SECTION 4.8

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.

SECTION 4.8

Lake County ADAMHS Board
POLICY AND PROCEDURE

Policy #:	Subject: Medicaid Expansion
Standard #:	Effective Date: 4/1/2014
Board Motion #:	

Effective April 1, 2014, the Lake County ADAMHS Board (the Board) shall ensure all contract provider agencies assess each new client, age 19 to 64, at the time of intake, and each existing client immediately, for Medicaid eligibility. The agency shall assist every client determined to have a household income at or below 138% of federal poverty level with the Medicaid application process within 30 days of their first appointment. The agency shall also assist children, birth to age 19, within 30 days of their first appointment, or immediately for existing clients, who have insurance but are eligible if the household income is below 156% of federal poverty level. Medicaid will be used as a secondary insurance.

If the provider agency is unable to assist in the completion of the Medicaid application within 30 days due to clinical reasons, the agency may request one 30-day extension from the Board; extensions will be determined on a case by case basis.

The Board will not cover any client with non-Medicaid grant funding who is Medicaid eligible. The client will become full fee with the refusal of applying. Any client who is over 138% of the federal poverty level may be eligible for non-Medicaid Board funding and assessed using the Board's sliding fee scale.

Diagnostic Assessment and Crisis Intervention service may be exempt.

Clients may become Medicaid eligible retroactively. Medicaid claims can be billed within 1 year after the date of service. If services were paid by Lake County ADAMHS Board's non-Medicaid funding, agency must pay the Board back for all services within 30 days of receipt of funds from Ohio Department of Job and Family Services (ODJFS). If non-Medicaid contract period has been reconciled, agency must still bill ODJFS and reimburse the Board. The agencies will be subject to random audits of retroactive claims.

The Medicaid Eligible Audit Policy is an addendum to this policy. The addendum will outline all of the expectations for each agency.