



Policy Memo	
KDHE-DHCF POLICY NO: 2022-07-01	From: Erin Kelley, Senior Manager
Date: July 1, 2022	KFMAM Reference(s): 2212, 02300, 2301, 2311.01, 2350.03, 02510, 2451, 2502, 2441
RE: 12-month Postpartum Extension	Program(s): Family Medical Programs

This memo sets forth instructions for implementation of policy changes related to the extension of the postpartum coverage period for both Medicaid and CHIP programs effective April 1, 2022. This policy supersedes related information in [PM2016-05-01](#) and all previous policy references to a two-month (or 60 day) period for postpartum coverage. Additional information related to the implementation of these changes is available through training material released to eligibility staff and the KEES User Manual. KFMAM will be updated with the next scheduled revision.

For additional scenarios, please see the attachment entitled *Extended Postpartum (PP) CE Examples* released separately with this memo.

I. EXTENDED POSTPARTUM COVERAGE

A. BACKGROUND

Per federal regulations for Medicaid, an individual who was eligible and received Medicaid during any point of the pregnancy remains continuously eligible through two (2) months postpartum, i.e. the two (2) months following the end of the pregnancy as long as other general factors are met such as residency. With the passing of the American Rescue Plan Act of 2021, states now have the option to provide 12 months of extended postpartum coverage to individuals enrolled in either Medicaid or CHIP during their pregnancy. The State of Kansas has elected this option for Medicaid and CHIP plans retroactively effective as of April 1, 2022.

KEES enhancements to align system functionality with these changes are planned for a future release. Until that time, eligibility staff will need to employ certain business processes and/or workarounds when processing individuals entitled to a postpartum period in order to execute and maintain the 12-month postpartum extension. These interim processes will be provided at the time of release.

B. ELIGIBLE MEMBERS AND EFFECTIVE DATE

An individual (adult or minor) who is receiving Medicaid or CHIP coverage at the time of birth or end of the pregnancy is now continuously eligible through the last month of their 12-month postpartum period which begins the month following the end of the pregnancy. Please note, this provision is not contingent on a live birth but on the pregnancy itself and the point at which the pregnancy ends.

Medicaid programs include Poverty Level Programs (PLN) as well as Caretaker Medical (CTM), Transitional Medical (TMD), Aged-Out Foster Care (AGO), and M-CHIP. DCF medical programs Foster Care Medical (FCM) and Adoption Subsidy Medical (ASM) are also Medicaid programs and would be included under this policy.

Prior to this memo, CHIP recipients were not considered under the postpartum provision for continuous eligibility; however, effective with this policy, a CHIP child who is or becomes pregnant is also automatically eligible for the 12-month postpartum CE period in the same manner as a Medicaid recipient.

As stated above, the effective date for this policy is April 1, 2022. Per federal guidelines, the continuous eligibility postpartum period applies to anyone who 1) becomes pregnant after this date and 2) any person covered on Medicaid or CHIP, currently or in the past, who is still within 12 months of their pregnancy ending.

The KEES generated approval Notice of Action (NOA) for pregnant woman coverage currently states that coverage will continue through two months postpartum. Effective with the upcoming KEES release, the NOA will be updated to align with the 12-month extension and pregnant individuals approved after the effective date but prior to the release will be notified of the change through a mass mailing. Beginning with the release of this memo and until the system correspondence updates are complete, staff will need to append the generated NOA to state the corrected number of months (12).

Note: During the COVID-19 Public Health Emergency (PHE) which began March 2020 and is still in effect, discontinuances were suspended for most eligible members, including those receiving pregnant woman (PW) coverage and CHIP coverage. For this reason, for the most part, no one who falls under this policy would have been discontinued after two (2) months postpartum or other disqualifying changes in circumstances, including premium delinquency.

C. REQUIREMENTS FOR CONTINUOUS ELIGIBILITY (CE)

Pregnant individuals who are eligible for extended postpartum coverage on Medicaid and CHIP are entitled to CE through the last day of the month in which the 12-month postpartum period ends. This means that coverage must continue through the set period regardless of changes in circumstances, see KFMAM 2311 and 02300. The only exceptions to the CE requirement are as follows:

- The individual requests voluntary withdrawal
- The individual is no longer a Kansas resident
- The agency determines that eligibility was approved incorrectly, either due to agency error or consumer fraud

- The individual is deceased

18-year-old PW recipients under this policy may not be discontinued due to turning 19 (i.e. aging out). Additionally, CHIP recipients under this policy may also not be discontinued due to failure to pay premiums regardless of other children in the household.

