



Complex Case Scenarios: Pregnancy, Prenatal Care, and Newborn Coverage Options



July 2022

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Agenda

- Overview of coverage options available to pregnant women without employer coverage
 - Marketplace plans
 - Medicaid/Children's Health Insurance Program (CHIP)
 - Coverage for newborns
- Special rules
- “Medically Needy” Medicaid

Overview of Coverage Options Available to Expectant Mothers

- A Marketplace plan
- 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 women under CHIP; specific eligibility rules vary from state to state)



Marketplace Plan

- The Open Enrollment Period (OEP) for 2022 coverage ended on January 15, 2022. To enroll in Marketplace coverage, consumers will have to wait for Open Enrollment for Plan Year 2023 to begin on November 1, 2022, 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 interconception care.
 - Labor and delivery services.
 - Breastfeeding support, supplies, and consultation services with no cost sharing.



Parent's Health Insurance Plan

- Job-based coverage for dependents usually ends during the month of the child's 26th birthday, but some plans may extend dependent coverage beyond then. Some states may require that plans extend coverage beyond the age of 26.
- 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.
- If the dependent is covered under their parent's Marketplace plan, the dependent can stay on their parent's plan until they turn 26 and may be able to stay on their parent's plan through December 31 of the year the dependent turns 26. 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 job-based coverage. 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 women with household income over 185 percent of the federal poverty level (FPL); a small number of states offer CHIP coverage to pregnant women at higher FPL thresholds.
- Coverage is generally effective on the date of application or earlier. However, some states use the first day of the month in which the application is submitted as the effective date of Medicaid coverage.
- Beneficiaries may be eligible for, and need to request, coverage of qualifying medical expenses for up to three months before date of application.
- 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).



Medicaid/CHIP During Pregnancy: Eligibility Levels

- States vary in the Medicaid coverage they provide to pregnant women and have different income thresholds for eligibility, which can have a large range.
- Medicaid and CHIP Eligibility Coverage Group and Income**
 - The below table provides background information on a process the HealthCare.gov application determines automatically. It is provided here for reference and awareness.

	Medicaid – Pregnant Women	CHIP – Pregnant Women (only states that elect the option)	Medicaid – Parent/Caretaker Status
National Range for Eligibility Threshold (based on FPL)	133% - 375%	200% - 300%	133% - 216%

- Please note that, for the CHIP Pregnant Women column, six states currently elect to cover pregnant women in CHIP: Colorado, Missouri, New Jersey, Rhode Island, Virginia, and West Virginia. For all categories above, 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: State Differences

- Nearly all states provide comprehensive Medicaid benefits to pregnant women enrolled in Medicaid in the Pregnant Women group. This coverage is considered minimum essential coverage (MEC).
- A small number of states provide only pregnancy-related services to enrollees in the Pregnant Women group. Typically, this pregnancy-related care covers services related to pregnancy, labor and delivery, any complications that may occur during pregnancy, and postpartum care until the last day of the month in which the 60-day postpartum period ends. This coverage may not be considered MEC.
 - Some states may also cover unborn children in separate CHIP. The so-called “unborn child” option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage.
- It is important to note, however, that a consumer who lives in a state that only provides pregnant women with limited benefit coverage for pregnancy-related services only **may still be eligible for full Medicaid coverage** as part of a different coverage group (for example, as a person with a disability).
- Eligibility standards and benefits for pregnant women vary depending on the state, so consumers should contact their state Medicaid and CHIP offices for more information.

Medicaid/CHIP After Pregnancy: New Temporary State Provision

- Under the American Rescue Plan Act of 2021* signed into law on March 11, 2021, states will have the option to provide 12 months of postpartum coverage in Medicaid and CHIP. States can elect this option beginning April 1, 2022. In states that elect 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. 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.
- Some states, including Illinois, Georgia, and Missouri have been approved through Medicaid Section 1115 waivers to elect this extension. The American Rescue Plan Act will allow states to utilize a State Plan Amendment to elect this extension beginning in 2022.

*(Pub. L. 117-2)



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?

