



# Pregnancy, Prenatal Care, and Newborn Coverage Options



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*This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense. For purposes of adhering to the statutory language and eligibility guidelines, some material in this presentation refers to pregnant women. We want to acknowledge and recognize that there are other individuals who may become pregnant.*

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# Agenda

- Overview of coverage options available to pregnant individuals
  - Marketplace plans and employer coverage
  - Medicaid/Children's Health Insurance Program (CHIP)
    - Postpartum coverage
  - Coverage for newborns
- Special Rules
- “Medically Needy” Medicaid



# Overview of Coverage Options Available to Pregnant Individuals

- A Marketplace plan
- Employer-sponsored coverage
- A parent's health insurance plan (if that plan offers dependent coverage)
- Medicaid (specific eligibility rules vary from state to state)
- CHIP (in states that elect to cover pregnant individuals or the From-Conception-to-End-of-Pregnancy (FCEP) (otherwise known as "unborn") option under CHIP; specific eligibility rules vary from state to state)



# Marketplace Plan

- The Open Enrollment Period (OEP) for 2023 coverage ended on January 15, 2023. To enroll in Marketplace coverage, consumers will have to wait for Open Enrollment for Plan Year (PY) 2024 to begin on November 1, 2023, unless they qualify for a Special Enrollment Period (SEP).
- Marketplace Plan Benefits Related to Pregnancy and Prenatal Care:
  - All Marketplace plans must provide coverage for essential health benefits, which include certain pregnancy-related services. Just some of these required services are:
    - Well-woman visits to receive recommended preventive services, including preconception and many services necessary for prenatal and inter-conception care.
    - Labor and delivery services.
    - Breastfeeding support, supplies, and consultation services with no cost sharing.

# Employer-sponsored Coverage (A Consumer's Own or a Spouse's)

- Pregnant consumers can enroll in coverage through an offer of employer-sponsored coverage (ESC) from their own employer or a spouse's job.
- The Internal Revenue Service (IRS) issued new regulations that apply starting in PY 2023. If a consumer has an offer of ESC that extends to their family members, the affordability of employer coverage for those family members will be based on the family premium amount, not the self-only employee premium cost.
- ESC for dependents usually ends during the month of the child's 26th birthday.
- 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.



# Parent's Health Insurance Plan

- If the dependent is covered under their parent's Marketplace plan, the dependent can stay on their parent's plan until December 31 of the year they turn 26.
- Some states may require that plans extend dependent coverage for both ESC and Marketplace plans until a higher age, or some plans may choose to allow dependents to stay on their parent's plan until a higher age. However, the parent can only receive a tax credit for their child's coverage if the parent also claims the child as a tax dependent on their federal tax return.



# Parent's Health Insurance Plan: Limitations

- 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 ESC. However, some plans do not cover dependent children.
- Some employer health plans (mainly self-insured) may not provide maternity benefits for dependents.
- Dependent coverage most likely will not cover grandchildren, though consumers can check with the plan 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.



# Medicaid/CHIP During Pregnancy

- Unlike Marketplace coverage, there is no OEP for Medicaid or CHIP. Eligible consumers can apply and enroll at any time during the year.
- Most states have extended Medicaid coverage to pregnant individuals with household income up to 185 percent of the federal poverty level (FPL); a small number of states offer CHIP coverage to pregnant individuals at higher FPL thresholds. Household is determined based on expected tax filing status.\*
- Medicaid coverage is generally effective on the date of application or the first day of the month in which the application is submitted based on state option.





# Medicaid/CHIP During Pregnancy (Cont.)

- An individual may be eligible for Medicaid coverage as early as three months before the month the application was submitted if the individual received Medicaid services during that time period and would have been eligible had the individual applied.
- Eligibility for consumers in this situation depends on a variety of factors, such as the state where a consumer is a resident, income, and certain demographic factors (age, immigration status).
- In CHIP, states have more flexibility to decide when coverage will start.

\*For more information on how to assess an applicant's household for Medicaid eligibility, refer to slide 8 at:

[Medicaid.gov/sites/default/files/state-resource-center/mac-learning-collaboratives/downloads/part-1-household.pdf](https://www.Medicaid.gov/sites/default/files/state-resource-center/mac-learning-collaboratives/downloads/part-1-household.pdf).



