DEPARTMENT POLICY

Medicaid Only

This is a Group 2 Medicaid (MA) category.

Medicaid is available to a pregnant woman who meets the nonfinancial and financial eligibility factors in this item.

A woman who is eligible for, and receiving, Medicaid when her pregnancy ends and remains otherwise eligible may continue receiving Medicaid benefits for the twelve calendar postpartum months following the month her pregnancy ended.

The postpartum extension is available when the pregnancy ends for any reason (for example, live birth, miscarriage, stillborn). The eligibility requirements for the postpartum extension of Medicaid eligibility are discussed later in this item.

All 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.

NONFINANCIAL ELIGIBILITY FACTORS

The woman must be pregnant. The Medicaid 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.
- BEM 270, Pursuit of Benefits.

FINANCIAL ELIGIBILITY FACTORS

Groups

Use the fiscal group policies for Group 2 Medicaid in 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 Group 2 needs in BEM 544. Apply the Medicaid policies in BEM 500, 530 and 536 to determine net income.

If the net income exceeds Group 2 needs, Medicaid eligibility is still possible. The deductible for a pregnant woman is usually met at the first office visit because the woman incurs the full cost of the obstetric (OB) services (including labor and delivery) at her first OB visit. Her coverage should then be updated to MAGI-related Pregnant Women (PW) for the remainder of the pregnancy and twelve months post-partum; see BEM 545.

POSTPARTUM EXTENSION

The postpartum extension period is the twelve calendar months following the month a pregnancy ends. The postpartum extension of Medicaid eligibility is available to a woman who:

- Was eligible for, and receiving, Medicaid on the day her pregnancy ended; **and**
- Meets the nonfinancial eligibility factors in this item except pregnancy; **and**
- Is not currently eligible for Medicaid under any category other than postpartum extension.

Note: The woman who is eligible for and receiving under another Medicaid category is automatically income eligible for Pregnant

Women (PW) through the twelfth calendar month after the month her pregnancy ends.

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 Medicaid categories; see BAM 115 and 220.

LEGAL BASE

MA

42 CFR 435.301.
Deficit Reduction Act of 2005.

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