

Findings from Idaho's Audit of Medicaid Eligibility

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FY 2005

- Total Operating Expenditures
 - Total Number of Staff
 - Total Medicaid Budget
 - Federal Funds
 - State Funds
 - Total Idaho Population
 - Total Idaho Medicaid Clients
- \$1.5 Billion
 - 2,900
 - \$1,117,380,000
 - \$736,538,000
 - \$380,842
 - 1.3 Million
 - 200,000

Medicaid Benefits Provided

- Inpatient and Outpatient Hospital Care
- Physician Care
- Prescription Drugs
- Lab and X-ray Services
- Dental
- Optical
- Long-term Care (Nursing Home)

Additional “Expansion” Programs

- Pregnant Women and Children
(PWC)
- Children’s Health Insurance Program
(CHIP)

AUDIT FINDINGS

Eligibility Improperly Determined

- Fiscal Year 2001 26%
- Fiscal Year 2003 20%
- Fiscal Year 2004 33%

Federal Guidelines for Eligibility for the CHIP Program Include:

- Child under 19
- Child has no other health insurance
- Child not eligible for other Medicaid programs
- Family resources less than \$5,000
- Family income less than 150% of federal poverty guidelines

In FY 2001 CHIP had over 11,000 children enrolled. We randomly selected 53 clients for the audit.

Tests included:

- Review of computerized case data
- Review of selected case file documents

Our conclusions were confirmed in each case.

Results: 14 of 53 (26%) Ineligible

- 7 eligible for other Medicaid programs
- 18-year-old client earned \$1,000 per month that was not included in family income limit
- Parent's income greater than 150% of federal poverty limit
- 18-year-old client had student health insurance
- Family's second home value omitted

In FY 04, we compared all 12,046 CHIP clients enrolled in June 2004, with client health insurance coverage known in the Medicaid system.

1,239 or 10.3% had some form of health insurance coverage in force during that month.

Causes

- Increased Caseloads
- Miscounting Client Income
- Miscounting Resources
- Outdated Computer System

Applications for Medicaid eligibility & redeterminations were not processed within required time frames.

- New applications are to be processed within 45 days
- Redeterminations are to be processed at least every 12 months

Eligible clients are not receiving assistance, while ineligible clients continue receiving assistance in error

Recommendations

- Review case files and remove ineligible clients from the program
- Improve staff training and supervisor review
- Renew efforts to develop new automated systems and processes

Corrective Action Plan

- Pursue additional staffing, improve quality assurance, improve processes
- 2005 legislative session requested a total of 83 positions over 2 year period
- Continue to modify automated eligibility system