# Medicaid/CHIP During Pregnancy: Eligibility Levels

- The Medicaid and CHIP coverage available to pregnant individuals and the income thresholds for eligibility vary from state to state.
- Medicaid and CHIP Eligibility Coverage Group and Income
  - The following table provides background information on a process the HealthCare.gov application determines automatically. It is provided here for reference and awareness. For each category, the percentages represent the range of maximum income standards for the relevant groups among the states and DC. A given state's income standard may change at any time. Source: [Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html](https://www.Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html).



# Medicaid/CHIP During Pregnancy: Eligibility Levels (Cont.)

	Medicaid – Pregnant Individuals	CHIP – Pregnant Individuals (only states that elect the option)*	CHIP- From-Conception-to-End-of Pregnancy (“Unborn”) (only states that elect the option)**
<b>National Range for Eligibility Threshold (based on FPL)</b>	133%– 375%	200%– 300%	0%– 317%***

\*Please note that, for the CHIP - Pregnant Individuals column, seven states currently elect to cover pregnant individuals in CHIP: Colorado, Kentucky, Missouri, New Jersey, Rhode Island, Virginia, and West Virginia.

\*\*States have the option to provide CHIP coverage to targeted low-income children beginning from conception in order to provide prenatal care and other pregnancy-related benefits to the birthing parent, if they themselves are not eligible for Medicaid or CHIP. There are 13 FFE states that offer this category.

\*\*\*The bottom range for the CHIP unborn category is 0% FPL, as there is no comparable coverage option in Medicaid (since Medicaid coverage doesn’t start until birth).

# Medicaid/CHIP After Pregnancy: New State Provision

- Under the American Rescue Plan Act of 2021\* (ARP) signed into law on March 11, 2021, states have the option to provide 12 months of postpartum coverage in Medicaid and CHIP. States could elect this option beginning April 1, 2022. In states electing the option, eligible individuals enrolled in Medicaid or CHIP while pregnant are continuously eligible for coverage through the end of 12 months following the end of their pregnancy. The Consolidated Appropriations Act, 2023 (CAA) \*\*, enacted on December 29, 2022, made this state option permanent beginning January 1, 2024. However, we note that individuals covered through CHIP under the From-Conception-to-End-of-Pregnancy (“unborn”) option are not eligible for extended postpartum coverage.
- As of August 2023, 36 states, the District of Columbia and the US Virgin Islands have extended postpartum eligibility to 12 months via state plan amendments or approved Medicaid Section 1115 demonstrations. Assistants should check with their state Medicaid/CHIP agency to learn both whether their state has plans to exercise this option and, if so, the state timeline for implementation.

\*(Pub. L. 117-2)

\*\* (Pub. L. 117-328)





# Knowledge Check #1

Which of the following are essential health benefits that the Marketplace plans must cover?

- A. Breastfeeding support and supplies with no cost sharing
- B. Labor and delivery services
- C. Breastfeeding consultation services with no cost sharing
- D. All of the above



# Knowledge Check #1 Answer

Which of the following are essential health benefits that the Marketplace plans must cover?

Answer: D. All of the above



# Scenario #1: Non-Married Pregnant Individuals

## Macy, 21 years old, expecting first child, Ava



- Macy, a tax filer, works as a waitress and makes \$16,200 a year. She does not have an offer of health insurance from her job. Macy is enrolled in Medicaid.
- Macy lives with her boyfriend, Sam, who is 22 years old and works at a coffee shop and makes \$15,800 a year. Sam also doesn't have an offer of health insurance from his job.

*What health coverage options are available to Macy, Sam, and baby Ava?*

Over the next several slides we will discuss the various coverage options and the factors Macy and Sam should consider before making a final decision on their health coverage.



# Macy's Marketplace Plan Options

- Macy is currently pregnant. She may create a new application or update an existing one at any time. If she does so outside of Open Enrollment and does not qualify for an SEP, she will not be able to enroll in a qualified health plan (QHP) but may still be able to qualify for Medicaid/CHIP through the application.
- If Macy loses pregnancy-related Medicaid/CHIP, she may be found eligible for another category of Medicaid. However, if not, then she can qualify for a loss of qualifying coverage SEP.
- After the birth of a child, if not eligible for and enrolled in Medicaid/CHIP, Macy may be eligible for an SEP because she has added a new dependent to her household.
- To access these SEPs, Macy would have 60 days from the day of her child's birth to report gaining a dependent, and Macy would have 60 days before or 60 days after the loss of Medicaid/CHIP coverage to report the loss.



