
PREGNANT WOMAN COVERAGE

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I. POLICY RULES APPLICABLE TO PREGNANT WOMAN

This section provides the eligibility requirements and procedures for Pregnant Women whose eligibility determination is based on MAGI criteria.

A. The pregnant woman may choose to be covered under:

1. MPW with services limited to those related to the pregnancy including post-partum coverage or for conditions that her doctor believes will complicate the pregnancy; or
2. MAF if she wishes to receive the full scope of services or if she wishes to be combined with another assistance unit.
3. MIC if she is under 19 and meets all other MIC eligibility requirements.

In addition, encourage the pregnant woman to use a Pregnancy Medical Home (PMH). Provide her a copy of the [DMA-5076/DMA-5076S](#), PMH handout.

B. The pregnant woman may be eligible even if she is considering releasing her child for adoption.

1. She may be eligible as a caretaker relative of the child through the month in which the release forms are signed. (Release forms cannot be signed until after the baby is born.)
2. She may be eligible while pregnant and through the post-partum period even if she has released the child for adoption.

C. The pregnant woman may apply for retroactive pregnant woman coverage after the pregnancy terminates.

D. When any female is determined ineligible for Medicaid in any Medicaid program/category she must be evaluated for eligibility in all other Medicaid program/categories before Medicaid can be terminated or denied. Categories to be considered is Pregnant Woman Coverage and medically needy.

E. Prior to termination of Pregnant Woman Coverage (MAF or MPW), an ex-parte recertification must be conducted to evaluate the woman for eligibility in all

other Medicaid program/ categories. Refer to MA-3421, MAGI Recertification policy.

II. MPW

This section provides the eligibility requirements and procedures for MPW whose eligibility determination is based on MAGI criteria.

A. Eligibility Rules for MPW

Individuals applying for coverage must:

1. Be a citizen of the U.S. or a qualified alien who meets criteria contained in MA-3332, US Citizenship Requirements and/or MA-3330, Alien Requirements. Pregnant women who are non-qualified aliens or who are qualified aliens eligible for only emergency services are covered under MPW.
2. Be a resident of North Carolina as defined in State Residency policy. Refer to MA-3335, State Residency policy.
3. Not be receiving Medicaid for her needs from another Medicaid program/category, county, or state.
4. Not be an inmate of a public institution with the exception that individuals incarcerated in a NC Department of Public Safety, Division of Prisons (DOP) facility have their eligibility placed in suspension. Refer to MA-3360, Living Arrangement policy.
5. Not be in an institution for mental disease except an individual under age 21 receiving inpatient psychiatric care.
6. Provide verification of all health insurance coverage for herself and assign to the state all rights to third party payments from such insurance coverage.
 - a. Do not request third party insurance information prior to approving the Medicaid application, after approval, send the DMA-5097, Request for Information, allowing the beneficiary 12 calendars days to provide verification.
 - b. If third party insurance information is provided during the interview or the application process, key the information in NC FAST.
 - c. If verification is not received, send a timely DSS-8110 notice proposing termination for failure to provide necessary information.

7. Individuals applying for coverage are required to apply for all benefits to which they might be entitled, such as unemployment benefits or RSDI. However, the local agency can only request and or/verify certain information post (after) eligibility determination. Refer to MA-3205 Post-Eligibility policy.
 - a. If the caseworker determines an individual is potentially eligible for a financial benefit, but is otherwise eligible for Medicaid, approve the application. After approval, send the DMA-5097, Request for Information, allowing the beneficiary 12 calendars days to provide verification they have applied for potential benefits.
 - b. If verification is not received, send a timely notice proposing termination for failure to provide necessary information.
8. Furnish her Social Security number(s) or apply for a number if she does not already have one. This does not apply to illegal aliens. Refer to MA-3355, Enumeration Procedures policy for enumeration requirements.
9. The local agency must accept self-attestation of pregnancy. However, the pregnant woman must provide verification of multiple unborn (s). Do not accept a self-attestation for multiple unborn(s).
 - a. Self-attestation includes:
 - (1) The length of the pregnancy as of the date of the statement. Ex. "Jane Doe is approximately 6 weeks pregnant."
 - (2) Projected delivery date, month, and year, sometimes referred to as "EDC" (estimated due date of confinement).
 - (a) If an applicant is unsure of the due date, the local county agency must request information.
 - (b) Follow application processing requirements for requesting information.
 - (c) If the information is not provided, deny the application. A certification period cannot be given without a due date.
 - (3) Number of children expected. For budgeting purposes, if no number is indicated, assume that only one child is expected.
10. Income
 - a. Income must be equal to or below 196% of the Poverty Income Level for the household. Refer to MA-3306. V. MAGI Budgeting policy.

