



Governor's Advisory Council for Exceptional Citizens (GACEC) 516 West Loockerman St., Dover, DE 19904  
302-739-4553 (voice) 302-739-6126 (fax) <http://www.gacec.delaware.gov>

October 30, 2023

Planning and Policy Unit  
Division of Medicaid and Medical Assistance  
1901 North DuPont Highway/P O Box 906  
New Castle, DE 19720-0906

**RE: 27 DE Reg. 398 DHSS/DMMA Proposed Retroactive Medicaid Eligibility Regulations (December 1, 2023)]**

To Whom It May Concern:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DHSS/DMMA) proposal to amend the Delaware Social Services Manual (DSSM) and Title XIX Medicaid State Plan Attachment 4 regarding retroactive Medicaid eligibility. Council **supports** the DMMA decision to terminate the Diamond State Health Plan (DSHP) Waiver of the requirement to provide three months of retroactive eligibility to Medicaid enrollees.

This change brings significant federal funding into Delaware, a great deal of which will go directly into the economy to healthcare providers rendering care that will now be paid for by Medicaid. It is also important to note that this does not create new costs that do not otherwise exist. These funds will cover services already rendered prior to an individual enrolling in Medicaid. This policy change shifts the burden of those existing costs from low-income, Medicaid-eligible Delawareans and healthcare providers to Medicaid dollars, 80% of which are federal.

In addition to retroactive eligibility being good for those who qualify for Medicaid benefits, retroactive eligibility also benefits healthcare providers, by lessening the burden that hospitals and providers in our community face in providing care for which they are not compensated. This will then contribute to an increased willingness by providers to treat low-income patients, as providers can treat unenrolled but Medicaid-eligible patients with the confidence that they will be paid for the services rendered. Council encourages DMMA to take thorough steps to ensure that Medicaid applicants and recipients are aware of this change. Specifically, all Medicaid recipients and new applicants should be provided with a notice, written in plain language, that explains retroactive eligibility and provides clear steps for how bills for medical services rendered during the retroactive eligibility period can be submitted for Medicaid coverage.

Council suggests DMMA utilize multiple forms of contact, such as calls, text notifications, the DMMA website and social media to publicize this change. All materials should be translated into languages other than English, such as Spanish, Haitian Creole, and Vietnamese. If it is not already included, DMMA should update the Medicaid application to affirmatively ask applicants whether they have medical bills or received medical care during the retroactive eligibility period that may be eligible for coverage, should they be found eligible for Medicaid. Case handlers must follow up on that to help facilitate the submission of claims for services rendered during the retroactive eligibility period. DMMA must also publicize this change to healthcare providers.

Council suggests strengthening the verbiage surrounding healthcare provider notification. Council believes this should specifically include notifying healthcare specialists and billing specialists to streamline the process of retroactive billing therefore ensuring timely and efficient reimbursement for eligible patients. This outreach effort would aim to empower these individuals as some of the front line initiators of retroactive billing for patients who qualify. Regular updates also need to be developed and detailed to include outreach within official channels. Providing support resources to our partners in care, such as local hospitals, the Department of Public Health, Delaware HealthCare Commission and others so that a known point of contact is available to respond to questions is paramount to the success of this shift in billing.

Finally, DHSS must take steps to ensure that all DMMA and Division of Social Services (DSS) staff are familiar with these changes. DSS and DMMA staff should receive training and clear instructions on case handling procedures related to these change

Thank you for your time and consideration of our support. Please feel free to contact Pam Weir or me should you have any questions.

Sincerely,

*Ann C Fisher*

Ann C. Fisher  
Chairperson

ACF: kpc