



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**CN 712**

**TRENTON, NEW JERSEY 08625**

**MEDICAID COMMUNICATION NO:** 94-1

**DATE:** January 20, 1994

**TO** County Welfare Agency Directors

**SUBJECT:** Eligibility Issues - Pregnant Women

This is to clarify several areas concerning pregnant women as an eligibility group, particularly related to the length of the eligibility period, how full eligibility relates to presumptive eligibility, and under what circumstances a pregnant woman may be terminated from Medicaid.

1. Eligibility Period - A pregnant woman's eligibility usually begins by one of three avenues: she may contact the CWA directly, she may be referred through the presumptive eligibility process, or she may be referred by way of a PA-1C form at a point when she requires hospital treatment.

If she contacts the agency directly, once her application has been taken and she has been determined eligible, her effective date of eligibility begins on the first day of the month in which she applied, and ends on the last day of the second calendar month after she delivers (or the pregnancy otherwise ends). If she were to miscarry, deliver or abort during the application process, that time frame does not change and the application should go forward to a final determination. New Jersey Care regulations (N.J.A.C. 10:72-3.4(a)) state that a pregnant woman is considered to be a pregnant woman until the end of the 60-day post-partum period. For purposes of applying for Medicaid eligibility, the pregnant woman may make contact and submit an application at any time through the pregnancy and the 60-day post-partum period, and still be considered a "pregnant" woman. However, applying during the 60-day period, while allowable, has consequences. If the pregnant woman applies during the post-partum month(s), she is only eligible until the end of that period (unless she qualifies for ongoing eligibility through another program). As a result, her delivery claims may have to be paid through the retroactive eligibility process, if the services were provided prior to the month of application. In addition, the newborn infant does not have the one year of guaranteed eligibility which would have been granted had the mother's contact occurred before delivery. Accordingly, the child's eligibility must be established along with the mother's, and he/she must meet applicable requirements, including a redetermination at six months. Likewise, the child's eligibility can only begin in the month of application, and hospital charges connected with the child's birth may have to be covered through retroactive eligibility.

If the pregnant woman first came to the attention of the CWA as a result of a determination of presumptive eligibility by a provider, that referral protects the filing date of her full Medicaid eligibility determination, provided that she contacts the CWA for an appointment or responds to an outreach effort by the CWA during an active period of presumptive eligibility. When her final determination of eligibility is made, then her period of presumptive eligibility would fall inside the effective and termination dates of her full Medicaid eligibility. If the period of presumptive eligibility ends, however, without the pregnant woman making a good faith effort to follow through with the application process, the period of presumptive eligibility would not overlap any other period of Medicaid eligibility. Her effective date of full Medicaid eligibility would begin in the month she actually contacted the CWA to begin the application process. It should be noted that, if the pregnant woman must postpone an application interview for good cause, such as medical complications or the actual birth of her baby, her presumptive eligibility may continue until she is able to keep the appointment, and her effective date would still begin with the first month of presumptive eligibility. Presumptive eligibility, alone, does not confer any eligibility for retroactive Medicaid benefits.

If a pregnant woman is referred to the CWA by a hospital-generated PA-1C form, that action may also protect the application date for her Medicaid eligibility. However, as with presumptive eligibility, she must still take the initiative to make and keep an application appointment. A PA-1C form is not necessary if there is an active presumptive eligibility period in effect.

2. Terminating Medicaid Eligibility for Pregnant Woman - New Jersey Care regulations (N.J.A.C. 10:72-4.1(d)), concerning income eligibility, state that a pregnant woman who was found eligible at any time during the pregnancy, remains eligible through the 60-day post-partum period, regardless of any changes in income. This means that the only plausible reasons for terminating a pregnant woman would be death or relocation to another state. For those pregnant women whose whereabouts are unknown, evidenced by repeated returned correspondence or Medicaid identification cards, the CWA may logically assume that New Jersey residence no longer exists and may appropriately terminate Medicaid eligibility in such cases.

In cases where a woman fails to submit to a redetermination for AFDC, she would normally be terminated from that program and her cash benefits would be discontinued. However, for a pregnant woman, there are no factors which could be identified during such a redetermination which could affect her Medicaid eligibility. If she received increased wages, got married, or received a financial windfall, she would still be Medicaid eligible under the aforementioned New Jersey Care guidelines, and should be either continued in her current program (without cash payments) until the end of the post-partum period, or should be shifted to the non-spend down component of New Jersey Care...Special Medicaid Programs. Other family members, of course, may have financial and medical assistance terminated at any time when there is a change in circumstances affecting ongoing eligibility, or in instances of non-compliance.

Similarly, any child who is pregnant and who will "age out" of a program is also protected for Medicaid purposes and must be continued as a Medicaid-eligible pregnant woman, with eligibility ending no earlier than the last day of the second month after the pregnancy ends.

Questions concerning this communication should be directed to the field service staff assigned to your county.

Sincerely,



Alan G. Wheeler  
Acting Director

AGW:Sm

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