- 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



Scenario #1: Expectant Single Mothers

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 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 and Sam?

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 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.
- 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.
- If Macy loses pregnancy-related Medicaid/CHIP that she could have enrolled in, she may not be found eligible for another category of Medicaid. However, she may qualify for a loss of qualifying coverage SEP, even if the pregnancy-related plan only covered pregnancy-related services and wasn't considered MEC.
- 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 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 MEC** to qualify for the loss of 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 has up to 60 days after her coverage ends to report her loss of MEC and enroll in coverage through the Marketplace.



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. 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 in 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 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.
- As long as Macy's household income is above 100 percent of the FPL (for a household of two in 2022, for purposes of the Marketplaces, this is \$18,310 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).
- Most women transitioning from Medicaid or CHIP Pregnant Women 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).



Marketplace Plan Financial Assistance (Cont.)

As part of the American Rescue Plan Act of 2021, enacted on March 11, 2021:

- The “cap” on eligibility for premium tax credits for taxpayers with household incomes greater than 400 percent of the FPL has been 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.
- Additionally, if a consumer received unemployment income for at least one week during 2021, the whole household may be eligible for a tax credit that covers the entire monthly premium for the second-lowest-cost Silver plan, regardless of the household’s income.
- For more information, please see the webinar on the Marketplace details of the American Rescue Plan Act at Marketplace.cms.gov/technical-assistance-resources/american-rescue-plan.pdf.

Sam's Eligibility for Medicaid Coverage

- Sam may be eligible for Medicaid as a parent with a dependent child in the home.
- 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.
- If Sam lives in a state that did not expand Medicaid to cover the adult group, he may not be eligible for Medicaid unless he meets the criteria for a different eligibility group (such as a group for individuals with a disability or the Parents and Other Caretaker Relatives group).
- 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 remain eligible for Medicaid/CHIP through the end of the month in which the 60-day postpartum period ends (recall that states will 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 would automatically get CHIP coverage too). More information about coverage for newborns is later in this presentation.



Medicaid/CHIP After Pregnancy (Cont.)

- The figure 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 automatically eligible for and enrolled in Medicaid/CHIP (these babies are known as "deemed newborns"). Citizenship documentation 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.
- If for some reason Macy was not enrolled in Medicaid/CHIP when Ava was born, Macy can apply for Medicaid for herself and request retroactive coverage for up to three months prior to the date 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 below 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
National Range for Household Income Eligibility Threshold (percentages of the FPL)	139% - 375%	133% - 319%	133% - 319%	170% - 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 change 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). 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 household Marketplace financial assistance for each parent.
- Sam may be able to qualify for financial assistance to help pay for the cost of coverage for himself, but not for Ava.
- 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?

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, or
 - Their coverage starts based on regular, prospective coverage effective dates following plan selection (sometimes referred to as the "15th of the month rule"). Note that Exchanges may, and beginning in 2022, Exchanges on the federal platform will, provide for coverage on the first day of the month following plan selection, and no longer rely on the 15th of the month rule.



Knowledge Check #2

How long does Macy have after a loss of Medicaid coverage to enroll herself into a Marketplace plan?

- 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?

- A. 10 days
- B. 30 days
- C. 60 days
- D. 90 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, the baby will automatically be enrolled in Medicaid or CHIP when they're born, and they'll remain eligible for at least a year.
- If Theresa is found eligible for Medicaid or CHIP during her pregnancy, she'll be covered for at least 60 days after she gives birth. After 60 days, she may no longer qualify. Her state Medicaid or CHIP agency will notify her if her coverage is ending. Theresa will have up to 60 days 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: Non-citizens and Rules for Marketplace and Medicaid

- Georgie, 28, and Tom, 30, live together in Arizona and are married.
- Georgie and Tom are qualified lawful permanent residents who have not completed the five-year waiting period required for Medicaid 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 get Medicaid and CHIP coverage. For a list of exceptions, 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 women 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 for Medicaid or CHIP by reason of immigration status.

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

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 qualified non-citizens and 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 Enrollment 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

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 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 women: [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 women: [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 women: [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.
- 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 here: [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)