

Complex Case Scenarios



Pregnancy, Prenatal Care, and Newborn Coverage Options

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The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was produced and disseminated at U.S. taxpayer expense.

Pregnancy, Prenatal Care, and Newborn Coverage Options

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- Coverage for Newborns: Marketplace Coverage
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Scenario: Expectant Single Mothers

Macy, 21 years old, Expecting First Child, Ava

- Macy works as a waitress and makes \$16,980 a year. She does not have an offer of health insurance from her job.
- Macy lives with her boyfriend, Sam, who is 22 years old and works at a coffee shop and makes \$13,000 a year. Sam also doesn't have an offer of health insurance from his job.



What health coverage options are available to Macy and Sam?

Overview of Coverage Options Available to Expectant Mothers Under 26 Years Old (Without Employer Coverage)

- Medicaid (specific eligibility rules vary from state to state)
- CHIP (in states that elect to cover pregnant women under CHIP)
- A Marketplace Plan
- A Parent's Health Insurance Plan (if that plan offers dependent coverage)



Medicaid/CHIP During Pregnancy

- Unlike Marketplace coverage, there is no Open Enrollment Period for Medicaid or CHIP
- Most states have extended Medicaid coverage to pregnant women up to or over 185 percent of the federal poverty level (FPL)
- Coverage is generally effective on the date of application
- Beneficiaries may be eligible for coverage of qualifying, unpaid medical expenses for up to 3 months before date of application
- Eligibility depends on a variety of factors such as the state where a consumer is resident, income, and certain demographic factors
- States vary in the Medicaid coverage they provide pregnant women and have different income thresholds for eligibility, which can have a large range



Medicaid/CHIP During Pregnancy (Cont.)

Medicaid and CHIP Eligibility Coverage by Group and Income

National Range for Eligibility Threshold (based on FPL)

Medicaid – Pregnant Women	CHIP (Only States that Elect the Option) – Pregnant Women	Medicaid – Parent/Caretaker Status
133% - 375%	200% - 300%	133% - 216%

Please note that these percentages consider only states (and the District of Columbia) that currently allow these specific coverage groups to be covered by Medicaid/CHIP and that they represent the top of the income threshold for a state. These percentages are subject to change at any time.

Source: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html#footnote4>

Medicaid/CHIP During Pregnancy (Cont.)



- Typically, the states that only provide pregnancy-related care will cover all costs related to pregnancy, labor and delivery, any complications that may occur during pregnancy, and postpartum care for 60 days after giving birth.
- It is important to note, however, that a consumer who lives in a state that only provides pregnant women coverage for pregnancy-related services **may still be eligible for full Medicaid coverage** as part of a different coverage group.
- Eligibility standards and benefits for pregnant women vary depending on the state, so consumers should contact their state Medicaid and CHIP offices for more information.

Medicaid/CHIP After Pregnancy

- After pregnancy ends, Macy will remain eligible for pregnancy-related Medicaid through the end of the month in which the 60-day postpartum period ends.

May Lose Eligibility After Postpartum Period	May Remain Eligible After Postpartum Period
If her income is too high to qualify for Medicaid in a state that has expanded Medicaid	Once her Medicaid coverage comes to an end as a pregnant woman, she should inform the Medicaid agency and they may find she is eligible under a different status
Her state has not expanded Medicaid and she is not found eligible under another group	She may still qualify for Medicaid coverage (for example, as a parent with dependents or a person with a disability). Eligibility requirements vary from state to state.

Marketplace Plan

- The Open Enrollment Period for 2019 coverage ended on December 15, 2018. Consumers will not be able to enroll again until November 1, 2019, when the Open Enrollment period for 2020 coverage begins, unless they qualify for a Special Enrollment Period (SEP).
- After the birth of a child, either Sam or Macy may be eligible for an SEP because they have added a new dependent to their household.
- Macy may qualify for a Loss of Minimum Essential Coverage (MEC) SEP based on a loss of her pregnancy-related Medicaid coverage.
- Macy or Sam would have 60 days from the day of birth to report gaining a dependent and Macy would have 60 days from her loss of pregnancy-related Medicaid coverage to report a loss of coverage.



Marketplace Plan (Cont.)

- Macy has two options **for reporting a loss of coverage** to qualify for the loss of coverage SEP:
 - She can report her loss of coverage up to **60 days in advance** by starting an application for Marketplace coverage and indicating that she will lose MEC; or
 - She can report her loss of coverage **after her Medicaid coverage ends**; if she chooses this option, she has up to 60 days after her coverage ends to report her loss of coverage and enroll in coverage through the Marketplace.



