



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

NEWSLETTER

Volume 11 No. 52

June 2001

TO: All Providers

SUBJECT: Retroactive Medicaid Eligibility

EFFECTIVE: June 2001

PURPOSE: To notify all providers of current retroactive eligibility policy

BACKGROUND: In November 1995, the Retroactive Eligibility Unit revised its Application for Retroactive Medicaid Eligibility (Form FD-74). This application was again revised in February 1999. The Form FD-74 produced prior to 1995 is currently inadequate for use in processing retroactive Medicaid eligibility.

ACTION: Effective immediately, the Retroactive Eligibility Unit of the Division of Medical Assistance and Health Services will no longer process retroactive Medicaid eligibility for applicants who submit Form FD-74 dated prior to November 1995. The applicant will be sent a current application form and will be asked to complete, sign, and return it to the Retroactive Eligibility Unit with the necessary forms of verification within 30 days. The **Essex, Hunterdon and Warren County Boards of Social Services** as well as **all Social Security Administration District Offices** throughout the State of New Jersey provide the current Form FD-74 to applicants to complete and forward to the Retroactive Eligibility Unit of the Division of Medical Assistance and Health Services.

For **Non-Supplemental Security Income (SSI)** applicants, except for the counties listed above, the **County Boards of Social Services** process retroactive Medicaid eligibility based upon where they applied for Medicaid/ NJ FamilyCare. A separate application form for retroactive eligibility may not be necessary in these counties.

NJ FamilyCare applicants who apply for NJ FamilyCare by mail through the State eligibility determination agency have their retroactive eligibility determined by that agency. Beneficiaries may call 1-800-701-0710 to request retroactive coverage if they failed to list unpaid medical bills on their initial NJ FamilyCare application.

NOTE: For NJ FamilyCare cases, only children and adult family members who receive **Plan A services** may be eligible for retroactive coverage. **NJ FamilyCare Adults** (program status codes 761, 762 and 763) and family members receiving **Plan B, C or D services** are not entitled to retroactive coverage.

Applicants who do not receive a retroactive Medicaid application from their caseworkers may request one by contacting the Retroactive Eligibility Unit at (609) 588-2835. Current applications are also available at all of the Medical Assistance Customer Centers (MACC) throughout New Jersey.

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 of the three months prior to the month of Medicaid application. Eligibility will not be determined the month the Medicaid application was filed or for any month **after** the date of application.

For further information or questions regarding this Newsletter, please contact the Retroactive Eligibility Unit, at (609) 588-2837.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**