

2720 - CONTINUOUS COVERAGE FOR PREGNANT WOMEN

POLICY STATEMENT	A pregnant woman, adult or minor, who becomes or would otherwise become ineligible for any Medicaid Class of Assistance (COA) because of a change of an Assistance Unit (AU) or Budget Group (BG) member remains eligible for Medicaid for the remainder of her pregnancy and through the 60-day pregnancy transition period.
BASIC CONSIDERATIONS	<p>Continuous coverage for a pregnant woman applies in the following situations:</p> <ul style="list-style-type: none"> • a pregnant woman who becomes ineligible for SSI because of an increase in income or resources • a pregnant woman who becomes ineligible for any Medicaid COA because of a change such as an increase in net taxable income, sanctioned for failing to cooperate with DCSS, etc. <p>NOTE: For Women's Health Medicaid if she becomes pregnant and is eligible for Pregnant Woman Medicaid she must CMD to Pregnant Woman Medicaid. After her continuous coverage period expires she will be CMD'd to Parent/Caretaker with Child(ren)Medicaid or if ineligible CMD'd back to WHM if she is still eligible. Her child(ren) will be a deemed newborn(s).</p> <p>For continuous coverage purposes, an increase in net taxable income includes any one of the following:</p> <ul style="list-style-type: none"> • an increase in the AU's or BG's taxable income • • a decrease or loss of MAGI deductions • • a decrease in the number of individuals included in the AU and/or BG per stated tax status • the addition to the AU and/or BG of an individual with taxable income per stated tax status • expiration of the MN budget period if the pregnant woman was Medicaid eligible or would have been if her pregnancy was known • any other change that results in excess net taxable income. <p>Continuous coverage for a pregnant woman includes reinstatement of Medicaid if a voluntary closure or other termination has occurred, whether or not the pregnancy was known at the time of termination.</p>

	<p>A pregnant woman who is approved for EMA is not automatically eligible for the 60-day Medicaid transition. She may, however, qualify for additional days of EMA during that 60-day period if she receives pregnancy-related emergency treatment. Refer to Section 2184, Pregnant Woman.</p>
<p>PROCEDURES</p>	<p>Use the following procedures to establish continuous coverage eligibility for a pregnant woman:</p> <p>Step 1 Determine that the pregnant woman would otherwise be ineligible to continue Medicaid under the current COA because of an increase in AU/BG net taxable income or other change.</p> <p style="text-align: center;">or</p> <p>Determine that a pregnant woman is ineligible for SSI because of an increase in income or resources. The following sources may be used to verify SSI ineligibility:</p> <ul style="list-style-type: none"> • SSI notification letter • State Data Exchange (SDX) • other verification from the Social Security Administration • GAMMIS <p>Step 2 Establish that the woman was pregnant during the last month of Medicaid eligibility and her pregnancy has terminated.</p> <p>Step 3 Determine that the pregnant woman met non-financial eligibility requirements during the last month of eligibility for the COA under which Medicaid is being or would be terminated.</p> <p>Step 4 Continue Pregnant Woman coverage or approve Pregnant Woman if the pregnant woman is/was not actively receiving Medicaid under another COA.</p>
<p>SPECIAL CONSIDERATIONS</p>	<p>A pregnant woman who becomes ineligible for Medicaid for a reason other than an increase in the BG's net taxable income is eligible for continuous coverage if both of the following conditions exist:</p> <ul style="list-style-type: none"> • the pregnant woman met Pregnant Woman eligibility criteria during the time she received Medicaid under another COA <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • the pregnant woman could have been approved for continuous coverage under Pregnant Woman and has terminated per pregnancy.