

DHB ADMINISTRATIVE LETTER NO: 10-22, NORTH CAROLINA HEALTH CHOICE (NCHC) PREGNANT APPLICANTS/BENEFICIARIES WHO REPORT PREGNANCY

DATE: September 14, 2022

SUBJECT: NCHC Pregnant Applicants/Beneficiaries Who Report Pregnancy

DISTRIBUTION: County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

The Division of Health Benefits (DHB) is providing guidance for children who are under the age of 19, who are eligible for NCHC and report pregnancy. NCHC beneficiaries who report pregnancy are entitled to coverage for pregnancy related services including the 12-month postpartum period. The following guidance should be followed to ensure applicants/beneficiaries (a/b) receive pregnancy related coverage.

II. POLICY AND PROCEDURES

When a child under age 19, applies for Medicaid or reports pregnancy on an active NCHC case, the caseworker must complete an eligibility determination to evaluate for all full Medicaid programs beginning with the month of need. If the child is eligible for NCHC only, medical forced eligibility must be used to provide the required pregnancy related coverage.

A. At Application

1. Complete an eligibility determination to evaluate the beneficiary for Medicaid.
2. The pregnancy evidence and anticipated delivery date evidence should be added to ensure the accurate calculation of the 12-month postpartum period.
3. If the countable income:
 - a. Results in full Medicaid, authorize in the appropriate program category.

OR

b. Exceeds 196% of the Federal Poverty Level (FPL) but is less than or equal to 211% of the FPL and meets all other NCHC eligibility criteria:

- (1) Key a Medical Forced Eligibility case, and
- (2) Authorize in the MPW program.

See [NC FAST Job Aid: MAGI- Medical Forced Eligibility & Ex-Parte/Admin Recertification](#) for keying Medical Forced.

B. Active NCHC Beneficiaries

When an active NCHC beneficiary reports pregnancy, the caseworker must take the following steps:

1. Add the pregnancy evidence and anticipated delivery date evidence to ensure the accurate calculation of the 12-month postpartum period.
2. Utilize current income to evaluate for all full Medicaid programs including Medically Needy.
 - a. Caseworkers should be utilizing current income verified through agency records or electronic data sources.
 - b. Authorize in the appropriate program category.
 - c. Close the NCHC Product Delivery Case (PDC).

Current income is defined as the income available in the base period prior to the first month of need.

Example:

NCHC beneficiary reports pregnancy September 12, 2022, with first month of need being July 2022. Base period is June 2022.

3. If the countable income:
 - a. Results in full Medicaid, authorize in the appropriate program category.

OR

b. Exceeds 196% of the FPL but is less than or equal to 211% of the FPL:

- (1) Key a Medical Forced Eligibility case, and
- (2) Authorize in the MPW program.

See [NC FAST Job Aid: MAGI- Medical Forced Eligibility & Ex-Parte/Admin Recertification](#) for keying Medical Forced.

4. Send a [DSS-8110, Adequate Notice of Modification, Termination, or Continuation of Public Assistance](#).

Example:

NCHC child with certification period January 2022 through December 2022. Child reports pregnancy on October 2, 2022, with an expected delivery date of February 25, 2023. The month of need is October 2022. Caseworker would enter all appropriate evidence as necessary including pregnancy evidence. Income exceeds 196% FPL but is less than 211% FPL, therefore MPW must be keyed utilizing medical forced eligibility. Certification period would be October 1, 2022, through February 29, 2024.

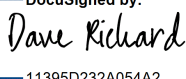
C. Submit a [DHB-8020, Medicaid Eligibility Corrections Form](#) to DSS Business Support Unit to overlay any prior month benefits as necessary.

D. Refer to [MA-3240 Pregnant Woman Coverage](#) for policy.

III. IMPLEMENTATION

These policies and procedures in this letter are effective for any NCHC eligible a/b who reports pregnancy on or after April 1, 2022. These individuals may be evaluated for up to three months prior to the effective date of this Administrative Letter.

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

DocuSigned by:


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Dave Richard

Deputy Secretary, NC Medicaid