DEPARTMENT POLICY

Medicaid Only

Pregnant Women (PW) Medicaid (MA) is a MAGI-related Medicaid category.

Medicaid is available to a woman while she is pregnant, the month her pregnancy ends, and during the twelve calendar postpartum months following the month her pregnancy ended regardless of the reason (for example, live birth, miscarriage, stillborn).

Medicaid cannot be terminated during pregnancy or postpartum period unless the woman requests the closure, moves out of state or dies.

If initial eligibility was granted based on incorrect or fraudulent information, continuous eligibility may be interrupted.

All eligibility factors in this item must be met. Her fiscal group's net income cannot exceed 195 percent of the federal poverty level. All nonfinancial eligibility factors must be met in the calendar month being tested.

If the month being tested is an L/H month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount.

Presumptive Eligibility

Refer to BEM 136 for presumptive eligibility policy.

Nonfinancial Eligibility Factors

The woman must be pregnant. The MA eligibility factors in the following items must be met:

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.

FINANCIAL ELIGIBILITY FACTORS

Household Composition

Household composition follows tax filing rules see BEM 211.

Assets

There is no asset test.

Divestment

Policy in BEM 405 applies because income can be divested.

Income Eligibility

Income eligibility exists when net income does not exceed 195 percent of the federal poverty level.

Refer to BEM 500 and 536 to determine net income.

Applications for Pregnant Women

A woman who is income eligible for one calendar month based on the income limit is automatically income eligible for each following calendar month through the twelfth calendar month after the month her pregnancy ends.

Category Transfer

An income test is not required when determining continuing eligibility for a pregnant woman whose eligibility under another MA category is terminating. This includes a woman who is Group 2 eligible for only a portion of a month due to incurred medical expenses; see BEM 545.

The woman who is eligible for and receiving under another MA category is automatically income eligible for Pregnant Women through the twelfth calendar month after the month her pregnancy ends

Note: Pursue eligibility for other MA categories when a beneficiary's coverage based on pregnancy is ending.

Note: An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

LEGAL BASE

MA

Social Security Act, Section 1902(a)(10)(A)(i)(IV),1920. Deficit Reduction Act of 2005.

The Affordable Care Act of 2010 is the collective term for the Patient Protection and Affordable Care Act (Publication L. 111-148) and the Health Care and Education Reconciliation Act (Publication L. 111-152).

American Rescue Plan Act of 2021 Sections 9812 and 9822, (ARP) (Pub. L. 117-2)