# Marketplace Plan Steps for Accessing an SEP

Macy has two options for **reporting a loss of Medicaid or CHIP** to qualify for the loss of Minimal Essential Coverage (MEC) 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/CHIP coverage ends**; if she chooses this option, she would generally have up to 60 days after her coverage ends to report her loss of MEC and enroll in coverage through the Marketplace.



# Medicaid Unwinding SEP

- In most years, loss of MEC Medicaid or CHIP would follow the process described in the previous slide. However, if Macy is losing Medicaid or CHIP due to the end of the “continuous enrollment condition,” during which states paused terminations for Medicaid (and in some cases, the CHIP coverage) starting in March 2020, Macy may be eligible for the Unwinding SEP.
- Because the continuous enrollment condition ended on March 31, 2023, states are required to resume regular eligibility and enrollment operations, including renewals and coverage terminations for individuals determined ineligible. This process is referred to as “unwinding.” States could begin to terminate Medicaid on April 1, 2023, for consumers found ineligible.
- Consumers who receive notice of a termination may start applying and enrolling immediately in other coverage, such as on the Marketplace, to ensure continuity of coverage.
- Consumers who lose Medicaid or CHIP coverage between April 1, 2023, and July 31, 2024, will be eligible for a 60-day SEP, referred to as the “Unwinding SEP”.
- Consumers who lose Medicaid or CHIP coverage during this timeframe can submit or update a Marketplace application anytime on HealthCare.gov and will have 60 days from the date they submit or update an application to pick a plan. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.

# Marketplace Plan for Preventing a Gap in Coverage

Preventing a Gap in Coverage when Transitioning from Medicaid/CHIP to Marketplace Coverage:

- To prevent a gap in coverage, Macy should be aware of when her Medicaid/CHIP coverage will end and when her Marketplace plan will begin. If she is ineligible for Medicaid/CHIP, she should receive a notice from the state that tells her when the Medicaid/CHIP coverage will end.
- If Macy is losing her Medicaid/CHIP coverage, she may want to submit an application or, if she already has submitted an application, update her HealthCare.gov application, attest to her loss of coverage, and select a Marketplace plan prior to her Medicaid/CHIP coverage ending to help avoid 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**.
- If Macy applies for and selects a Marketplace plan on or before the date her Medicaid or CHIP coverage ends, then her Marketplace coverage will be effective the first of the month after the end of her Medicaid or CHIP coverage. If she selects a plan within 60 days after her Medicaid or CHIP coverage ends, then her coverage will take effect the first of the month after plan selection, assuming Macy effectuates her coverage by paying her share of the plan premium.

# Marketplace Plan Financial Assistance

## Eligibility for a Marketplace plan with Financial Assistance:

- In most cases, consumers must have a household income at or above 100 percent of the 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 of the FPL if they are not eligible for Medicaid due to their immigration status.
- If Macy doesn't qualify for Medicaid or CHIP, then, if Macy's household income becomes 100 percent or above of the FPL (for a household of two in 2023, for purposes of the Marketplaces, this is \$19,720 for the 48 contiguous states and DC) and meets the other eligibility criteria, she may qualify for financial assistance for Marketplace coverage. The amount of premium tax credit that Macy receives will depend on her household income and the prices of plans available to her based on her age and where she lives. In general, the higher that Macy's household income gets, the lower her tax credit amount will be.
  - 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” at [HealthCare.gov/income-and-household-information](https://www.healthcare.gov/income-and-household-information).

# Marketplace Plan Financial Assistance (Cont.)

Eligibility for a Marketplace plan with Financial Assistance (cont.):

- Most individuals transitioning from Medicaid or CHIP Pregnant Individual coverage to Marketplace coverage will qualify for financial assistance that allows them to purchase a Marketplace plan with limited cost-sharing and low or \$0 premium options after advance payments of the premium tax credit (APTC).

