

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

CHAPTER 101 – Coverage Groups and Processing Applications and Reviews

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101.10.03 **TERMINATION DATES**

Eligibility for a Medicaid or CHIP recipient will end on one of the following days of the month, unless otherwise noted:

- The last day of the month in which the client was eligible; or
- The death date of the recipient. or
- The date the recipient entered a public institution.
- Hospital Presumptive Eligibility (HPE) termination dates are either the last day of the month of the HPE period or the day of the month that the full application for Medicaid is denied.

101.10.04 **RETROACTIVE MEDICAID ELIGIBILITY**

Retroactive Medicaid eligibility may be available to any Medicaid applicant who received medical care prior to applying for Medicaid. Applicants may qualify for coverage for a 3-month period prior to the month of the application. Retroactive eligibility can cover all 3 months of the prior period or any month(s) in the 3-month period. In addition:

- Each applicant must be informed of the availability of retroactive Medicaid coverage.
- The applicant's statement is accepted regarding medical expenses incurred in the retroactive period.
- Retroactive Medicaid may also be available to an individual who is added to a case (e.g., child returns home).
- The applicant does not have to be eligible in the month of application (or current month) to be eligible for one or more months of retroactive Medicaid.

NOTE: Children have continuous eligibility. A child who is eligible only in a retroactive month will receive Medicaid for 12-continuous months beginning with the month eligibility starts.

- The applicant or recipient may ask for retroactive Medicaid coverage at any time.

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RETROACTIVE MEDICAID ELIGIBILITY (Continued)

- The date of application, rather than the date of the eligibility determination, establishes the beginning of the three-month retroactive period.
- There is no provision for retroactive coverage in the Qualified Medicare Beneficiary (QMB) program. QMB eligibility begins the month following the month of authorization. It is not appropriate to place a QMB-only approval into an SLMB or QI-1 category of eligibility to provide retroactive payment of Part B premiums for the retro period.
- Hospital Presumptive Eligibility (HPE) has no retroactive coverage. If a full application for Medicaid is filed and approved, retroactive coverage is available for up to 3 months prior to the month the full Medicaid application is filed. In addition, any partial month of eligibility granted under HPE begin date rules will be changed to full month eligibility.

101.10.04A RETROACTIVE MEDICAID FOR ABD APPLICATIONS

Eligibility in a retroactive month cannot be assumed based on current month eligibility. Determine eligibility for each month separately using the eligibility rules in effect for that month, actual income received in each month and actual resources available in each month.

NOTE: Annual Cost-of-Living Adjustment (COLA) increases in Federal benefits cannot be used to determine ABD eligibility in any given year until the Federal Poverty Level (FPL) limits have been implemented for that year. Therefore, when determining retroactive or ongoing eligibility for the months of January, February and possibly March, the prior benefit amount must be budgeted, rather than the actual amount.