

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

Applicants for ** Medicaid assistance can be considered for Retroactive Medical Eligibility (RME) in each of the three months prior to application as a part of the initial eligibility determination process. The applicant has up to one year from the application date to request RME.

Note:

RME in a particular program cannot cover a period prior to the date the program was enacted.

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

RME is considered first in the same program for which the current and on-going 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 RME is considered. (It is permissible to accept the applicant's verbal statement.), and
- Meet all eligibility factors for the program in which RME is considered.

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.

Example:

The beneficiary applied for Medicaid in June and is certified effective that month. The worker learns that the beneficiary had unpaid medical bills incurred in April. The beneficiary met all eligibility requirements for March and April, but was not income eligible for May. Certify the beneficiary for RME for March and April.

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

Beneficiaries of RME 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.

Note:

For all retroactive eligibility determinations, regardless of the program, use actual income received in the requested retroactive eligibility period.

Refer to [H-700 SSI Retroactive Medicaid](#) for Supplemental Security Income (SSI) applicants/beneficiaries who declared 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.