



ACA/FAMILY MEDICAID 201-12 Extended Postpartum Coverage

Supersedes: FMA 201-12 (7/01/2016)

Reference: ARM 37.82.101, .701; 42 CFR 435.170; 42 CFR 435.116

Overview: Medicaid is extended to provide 12 months of extended postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP. Individuals are entitled to the extended postpartum coverage regardless of the reason the pregnancy ends.

Women receiving medically needy Medicaid receive the extended coverage if their spend down is met as of the delivery date. The mother must remain a Montana resident during the extended period; Medicaid is closed if she moves out of state. The 12-month postpartum period begins on the last day of a beneficiary's pregnancy and extends through the end of the month in which the 12-month period ends. This continuous eligibility ends if the beneficiary:

- is no longer a Montana resident;
- does not cooperate with TPL and/or Program Compliance;
- requests closure;
- the Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility due to:
 - a. Agency error or
 - b. fraud, abuse, or perjury attributed to the beneficiary
- the beneficiary dies.

NOTE: When pregnancy coverage is provided under Emergency Alien Medical (CMA 301-3 Emergency Alien), neither the newborn nor the mother qualify for extended pregnancy coverage. The newborn may be eligible for other coverage (e.g., Child-Newborn, HMK Plus, etc.).

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If either of the following are met, the woman is considered to be receiving Medicaid on the day the pregnancy ends:

1. She has a pending application on the day the pregnancy ends, and is subsequently determined eligible; or
2. She applies for coverage after her baby is born and is determined Medicaid-eligible as of the delivery date, or earlier.

Renewals

Individuals receiving extended postpartum coverage remain eligible regardless of changes in circumstances that may affect eligibility such as a change in income, household composition, or categorical eligibility (e.g., reaching an age milestone or loss of Supplemental Security Income (SSI) for individuals eligible for Medicaid based on receipt of SSI). A renewal is required at the end of the 12-month period to evaluate ongoing Medicaid coverage.

Effective Date: 7/1/2023