

Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups – Mandatory Coverage Pregnant Women

Contents

POLICY CITATION	2
BACKGROUND	2
Overview	2
Income Eligibility	2
Benefits for Pregnant Women.....	3
INSTRUCTIONS.....	4
A. Characteristics	4
B. Financial Methodologies	4
C. Income Standard Used.....	4
D. Benefits for Pregnant Women	5
E. Basis for the Income Standard for Pregnant Women	5
1. <i>Minimum Income Standard</i>	5
2. <i>Maximum Income Standard</i>	6
F. Basis for income limit for full Medicaid coverage for pregnant women	6
1. <i>Minimum income limit for full Medicaid coverage</i>	6
2. <i>Maximum Income Limit for Full Medicaid Coverage</i>	7
G. Additional Information (optional)	7
REVIEW CRITERIA.....	7

Pregnant Women

POLICY CITATION

Statute: 1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)(ii)(I), (IV) and (IX), 1931(b) and (d)

Regulation: 42 CFR 435.116

BACKGROUND

Overview

This reviewable unit (RU) describes the consolidated Medicaid eligibility group for pregnant women, as described at 42 CFR 435.116. It provides the criteria under which individuals may be covered under this group, the income standard used, and the basis for the income standard used. In addition, this RU describes the benefits provided to pregnant women; specifically, whether the state provides full Medicaid coverage to all pregnant women in this eligibility group or limits coverage for those with income above a certain standard to services covered under the state plan which are related to pregnancy. If the latter is chosen, this RU provides the income standard used for limited coverage and the basis for establishing this standard.

Section 42 CFR 435.116 consolidates several statutory categories of pregnant women, including all mandatory and optional categories (except the medically needy) for which pregnancy status and income are the primary factors of eligibility. The categories consolidated into this eligibility group are described in the following sections of the Social Security Act (the Act):

- 1902(a)(10)(A)(i)(III) (mandatory qualified pregnant women)
- 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(ii)(IX), and 1902(l) (mandatory and optional poverty-level related pregnant women and the income requirements for those groups)
- 1931 (coverage of pregnant women in the third trimester if adopted by the state)
- 1902(a)(10)(A)(ii)(I) (optional pregnant women who meet the state's Aid to Families with Dependent Children (AFDC) financial eligibility criteria)
- 1902(a)(10)(A)(ii)(IV) (optional institutionalized pregnant women who meet the state's AFDC financial eligibility criteria)

All of the provisions elected in the **Pregnant Women** RU apply to a woman during pregnancy, including the post-partum period. As described in 42 CFR 435.4, a pregnant woman is defined as “a woman during pregnancy and the post-partum period, which begins on the date the pregnancy ends, extends 60 days, and then ends on the last day of the month in which the 60-day period ends.”

Income Eligibility

The state sets an income standard for eligibility under the group for pregnant women. The income standard must be at least as high as the minimum and cannot exceed the maximum permitted. The minimum income standard is the higher of 133% of the federal poverty level (FPL), or the Medicaid income standard (not exceeding 185% FPL) in effect in, or authorized

under state legislation for, the state for pregnant women on December 19, 1989, as described in section 1902(l)(2)(A)(ii)(II) and 1902(l)(2)(A)(iv) of the Act.

The maximum income standard permitted for this group is the higher of 185% FPL or the highest effective income standard, converted to a Modified Adjusted Gross Income (MAGI)-equivalent standard, in effect as of March 23, 2010 or December 31, 2013 for coverage of pregnant women under the above-cited sections of the Act consolidated into this group. Such income level may have been in effect under either the Medicaid state plan or a Medicaid section 1115 demonstration. Prior to implementation of this eligibility group on January 1, 2014, CMS worked with each state to convert their pre-2014 net income eligibility standards into MAGI-based eligibility standards. At the conclusion of this MAGI-conversion process, CMS reviewed and approved the state's determination of the maximum income standard.

MAGI-based income methodologies are used to determine eligibility for the group for pregnant women. A separate RU, **MAGI-Based Methodologies**, describes the methodologies used by the state. If the state wishes to make a change to its MAGI-based income methodologies, it must amend the **MAGI-Based Methodologies** RU.

Benefits for Pregnant Women

States retain the flexibility to provide all pregnant women with full Medicaid coverage or to provide more limited benefits to pregnant women above a certain income standard. Under clause (VII) following section 1902(a)(10)(G) of the Act, mandatory and optional poverty-level related pregnant women under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) are only covered for services related to pregnancy or to a condition which may complicate pregnancy. In accordance with section 1902(a)(10)(B) of the Act, all other pregnant women eligible under this consolidated group qualify for full Medicaid benefits.