In the event that a CHIP recipient under this policy becomes Medicaid eligible (i.e. PLN, CTM, etc.) due to a change in circumstances during the 12-month postpartum period, it is not necessary to move them to the Medicaid program mid-CE. The main consideration for this would be CHIP children who are 19 or are going to turn 19 during their postpartum period. In this situation, a switch to Medicaid would be inappropriate as it may cause the CHIP recipient to lose coverage due to aging out as they would no longer fall under the postpartum protection. Keeping them active on CHIP will allow them to remain on their protected CE period regardless of age requirements through the end of the postpartum period or until they apply on their own behalf. Those who apply on their own behalf during a postpartum period should still be determined for Medicaid; however, if they are found ineligible, they should remain continuously eligible through 12 months postpartum on CHIP.

Example: An 18-year-old CHIP recipient is currently in a postpartum period through 09/2022. An income change is reported 04/2022 that would make the child eligible for Medicaid through the month of her 19th birthday, which comes before the postpartum end-date. The income is updated in the system, but the child should remain on CHIP through the end of the postpartum period or until she applies on her own behalf.

KEES enhancements will be made to align with this requirement; however, until that time staff will need to be aware of this consideration and use KEES customer options in order to maintain the CHIP coverage in a situation where an 18-year-old in a postpartum period becomes Medicaid eligible due to a change in circumstances.

Note: In a situation where the pregnant minor leaves the home or the primary applicant leaves or becomes deceased, standard process would apply, and in most cases coverage would need to be closed. Once a valid applicant reapplied for the pregnant minor, coverage would be reinstated.

D. OTHER 12-MONTH POSTPARTUM CONSIDERATIONS

1. PREGNANT APPLICANT

When an application is received for a pregnant individual, their eligibility for Medicaid or CHIP coverage is determined according to the MAGI poverty level standards. If eligible, coverage will be approved effective with the month of application or first eligible prior medical month if Medicaid eligible and the date of authorization if CHIP eligible. The CE period will be based on the estimated delivery date reported at the time of application, or if unreported, on an assumed due date of nine (9) months from the month of application (there is no change to this standard practice). The CE period will begin with the appropriate effective month and will end the last day of the 12th postpartum month.

Example: An application for a pregnant woman is received on 05/15/2022 with a

reported expected due date of 09/12/2022. The applicant is determined eligible and approved for PLN/PW coverage. The CE period will be 05/2022-09/2023.

Example: An application for a pregnant minor is received 03/15/2023 with a reported expected due date of 10/15/2023. The child is determined CHIP eligible and approved on 03/20/2023. The CE period will be 03/20/2023-10/2024.

While the rest of the household may be reviewed at an earlier time, no adverse action may be taken towards the pregnant recipient until they are reviewed at the end of their postpartum period. If a new or updated expected delivery date is reported by the consumer or if the baby's birth or the end of the pregnancy is reported earlier or later than expected, the CE period will be adjusted based on the new date.

2. ALREADY RECEIVING COVERAGE

For adults and children already receiving Medicaid or CHIP coverage who become pregnant, the termination/end-date of the pregnancy is likely to set a new 12-month CE period beginning the month following the birth or the end of pregnancy which extends past their original review date. The CE extension will potentially allow them to continue beyond the normal 12-month requirement for a review. Their new review period will align with their new 12-month CE period which is set based on the birth or end of the pregnancy.

Example: A CTM adult/PA has a review due in 06/2022. On 03/15/2022 she reports the birth of her child. The child is added, and a new eligibility period is approved for the postpartum period for the PA effective 04/2022-03/2023. The new review due month for the PA is 03/2023.

Example: A CHIP child has a review due 11/2022. On 05/15/2022, the PA reports the addition of a grandchild to the household with the CHIP child as the parent. A new CHIP eligibility period is approved for the child effective 06/2022-05/2023.

3. BIRTH NOT REPORTED

Currently, eligibility completes a check at or around the 2nd postpartum month for pregnancy cases on which a birth has not been reported, and coverage is redetermined/discontinued as needed.

Because this policy extends the postpartum period to 12 months, it is no longer allowable to discontinue coverage due to an unreported birth at two months postpartum. Regardless of whether a birth or end of pregnancy is reported, coverage for the pregnant woman will continue uninterrupted through the entire postpartum period.

Example: A pregnant woman is receiving PW coverage with a due date of 09/12/2022. The due date passes with no birth or pregnancy end-date reported. The agency attempts to contact the PW recipient regarding the potential birth or end of pregnancy but receives no response. Coverage will continue through 09/30/2023 without interruption. 10/2022-09/2023 will be considered postpartum months, based on the

original due date reported.

The standard letter advising expecting parents to report the birth of their child will continue to be sent. The Overdue Pregnancy Report may continue to be addressed at operational discretion; however, coverage may not be adversely affected due to lack of response from the consumer.

