


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 11-015
	CROSS REFERENCE:
DIVISION OR OFFICE: Client and Community Relations Office	DATE: 10/14/2011
SUBJECT AREA: Adult Medicaid Assistance	
SUBJECT: SSI Mandatory Retroactive Coverage	APPROVED BY: Antoinette Taranto 
TYPE: I-Information and P-Procedure	

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www.colorado.gov/hcpf >> Partners & Researchers >> County and Medical Assistance Site >> Agency Letters*

Purpose:

This agency letter provides county departments of human/social services and Medical Assistance sites with policies and procedures necessary for processing Adult Medicaid retroactive coverage requests for the SSI Mandatory category.

Background:

When a client becomes Medicaid eligible by receiving Supplemental Security Income (SSI), their medical coverage begins as of the SSI application date. As with any Medicaid program, the applicant may be reviewed for retroactive coverage up to 3 months prior to this application date.

Historically, SSI Medicaid has not provided retroactive coverage because SSI benefits are not paid retroactively. The Department of Health Care Policy & Financing has reviewed this policy and has determined that retroactive coverage is allowed within the SSI category of Medicaid.

Currently, CBMS does not allow retroactive coverage for the Adult Medicaid (AM)-SSI Mandatory category. CBMS will be corrected to allow retroactive coverage in the AM-SSI Mandatory category in the future. In the interim, please follow the procedure outlined below:

Procedure or Information:

In order to be determined eligible for retroactive coverage within this category, a client or their representative must:

1. Initiate a request
 - Client or representative can contact the eligibility site and submit a retroactive request date

2. Provide requested verification
 - Provide applicable verification listed on the manual verification request letter sent by the eligibility site
3. Declare a Medical Expense
 - The medical expense must have been incurred during the 3 months preceding the date of their SSI application. If client does not declare, this information may be located within SVES.
4. Have countable income below the current SSI income limit
 - Limit for 2011 = \$674 (single) \$1,011 (couple)
5. Have countable resources below the current SSI income limit
 - Limit for 2011 = \$2000 (single) \$3000 (couple)
6. Meet Social Security Administration's (SSA) Disability Criteria
 - This can be met by Disability Onset Date or an approved determination from the state Disability Contractor
 - If the client has a Disability Onset Date that covers the retroactive request date, a disability application is not required
 - If the disability onset date does not cover the request date or the client does not have a disability onset date, then a Disability Determination Application must be completed, submitted and approved

If the Retroactive request date is within the SSI application month, the client will only need to meet the disability requirement.

Eligibility Site Process:

Initial Research

When a request for retroactive coverage is received, initial research within CBMS should be completed prior to requesting additional information from the client to process the request. The following process should be followed:

1. Go to the **Clear/Inquire on Individual** screen
2. Enter the client's demographic information and click on **Search**
 - Client will need to have an existing AM-SSI Mandatory case in active, pending or closed status
3. Go to Search **SDX/BENDEX Master** screen
4. Enter client SSN and click on **Search**
5. Find the **SSI Application Date** field
 - This is the Medicaid application date. Client's eligibility begin date for AM should currently be this date. The retroactive request date can be 3 months prior to this date.

6. Go to **Search Medical Spans Data** screen
7. Enter client's State ID, click on **Search**, click on **Select**
 - There should be an existing medical span with a Begin Date that matches the SSI Application Date. If the existing medical span covers the retroactive request date, it is not necessary to complete this process.
8. Under **Interface Activities**, Select **SVES Request**
9. Enter client's SSN
10. Click on **Open**
11. Select **Title XVI**
12. Click on **Find**
13. Click on **Select**
14. Click on **Save Icon**
15. Under **Interface Activities**, Select **Search SVES Data**
16. Click on **Open**
17. Enter client's SSN
18. Select **Title XVI** Report Type
19. Click on **Search**
20. Click on **Detail**
21. Click on **SSI Application** tab
22. Find the **Disability Onset Date** field
 - This date must cover the retroactive request date. If not, the client will need to complete a Disability Determination Application as indicated above to be sent to the state Disability Contractor.
23. Find the **Unpaid Medical Expense Ind [Y/N]** field
 - If there is a "Y" in this field, there are unpaid medical expenses for the client. If there is a "N" in this field, there are no unpaid medical expenses that were declared to SSA. A retroactive coverage request can still be processed if there is a "N" in this field. The client or representative should have declared a medical expense when they initiated the request.