In the **Pregnant Women** RU the state may elect to provide full coverage for all pregnant women in the group, or to provide only pregnancy-related services (defined at §435.116(d)(3) and §440.210(a)(2)) to pregnant women whose income exceeds a standard established by the state for full coverage. The income standard for full benefits must be at least as high as the minimum and cannot exceed the maximum permitted. The minimum income standard for full benefits is the state's AFDC payment standard in effect as of May 1, 1988, converted to a MAGI-equivalent standard. The maximum income standard for full benefits is the higher of the MAGI-converted income standards (in effect as of March 23, 2010 or December 31, 2013) for either low-income families under section 1931 of the Act or for qualified pregnant women under section 1902(a)(10)(A)(i)(III) of the Act.

Pregnancy-related services include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy. These services are more fully described in §440.210(a)(2). A state may also elect in the Benefits section of the state plan to cover expanded services for pregnant women in accordance with §440.250(p). Because the health of the pregnant woman is intertwined with the health of her expected child, states may choose to consider all Medicaid-covered services as pregnancy-related services and to provide full Medicaid coverage for all women eligible under this group.

As described in the November 7, 2014 State Health Official letter on minimum essential coverage, states that do not provide full Medicaid coverage to all pregnant women must describe any difference in the coverage afforded to low-income pregnant women above the specified standard. CMS will review the benefits covered, and any procedural or other policy limitations on coverage of such benefits, relative to the coverage provided to other categorically needy pregnant beneficiaries, to determine whether or not the coverage provided is equivalent to full Medicaid benefits. Coverage which is determined equivalent to the full Medicaid benefits provided to other categorically needy pregnant beneficiaries will be recognized as minimum essential coverage.

States are not required to monitor the pregnancy status of women covered under other Medicaid eligibility groups, including the adult group, and switch them between regularly scheduled annual renewals to the eligibility group for pregnant women when a woman becomes pregnant. Instead, women should be informed by the state of the benefits afforded to pregnant women. If a woman reports her pregnancy and requests a change in coverage category, the state must make that change in coverage if she qualifies. At regular renewals conducted in accordance with 42 CFR 435.916, states must redetermine eligibility for the appropriate eligibility group.

INSTRUCTIONS

A. Characteristics

This section first includes a statement at **A.1.** describing the characteristics of the eligibility group.

At **A.2.** indicate, *Yes* or *No*, whether pregnant women in their last trimester of pregnancy without dependent children are eligible for full benefits in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

B. Financial Methodologies

There is a statement that MAGI-based methodologies are used in calculating household income for this eligibility group. A separate RU, **MAGI-Based Methodologies**, describes the MAGI-based methodologies used by the state.

If you wish to view the state's methodologies, select the *View approved version of MAGI-Based Methodologies* link.

- The **MAGI-Based Methodologies** RU will appear if there is an approved version in the MACPro system.
- If there is no approved version of the RU in MACPro, a screen will appear with the following message: "There is no approved version of this reviewable unit in MACPro available to display."
- Select the *Pregnant Women* link to return to the **Pregnant Women** RU.

C. Income Standard Used

Enter the percentage of the FPL used as the income standard for this group.

Screen Validation: The percentage entered may not be less than 133% FPL or the minimum standard entered at **E.1.a.**

D. Benefits for Pregnant Women

Select one of two primary choices related to benefits for the eligibility group for pregnant women:

- Full Medicaid coverage is provided at **D.1.**
- Coverage for pregnancy-related services only is provided to pregnant women with income exceeding a specified limit at **D.2.** If **D.2.** is selected:
 - At **D.2.c.** indicate the income limit used for full Medicaid coverage.
 - If the state's MAGI-converted 1988 AFDC payment standard is selected at **D.2.c.i.**, the standards specified in the MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 table of the **AFDC Income Standards** RU will apply.
 - If you wish to view this standard, select the *View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988* link.
 - This payment standard from the **AFDC Income Standards** RU will appear if it has been approved in the MACPro system.
 - If there is no approved version of the RU in MACPro, a screen will appear with the following message: "There is no approved version of this reviewable unit in MACPro available to display."
 - Select the *Pregnant Women* link to return to the **Pregnant Women** RU.
 - If *A percentage of the federal poverty level* is selected at **D.2.c.ii.**, enter the percentage in the text box provided.
 - If *a dollar amount* is selected at **D.2.c.iii.**, select the *Add Income Standard* button:
 - The screen will display four options for entering this amount.
 - Select the option that best corresponds to the state's dollar amount income standards.
 - Complete the appropriate sections within the selected option to indicate the state's income standards. See the **Income Standards Entry** implementation guide for detailed instructions for updating these fields.
 - When you have completed this screen, select the *Save Income Standard* button. After saving the income standards they will be inserted into the **Pregnant Women** RU.

E. Basis for the Income Standard for Pregnant Women

1. Minimum Income Standard

In order to determine the basis for the minimum income standard for pregnant women:

- At **E.1.** indicate, *Yes* or *No*, that as of December 19, 1989, the state had an income standard higher than 133% FPL for determining the eligibility of pregnant women. If the state had not established such a standard by December 19, 1989, but had

legislative authority in place by July 1, 1989 to establish a higher standard, the state should also select **Yes**.

- If **Yes** is selected at **E.1.**, then at **E.1.a.**, enter the amount of the income standard that was used (or authorized to be established) for pregnant women.
Screen Validation: This percentage must be higher than 133% and equal to or below 185%.
- If **No** is selected at **E.1.**, then a statement will be displayed at **E.1.b.** indicating that the minimum income standard for this group is 133% FPL.

2. *Maximum Income Standard*

- At **E.2.a.**, indicate that the state has submitted and received approval for its MAGI-converted income standard(s) and the determination of the maximum income standard to be used for pregnant women under this eligibility group. To do this, check the box next to the assurance.
- At **E.2.b.**, select one of the options listed (**i.** through **v.**) to indicate the basis for the maximum income standard for pregnant women. Only one choice may be selected.
 - If 185% FPL (option **E.2.b.v.**) is not selected as the maximum, enter at **E.2.c.** the percentage of the FPL that corresponds to the description of the maximum chosen.

F. Basis for income limit for full Medicaid coverage for pregnant women

This section appears only if item **D.2.** is selected, indicating that pregnant women with income above a certain limit will not receive full Medicaid coverage. If **D.1.** is selected instead, indicating that all pregnant women eligible under this group receive full Medicaid coverage, this section will not appear.

1. *Minimum income limit for full Medicaid coverage*

F.1.a. indicates that the minimum income standard for full coverage under this eligibility group is the state's MAGI-converted AFDC payment standard in effect as of May 1, 1988. These standards are specified in the MAGI-equivalent ***AFDC Payment Standard in Effect As of May 1, 1988*** table of the **AFDC Income Standards** RU.

If you wish to view this standard, select the ***View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988*** link.

- This payment standard from the **AFDC Income Standards** RU will appear if it has been approved in the MACPro system.
- If there is no approved version of the RU in MACPro, a screen will appear with the following message: "There is no approved version of this reviewable unit in MACPro available to display."
- Select the ***Pregnant Women*** link to return to the **Pregnant Women** RU.

At **F.1.b.**, indicate that the state has submitted and received approval for its converted AFDC May 1, 1988 payment standard. To do this, check the box next to the assurance.

2. *Maximum Income Limit for Full Medicaid Coverage*

For the maximum income limit for full Medicaid coverage, select at **F.2.a.** the highest income level from among the four options listed (using the MAGI-converted income standards already approved by CMS). Only one choice may be selected.

At **F.2.b.**, enter the actual amount of the maximum which corresponds to the description of the maximum selected at **F.2.a.**

- If a percentage of the FPL is selected, enter the percentage in the text box at **F.2.b.i.**
- If a dollar amount is selected at **F.2.b.ii.**, select the *Add Income Standard* button:
 - The screen will display four options for entering this amount.
 - Select the option that best corresponds to the state's dollar amount income standards.
 - Complete the appropriate sections within the selected option to indicate the state's income standards. See the **Income Standards Entry** implementation guide for detailed instructions for updating these fields.
 - When you have completed this screen, select the *Save Income Standard* button. After saving the income standards they will be inserted into the **Pregnant Women RU**.

G. Additional Information (optional)

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

REVIEW CRITERIA

In section C. Income Standard Used, the amount entered may not be higher than the amount entered at E.2.b. and E.2.c. for the maximum income standard.

In section D. Benefits for Pregnant Women, if an income limit is used for full Medicaid coverage at D.2.c., the limit selected or entered must be lower than the standard entered for eligibility for this group in section C. Income Standard Used. It may not be higher than the amount entered at F.2.b. for the maximum income limit for full Medicaid coverage.

In section E. Basis for Pregnant Women Income Standard, the amount entered at E.2.c. must be the FPL equivalent of the maximum income standard selected in E.2.b.

In section F. Basis for income limit for full Medicaid, the amount entered at F.2.b. must be the equivalent of the maximum income limit selected in F.2.a.