4. NEW PREGNANCY REPORTED DURING POSTPARTUM PERIOD

In situations where a new pregnancy is reported while the applicant is still active on postpartum coverage from a previous pregnancy, coverage should be redetermined based on updated circumstances for coverage of the new pregnancy. If eligible, a new coverage period will be approved effective the next unpaid month through 12 months postpartum based on the new expected delivery date. If the applicant is not eligible for coverage based on current circumstances, the previously determined coverage will continue with no change to the review date. Correspondence should indicate that while she is not eligible for additional coverage at that time, there is no change to her current coverage. Eligibility will be reassessed at her next formal review.

Example: An application for a pregnant woman is received on 05/15/2022 with a reported expected due date of 09/12/2022. The applicant is currently in a postpartum period for a previous pregnancy that ends 08/30/2022. The applicant is determined ineligible for PW coverage based on current circumstances. The CE period will remain through 08/30/2022, and a new one will not be established.

Example: An application for a pregnant woman is received on 05/15/2022 with a reported expected due date of 09/12/2022. The applicant is currently in a postpartum period for a previous pregnancy that ends 08/30/2022. The applicant is determined eligible for new PW coverage based on current circumstances. The previous CE period will end, and a new one will be established based on the new pregnancy through 09/2023.

5. CHIP PREGNANT MINORS AND PREMIUM DELINQUENCY

Pregnant minors who are receiving/eligible for CHIP are continuously eligible through 12 months postpartum regardless of premium delinquency, meaning that coverage will continue for the pregnant CHIP recipient even if there is an active premium penalty on the case. Please note, the premium and the delinquency will continue to exist, but coverage must continue for the pregnant individual through the end of the 12-month postpartum period.

6. CHIP NEWBORNS

The policies surrounding CHIP deemed newborns (i.e. a newborn born to a CHIP recipient) is not changing; however, because the CE period for a CHIP deemed newborn is set to match that of the CHIP mother, they will now have a full 13 month CE period beginning the month of birth, similar to Medicaid deemed newborns, to match

that of the CHIP mother.

Note: While a deemed Medicaid newborn is exempt from citizenship/identity verification, CHIP newborns do not fall under this exemption and must still be verified through normal processes.

7. COOPERATION WITH CSS

Failure to cooperate with Child Support Services (CSS) does not affect eligibility for pregnant CTM recipients, see KFMAM 2064. There is no change to this policy, and the same provision applies to the 12-month postpartum period. If notification is received that the pregnant CTM recipient is in a non-cooperation status with CSS, it should be documented in the case file, but otherwise no action is taken. The CTM recipient's CSS status will be reevaluated at review following the postpartum period.

8. PW SPENDDOWNS

Per KFMAM 2212, pregnant women may be determined for a Medically Needy (MDN) Spenddown when they are over the income limits for Medicaid. When a pregnant individual is approved for a spenddown (prior medical or current) and meets the spenddown during their pregnancy, thus attaining full Medicaid eligibility, they will remain eligible for the remainder of both the pregnancy and the extended postpartum period. A new spenddown will not need to be determined or met for the remainder of that period. In order to achieve this, the pregnant or postpartum individual will continue to be set up on a new base period with a \$0.00 amount until the entire postpartum period has been covered.

Note: This provision only applies if the spenddown becomes met during the pregnancy or month of birth. It would not apply to an unmet spenddown or a spenddown met during the postpartum period. In those cases, all standard processing would apply.

Example: An application for a pregnant woman is received on 01/15/2023 with a due date of 05/23/2023. Due to being over-income, she is offered and is approved for a spenddown with a base period of 01/2023-06/2023. In March, she meets the spenddown, and her medical bills are now covered by Medicaid in full during her pregnancy. At the end of the first base period, she will be renewed on a new spenddown base period of 07/2023-12/2023 with a \$0.00 amount, and then again 01/2024-06/2024, so that she will continue to be covered in full through 05/2024, her 12th postpartum month.

Example: An application is received on 01/15/2023 for a woman who gave birth in the prior medical month of December 2022. She is over income for Medicaid in December but is approved for a prior medical spenddown (10/2022-12/2022) which she instantly meets due to high medical bills from the birth. Because the spenddown was met in the month of birth, the pregnant woman will remain covered by Medicaid through 12/2023,

the end of the 12-month postpartum period. Subsequent spenddown base periods with \$0.00 amounts would be set up for 01/2023-06/2023 and 07/2023-12/2023.

II. QUESTIONS

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at KDHE.MedicaidEligibilityPolicy@ks.gov.

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Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov.