

CHANGE NOTICE FOR MANUAL NO. 05-25 MA-3240 MEDICAID FOR PREGNANT WOMEN (MPW)

DATE: May 9, 2025

Manual: Family and Children's Medicaid
Change No: 05-25
To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised and updated the Medicaid policy section, MA-3240, Pregnant Woman Coverage. This guidance is provided from the Centers for Medicare & Medicaid Services (CMS) for local agencies that pregnant beneficiaries cannot be terminated due to failure to provide third party insurance after their application is approved. Additional updates and clarifications have been provided in other sections throughout the policy.

II. MA-3240, PREGNANT WOMAN COVERAGE POLICY UPDATES

A. General Updates

Policy references to sections I. Introduction and II. MPW have been reviewed and corrected throughout.

B. Updates for Specific Sections

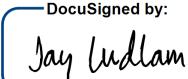
1. Section I. A. has been added and provides updated information regarding the Pregnancy Management Program (PMP) and updated hyperlinks [DHB-5076/DHB-5076S](#), PMP handout.
2. Section II. 6. b. 1. has been added. This update provides additional guidance for requesting the [DHB-5097/ DHB-5097sp](#) Request for Information.
3. Section II. 6. b. 2. has been added. This update provides updated guidance regarding the termination of pregnant beneficiaries due to failure to provide third party insurance.

4. Section II. C.4. has been updated. This update provides additional guidance for sending the appropriate notices after approving an MPW application.
5. Section III. B.3. has been updated. This update provides guidance regarding if the a/b is ineligible for all programs at recertification or if their coverage is being reduced, they must be transferred to MPW for the remainder of their c.p.

III. EFFECTIVE DATE AND IMPLEMENTATION

Changes noted in this notice are effective upon receipt for all applications processing and ongoing recertifications.

If you have any questions regarding information in this letter, please contact your [Operational Support Team Representative](#).

DocuSigned by:

Jay Ludlam

Jay Ludlam
Deputy Secretary, NC Medicaid