



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

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Volume 10 No. 36

May 2000

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**TO:** All Providers

**SUBJECT:** Retroactive Medicaid Eligibility

**EFFECTIVE:** July, 1999

**PURPOSE:** The purpose of this newsletter is to inform all providers that the county boards of social services (CBOSS) will be processing retroactive Medicaid eligibility for all applicants approved after July 1, 2000, and that the CBOSS eligibility determination includes receiving documentation of medical services received in the three months prior to application.

**BACKGROUND:** As of July 1999, all county boards of social services **except** Essex, Hunterdon and Warren counties, have agreed to process retroactive Medicaid eligibility for all Medicaid applicants approved after that date. The Medicaid Retroactive Eligibility Unit in Trenton continues to process retroactive eligibility for applicants in **Essex, Hunterdon** and **Warren** counties as well as **all Supplemental Security Income (SSI)** cases throughout the State of New Jersey. The Medicaid Retroactive Eligibility Unit will also continue to process retroactive Medicaid eligibility for those cases found eligible for Medicaid **prior** to the date that the eighteen counties signed the agreement to process retroactive eligibility.

The county boards of social services are processing retroactive eligibility **without** a separate application form. However, it is **imperative** that the individual applicants inform their county worker that they have outstanding medical expenses, which occurred in the three-month period immediately prior to the month of application for Medicaid. Preferably, this should be told to the worker at the time of application, however, the applicant can contact the CBOSS after approval. If the applicant contacts the CBOSS after approval, the bills can only be paid if the provider submits the bill for payment within one year of the date of service.

**ACTION:** Providers should encourage Medicaid applicants to inform the CBOSS of unpaid medical expenses at the time of initial application for Medicaid (for all counties and SSI). This should be done even if the applicant has not yet received any bills from the provider but is aware that bills will be coming. If the applicant applies for Medicaid in Essex, Hunterdon or Warren counties, the CBOSS will provide the

applicant with a Retroactive Medicaid Application which is to be completed, signed and sent to the Retroactive Medicaid Unit to the address on the application. The Retroactive Medicaid Unit must receive this application within six months of the date of application for Medicaid. Applicants who do not receive a Retroactive Medicaid Application from their caseworker may request one by contacting the Retroactive Medicaid Unit at (609) 588-2835.

The above six-month rule also applies to SSI applicants. However, SSI applicants whose disability cannot be determined timely will not be given a Retroactive Medicaid Application until their eligibility has been determined. For these cases, the Retroactive Medicaid Unit must receive the Retroactive Medicaid Application within six months of this date, which is known as the "PERC" date.

In the eighteen counties that are processing retroactive eligibility, the CBOSS will evaluate the applicant for the retroactive period as well as prospective Medicaid eligibility. If a request for retroactive coverage is **not** made at the time of the initial Medicaid application, the request must be made to the CBOSS within six months of that application.

Also, please make the applicants aware that retroactive eligibility is **not guaranteed**. For retroactive Medicaid eligibility to be approved, the applicant(s) must have met **all** Medicaid eligibility criteria during each month of the retroactive eligibility period.

For further information or questions regarding this Newsletter, please contact the Bureau of Eligibility Policy, at (609) 588-2556.

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