Marketplace Plan (Cont.)

Preventing a Gap in Coverage when Transitioning from Medicaid to Marketplace Coverage



- To prevent a gap in coverage, Macy should be aware of when her Medicaid coverage will end and when her Marketplace plan will begin.
- If Macy loses her Medicaid coverage, she may want to report her loss of coverage and enroll in a Marketplace plan prior to her coverage ending to help avoid having a gap in her coverage. She can report her loss of coverage and select a Marketplace plan **up to 60 days before the coverage ends.**
- Once Macy selects a Marketplace plan, her Marketplace coverage will be effective the first of the month after she loses her coverage, assuming Macy effectuates her coverage by paying her share of the plan premium.

Marketplace Plan (Cont.)

Eligibility for a Marketplace Plan with Financial Assistance

- In most cases, consumers must have a household income between 100 percent and 400 percent FPL to be eligible for financial assistance to help with the costs of a Marketplace plan premium and/or covered services. Certain immigrant consumers may be eligible for financial assistance through the Marketplace even if they have income under 100 percent FPL, if they are not eligible for Medicaid due to their immigration status.



Marketplace Plan (Cont.)

Eligibility for a Marketplace Plan with Financial Assistance

- As long as Macy's household income is between 100 percent and 400 percent FPL (for a household of two, this range is from \$16,910 to \$67,640) and meets the other eligibility criteria, she may qualify for financial assistance for Marketplace coverage.
 - Consumers can learn more about how to calculate and report their household income accurately on HealthCare.gov in the section that covers "How to count income & household members":
<https://www.healthcare.gov/income-and-household-information/>.



Marketplace Plan (Cont.)

Marketplace Plan Benefits Related to Pregnancy and Prenatal Care

- All Marketplace plans must provide coverage for essential health benefits, which includes items and services related to maternity and newborn care as well as certain preventive services, which must be provided without cost-sharing. Just some of these required preventive services are:
 - Well-woman visits annually for adult women to receive recommended preventive services that are age and developmentally appropriate, including preconception and many services necessary for prenatal and interconception care
 - Breastfeeding support, supplies, and consultation services



Parent's Health Insurance Plan

- Coverage for dependents usually ends during the month of the child's 26th birthday but some plans may extend dependent coverage beyond then. Some states may require that plans extend coverage beyond the age of 26.
- Families who have a dependent who is turning 26 should check with the employer's plan, the employer's benefits manager, or the insurance company to find out exactly when the dependent's coverage will end.



- If the dependent is covered under their parent's Marketplace plan in a Marketplace that uses the federal eligibility and enrollment platform, the dependent generally can stay on their parent's plan until coverage ends December 31, 2019, even if the dependent turns 26 mid-year.

Parent's Health Insurance Plan (Cont.)

- *Keep in mind* that parents don't need to claim a young adult child as a tax dependent in order to enroll that young adult child in their coverage. However, some plans do not cover dependent children.
- Dependent coverage most likely will not cover grandchildren, though consumers can check with the plan, the employer's benefit manager, or the insurance company to make sure that this is the case.
- Consumers who lose coverage that they've had through a parent's plan because they've turned 26 may qualify for an SEP to enroll in Marketplace coverage.

Coverage for Newborns: Medicaid/CHIP Coverage

- Babies like Ava who are born to pregnant women receiving Medicaid on the date of delivery are automatically eligible for Medicaid (these babies are known as "deemed newborns"). Medicaid eligibility continues until the child's first birthday. Citizenship documentation is not required for these children to be eligible for Medicaid.



- If for some reason Macy was not receiving Medicaid on the date of Ava's birth, Macy and Sam can still apply for Medicaid coverage for Ava. She may be eligible because of her household income.

Coverage for Newborns: Medicaid/CHIP Coverage (Cont.)

- After Ava turns 1, she may still be eligible for Medicaid or CHIP based on her parents' household income; the state Medicaid agency will re-determine her eligibility.
- In general, the income threshold for children's eligibility in Medicaid and CHIP is higher than for adults, so Ava may be eligible for Medicaid or CHIP even if her parents aren't eligible for Medicaid.



Coverage for Newborns: Medicaid/CHIP Coverage (Cont.)