- b. Once eligibility is established, changes in income or family composition income do not affect eligibility.

11. Resources

There is no resource limit.

12. Child support/IV-D

A pregnant woman receiving Medicaid as MPW is not required to cooperate with child support/IV-D in establishing support for the unborn child or any other children receiving Medicaid or Work First for whom she is caretaker.

13. Emergency Medical Treatment Only

Non-qualified aliens and certain qualified aliens in the U.S. for less than 5 years are potentially eligible to receive MPW for emergency medical treatment only. Refer to MA-3330, Alien Requirements policy.

B. Procedures for MPW Coverage

1. Apply MAGI budgeting methodologies to individuals in the Medicaid Pregnant Women (MPW) Program. Refer to MA-3306. V. MAGI Budgeting policy.
 - a. Under either type of household (tax or non-filer), when a pregnant woman is the applicant /beneficiary, always include the unborn (s) in her household when determining eligibility.
 - b. When the pregnant woman is included in the household and family size of another individual, she is counted as one. Do not include the unborn(s).
2. Advise the applicant of the following:
 - a. To report the birth of the baby or any termination of pregnancy (miscarriage, stillbirth, etc.) within 10 calendar days.
 - b. Automatic new-born coverage.

Post-partum coverage.
 - d. Evaluation for continued coverage under MPW if she loses eligibility for MAF.

- e. Recertification to determine eligibility as a caretaker after the 60 days postpartum period if she has children living with her or for all other Medicaid program/category for which she may be eligible, such as MAD if she is disabled, and Family Planning Program.

C. Instructions for authorization:

1. Follow all application processing time standards. Refer to MA-3200, Application policy.
2. Classification is Categorically Needy. Medicaid Program/Category is MPW.
3. Establish the certification period. Refer to MA-3425, Certification and Authorization policy.
 - a. Send an approval notice DMA 5003/DMA-5003s-ia or NC FAST generated DSS-8108, Notice of Benefits form. Authorize from the first day of the month in which all eligibility criteria are met through the last day of the month of the post-partum period.
 - b. Do not re-determine eligibility until the end of the post-partum period.
 - (1) Eligibility is continuous without reacting to changes in income or in household composition, unless the change will make her eligible for a greater benefit.
4. Prior to the end of the post-partum period, conduct an ex-parte recertification to evaluate for continued coverage under all Medicaid program/categories. Refer to MA-3421, MAGI Recertification policy.

III. MAF

This section provides the eligibility requirements and procedures for pregnant women under MAF whose eligibility determination is based on MAGI criteria.

A. Eligibility Rules Specifically Applicable To Pregnant Women Under MAF

1. The pregnant woman must meet the regulations in II.A. [Eligibility Rules for MPW](#), and
2. Income

Apply MAGI budgeting methodologies to individuals in the Medicaid Pregnant Women (MAF-N) Program. Refer to MA-3306. V., MAGI Budgeting policy.

3. Resources

There is no resource limit.

4. Child Support/IV-D

Cooperate with the local child support agency in establishing paternity and receiving child support for any children (other than the unborn child) who are receiving Medicaid and for whom she is the caretaker.

