Patient Responsibility (PR) is the portion of the billed amount of a claim that the recipient is expected to pay.

**Patient Responsibility**

**Transmission**
PR is being transmitted to the health plans **only** for recipients that fall into the Institutional Care (MI) aid categories.

**Note**: PR is not being transmitted for recipients in any other aid category such as Hospice (MH) or Waiver (MW A).

**834 Benefit Enrollment**
Patient Responsibility will be transmitted to the health plans on a daily basis via the 834 transaction and will contain the following information:

1. At least six previous months’ information (if available)
2. Current month
3. Upcoming month

** ** **NOTE ****: The transaction will include the following information, when available:
- Patient responsibility dollar amount
- Effective date of patient responsibility
- End date of patient responsibility

**FAC** will be reported in the Insurance Line Code, loop id 2300 – reference HD03, indicating that the Coverage Period in loop id 2300 – reference DTP03 is the date value representing patient responsibility coverage.

**FK** will be reported in the Amount Qualifier Code, loop id 2300 – reference AMT01, indicating that the Monetary Amount in loop id 2300 – reference AMT02, will contain the patient’s responsibility amount.

The records for patient responsibility will have a **Maintenance Code** of 001 (Changes) with a **Reason Code** of 59 (Non-Payment). This will appear in the INS loop as follows:

```
INS*X*XX*001*59*X**X**X
```

The most current information regarding the daily 834 transaction can be obtained from the 834 Companion Guide on the public Web Portal. Please contact the Electronic Claims Submission (ECS) Services Department at 866-568-0961 with any additional questions.

**Adjustments**
The Department of Children and Families (DCF) may adjust the amount of PR due to uncovered medical expense reductions or changes in the recipient’s income.

**For More Information**

**Agency for Health Care Administration (AHCA)**
For more information regarding SMMC and related policies, visit the AHCA website at [https://ahca.myflorida.com/](https://ahca.myflorida.com/) or call the Provider support call center at 1-877-254-1055.

**Note**: Providers can also contact their SMMC plans for information about Patient Responsibility.