

PREGNANT WOMAN COVERAGE

MA-3240 PREGNANT WOMAN COVERAGE

REVISED 03/01/11– CHANGE NO. 03-11

I. POLICY RULES APPLICABLE TO PREGNANT WOMAN

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

1. MPW with services limited to those related to her 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 choose a Pregnancy Medical Home (PMH). Give her a copy of the PMH handout. Refer to MA-3205, VI.B. Conducting A Face-To-Face Interview, for PMH instructions.

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 aid program/category, including Work First, she must be evaluated for eligibility in all other Medicaid aid program/categories before Medicaid can be terminated or denied. One of the categories to be considered is pregnant woman coverage. Refer to MA-3410, Terminations and Deletions for these requirements.

E. Prior to termination of Pregnant Woman Coverage (MAF or MPW), a re-enrollment must be conducted to evaluate the woman for eligibility in all other Medicaid aid program/categories. Refer to MA-3410, Terminations and Deletions, V.C., and MA-3420, Re-Enrollments.

II. MPW

A. Eligibility Rules for MPW

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.

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2. Be a resident of North Carolina as defined in MA-3335, State Residence
3. Not be receiving assistance for her own needs from another assistance category, county, or state.
4. Not be an inmate of a public institution.
5. Not be in an institution for mental disease except an individual under age 21 receiving inpatient psychiatric care or individuals ages 21 to 65 in the medical/surgical unit of the state mental hospitals. See MA-3360, Living Arrangement.
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.
7. 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. See MA-3355 for enumeration requirements.
8. The pregnant woman must provide medical verification of her pregnancy.
 - a. Accept a written or verbal statement by a physician or other health professional. The statement must include:
 - (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).
 - (3) Number of children expected. For budgeting purposes, if no number is indicated, assume that only one child is expected.
 - b. If application is made after the pregnancy ends, the child's birth or death certificate may be used as verification of the woman's pregnancy.
9. Income
 - a. Income must be equal to or below 185% of the Poverty Income Level for the Needs Unit. Refer to MA-3310, MPW Budgeting.
 - b. Once eligibility is established, changes in income or family composition income do not affect eligibility.

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10. Resources

There is no resource limit.

11. IV-D

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

12. 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.

B. Procedures for MPW Coverage

1. Establish the assistance/budget/needs unit and financial need according to MA-3310, MPW Budgeting.
 - a. Verification of financial need for one calendar month establishes continuous financial eligibility throughout the pregnancy and post partum period.
 - b. Once financial need is verified for a calendar month, do not consider any subsequent change(s) in income or budget unit.
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 newborn coverage. See MA-3230, Eligibility of Individuals Under 21.
 - c. Post partum coverage.
 - d. Re-enrollment to determine eligibility as a caretaker after the 60 days postpartum period if she has children living with her or for any other aid program/category for which she may be eligible, such as MAD if she is disabled. If ineligible for other coverages, evaluate for Medicaid Family Planning Waiver (FPW).

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C. Instructions for authorization:

1. Follow all application processing time standards in MA-3200-3217.
2. Classification is Categorically Needy. Aid Program/Category is MPW.
3. Establish the certification period according to MA-3425, Certification and Authorization.
 - a. Flag the case for review in the expected month of delivery by entering the month and year of delivery in the special review field.
 - 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 month of the post partum period.
 - c. Do not redetermine eligibility until the end of the post partum period.
4. At the end of post partum period, complete a re-enrollment to evaluate for continued coverage under all aid program/categories. Refer to MA-3420, Re-Enrollment.

III. MAF

A. Eligibility Rules Specifically Applicable To Pregnant Women Under MAF

1. The pregnant woman must meet the regulations in II.A.1-8, and
2. Income

Be in financial need according to regulations in MA-3305, M-AF, M-IC, H-SF Budgeting, for the appropriate number in the needs unit.
3. Resources

Not have resources in excess of the resource limit defined in MA-3320, Resources.
4. 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.

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(III.)

B. Procedures For Coverage Of Pregnant Women Under MAF

1. Establish assistance/budget/needs unit and financial need according to MA-3305, M-AF, M-IC, H-SF Budgeting.
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. See MA-3230, Eligibility of Individual Under Age 21.
 - c. Post partum coverage.
 - d. Evaluation for continued coverage under MPW if she loses eligibility for MAF.
 - e. Re-enrollment to determine eligibility as a caretaker after the 60 days postpartum period if she has children living with her or for any other aid program/category for which she may be eligible, such as MAD if she is disabled. If ineligible for other coverages, evaluate for Medicaid Family Planning Waiver (FPW).

C. Instructions for Authorization

1. Follow all application processing time standards in MA-3200-3217.
2. Classification is Categorically Needy or Medically Needy. Aid 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 according to MA-3425, Certification and Authorization.
 - a. 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.
 - b. Flag the case for review in the month of expected delivery by entering the expected month and year of delivery in the special review field.
 - 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.

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(III.C.)

4. At the end of the postpartum period, conduct a re-enrollment to evaluate for continued coverage under all aid program/categories. Refer to MA-3410, Terminations and Deletions, V.C.1., and MA-3420, Re-Enrollment.

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 are outstanding medical expenses for the retroactive period. (Refer to MA-3220, Retroactive Coverage).**

V. POST PARTUM COVERAGE

The pregnant woman is eligible through the post partum period without a redetermination 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 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 notice notifying her of the new end date of her coverage due to the early termination of her pregnancy.
2. When the timely notice period expires, shorten the certification period to the end of the 60 day post partum period. Complete a re-enrollment to determine her ongoing eligibility. Refer to MA-3420, Re-Enrollment.

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(V.)

- 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 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 a re-enrollment to determine her ongoing eligibility for coverage under other aid program/categories. Refer to MA-3410, Terminations and Deletions, V.C.1. and MA-3420, Re-Enrollment.**