

**STATE OF DELAWARE****DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE
POLICY & PLANNING UNIT****ADMINISTRATIVE NOTICE A-01-2025**

TO: DSS and DMMA Staff
DATE: January 8, 2025
PROGRAM(S): Medicaid (MAGI, NON-MAGI, LTC)
SUBJECT: 2025 Expansion of Retroactive Eligibility Groups

Note: This update replaces Administrative Notice DMMA -A-09-2020

BACKGROUND

The purpose of this Administrative Notice is to inform staff of the additional groups that are eligible for Retroactive Medicaid Eligibility beginning January 1, 2025.

Delaware Medicaid received approval from the Centers for Medicare and Medicaid Services (CMS) to renew the Delaware Diamond State Health Plan (DSHP) 1115 Demonstration under Section 1902(a)(34) of the Social Security Act. With the approval of the DSHP 1115 Demonstration, Delaware Medicaid will no longer waive retroactive eligibility for certain Medicaid Programs. Effective January 1, 2025, retroactive health coverage will be available to all eligible DSHP and DSHP-Plus 1115 Demonstration applicant/members.

DISCUSSION

As a result of the Delaware Medicaid 1115 Waiver being renewed, retroactive coverage is available to all DSHP and DSHP-Plus applicant/members that meet eligibility requirements.

Delaware Social Services Manual (DSSM) [14920 - Retroactive Coverage](#) states Delaware will provide up to three months of retroactive eligibility when:

1. An individual has received Medicaid covered services at any time during that period and
2. The individual would have been eligible for Medicaid at the time the services were received, had the individual applied.

The following groups are eligible for retroactive Medicaid coverage beginning January 1, 2025, if all eligibility requirements are met.

- Former Foster Care (ages 18-26) Group
- MAGI-based Adult Group
- MAGI Parent/Caretaker Relative Group
- Transitional Medicaid
- Children's Community Alternative Disability Program (CCADP)
- Individuals eligible under emergency, labor, and delivery coverage only
- Incarcerated Group (MAGI and Non-MAGI)
- Long Term Care Community Services
- Supplemental Security Income (SSI) and Protected SSI

Delaware's Current Retroactive Medicaid Populations:

- 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;
- f. Individuals eligible under the Medicaid for Workers with Disabilities Group (provided premium requirements are met);
- g. Pregnant and Postpartum Women;
- h. Infants under age 1; and
- i. Individuals under the age of 19.

The following group remains excluded from retroactive eligibility:

- Delaware Healthy Children Program (DHCP)

Retroactive Coverage of Medical Bills:

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 Delaware Medicaid, including:

- a. The applicant/member must have been a Delaware resident and eligible for Medicaid in one of the retroactive eligibility groups in the month(s) service(s) were received;
- b. The medical bill(s) must be for a Medicaid covered service(s);
- c. The applicant/member did not have any third-party coverage that would have been responsible for paying the bill; and
- d. The medical service must have been received from a Delaware Medicaid program enrolled provider at the time of service. If the provider was not enrolled at the time of service, the providers may enroll retroactively (up to 12 months).

ACTION REQUIRED

Staff is required to:

1. Inform applicants/members that request retroactive Medicaid, that it only covers qualifying medical bills incurred in the 3-month period prior to their application date.
2. Inform applicants/members how to submit medical bills incurred during the retroactive coverage period.
3. Inform applicants/members that certain requirements must be met for medical bills to be covered retroactively and payment is not guaranteed.

Continue to follow policy in Delaware Social Services Manual (DSSM) [14920 Retroactive Coverage](#). **IN ADDITION**, apply this policy to the additional groups listed above that have been added to Retroactive Medicaid Eligibility.

[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](#)

Please see the Retroactive Medicaid Flyer attachment included with this administrative notice.

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

1/9/2025 | 9:03 AM EST

Date

DocuSigned by:
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