



COMBINED MEDICAID 104-1

APPLICATION PROCESSING – Retroactive Medicaid

	CMA 104-1
Supersedes:	MA 104-3 (07/01/08); FMA 104-3 (01/01/08)
References:	ARM 37.82.101, .204, .704, .904, .1111, 37.83.202; 42 CFR 435.914
Overview:	<p>Medicaid coverage may be provided for up to three months immediately preceding the month of the retroactive coverage request (i.e., the coverage request date). For pregnancy-related coverage, retroactive Medicaid cannot be established prior to the month of conception.</p> <p>Retroactive coverage is available to clients who would have been eligible for Medicaid at the time services were received if they had applied or requested coverage.</p> <p>A system notice, either approving or denying retro coverage is sent any time retro coverage is requested. This information is included in the application approval/denial notice if retro is processed at the same time.</p> <p>If retro coverage is requested on the application (the applicant indicates that he/she has medical bills for any of the three months prior to application), the eligibility staff member must process that coverage request timely. If retro coverage is denied, a denial notice MUST be sent that provides the eligibility determination for all requested months.</p> <p>If retro coverage is not requested until after Medicaid has been opened, the retro period consists of the three months immediately prior to the retro coverage request date (i.e., coverage request date).</p> <p>For SSA (Social Security Administration) applicants, see Disability Determination Overview ABD 105-1.</p>
FINANCIAL ELIGIBILITY	<p>Retroactive Medicaid coverage may be for any or all of the three Months immediately prior to the application or retro coverage request date, depending on when services were received. The client must meet all financial and non-financial eligibility requirements for each retro month.</p> <p>The applicant does not need to be eligible in the application month to be eligible for retroactive Medicaid coverage. As long they were eligible in each of the retro months, coverage for those months is provided.</p> <p>Use actual income received and expenses incurred in the retroactive month or months when determining retroactive eligibility. For programs with a resource limit, if the applicant is resource eligible any day of the month, he/she is considered resource eligible for the entire month.</p> <p>NOTE: Citizenship/qualified alien status and identity verification is required when processing retroactive Medicaid requests (if not already verified for ongoing Medicaid).</p>

CONTINUED BENEFITS	A retro month cannot be used to create an ongoing span if the client was not eligible in the application month or month after.
RETROACTIVE COVERAGE FOR SSI RECIPIENTS	For SSA applicants, see Disability Determination Overview, ABD 105-1.
EFFECTIVE DATE:	July 1, 2016