B. Procedures For Coverage Of Pregnant Women Under MAF

1. Apply MAGI budgeting methodologies to individuals in the Medicaid Pregnant Women (MAF-N) Program. Refer to MA-3306. V., MAGI Budgeting policy.

- a. Under either type of household (tax or non-filer), when a pregnant woman is the applicant /beneficiary, always include the unborn (s) in her household when determining eligibility.
- b. When the pregnant woman is included in the household and family size of another individual, she is counted as one. Do not include the unborn(s).

2. Advise the pregnant woman of the following:

- a. To report the birth of the baby or other termination of pregnancy (miscarriage, stillbirth, etc.) within 10 days.
- b. Automatic new-born coverage.
- c. Post-partum coverage.
- d. Evaluation for continued coverage under MPW if she loses eligibility for MAF.
- e. Recertification to determine eligibility as a caretaker after the 60 days postpartum period if she has children living with her or for all other Medicaid program/category for which she may be eligible, such as MAD if she is disabled, and Family Planning Program.

C. Instructions for Authorization

1. Follow all application processing time standards in MA-3200, Application.

2. Classification is Categorically Needy or Medically Needy. Medicaid Program/Category is MAF.

Note: Pregnant women can only be MAF-N or MAF-M. They cannot be MAF-C.

3. Establish the certification/authorization period. Refer to MA-3425, Certification and Authorization policy.
 - a. Certification period for MPW is the first month of eligibility through the last day of the post-partum.
 - b. Send an approval notice and authorize from the first day of the month in which all eligibility criteria are met through the last day of the certification period.
 - c. If a woman is covered under pregnant woman coverage in MAF and it is learned that she is expecting to deliver more children than first known, adjust the budget unit effective the month in which the change is reported.
4. At the end of the postpartum period, conduct an ex-parte recertification to evaluate for continued coverage under all Medicaid program/categories. Refer to MA-3421, MAGI Recertifications policy.

IV. Retroactive Coverage

The pregnant woman is eligible for retroactive coverage for the 3 months prior to the month of application provided that:

- A. Certification/authorization does not precede the month pregnancy began, and**
- B. There is a medical need (medical expenses) in the retroactive period. Refer to MA-3200, Application policy.**

V. Post-Partum Coverage

The pregnant woman is eligible through the post-partum period without a recertification of eligibility.

- A. The post-partum period is at least 60 days following termination of the pregnancy for any reason. The post-partum period ends on the last day of the month in which the 60th day falls. For example, the delivery occurs on June 10. The post-partum period ends on August 31.**
- B. Exceptions to the post-partum eligibility are:**

1. The pregnant woman moves to another state with the intent to live there on a permanent basis.
2. The pregnant woman is an alien eligible only for emergency services.
3. The pregnant woman is found eligible only for presumptive eligibility.
4. The pregnant woman applies after the termination of the pregnancy; her income exceeds the MPW Poverty Level, and she is eligible for MAF-M.

C. If the pregnancy terminates earlier than anticipated, the 60-day post-partum period may end earlier than planned.

1. Send the pregnant woman a timely DSS-8110 notice notifying her of the new end date of her coverage due to the early termination of her pregnancy.
2. When the timely DSS-8110 notice period expires, shorten the certification period to the end of the 60-day post-partum period. Complete an ex-parte recertification to determine her ongoing eligibility. Refer to MA-3421, MAGI Recertifications policy.

D. If the pregnancy terminates later than anticipated, the 60-day post-partum period may end later than planned. In that case, extend the certification period through the end of the post-partum period.

Send the pregnant woman an DSS-8110 adequate notice advising her that her authorization has been extended because her pregnancy terminated later than expected.

E. Prior to termination of the pregnant women's Medicaid authorization, complete an ex-parte recertification to determine her ongoing eligibility for coverage under all other Medicaid program/categories. Refer to MA-3421, MAGI Recertifications.