
APPLICATION AND REDETERMINATION PROCESSING

COVERAGE PERIODS FOR MEDICAID

**A. BEGINNING
DATES OF
ELIGIBILITY**

An applicant for Medicaid, including one who dies prior to filing an application or dies prior to completion of the application, may qualify for Medicaid on one of the following dates:

- The first day of the month of the application provided all eligibility factors are met for the first day of the month.
- The first day of the month after the month of application in which all eligibility factors are met.
- The first day of the first, second, or third month prior to the month of application when the conditions set out below for retroactive Medicaid are met.

**B. RETROACTIVE
ELIGIBILITY
FOR MEDICAID**

In accordance with 42 CFR 435.914, an applicant for Medicaid may qualify for Medicaid coverage for a three-month period prior to the month of the application. Retroactive eligibility can cover all three months of the prior period, or any month(s) in this three-month period, provided the following conditions are met:

The provision of retroactive medical assistance for up to three (3) full months prior to the month of the application is mandatory for all applicants who:

- have received services covered by Title XIX (Medicaid) during any of the three-month period; and
- meet all eligibility criteria in the retro-active month(s) when the service was provided.

An individual who is not eligible at the time of the application may be eligible for retroactive medical coverage. An application for retroactive eligibility may be made on behalf of a deceased individual.

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NOTE: SSI eligibles may be eligible for additional months of eligibility beyond the SSI retroactive period. This period of coverage is the month of application for SSI and any other missing months of SSI eligibility that exists until the month the SSI payment begins. The SSI eligible must apply for and be determined eligible for MAO coverage for this "interim" period of missing SSI eligibility.

**C. BEGINNING
DATE OF
ELIGIBILITY
FOR MEDICAID
ELIGIBLES
WHO MOVE TO
MISSISSIPPI**

When a Medicaid eligible moves to Mississippi from another state, it is possible for the individual to be considered a resident of Mississippi in the month of the move, provided the individual intends to reside in Mississippi. There are no durational limits on residency requirements; however, no individual is entitled to a duplication of Medicaid services from the state of former residence and Mississippi.

In the event an individual who is receiving Medicaid from another state moves to Mississippi and applies for Mississippi Medicaid, the following guidelines are to be followed:

**1. Nursing Home
Eligible**

When an individual transfers from an out-of-state nursing home to a Mississippi nursing home, the issue regarding payment of nursing home claims must be resolved by contact with the Medicaid Agency in the former state of residence. The Regional Office handling the application must contact the Medicaid Agency by telephone or letter to determine if that state will pay the Mississippi nursing home claim for the month of the move and any subsequent months prior to termination of that state's Medicaid eligibility. If the state of former residence refuses payment, i.e., they do not pay out of state claims, then there will be no duplication of services and Mississippi Medicaid eligibility can potentially begin with the month of the move.

If the former state of residence will pay for the partial month or any subsequent months, eligibility for Mississippi Medicaid cannot begin until the state of former residence specifies their payment(s) will stop.