

# MISSISSIPPI DIVISION OF MEDICAID

## Eligibility Policy and Procedures Manual

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### 101.10 ELIGIBILITY DATES

The following discussion addresses Medicaid and CHIP beginning dates of eligibility, ending dates of eligibility, and retroactive Medicaid eligibility.

#### 101.10.01 BEGINNING DATES OF MEDICAID ELIGIBILITY

Medicaid applicants, including an applicant who dies prior to filing an application or dies prior to completion of the application process, 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 conditions are met for retroactive Medicaid.
- The first day of the month following the month of approval for QMB-only (Qualified Medicare Beneficiary) eligibility. There is no retroactive Medicaid possible for a QMB-only.
- The Hospital Presumptive Eligibility (HPE) beginning date of eligibility is the date the HPE application is approved by authorized hospital staff.

#### 101.10.02 BEGINNING DATES OF CHIP ELIGIBILITY

The benefit start date for CHIP is the first day of the month following the month of application, provided all eligibility factors are met. There is no retroactive eligibility for CHIP-eligible children, other than the newborn exception described below.

Newborn exception: The start date for a CHIP-eligible newborn may be retroactive to the date of birth if the application is filed within 31 days of birth. The 31-day count for the application to be filed begins the day following the infant's date of birth.

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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.

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### **101.10.04B RETROACTIVE MEDICAID FOR MAGI-RELATED APPLICATIONS**

Income determined for current eligibility is used for the retroactive period for MAGI-related cases unless there was a change that must be considered for eligibility in the retroactive period. Accept the applicant's statement regarding income sources and amounts in the retroactive period unless there is some reason to question the accuracy of the statement, such as electronic data source verification is inconsistent with the applicant's statements or declared information

For purposes of determining Extended Medicaid eligibility, retroactive Medicaid can be used to determine whether an applicant would have been eligible for Medical Assistance (in three of the last six months).

### **101.10.05 RETROACTIVE MEDICAID FOR DECEASED APPLICANTS**

An application for retroactive Medicaid coverage may be made on behalf of a deceased person. Retroactive eligibility can cover all 3 months prior to the month of application or any month(s) in the 3-month period if the deceased person is found to be eligible.

### **101.10.06 RETROACTIVE MEDICAID FOR SSI ELIGIBLES AND FILLING IN GAPS OF MISSING MONTHS OF SSI ELIGIBILITY**

Persons eligible for SSI may be eligible for additional months of eligibility beyond the SSI retroactive period. This period of coverage includes the month of application for SSI and any other missing months of eligibility that exist until the month the SSI payment begins. The SSI eligible person must apply for and be determined eligible for ABD coverage for the interim period of missing SSI eligibility.

An application for the interim period of missing SSI eligibility can be filed at any time and may or may not be filed in conjunction with an application for SSI retroactive Medicaid. However, if an application for retroactive Medicaid was filed and either approved or denied within 90-days of a request to fill in missing month(s) of SSI eligibility, reinstate the prior application using current verification needed to determine eligibility for any missing month(s). The reinstatement is only for the purpose of using the previous application. Eligibility is approved only for the missing month(s) provided the SSI individual is eligible in the missing month(s).