

APPROVAL NOTICE FOR RETROACTIVE MEDICAID BENEFITS

Dear: _____

You have been approved for retroactive Medicaid benefits. The following date(s) have been approved for an override of the claims filing time limit.

Medicaid will pay for medical care you received during this time from hospitals, doctors, drug stores, nursing homes, home health, or other health care providers. The providers must submit claims directly to HP, the Medicaid contractor, no later than _____.

WHAT YOU MUST DO:

1. Immediately notify all providers who gave you medical care during the dates shown above. You probably already have bills from them.
2. Show them your Medicaid identification card or give them your Medicaid identification number so that they can file claims.
3. Your providers have only a short time to file claims with Medicaid. If you do not notify them of your eligibility in time for them to bill Medicaid, the provider can demand payment from you. If the provider refuses to bill Medicaid, you are responsible for payment.

If your provider has a question about your eligibility or the date(s) shown in this letter, they should talk with your county income maintenance caseworker, or they may call me.

Keep this letter and your Medicaid identification cards for future reference.

Sincerely,

Claims Analyst

cc: County DSS
File

DMA-5171
Revised 10/2011