Medicaid and CHIP Eligibility by Age and Income

National Range for Household Income Eligibility Threshold (based on FPL)

Medicaid Ages 0-1	Medicaid Ages 1-5	Medicaid Ages 6-18	CHIP Ages 0-18
139% - 375%	133% - 319%	133% - 319%	170% - 400%

Please note that these percentages consider all 50 states (and the District of Columbia) and that they represent the top of the income threshold for a state. These percentages are subject to change at any time.

Source: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>

Coverage for Newborns: Marketplace Coverage

- Since Macy was enrolled in Medicaid when she gave birth to Ava, Ava will remain eligible for Medicaid/CHIP because of her status as a deemed newborn.
- Sam would also need an SEP to enroll in Marketplace coverage if applying outside of the Open Enrollment period. If Macy uses a Loss of MEC SEP, this leaves Sam free to report the birth of the new child and enroll himself and Ava in a Marketplace plan.
- Even if Macy and Sam decide to take advantage of Ava's status as a deemed newborn and keep her enrolled in Medicaid, Sam may still be eligible for a special enrollment period on the Marketplace due to the birth of a child.



Coverage for Newborns: Marketplace Coverage (Cont.)

Should Sam Enroll with Ava in a Marketplace Plan?

After Macy gives birth to baby Ava, Sam may be able to qualify for an SEP.

Pros of Claiming Ava as a Dependent and Enrolling her on his Plan	Cons of Claiming Ava as a Dependent and Enrolling her on his Plan
Sam may be able to qualify for financial assistance to help pay for the cost of coverage for himself as well as for Ava	Since Macy is enrolled in Medicaid, Ava is considered a deemed newborn and is eligible for MEC Medicaid until the age of 1.
	Ava would not be eligible to receive any financial assistance for Marketplace coverage since she is eligible for MEC Medicaid

Coverage for Newborns: Marketplace Coverage (Cont.)

When can Sam and Ava's coverage start?

- On the day of the baby's birth, or
- In Marketplaces that use the federal eligibility and enrollment platform, by contacting the Marketplace Call Center, Sam can request that:
 - Their coverage starts on the first of the month following the date of birth, or
 - Their coverage starts following regular, prospective coverage effective dates (sometimes referred to as the "15th of the month rule")

Father's Eligibility for Medicaid Coverage

- If Sam lives in a state that expanded Medicaid to cover non-elderly adults without dependent children with an income of 138 percent FPL or less, he may be able to qualify for coverage based on his income.
- If Sam lives in a state that did not expand Medicaid to cover the new adult group, he may not be eligible unless he belongs to a different eligibility group, like as a parent/caretaker relative if he lives together with his child.
- Because Medicaid eligibility rules vary significantly from state to state, Sam should contact his state Medicaid agency to understand his state's eligibility requirements.



Knowledge Check

Which of the following are essential preventive services that the Marketplace plans must cover without cost-sharing?

- A. Breastfeeding support and supplies
- B. Well-woman preventive care visits annually for adult women
- C. Breastfeeding counseling services
- D. All of the above

Knowledge Check (Cont.)

Which of the following are essential preventive services that the Marketplace plans must cover without cost-sharing?

- A. Breastfeeding support and supplies
- B. Well-woman preventive care visits annually for adult women
- C. Breastfeeding counseling services
- D. All of the above**

Knowledge Check

How long does Macy have after a loss of Medicaid coverage to enroll herself into a Marketplace plan?

- A. 10 days
- B. 30 days
- C. 60 days
- D. 90 days

Knowledge Check (Cont.)

How long does Macy have after a loss of Medicaid coverage to enroll herself into a Marketplace plan?

A. 10 days

B. 30 days

C. 60 days

D. 90 days

Resources

- Information for assisters about coverage for pregnant women:
<https://marketplace.cms.gov/technical-assistance-resources/special-populations-pregnant-women.pdf>
- Information for consumers about coverage for pregnant women:
<https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/>

Resources (Cont.)

- Information about Medicaid eligibility:
<https://www.medicaid.gov/chip/eligibility-standards/index.html>
- Information about CHIP eligibility for pregnant women, please click on the following link:
<https://www.medicaid.gov/chip/eligibility-standards/chip-eligibility-standards.html>

Resources (Cont.)

- Consumers can learn more about how Medicaid/CHIP coverage works in their state at: <https://www.medicaid.gov/chip/state-program-information/index.html>. This page includes state-specific tables that can offer consumers a general idea of what coverage options might be available to them.
- Information about Medicaid and CHIP is also available on HealthCare.gov here: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>, along with information for what consumers should do if they have Marketplace coverage and later qualify for Medicaid or CHIP: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>