
PREGNANT WOMAN COVERAGE

REVISED 3/14/2022– CHANGE NO. 03-22

[Current Change Notice: 03-22](#)

- Division of Health Benefits (DHB) updated MA-3240, Pregnant Woman Coverage policy to provide clarification that the 60-day postpartum will now be extended to 12-months. The postpartum period begins the day the pregnancy ends. Medicaid For Pregnant Women (MPW) will be full Medicaid coverage.

I. INTRODUCTION

This section provides the eligibility requirements and procedures for pregnant women whose eligibility determination is based on **Modified Adjusted Gross Income (MAGI)** criteria. **A pregnant woman is eligible for the 12-month postpartum period if they were enrolled in any full Medicaid program that covered pregnancy services.**

A. The pregnant woman should be evaluated under the following programs:

1. **Medicaid for Pregnant Women (MPW) with services that provide full Medicaid benefits including 12-month postpartum coverage.**
2. **MAF parent/caretaker if they are categorically eligible. MAFN will no longer be an option for pregnant women effective 4/1/2022.**
3. **MIC if they are under 19 and meet all other MIC eligibility requirements.**
4. **In addition to the programs above, the pregnant woman should be evaluated for all full Medicaid programs including MAABD.**

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

B. The pregnant woman will be eligible through the 12-month postpartum period, even if they are considering releasing their child for adoption.

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

D. Prior to termination of Pregnant Woman Coverage (MPW), at the end of the 12-month postpartum period, an ex-parte recertification must be conducted to

evaluate the **beneficiary** for eligibility in all other Medicaid program/categories. Refer to MA-3421, MAGI Recertification policy.

- E. If the beneficiary was enrolled in a full Medicaid program while pregnant, they are eligible for the 12-month postpartum extension regardless of any changes in circumstances or if the pregnancy ends for any reason.**
- F. It is important that the caseworker enter the pregnancy evidence on the case the pregnant woman is receiving under such as MAF, MIC, or MAABD programs. This ensures when a pregnant woman becomes ineligible in any full Medicaid program, they are transitioned to MPW through the end of the 12-month postpartum period when the caseworker accepts the decision.**

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 **non-citizen** who meets criteria contained in [MA-3332, US Citizenship Requirements](#) and/or [MA-3330, Alien Requirements](#).

Pregnant women who are lawfully present **non-citizens are eligible for full Medicaid if they are otherwise eligible. Undocumented non-citizen pregnant women may be eligible** for emergency services covering labor and delivery.

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 from another Medicaid program/category, county, or state.
4. Not be an inmate of a public institution.

Exception: The following individuals who remain otherwise eligible must have their eligibility placed in suspension:

- a. Applicant/Beneficiaries incarcerated in a NC Department of Public Safety, Division of Prisons (DOP) facility, or
- b. Juveniles under 21, and former foster care up to age 26 in any NC public institution.

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 **themselves** and assign to the state all rights to third party payments from such insurance coverage. This is a post eligibility requirement. Refer to [MA-3205 Post Eligibility Verification](#).
 - a. Do not request third party insurance information prior to approving the Medicaid application. After **the** approval, send the [DHB-5097 /5097sp](#) Request for Information, allowing the beneficiary 12 calendars days to provide verification.
 - b. If verification is not received, send a timely DSS-[8110/8110sp](#), **Notice of Modification, Termination, or Continuation of Public Assistance** notice proposing termination for failure to provide necessary information.
 - c. If third party insurance information is provided, during the interview or the application process, key the information in NC FAST.
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 Verification](#).
 - 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 [DHB-5097 /5097sp](#), 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 DSS [8110/8110sp](#), **Notice of Modification, Termination, or Continuation of Public Assistance** timely notice proposing termination for failure to provide necessary information.
8. Furnish **their** Social Security number(s) or apply for a number if **they** do not already have one. This does not apply to undocumented **non-citizens**. Refer to [MA-3355, Enumeration](#) 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.
Example: “**Pregnant** 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 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. **MAGI Policy**.
- b. Once eligibility is established, changes in income or **household** composition 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 for whom **they are the** caretaker.

Exception: A pregnant woman receiving in any other full Medicaid program that requires cooperation with child-support. Refer to MA-3365 Child Support.

13. Emergency Medical Treatment Only

Non-qualified non-citizens and certain qualified **non-citizens** in the U.S. for less than 5 years are potentially eligible to receive MPW for emergency labor and delivery coverage only. Refer to [MA-3330, Alien Requirements](#) policy.

B. Procedures for MPW Coverage

1. Apply MAGI budgeting methodologies to individuals in the Medicaid for Pregnant Women (MPW) Program. Refer to [MA-3306, Modified Adjusted Gross Income \(MAGI\)](#) policy.
 - a. Under either type of household (tax-filer or non-filer), when a pregnant woman is the applicant/beneficiary, always include the unborn(s) in **their** household when determining eligibility.
 - b. When the pregnant woman is included in the household and family size of another individual, **they are** counted as one. Do not include the unborn(s).
2. **Explain** to the applicant the following:
 - a. To report the birth of the baby or any termination of pregnancy (miscarriage, stillbirth, etc.) within 10 calendar days.
 - b. Automatic newborn coverage.
 - c. **Postpartum coverage is 12-months full and is full Medicaid coverage.**
 - d. Recertification will be completed **to** determine their eligibility for all Medicaid programs after the **12-month** postpartum period.

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.

Authorize from the first day of the month in which all eligibility criteria are met through the last day of the month of the **12-month** postpartum period. **The beneficiary's certification period will include the pregnancy period, plus the 12-month postpartum period.**

For example, if the beneficiary was authorized effective 4/1/2022, baby's due date is 9/18/2022; postpartum period will be through 09/30/2023. The certification period will be 4/1/2022-9/30/2023.

