Radicle Health

Medicaid Billing & Compliance Readiness Checklist

Are you confident your EHR is supporting Medicaid billing and compliance the way it should? Use this checklist to see how your system stacks up against our EHRs to help you determine where your current system may be falling short, and where there's room to strengthen your capabilities.

01 Coverage & Eligibility

- ☐ We can verify Medicaid eligibility in real time or batches before every visit.
- ☐ Our system flags coverage lapses before they become denials.
- ☐ Staff get reminders for redeterminations and recerts.

Where agencies get tripped up:
Eligibility gaps are one of the most common reasons for denied claims. Catching them early can protect both revenue and client care.

02 Documentation Discipline

- ☐ Compliance fields (work hours, exemptions, verifications) are built into every intake and renewal.
- ☐ Due dates for authorizations and assessments are tracked automatically.
- ☐ Our system prevents staff from skipping required fields.

Why this step is essential:
Missing or late documentation is the leading cause of audit findings, and it's preventable with the right system prompts.

03 Audit Readiness

- ☐ We can produce audit-ready reports by client, program, or funder in minutes.

- ☐ Every change to a record is logged in a detailed audit trail.

- ☐ Auditors can securely log in to see only what they need.

The impact if it's missed:

Without the ability to generate reports and provide auditors with secure access, staff can lose days to audit prep. With it, audits become routine instead of disruptive.

04 Clean Claims & Revenue Flow

- ☐ Services are automatically coded with the right billing codes.

- ☐ Claims are scrubbed for errors before submission.

- ☐ Claims can be routed through secondary payers if Medicaid denies or coverage ends.

What to keep in mind:

Coding errors and missing authorizations are among the fastest ways to trigger denials, scrubbing claims before submission helps keep payments moving.

05 Clients Losing Coverage

- ☐ We can quickly move clients from Medicaid to self-pay or other funders.

- ☐ We track referrals to external programs when clients lose eligibility.

- ☐ Supporting paperwork (income docs, exemption letters) is stored securely in one place.

Why this step is essential:

When Medicaid lapses, having workflows for self-pay, referrals, and documentation ensures clients can still receive uninterrupted care.

06 Flexibility as Medicaid Rules Change

☐ We can configure forms and workflows without vendor intervention.

☐ We can visualize billing and eligibility trends to spot risks early.

☐ Our system is preparing for interoperability standards like FHIR (Fast Healthcare Interoperability Resources) and HIEs (Health Information Exchanges).

The impact if it's missed:

When requirements shift, agencies without configurable systems scramble. With flexible forms, dashboards, and readiness for standards like FHIR and HIE, you can adapt quickly.

Strengthen Your Medicaid Readiness

If this checklist surfaced a few gaps, or even just confirmed what's working, you're already taking the right step by looking closely at your systems! Our Medicaid Toolkit is built to help you go further, with practical resources to support billing accuracy, audit prep, and policy changes ahead.

→ Explore
the Medicaid Toolkit Here

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