As part of the ARP:

- The “cap” on eligibility for premium tax credits for taxpayers with household incomes greater than 400 percent of the FPL was lifted for 2021 and 2022. Consumers whose household incomes exceed 400 percent of the FPL may be newly eligible for financial assistance for paying the costs of Marketplace health care coverage.
- The Inflation Reduction Act\*, enacted on August 16, 2022, extended the enhanced Marketplace tax credits initiated under the ARP through PY 2025.

\*(Pub. L. 117-169)

# Sam's Eligibility for Medicaid Coverage

- Sam may be eligible for Medicaid. If Sam lives in a state that expanded Medicaid to cover low-income adults (the “adult group” for non-pregnant individuals age 19 up to age 65, not on Medicare, and with income up to 133 percent of the FPL), he may be able to qualify for coverage in that group, as his income is about 108% of the FPL.
- If Sam lives in a state that did not expand Medicaid to cover the adult group, you should check if he is eligible for Medicaid through the Parents and Caretaker Relatives group, as a parent with a dependent child in the home. This group generally requires that consumers have lower incomes than the Adult Group in order to qualify. Because Medicaid eligibility rules vary so significantly from state to state, you should help Sam understand his state's eligibility requirements or help him apply with his state agency directly and find out what he is eligible for.



# Medicaid/CHIP After Pregnancy

- If Macy was covered by Medicaid/CHIP for her pregnancy, after her pregnancy ends, Macy will generally remain eligible for Medicaid/CHIP through at least the end of the month in which the 60-day postpartum period ends (recall that states have the option to extend postpartum coverage to 12 months, as discussed earlier).
- Because Macy had Medicaid coverage when she gave birth, Macy's newborn daughter, Ava, will automatically get Medicaid coverage too (similarly, if Macy had been enrolled in CHIP when she gave birth, Ava may automatically get CHIP coverage too). More information about coverage for newborns is later in this presentation.





# Medicaid/CHIP After Pregnancy (Cont.)

- The illustration below summarizes the possible outcomes for Macy's eligibility after her postpartum period ends.

## May Lose Medicaid/CHIP Eligibility After Postpartum Period

- If her income is too high to qualify for Medicaid under the parent's group; or under the adult group in a state that has expanded Medicaid; or her state has not expanded Medicaid; or she is not found eligible under another Medicaid/CHIP group.
- The state will check whether Macy is eligible for continued coverage under another category of Medicaid/CHIP and will provide a termination notice if she is no longer eligible for Medicaid/CHIP under any category. The state agency must transfer Macy to other insurance affordability programs, as appropriate.

## May Remain Medicaid-eligible After Postpartum Period

- Once her pregnancy-related Medicaid/CHIP coverage ends, the state will check whether Macy is eligible for continued coverage under another category of Medicaid/CHIP.
- She may still qualify for Medicaid coverage (for example, as a parent, a person with a disability, or in a state that has expanded Medicaid). Eligibility requirements vary from state to state.

# Coverage for Newborns: Medicaid/CHIP

## Coverage

- Babies like Ava who are born to women enrolled in Medicaid/CHIP on the date of delivery are generally automatically eligible for and enrolled in Medicaid/CHIP (these babies are known as "deemed newborns"). A Medicaid or CHIP application is not required for these newborns to be eligible for Medicaid/CHIP as a deemed newborn. Medicaid/CHIP eligibility in this group continues until the child's first birthday, regardless of most changes in the child's circumstances.
- If Macy was not enrolled in Medicaid/CHIP when Ava was born, Macy can apply for Medicaid for herself and may be eligible for retroactive coverage in Medicaid for up to three months prior to the month of application. If the birth is covered retroactively, Ava would be a Medicaid deemed newborn. If the birth is not covered, Macy and Sam can still apply for Medicaid/CHIP coverage for Ava. She may be eligible as an infant based on her household income.



# Coverage for Newborns: Medicaid/CHIP

## Coverage Eligibility Redetermination

- When Ava turns one, the state Medicaid/CHIP agency will redetermine her eligibility. Depending on her parents' household income, Ava may still be eligible for Medicaid or CHIP.
- 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 or CHIP.



