

Medicaid Eligible Audit Policy
Addendum to Medicaid Expansion Policy
Effective 4/1/2014

Lake County ADAMHS Board (the Board) will check agency enrollments to ensure clients have applied for Medicaid that are eligible.

Enrollment Specialist will enter all financial information submitted on enrollment form at time of enrollment.

The Board will run a report by agency for (all in-county) including the following criteria:

- Plan Non-Medicaid – DFNON43
- Client Name – LNAME, FNAME
- Subscriber Number – SUBNO
- Salary

If the Board determines client is Medicaid eligible, the board will send a list of clients to each provider and the following process will occur:

- Agency will provide one of the following reasons on the spreadsheet (put an “X” in the appropriate category):
 - Medicaid eligible
 - Applied for Medicaid – Need follow up for Medicaid information
 - Financial Update – Client is not Medicaid eligible (Fill in correct amount under salary)
 - Client is a Self Pay
 - Assessment Only/Terminated Services
 - No Services Received
 - Transferred out of county
 - Undocumented
 - Criminal Justice
 - Other – list description
- Agency will show application for Medicaid or
- Agency will update financial information showing the client is not eligible or
- Agency will show client has applied and been denied
- If client is Medicaid eligible, and agency has not assisted with the Medicaid application, all claims against client will be reversed in GOSH

Agency will be expected to respond within 2 weeks. Deadline will be listed in cover letter.

Audit will occur quarterly or sooner, if necessary.