COLORADO
Department of Health Care Policy & Financing

POLICY MEMO

TITLE:	**POSTPARTUM EXPANSION TO 12 MONTHS**
SUPERSEDES NUMBER:	**N/A**
EFFECTIVE DATE:	**JULY 2, 2022**
DIVISION AND OFFICE:	**MEDICAID OPERATIONS OFFICE**
PROGRAM AREA:	**ELIGIBILITY POLICY**
KEY WORDS:	**POSTPARTUM, EXPANSION, MAGI, CHP, BUY-IN, MEDICAID, GUARANTEE**

POLICY MEMO NUMBER: HCPF PM 22-003
ISSUE DATE: JUNE 6, 2022
APPROVED BY: RALPH CHOATE

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

The purpose of this Policy Memo is to inform eligibility sites of the 12 months postpartum expansion eligibility rules for the Medicaid and Child Health Plan Plus (CHP+) programs. This memo includes guidance for all Medical Assistance eligibility categories. Please share this memo with all eligibility staff, supervisors, and outside agencies, as appropriate.

Information:

Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2) offer a new state plan option to expand postpartum coverage from 60 days to 12 months for members who are eligible and enrolled in a Medicaid or CHP+ program during their pregnancy. The Department has adopted these changes in accordance with Senate Bill 21-194. The 12 months of the extended postpartum coverage will be available to all Medicaid or CHP+ members enrolled in the pregnant category as defined under 42 C.F.R. § 435.116, effective July 1, 2022.

These changes require members who are within their 12 months of extended postpartum to receive continuous postpartum coverage, regardless of any changes in circumstances. Similar to the current 60-day postpartum period, the 12-month postpartum period will begin on the last

day of a member's pregnancy and extend through the end of the month in which the 12-month period ends.

Change in Circumstances

Members who have a change in circumstances and who are no longer eligible for Medicaid or CHP+ should not be terminated from coverage, if they are within a 12-month postpartum period. Members should remain eligible under the Medicaid or CHP+ program, in which they qualified, when they gave birth or when the pregnancy ended. There are only three circumstances in which a member may move to a different Medical Assistance category within a postpartum period:

1. The member qualifies for a Long Term Care (LTC) category.
2. The member is eligible for the Working Adults with Disabilities (WAwD) Buy-in *with* a waivered service.
3. The member was receiving SSI mandatory and became ineligible for SSI Mandatory.

If a member becomes eligible for LTC or the WAwD Buy-In with the waivered services, the member may move to those Medical Assistance categories. If a member becomes ineligible for SSI mandatory, they will be placed in the MAGI Pregnant category for the remainder of their postpartum period, regardless of income.

Multiple Pregnancies

A member who reports a new pregnancy during a postpartum period, and who is enrolled in a Medical Assistance category is entitled to an additional 12-month postpartum period following the end of their pregnancy. Members who receive a new 12-month postpartum period will remain locked into the same Medical Assistance category that the member was previously enrolled in. For example, if the member was on MAGI pregnant during their post-partum period and reports a new pregnancy after the pregnancy ends the member will receive a new 12-month postpartum period in the MAGI pregnant category. The Colorado Benefits Management System (CBMS) will be updated to allow overlapping records on the Pregnancy screen, allowing for a new pregnancy to be entered while serving a postpartum period from another pregnancy.

Opt-Out Option

Members will have the opportunity to opt-out when locked into their Medical Assistance category during their postpartum period. Members can make this request online through their PEAK account or their local County Department of Human Services. If a member chooses to opt-out of their postpartum period, they will be evaluated for all other Medical Assistance categories. If the member is found eligible for any of the other Medical Assistance categories or even the same category they were already in, they will still be placed in that category, but they will lose their 12 months of guaranteed coverage. If a member is determined ineligible for any other category, the member will be terminated and receive a 10-day noticing.

Members who attempt to opt-out of their postpartum period will receive a warning message to advise them of the consequences of opting out of their guaranteed postpartum period. Members cannot reverse their opt-out unless it was done by mistake. Eligibility site workers will need to inform members requesting to opt-out of the consequences. A request to opt-out needs to be in writing. If an eligibility worker mistakenly opts out a member from their postpartum coverage or a member reaches out to correct their mistake, the workers will need to update the opt-out button to "no" and restore the member's coverage. Case comment notes will need to be documented, explaining the reason for the correction.

Buy-in premiums

Members who are locked into either a WAwD or Children's with Disabilities Buy-In (CBwD) category during their postpartum period will have all premium payments waived. Members will still receive their premium letter, but it will show the member that the amount has been waived. The Department will waive the member's premium payment during the entire postpartum period unless the member opts out. If the member chooses to opt out, the premium will be charged even if the member is placed back into a buy-in program.

Pending Verifications

When a member is locked into a Medical Assistance category during their postpartum period, if it is determined that the member or household is missing verifications, an eligibility worker will still need to issue the Verification Checklist to the member. If the member fails to return the missing verification by the due date, the member will not be terminated and will remain locked into their postpartum category. Other members of the household may be terminated if the verifications are required to make an eligibility determination for them individually.

Attachment(s):

None

Department Contact:

HCPF_MEDICAID.ELIGIBILITY@STATE.CO.US