service.