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**RETROACTIVE COVERAGE**

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**MA-3220 RETROACTIVE COVERAGE  
REVISED 11/01/09 – CHANGE NO. 12-09**

**I. INTRODUCTION**

Except for NC Health Choice **and Family Planning Waiver**, eligibility may be authorized for the 1, 2, or 3 months preceding the month of application.

**II. REQUIREMENTS**

**A. In order get retroactive Medicaid, there must have been a medical need in the retroactive period that is:**

1. An unpaid medical bill; 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; or
3. A service provided to a pregnant woman receiving prenatal care from a county health department or other public clinics. She may or may not have a bill for these services.

**B. For MAF-C or N cases, authorization begins the day of the month all eligibility factors are met.**

**C. For M-AF MN cases, 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 BCCM cases, retroactive coverage only applies if as of the earlier date, the woman met eligibility requirements. This includes having been screened and found to need treatment for breast or cervical cancer in the retroactive month.**

**E. For M-PW and M-IC cases, authorization is for the full month in which all eligibility factors are met. If the budget unit's income exceeds the income level for a retroactive month, it is ineligible for that month. Evaluate eligibility under another coverage group.**

**F. For situations in which a medical need exists in 2 or 3 consecutive months in the retroactive period, evaluate with the applicant the months for which he should request assistance. See [III.B.4.](#)**

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**III. PROCEDURES**

**A. 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 [II.A.](#) during the retroactive period.
3. Accept and document the applicant's statement as verification of medical need.

**B. Separate Treatment of Retroactive Months (Not Applicable to MPW)**

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. For Family and Children's Categorically Needy (CN) coverage groups (including M-IC), if there is excess income the case is ineligible. A deductible does not apply.
  - a. Evaluate eligibility for each retroactive month of need separately.
  - b. If the income in any retroactive month exceeds the income limit, evaluate that month as Medically Needy.
4. For Medically Needy (MN) coverage groups, 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.
5. For situations where the monthly income fluctuates in the retroactive period, treat months of CN eligibility separate from months of MN eligibility. Authorize the CN month(s) and:
  - a. If the MN months are consecutive, combine the excess income for each month to obtain one deductible amount for the retroactive period.
  - b. If the MN months are not consecutive, consider each month separately and determine a deductible for each month.

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(III.B.)

6. 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.

**C. M-PW Cases**

1. If assistance is requested for the retroactive period, the base period is the first calendar month of medical need. For income which is received on other than a monthly basis (see MA-3300, Income), the base period for the retroactive period will be the same as for prospective coverage.
  - a. If the countable income is equal to or less than the MPW Income Limit for the first month of medical need, the pregnant woman is financially eligible for all months of retroactive need. Provided all other eligibility requirements are met, authorize assistance from the first month of medical need.
  - b. If countable income exceeds the MPW Income Limit for the first month of medical need:
    - (1) Move the base period to the next calendar month(s) of retroactive medical need. If the countable income exceeds the MPW Income Limit for that month, move the base period to the next calendar month of retroactive need. For retroactive coverage the base period can never go beyond the last month of retroactive need. Assistance can never begin earlier than the month the income is equal to or below the Poverty Income Level.
    - (2) If the budget unit's verified income exceeds the MPW Income Limit for any month in the retroactive period, evaluate eligibility for retroactive coverage under MAF-MN.
2. If you verify financial need for any month in the retroactive period, the pregnant woman meets financial eligibility requirements through the postpartum period.

EXAMPLE: Pregnant woman applies in August for prospective coverage as well as retroactive coverage for June. The base period is June. If the June income verifies financial need and all eligibility requirements are met, authorize M-PW effective June 1 through the postpartum period.
3. If you cannot verify financial need for any month in the retroactive period, evaluate for prospective coverage.

**IV. 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. Follow instructions in the EIS Users Manual to dispose an application.**