

RETROACTIVE MEDICAL ELIGIBILITY (RME)**H-1800****H-1810 GENERAL INFORMATION**

Retroactive Medical Eligibility (RME) in a particular program cannot cover a period prior to the date the program was enacted.

Applicants for FITAP assistance and Medicaid in any program shall be considered for Retroactive Medical Eligibility in each of the three months prior to application as a part of the initial eligibility determination process

The RME determination is separate from the determination for current and on-going eligibility, but the same application form is used.

Retroactive eligibility is considered first in the same program for which the current and ongoing eligibility determination is being processed. Consider eligibility in other programs if the applicant is not eligible retroactively in the same program.

Applicants for retroactive medical benefits shall:

- have had a medical service during at least one of the months for which retroactive eligibility is considered (accept the applicant's verbal statement), and
- meet all eligibility factors for the program in which retroactive eligibility is considered.

Exception:

Always explore retroactive eligibility for CHAMP Pregnant Women and children **under 19** regardless of whether medical services were received.

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The retroactive period may consist of any or all of the three months immediately prior to the month of application. The months of retroactive eligibility do not have to be consecutive.

If the recipient is eligible for retroactive coverage for a month or months immediately preceding the first month of regular Medicaid coverage, make the appropriate changes on MEDS to indicate the retroactive coverage.

Exception:

If the case certified on MEDS is an LTC type follow the instructions for certification for a prior period.

If the *enrollee* is eligible for only one or two of the three months, and is not eligible for the month immediately preceding the first month of regular Medicaid coverage, follow the instructions for prior period certification.

Example:

The *enrollee* applied for Medicaid in June, and was certified. The worker learns that the *enrollee* had unpaid medical bills incurred in April. He met all eligibility requirements for March and April, but he was not income eligible for May. Certify for March and April using prior period procedures.

Consider eligibility in *Medically Needy Program* (MNP) if the applicant is income or resource ineligible for retroactive medical coverage in all categorical programs.

Note:

Continuous eligibility begins in the month of application rather than the first month of eligibility. See H-1900, Twelve Months Continuous Eligibility for more information.

H-1810.1 Coverage

Enrollees of retroactive eligibility receive the full range of Medicaid services covered by the program in which the applicant is certified.

H-1821 ELIGIBILITY DETERMINATION PROCESS

Follow the appropriate Eligibility Determination Process for the program in which retroactive eligibility is being considered.

Refer to H-700, SSI Retroactive Medicaid for SSI applicants/*enrollees* who indicated they had unpaid medical services incurred within the three months prior to SSI application.

H-1821.1 Certification Period

The certification period is one, two, or three months depending on the month(s) of eligibility.