# Coverage for Newborns: Medicaid/CHIP

## Coverage Eligibility Thresholds

### Children’s Medicaid and CHIP Eligibility by Age and Income

- The following table provides a summary overview of the income thresholds for children, which Healthcare.gov uses to help determine Medicaid and CHIP eligibility. It is provided here for reference and awareness.

	Medicaid Ages 0-1	Medicaid Ages 1-5	Medicaid Ages 6-18	CHIP Ages 0-18
<b>National Range for Household Income Eligibility Threshold (percentage of the FPL)</b>	139% – 375%	133% – 319%	133% – 319%	185% – 400%

- Please note that all of these percentages represent the range of maximum income standards for the relevant populations among the states and DC. Due to children’s maintenance of effort requirements, these percentages are not likely to decrease before 2027. Source: [Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html](https://www.Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html).

# Coverage for Newborns: When or if to Change to Marketplace Coverage?

- Sam would need an SEP to enroll in Marketplace coverage if applying outside of the OEP. He may qualify due to the birth of a child, but in this scenario, because Macy and Sam aren't married and can't file taxes jointly, only one parent can claim Ava as a tax dependent. Their choice will impact the household size used to calculate each parent's Medicaid and CHIP eligibility and their Marketplace financial assistance.
- If Macy claims Ava as a tax dependent, then Ava won't be listed on Sam's separate Marketplace application, so he wouldn't qualify for a SEP due to her birth. Also, Sam may be able to qualify for financial assistance to help pay for the cost of coverage for himself, but not for Ava.
- If Macy qualifies for Medicaid or CHIP, then Ava will likely be a deemed newborn and will remain eligible for Medicaid/CHIP until her first birthday.



# Coverage for Newborns: When Does Marketplace Coverage Start?

If instead Sam claims Ava as a tax dependent and Ava is not deemed a newborn with Medicaid or CHIP, when can Sam and Ava's Marketplace coverage start?

- The application will provide coverage retroactive to the day of the baby's birth, or
- By contacting the Marketplace Call Center, Sam can request that:
  - Their coverage starts on the first of the month following the date of plan selection.



# Knowledge Check #2

How long does Macy have after a loss of Medicaid coverage to enroll herself into a Marketplace plan (during normal operations without considering Unwinding)?

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



# Knowledge Check #2 Answer

How long does Macy have after a loss of Medicaid coverage to enroll herself into a Marketplace plan (during normal operations without considering Unwinding)?

Answer: C. 60 days





# Scenario #2: Switching from Marketplace to Medicaid/CHIP Coverage

## Theresa, 32 years old

Theresa lives alone in Alabama where she works as a librarian making \$24,136 a year. She is enrolled in Marketplace coverage with APTC and cost-sharing reductions (CSRs). She becomes pregnant and is expecting one baby.

*What health coverage options are available to Theresa?*

Theresa should consider updating her Marketplace application with any changes and, in doing so, can choose whether or not to report her pregnancy via the application question or skip that question. There are a variety of things Theresa may want to consider when deciding whether or not to report her pregnancy to the Marketplace, and there is educational content on the Marketplace application and HealthCare.gov to help with the decision.



# Scenario #2: Switching from Marketplace to Medicaid/CHIP Coverage (Cont.)

If Theresa wants to keep her Marketplace coverage, she can skip the question on the Marketplace application that asks whether she is pregnant.

- This will help her keep her current Marketplace coverage and savings throughout the pregnancy and after birth.
- The Marketplace won't check to see if she's eligible for Medicaid or CHIP based on pregnancy, and the baby won't automatically be enrolled in Medicaid coverage when they're born.
- If she keeps her Marketplace coverage, she should be sure to update the application after she gives birth to add the baby to the plan or enroll them in coverage through Medicaid or CHIP, if they qualify.



# Considering Medicaid/CHIP Eligibility

If Theresa wants to see if she qualifies for Medicaid or CHIP, she should **select her name and answer** the pregnancy-related Marketplace application questions.

