

**0310****RETROACTIVE COVERAGE**

0310.05

**RETROACTIVE COVERAGE DEFINED**

REV:07/2002

Categorically Needy and Medically Needy individuals who meet the SSI-related eligibility criteria may request retroactive eligibility for UP TO THREE (3) MONTHS PRIOR TO THE MONTH OF APPLICATION. To obtain retroactive coverage, applicants must meet all eligibility criteria during the retroactive period.

Retroactive coverage is also available to IV-E and non IV-E foster children and adoption subsidy family-related coverage groups.

Retroactive coverage for the three (3) months prior to the month of application is not available to members of all other family-related coverage groups, including Section 1931 families, Waiver Families, Medically Needy Families (including flex test cases), Rite Care or Rite Share pregnant women and children, all Rite Care State-funded coverage groups, and all Extended Family Planning coverage groups.

The following chart details the family-related coverage groups who are eligible/ineligible for retroactive services:

COVERAGE GROUP	ELIGIBLE FOR RETRO
Section 1931 MA (including FIP)	N
Family Waiver MA income greater than 110% FPL	N
Pregnant Women income less than or equal to 250% FPL	N
Children up to age 19 income less than or equal to 250% FPL	N
IV-E and non IV-E Foster Children	Y
Adoption Subsidy Children Coverage Groups	Y
Medically Needy (includes Flex Test) Family-related groups	N
SSI-related coverage groups	Y



In determining retroactive eligibility, the applicant's net income (after allowable deductions and disregards) and resources are compared to Medically Needy limits UNLESS the unpaid medical bill is for Categorically Needy service only. In this case, eligibility must be based on the applicable Categorically Needy limits.

To determine retroactive eligibility, complete the following:

- o Verify that the bill is unpaid and is for a covered service provided within the three (3) months prior to the first of the month of application for SSI, FIP or MA.
- o Establish eligibility based on:
  - Residence
  - Characteristic (if required)
  - Relationship (if required)
  - Citizenship or alienage; and,

at the time of application, the applicant must fulfill cooperation and enumeration requirements.

- o Compare the resources and net income (after allowable deductions and disregards) to the appropriate income limit for the month(s) in which there is a verified, unpaid bill(s) (income limits refer to Categorically Needy income limits, Medically Needy income limits and Low Income Aged and Disabled income limits). Resources must be within the applicable resource limit as of the first day of each month for which eligibility is being determined.
- o Determine whether retroactive coverage is available to individual's coverage group.
- o If eligible, certify the case for the month or months of eligibility. Retroactive eligibility is for one (1), two (2), or all of the three (3) months immediately preceding the month of application.
- o If the income exceeds the Medically Needy Income Limits apply the Flexible Test of Income. If the Flexible Test of Income results in achieving MA retroactive eligibility, only those bills not applied to excess income are authorized for retroactive

coverage.

If the bill is for a service not provided under the Medically Needy scope of services, the application must be determined for eligibility as Categorically Needy.

- o If an unpaid bill is for a Categorically Needy service and the applicant's income exceeds the Categorically Needy Income Limits, the application for retroactive eligibility is denied. There is no Flexible Test of Income for income in excess of the Categorically Needy Income Limits.
- o If unpaid bills for both Medically Needy and Categorically Needy services are submitted, the applicant must be found eligible as Categorically Needy or the bill(s) for the Categorically Needy service(s) must be denied. If the individual is eligible as Medically Needy, only the bill(s) for Medically Needy services can be authorized for retroactive coverage.

**0310.20**

**AUTHORIZATION OF RETROACTIVE ELIGIBILITY**

REV:01/2001

Retroactive eligibility is determined on a month by month basis, with the eligibility technician or social caseworker using the InRHODES Eligibility (ELIG) function to review and approve results.

No bill can be paid unless it is submitted by the provider and received by the Center for Adult Health WITHIN TWELVE (12) MONTHS OF THE DATE THE SERVICE AS PROVIDED.

A copy of each medical bill or other verification that a medical expense exists during the retroactive period must be included in the case record to support the decision on the application.