
RETROACTIVE COVERAGE
MA-2370 RETROACTIVE COVERAGE
01/01/95

Rev. 01/01/95

I. POLICY RULES

- A. Eligibility may be authorized for the 1, 2 or 3 months preceding the month of application.**
- B.** There must have been a medical need in the retroactive period that is:
1. A medical bill which is unpaid; or
 2. A medical bill which has been paid by the applicant, or someone on his behalf, for which the provider agrees to refund the payment and bill Medicaid. The refund provision does not apply to third party insurance payments because insurance must pay before Medicaid pays.
- C. M-AABD MN authorization begins the day of the month the deductible is met or excess reserve is reduced, provided all other eligibility requirements are met.**
- D.** For M-AABD CN-NMP cases:
- Authorize cases with excess reserve the first day of the first month that the reserve is reduced, provided all other eligibility requirements are met.
- E. For MQB-B cases authorization begins up to 3 months prior to the month of application.**
- F.** For MQB-Q, retroactive coverage does not apply.
- G.** For SSI an Applicants or recipients refer to MA-1100 for instructions to determine the retro period.
- H.** For situations in which a medical need exists in 2 or 3 consecutive months in the retroactive period, the applicant may choose to apply for only the month(s) of his choice.

II. PROCEDURES

A. Notify Client of Retroactive Provision

At application:

1. Advise the applicant of the provision for retroactive Medicaid. He may apply for prospective and/or retroactive coverage.
2. Ask the applicant if he has a medical need, as defined in I.B., above, during the retroactive period.
3. Accept and document the applicant's statement as verification of medical need in the retroactive period.

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(II.)

B. Separate Treatment of Retroactive Period

Consider the retroactive period separate from the prospective certification period which begins with the month of application.

1. Establish the income limit for the budget unit based on the appropriate needs section.
2. Consider only the income available to the budget unit in the month(s) of medical need.
3. Compare the countable income and the income limit for each month of medical need to determine if excess income exists.
 - a. If the months of medical need are consecutive, combine the excess income for each month to obtain one deductible amount for the retroactive period.
 - b. If the months of medical need are not consecutive, consider each month separately and determine a deductible for each month.
4. If excess reserve exists throughout the retroactive period and/or a deductible is not met during the retroactive period, the individual is ineligible for the retroactive period.

III. DISPOSITIONS

- A. If an application is made for retroactive and ongoing Medicaid, dispose each part as soon as all necessary information is received to dispose that part. Do not hold one part of the application pending while awaiting information needed to complete the other part.**
- B. Enter the disposition in EIS following instructions in the EIS Users Manual.**