

**Lake County ADAMHS Board  
POLICY AND PROCEDURE**

Policy #: 02-07-07	Subject: Medicaid Retro Eligibility
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:

Approximately once per month the state creates a file containing claims that are retroactively Medicaid. After notification from the state of the claims, the MIS Manager produces three reports to be worked by the Staff Accountant and the Member Services Coordinator.

One of the eligibility reports is a “fix member” report. The Member Services Coordinator must look at each client listed and update the eligibility of the client. Once that is done, the Staff Accountant goes into each individual claim and reverses, and re-bills it as Medicaid.

Another eligibility report is the “retro claim” report. Each claim is reversed by the Staff Accountant and re-billed as Medicaid. The client record has already been updated by the state when the report is generated.

The final report is a listing of the clients that are Medicaid eligible with their beginning and ending date of eligibility. The Member Services Coordinator verifies that the spans are in the system. They may or may not have claims for that span of time.