



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
Governor

**Rebecca Kapusta**  
Interim Secretary

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**DATE:** January 10, 2019      **TRANSMITTAL NO.:** P-19-01-0002

**TO:** Economic Self-Sufficiency Operations Managers  
Economic Self-Sufficiency Program Offices

**FROM:** Tonyaleah Veltkamp, Chief, Program Policy  
Suzanne Poirier, Chief, Technology & Project Management  
**(Signatures on File)**

**SUBJECT:** Elimination of Retroactive Medicaid Coverage for Non-Pregnant  
Adults aged 21 years and older

**EFFECTIVE:** February 1, 2019

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This transmittal informs staff of the elimination of Retroactive Medicaid coverage for non-pregnant adults aged 21 and older.

### **Background**

Federal regulation requires states to provide Medicaid coverage effective the third month prior to the month of application for ongoing Medicaid if the individual would have been eligible for Medicaid in the month for which coverage is requested.

During the 2018 legislative session, the Florida Legislature instructed the Agency for Healthcare Administration (AHCA) to request a federal waiver from the Center for Medicare and Medicaid Services (CMS) to allow the state to eliminate retroactive Medicaid coverage for all individuals except pregnant women, and individuals under age 21 years.

### **Updated Policy**

Based on the conditions of the approved waiver, effective February 1, 2019, the three-month retroactive Medicaid coverage is being eliminated for non-pregnant adults. Medicaid eligibility for these individuals will be effective the first day of the month of application.

Pregnant women, including their postpartum period, and children under age 21 will not be affected by this change. They will remain eligible for retroactive Medicaid coverage for the three months prior to the month of application.

Note: Individuals age 19 and 20 are considered children.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

## Elimination of Retroactive Medicaid Coverage for Non-Pregnant Adults aged 21 years and older

Non-pregnant adults are not eligible for retroactive coverage in the following, specialized groups:

- Supplemental Security Income (SSI) Recipients; the date of application for SSI benefits is considered an application for Medicaid, and this date should be used when determining if a non-pregnant adult is eligible for Medicaid under retroactive Medicaid policy.
- Medicare Savings Programs - Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individuals 1 (QI1); unless the individual is less than 21 years-of-age or pregnant.
- Emergency Medicaid for Aliens (EMA); unless the individual is less than 21 years of age or pregnant.

This change does not affect:

- Uncovered Medical Expense Deduction (UMED) policy.
- Refugee Medical Assistance (RMA). Individuals who qualify for RMA are potentially eligible for retroactive coverage.
- GAP coverage policy. Refer to Transmittal [P-14-11-0021](#) Gap Coverage for Medicaid Renewals.
- Hearings. The Department must accept hearing requests for denial of retroactive Medicaid.
- 60-day reuse policy. Refer to Transmittal [P-12-12-0025](#) New Application Processing Expectations.

Applications submitted prior to February 1, 2019, may be evaluated for retroactive coverage for all potentially eligible members even if the request for retroactive months is made after the effective date of this change.

### **During Application**

Include the medical expenses on AFME for the retroactive months requested. If the retroactive coverage builds and passes, staff must evaluate the coverage to determine whether the application was submitted prior to February 1, 2019, or if the individual claiming unpaid medical expenses was a child or pregnant adult in the month being considered for retroactive coverage and authorize the coverage if eligible. For individuals not eligible for retroactive coverage, deny the coverage with reason code 374 (No household members are eligible for this program).

### **Ongoing Medicaid Cases**

For individuals applying for retroactive coverage after an application has been disposed, run passing dates for the month(s) of the medical expense. When retroactive coverage builds and passes, staff must determine whether the application was submitted prior to February 1, 2019, or if the individual is claiming unpaid medical expenses was a child or pregnant adult in the month being considered for retroactive coverage and authorize the coverage if eligible. For individuals not eligible for retroactive coverage, deny the coverage with reason code 374 (No household members are eligible for this program).

Requests for additional assistance; retroactive coverage may be authorized for individuals requesting Medicaid coverage on ongoing cases if the request was made prior to February 1, 2019, or if the request was submitted after February 1, 2019, and the individual is a child or pregnant adult in the month being considered for retroactive coverage.

Reported changes; beneficial reported changes are effective the month in which the change is reported. A change that would move an individual from partial coverage, such as NAR, to full coverage MAR, may be evaluated for retroactive coverage. If the change was reported prior to February 1, 2019, or if the request was made after February 1, 2019, and the individual is a child or pregnant adult in the month being considered for retroactive coverage.

Reported changes for the ICP program; does not affect the effective date for Medicaid eligibility.

### **System Instructions**

No changes have been made to the FLORIDA System. Text changes have been made to the on-line application to help guide the applicant towards only including past unpaid medical expenses for pregnant women and children. Should an application for retroactive coverage be made for someone other than a pregnant adult or child, staff must follow the instructions provided below.

Requests for retroactive coverage based on applications submitted prior to February 1, 2019, for non-pregnant adults must be evaluated and if eligible; approved. Requests for retroactive coverage based on applications submitted on or after February 1, 2019, for non-pregnant adults must be processed, denied with reason code 374, and proper notice provided.

If there are Medicaid policy questions, region offices may contact Nathan Lewis at [Nathan.Lewis@myffamilies.com](mailto:Nathan.Lewis@myffamilies.com). If there are Systems questions, region offices may contact LaQuetta Anderson at [LaQuetta.Anderson@myffamilies.com](mailto:LaQuetta.Anderson@myffamilies.com).

Elimination of Retroactive Medicaid Coverage for Non-Pregnant Adults aged 21 years and older

cc: Interim Secretary (Rebecca Kapusta)  
Assistant Secretary for Economic Self-Sufficiency (Jennifer Lange)  
Director (Vacant)  
Regional ESS Directors  
Customer Call Center (Guerschom Alcin, Andrew Houghton)  
Customer Information Support Services Unit (Melinda Klamer)  
Data Analytics, Technology, and Project Management (William Martinez, Lori Schultz)  
EBT (Michael Pogue)  
ESS Program Administration (Jamie Franz)  
FLORIDA Help Desk (Goldie Payne)  
Information Technology (Kit Goodner, Barbara Roglieri)  
Office of Appeal Hearings (Nathan Koch)  
Office of Child Welfare (JoShonda Guerrier, Traci Leavine, Courtney M. Smith)  
Office of Communications (Vacant)  
Office of Continuous Improvement (Cindy Mickler)  
Office of the General Counsel (Lynn S. Hewitt)  
Program Policy (Nathan Lewis, Melissa Burns, Jacinta Murphy)  
Peer and Integrity Review Manager (Terry Field)  
Public Benefits Integrity (Andrew McClenahan, Sheri Hall, Karen Jilson)  
AHCA (Mary McCullough, Ann Dalton, Lisa Gill, Peggy Hall, Virginia Hardcastle, Shevaun Harris, Beth Kidder, Abby Riddle, Erica Floyd Thomas)  
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)  
Florida Healthy Kids (Austin Noll)