

**Lake County ADAMHS Board
POLICY AND PROCEDURE**

Policy #: 02-09-07	Subject: Mismatched Claims
Standard #: I-C.7	Effective Date: 09/18/06
Board Motion #: 07-015	

The Lake County ADAMHS Board shall comply with the requirements of the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, and state and federal rules and regulations related to Medicaid Retro Eligibility, Held and Mismatched Reports. Current procedures include the following:

Once per week a Board Summary report is created by the state. One of the items included in this report is the number of mismatched claims per county. Because the weekly Board Summary report provides no information as to which particular claims are mismatched, the Manager of Information Systems produces a report for the Staff Accountant containing the information on the claims that are mismatched.

A mismatched claim becomes mismatched when the plan attached to the claim and the member plan does not match. A typical situation for a mismatch is when a claim goes into MACSIS it pulls the member plan to determine in which county the client belongs. When the client's member plan gets changed the member plan and claim plan do not match. The state does not know which county to reimburse for the federal portion of the claim. Plans have to be equal in order for claims not to be "mismatched". The Staff Accountant is responsible for looking at each claim and changing any information to make it payable in the single county of which they are a resident.