



STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE

PLANNING & Policy Unit
M E M O R A N D U M

REPLY TO
 ATTN. OF: Administrative Notice DMMA—A-09-2020

TO: All DMMA/DSS Staff

DATE: July 1, 2020

SUBJECT: Expansion of Retroactive Eligibility Groups

BACKGROUND

The purpose of this notice is to provide guidance regarding additional groups who may now be eligible for three months of retroactive Medicaid eligibility beginning August 1, 2019. As a result of the approval of the Medicaid 1115 Waiver, retroactive coverage is potentially available (if general financial and technical eligibility requirements are met) to the following groups:

- Pregnant women (including during the 60-day postpartum period beginning on the last day of pregnancy);
- Infants under age 1; and
- Individuals under age 19 (listed separately from the group above due to the different income limits).

Individuals eligible under the Delaware Healthy Children's Program (DHCP) are not eligible for retroactive Medicaid.

In accordance with 42 CFR 435.915 retroactive coverage means:

The agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual:

1. Received Medicaid services, at any time during that period, of a type covered under the plan; and
2. Would have been eligible for Medicaid at the time they received the services if they had applied (or someone had applied for him/her), regardless of whether the individual is alive when application for Medicaid is made.

Over the past several months DMMA has been working closely with DSS to operationalize this change in policy. Activities have included changes to the electronic and paper applications to add questions regarding retroactive eligibility and changes to the eligibility system. DMMA was

given an extension to implement these changes by July 1, 2020 with the requirement that a process be put in place to extend retroactive eligibility to anyone in the specified groups who applied on or after August 1, 2019.

DISCUSSION

Under current policy, Delaware Social Services Manual (DSSM) 14920 - Retroactive Coverage, the following groups may be found eligible for retroactive Medicaid coverage:

- a. Individuals entitled to or eligible for a Medicare Savings Program (excluding QMB);
- b. Individuals residing in a nursing facility;
- c. Individuals residing in an intermediate care facility for individuals with intellectual disabilities (ICF/IID) or for individuals with mental disease (ICF/IMD);
- d. Individuals in need of only the 30-day Acute Care Hospital Program (in no case should the effective date be earlier than the first day of hospitalization);
- e. Women eligible under the Breast and Cervical Cancer Treatment Group; and
- f. Individuals eligible under the Medicaid for Workers with Disabilities Group (provided premium requirements are met).

DMMA will be publishing regulations to revise this section to include the following eligibility groups effective August 1, 2019:

- a. Pregnant and Postpartum Women;
- b. Infants under age 1; and
- c. Individuals under the age of 19.

DMMA is making some revisions to other sections of the DSSM regarding Retroactive eligibility. Per DSSM 14920.2 - Retroactive Coverage of Medical Bills, individuals who qualify for Medicaid in one of the approved groups above, may be eligible for retroactive Medicaid coverage of any unpaid medical bills incurred in any of the three months prior to the month in which they applied. However, certain requirements must be met for these bills to be paid under Medicaid, including:

- a. The client must have been eligible in all respects for Medicaid in one of the retroactive eligibility categories in the month(s) that the medical services were received (including Delaware residency);
- b. The medical bill must be for a service covered by Medicaid;
- c. The client did not have any third-party coverage that would have been responsible for paying the bill; and
- d. The medical service must have been given by a provider who was a participant in the Delaware Medicaid program at the time of service. If the provider was not enrolled at the time of the service, the provider may enroll retroactively (up to 12 months).

Please see the examples below:

Example 1: A woman (over the age of 19) applies for Medicaid March 1, 2020 and requests retroactive Medicaid for the previous three months (February, January and December). She had a baby on December 10, 2020 so she was in her postpartum period through February 2020. She is not eligible for retroactive Medicaid because she

does not qualify for and is not receiving Medicaid in any of the retroactive eligibility groups listed above at the time of her application.

Example 2: An individual applies for Medicaid on February 2, 2020 and requests retroactive Medicaid. The individual turned 20 years old on January 31, 2020 and was 19 years old during the three-month retroactive Medicaid period. This individual is not eligible for retroactive Medicaid because at the time of application the individual was not in or eligible for one of the above retroactive Medicaid eligibility groups.

Example 3: A woman applies for Medicaid on March 10, 2020 during her post-partum period. She had her baby on February 5, 2020. As long as she meets all financial and technical eligibility requirements for one of the retroactive Medicaid eligibility groups listed above at the time of application and during the three (3) months immediately preceding the month of application, she is eligible for retroactive Medicaid coverage for December 2019, January 2020, and February 2020.

ACTION REQUIRED

Although these policy changes will be applied retroactively from August 1, 2019, any individuals who could potentially have qualified will be addressed through a separate process. Effective July 1, 2020, staff must:

- Continue to follow policy in Delaware Social Services Manual (DSSM) 14920 - Retroactive Coverage. **IN ADDITION**, they should apply this policy to the following new groups: Pregnant women; Post Partum (women who apply and are otherwise eligible during the 60 days immediately following the birth of a child); infants under age 1; and children under age 19; and
- Continue to follow policy in the DSSM under the following sections and apply these policies to the new groups listed above:

14920.1 Retroactive Coverage Limitations
 14920.2 Retroactive Coverage of Unpaid Bills
 14920.3 Retroactive Coverage Time Limits
 14920.4 Retroactive Application Process
 14920.5 Retroactive Eligibility Determination
 14920.6 Retroactive Eligibility for Newborns

DIRECT INQUIRIES TO: Nicole Cunningham (Nicole.cunningham@delaware.gov)

July 13, 2020

DATE



Glyne Williams, Chief
 Social Service Chief Administrator
 Planning & Policy
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