- Telling the Marketplace about the pregnancy makes it more likely that she'll be found eligible for coverage through Medicaid or CHIP. Medicaid and CHIP are free or very low cost and are likely to be the most affordable coverage option.
- If she's found eligible for Medicaid or CHIP, she may not be able to keep her savings on Marketplace coverage and will need to disenroll from her Marketplace plan.
- If she enrolls in Medicaid or CHIP, generally the baby will automatically be enrolled in Medicaid or CHIP when they're born, and they'll remain eligible for at least a year.



# Considering Medicaid/CHIP Eligibility (Cont.)

- If Theresa is found eligible for Medicaid or CHIP during her pregnancy, she'll likely be covered for at least 60 days after she gives birth. After 60 days, she may no longer qualify unless her state has elected a longer postpartum period (most states now have extended the postpartum period to 12 months). Her state Medicaid or CHIP agency will notify her if her coverage is ending. Theresa will have up to 60 days (during normal, non-Unwinding operations) after her Medicaid or CHIP coverage ends to update her HealthCare.gov application, attest to a loss of qualifying coverage in order to qualify for an SEP based on her loss of Medicaid or CHIP, and select a plan.
- Alternatively, she can update her HealthCare.gov application, attest to a future loss of coverage, and select a Marketplace plan up to 60 days before her Medicaid or CHIP coverage ends, which will help her avoid a break in coverage by ensuring that her Marketplace plan will start on the first of the month following the end date of her Medicaid or CHIP coverage.



# Scenario #3: Qualified Non-citizens and Rules for Marketplace, Medicaid, and CHIP

- Georgie, 28, and Tom, 30, live together in Arizona and are married.
- Georgie and Tom are lawful permanent residents who have not completed the five-year waiting period required for Medicaid or CHIP eligibility.
- Their combined household income is 90 percent of the FPL.
- Georgie recently gave birth to a daughter, Kiersten.



# Five-year Waiting Period

- Immigrants who are “qualified non-citizens” are generally eligible for coverage through Medicaid and CHIP, if they meet their state’s income and residency rules.
- In order to get Medicaid and CHIP coverage, many qualified non-citizens (such as many lawfully present residents or “green card holders”) have a five-year waiting period. This means they must wait five years after receiving “qualified” immigration status before they can be eligible for Medicaid and CHIP coverage. For more information, visit [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.healthcare.gov/immigrants/lawfully-present-immigrants).
- States have the option to cover lawfully residing children and/or pregnant individuals in Medicaid or CHIP even if they have not completed the five-year waiting period. However, Arizona is not one of the states that has elected to do so. \*Since Georgie and Tom have not yet completed the five-year waiting period, they’re ineligible in their state for full Medicaid coverage or CHIP by reason of immigration status. Refer to the next slide about more information about their potential coverage of treatment for an emergency medical condition.

\*For a list of states that have elected the CHIPRA 214 Option to cover lawfully residing children and/or pregnant individuals, visit the Medicaid site for more information at [Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals](https://www.Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals).

# Medicaid as an Emergency Service

- All individuals who do not qualify for Medicaid based on their immigration status may be eligible for “emergency Medicaid,” which pays for services necessary to treat an emergency medical condition, if they meet all other eligibility requirements in the state.
- “Emergency medical condition” includes labor and delivery, and Georgie could have her labor and delivery paid for by Medicaid. The services could be paid for as retroactive coverage up to three months prior to application if she has bills and would have qualified had she applied at the time. If Medicaid does pay for the birth, the baby, Kiersten, would be a deemed newborn in Medicaid.



# Marketplace Special Rule

Special rule for non-citizens who are lawfully present and who are ineligible for Medicaid by reason of immigration status:

- As mentioned previously, consumers generally need to have household income of at least 100 percent of the FPL to qualify for financial assistance through the Marketplace.
- However, certain immigrant consumers with income below 100 percent of the FPL may be eligible to enroll in the Marketplace with financial assistance due to a “special rule” if they are ineligible for Medicaid by reason of immigration status.
- Under this special rule, non-citizens who are lawfully present qualified non-citizens but ineligible for Medicaid by reason of immigration status (including if they are eligible for “emergency Medicaid”) may be eligible for APTC and income-based CSRs to help pay for the cost of a Marketplace plan premium and covered services, even if they have a household income of less than 100 percent of the FPL.
- To qualify, consumers still need to meet other eligibility requirements for APTC and CSRs, such as filing a tax return and not having access to MEC.