4. Send a **DHB-5003/DHB-5003s-ia** Medicaid or NC Health Choice Approval Notice.
5. Do not react to changes in **household composition** or income during 12-month postpartum period. Eligibility is continuous without reacting to changes in **household composition** and or income. See V. for exceptions to the **12-month** continuous postpartum eligibility.
6. Prior to 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 Recertification](#) policy.

III. MAF PARENT/CARETAKER

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 I above and
2. Income

MAGI budgeting methodologies are applicable to pregnant women in MAF. Refer to [MA-3306. MAGI](#) 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 they are the** caretaker.

B. Procedures For Coverage of Pregnant Women Under MAF Parent/Caretaker

1. Apply MAGI budgeting methodologies to individuals in the Medicaid Pregnant Women (MAF-**C**) Program. Refer to MA-3306. MAGI policy.
 - a. Under either type of household (tax-**filer** or non-filer), when a pregnant woman is the applicant/beneficiary, always include the unborn(s) in **their** household when determining eligibility.
 - b. When the pregnant woman is included in the household and family size of another individual, **they are** 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 **newborn** coverage.
 - c. **12-Month Postpartum coverage and is full Medicaid coverage.**
 - d. Evaluation for continued coverage under MPW if **they** lose eligibility for MAF. **The caseworker must ensure that the pregnancy evidence is present on the case.**

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. 12-MONTH POSTPARTUM COVERAGE

Pregnancy coverage including the 12-month postpartum period is full Medicaid benefits. The pregnant woman is eligible through the 12-month postpartum period regardless of changes in circumstances.

- A. The postpartum period is a full 12-months following the termination of pregnancy for any reason. The postpartum extension period begins on the date the pregnancy ends and extends through the end of the month in which the 12-month period ends.**

- B. If the pregnancy ends on any day other than the first day of the month:**

For example, if the beneficiary was authorized effective 4/1/2022, baby's due date is 9/18/2022. Baby is born 9/15/2022 postpartum period will be through 09/30/2023.

- C. If the pregnancy ends on the first day of the month:**

For example, if the beneficiary was authorized 5/1/2022, baby's due date is 8/1/2022 pregnancy ends on 8/1/2022 then the postpartum period ends 7/31/2023.

D. Beneficiaries are eligible for the 12-month postpartum period if they were pregnant and received coverage in a Medicaid program that covered pregnancy related services in North Carolina on or after April 1, 2022.

1. This applies to applicant/beneficiaries who were pregnant, or the pregnancy ended for any reason, and they received in a program that covered pregnancy related services in North Carolina including during a period of retroactive eligibility on or after April 1, 2022.
2. Beneficiaries will receive an additional 12-month postpartum period if they become pregnant again during the 12-month postpartum period. An ex-parte recertification is not required.

For example, the beneficiary's pregnancy ends May 2022. The caseworker end dated the pregnancy evidence. The 12-month postpartum is through May 2023. The beneficiary reports they are pregnant in January 2023 with a due date of September 2023. The caseworker should add pregnancy evidence with the anticipated due date. The new certification period including the additional postpartum period is extended through September 2024.

3. If a change in circumstance results in ineligibility in any other full Medicaid program, MPW will continue for the remainder of the 12-month postpartum period. The caseworker must update the pregnancy evidence on all cases to ensure correct eligibility determination in these circumstances.
4. Beneficiaries who received in a NC Medicaid program that covered pregnancy related services but moved out of state during the 12-month postpartum period and later return during their 12-month postpartum period are eligible through the remainder of the certification period. Caseworkers should follow policy in [MA-3335, State Residency](#). A new application is not required. The caseworker can reopen the closed case.

For example, the beneficiary's 12-month postpartum period is January 2022-December 2022. The beneficiary moves out of state in March 2022, and they move back in August 2022. They will receive the remainder of their certification period August 2022 through December 2022.

E. Exceptions to the continuous postpartum eligibility are:

1. The beneficiary requests voluntary termination.
2. The beneficiary moves out of state. See B.4 above.
3. The local agency finds that eligibility was determined incorrectly at application or during the current recertification of eligibility due to agency error, fraud, abuse, or false information reported by the beneficiary.

4. The beneficiary dies.

VI. PREGNANCY END DATE

- A. If the pregnancy terminates earlier than anticipated, the 12-month postpartum period may end earlier than originally determined.**

Caseworkers should update the pregnancy evidence with the new end date. The certification period will be adjusted when the changed decision is accepted. Failure to update the pregnancy evidence, may result in the beneficiary receiving erroneous eligibility.

- B. Send the pregnant woman a timely DSS-[8110/8110sp](#), Notice of Modification, Termination, or Continuation of Public Assistance notice notifying them of the new end date of coverage due to the early termination of the pregnancy. Refer to [NC FAST Job Aid: MAGI-Editing/End Dating Pregnancy Evidence](#).**

- C. If the pregnancy terminates later than anticipated, the 12-month postpartum period may end later than originally determined.**

Caseworkers should update the pregnancy evidence with the new end date. The certification period will be adjusted when the changed decision is accepted. Failure to update the pregnancy evidence, may result in the beneficiary receiving erroneous eligibility.

- D. Send the pregnant woman an adequate DSS-[8110/8110sp](#), Notice of Modification, Termination, or Continuation of Public Assistance notice advising her that her authorization has been extended because the pregnancy terminated later than expected. Refer to [NC FAST Job Aid: MAGI- Editing/End Dating Pregnancy Evidence](#).**

- E. The local agency must complete an ex-parte recertification at the end of the beneficiary's 12-month postpartum period and evaluate for all Medicaid programs, including Family Planning. Refer to [MA-3421, MAGI Recertification policy](#).**