Additional Information Request

Once the initial research is completed, additional information may be required to complete the request. The following process should be followed to request this information:

1. Send a **Redetermination Notice** (attached) to request income, resource and medical expense information for the time period the client is requesting coverage.
 - This is not required if the retroactive request date is within the SSI application month
2. If client does not provide verifications with the Redetermination Notice, send the client a manual verification request letter (your site's verification request) to request applicable

verifications. At this time, CBMS does not generate a verification checklist for AM-SSI Mandatory clients.

3. As soon as information and verifications are received, review client information to determine if the client would have been SSI eligible IF they would have applied.
 - Income and resource eligible
 - Disability
4. If the client does not provide the Redetermination Notice, requested verifications or does not meet eligibility criteria for the retroactive request, send a manual denial notice to the client. An example is attached. If you choose to use your own form, please use the language below:

Your request for Medical Assistance to cover your past medical bills has been denied. We cannot approve coverage prior to your application date because you do not meet the eligibility criteria for the program or you did not provide requested verification.

The relevant Medicaid rules can be found at 10 CCR 2505-10, 8.100.3.E; 8.100.5; 8.100.5.M.1

Complete Retroactive Request

Once it has been determined that the client is Medicaid eligible prior to their SSI Application Date, the following process should be followed and completed within the **same business day** in order to update the existing medical span:

If the AM case is **Active**, the AM case will need to be **Closed**:

1. Under **Intake and Case Maintenance**, select **CBMS Web Interactive Interview**
2. Enter AM case #
3. Click on **Open**
4. Go to **Case Individual** screen
5. Select Client
6. Select **Adult Medical Assistance**
7. Update the **Requesting Assistance** field from **Yes** to **No**
8. Do not update the **Effective Begin Date (EBD)** or **Request Date**
9. Click on the **Save Icon**
10. Run **EDBC**
11. Authorize AM closure
12. If there are financial programs attached to the AM case, do not authorize those programs.
13. Remove all discontinuance notices from the print queue

14. Follow the **Application Initiation** steps below

If the AM case is **Pending**, the AM application will need to be **Cancelled**:

1. Go to **CBMS Web Interactive Interview**
2. Enter AM case #
3. Click on **Open**
4. Select AM Application #
5. Under **Application Initiation**, select **Cancel Application**
6. Select **Client Requested** as the **Cancel Reason**
7. Click on the **Save Icon**
8. Run **EDBC**
9. Authorize AM denial
10. Remove all denial notices from the print queue
11. Follow the **Application Initiation** steps below

If the AM case is **Closed**, the AM case will not need to be rescinded:

1. Follow the **Application Initiation** steps below
2. Only create an **SSI Details** record for the time period the client was eligible for SSI
 - Update **Receiving** field to **Yes** with **EBD** of Retroactive request date
 - Click on **Save Icon**
 - Update **Receiving** field to **No** with EBD of first of the month following the month the client was originally closed for AM (review medical span to see original end date)
3. Authorize approval and denial month(s) to re-close case

Once the AM case is closed, **initiate a new application** for AM:

1. Under Application, select **CBMS Web Application Initiation**
2. Click on **Add**
3. **Application Date** = retroactive request date
4. **Program Requested** = Adult Medical Assistance
5. Enter all applicable information throughout the AI queue
6. Attach the new AM application to the existing AM case (do not create a separate case)
7. Continue through **CBMS Web Interactive Interview**
8. Enter all application information throughout the II queue based on information that was verified.
9. All applicable **EBD**'s should be updated to reflect the retroactive request date, not 3 months prior to including the **SSI Details** screen.
10. Run **EDBC**

11. Authorize AM Approval
12. If there are financial programs attached to the AM case, authorize those programs.
13. Review all notices in the print queue and remove those that are not applicable.
14. Add a detailed **Case Comment** that includes the following information:
 - Retroactive request received, from whom and retroactive request date
 - Reason for manual closure or application cancellation (retroactive request)
 - Income verified (if applicable)
 - Resource verified (if applicable)
 - Medical expense declared
 - Disability verified
 - Eligibility results (approved for time period or not, if not, why)
 - New eligibility begin date for AM-SSI Mandatory

Once the AM case is **authorized**:

1. Check med spans the following day for accuracy.
2. Contact client and/or provider to notify them and let them know they can submit claims back to the retroactive request date within 3 business days.

Effective Date:

Immediately

Attachments:

Redetermination Notice

Retroactive Medical Assistance Denial Notice

Contact:

Medicaid.Eligibility@hcpf.state.co.us