# Application of the Special Rule to Enroll in Affordable Health Coverage

- Because Georgie and Tom have a household income below 100 percent of the FPL and meet the requirements of the special rule, Georgie and Tom can enroll in Marketplace coverage with financial assistance, if otherwise eligible.
- Since Kiersten is a U.S. citizen and meets all other Medicaid eligibility criteria, she qualifies for Medicaid coverage.



# Scenario #4: “Medically Needy” Coverage

Medically Needy Medicaid is a set of optional eligibility groups that some states cover for individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups.

## Antoinette is 32, pregnant, and resides in Illinois

- She is enrolled in a Marketplace plan and receives APTC. Because her household income is above 208 percent of the FPL, she does not qualify for Medicaid. However, because Antoinette has high medical costs during her pregnancy that are not paid for by any health plan, she may become eligible for Medicaid under the program known as “medically needy” coverage.
- To be eligible as “medically needy,” a consumer’s income must be no greater than the state’s medically needy income level (MNIL), or, if it is higher than the MNIL, the consumer’s uncovered medical expenses must be at least equal to or exceed the difference between the individual’s total income and the MNIL. For example, if the individual’s countable monthly income is \$1,500, and the state’s monthly MNIL is \$800, the individual must confirm that they have \$700 in outstanding medical debt to qualify as medically needy for that month. This calculation is referred to as a “spenddown.” Each state sets a different MNIL. Antoinette should check with her state’s Medicaid office to see if she qualifies and to learn how to apply for “medically needy” coverage.

# Additional Requirements for “Medically Needy” Coverage

- Generally, individuals seeking to qualify as medically needy must meet a resource standard in addition to an income standard.
  - “Resources” include, but are not limited to, items such as checking and savings accounts, certificates of deposit, stocks, individual retirement accounts, and non-home real property.
  - Like the MNIL, each state that covers the medically needy establishes its own resource standard. Some states do not count all items that might otherwise qualify as a “resource,” and a few states do not impose any resource standard for some medically needy populations.
- Again, Antoinette should check with her state’s Medicaid office to see if she qualifies and to learn how to apply for “medically needy” coverage.

# Resources

- Information for assisters about coverage for pregnant individuals: [Marketplace.cms.gov/technical-assistance-resources/special-populations-pregnant-women.pdf](https://www.Marketplace.cms.gov/technical-assistance-resources/special-populations-pregnant-women.pdf)
- Information for consumers about coverage for pregnant individuals: [HealthCare.gov/what-if-im-pregnant-or-plan-to-get-pregnant](https://www.HealthCare.gov/what-if-im-pregnant-or-plan-to-get-pregnant)
- Information about Medicaid eligibility: [Medicaid.gov/medicaid/eligibility/index.html](https://www.Medicaid.gov/medicaid/eligibility/index.html)
- Information about CHIP eligibility for pregnant individuals: [Medicaid.gov/chip/eligibility/index.html](https://www.Medicaid.gov/chip/eligibility/index.html)
- Consumers can learn more about how Medicaid/CHIP eligibility works in their state at: [Medicaid.gov/state-overviews/state-profiles/index.html](https://www.Medicaid.gov/state-overviews/state-profiles/index.html). This page includes state-specific tables that can offer consumers a general idea of what coverage options might be available to them.

# Resources (Cont.)

- Consumers can learn more about coverage options for children in Medicaid and CHIP at this link: [Insurekidsnow.gov/](https://www.insurekidsnow.gov/)
- Information about Medicaid and CHIP is also available on HealthCare.gov at: [Healthcare.gov/medicaid-chip/getting-medicaid-chip/](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: [Healthcare.gov/medicaid-chip/cancelling-marketplace-plan/](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/)
- Information about changes to the Marketplace and Medicaid/Chip enacted by the American Rescue Plan Act of 2021 is available at: [Marketplace.cms.gov/technical-assistance-resources/american-rescue-plan.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/american-rescue-plan.pdf)
- Information about the end of the Medicaid continuous enrollment condition is available at: [Marketplace.cms.gov/technical-assistance-resources/marketplace-enhanced-outreach-for-unwinding.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/marketplace-enhanced-outreach-for-unwinding.pdf)