

Medicaid Eligibility and Enrollment Process for Pregnant Individuals

This document outlines the step-by-step process for determining eligibility and enrolling pregnant individuals into Ohio's Medicaid program. It includes criteria for eligibility, required documentation, referral steps, and the roles of various staff members at each stage. This chart is designed to outline some of the ways that women may be eligible for Medicaid coverage.

Pre-Pregnancy Coverage

Covered by Medicaid

Many women are covered by Medicaid prior to becoming pregnant. These women may gain coverage through a variety of pathways including age, income, parent/caretaker status, or disabling condition.

Approximately two-thirds of women were enrolled in Ohio Medicaid nine months prior to the delivery date.

- 69% in CY 2017
- 67% in CY 2018
- 65% in CY 2019
- 64% in CY 2020
- 73% in CY 2021 (likely affected by the Public Health Emergency)

Individuals may be eligible for Medicaid coverage through more than one category.

Eligibility hierarchy

1. Automatic eligibility
2. Modified Adjusted Gross Income (MAGI) - Assess eligibility for mandatory categories then optional state-covered categories
3. Non-MAGI eligibility

Not Covered by Medicaid

About 1/3 of women who delivered a baby on Medicaid were not enrolled nine months prior to birth. ODM reports that the average gestational age for this group of women who are new to Medicaid is 16.4 weeks, which is well into the second trimester. Getting women covered quickly during this time period is a priority to ensure that they have access to timely prenatal care.

Major Medicaid Eligibility Categories

MAGI Categories, must meet income and other criteria. Modified Adjusted Gross Income (MAGI) is a key factor in determining eligibility for Medicaid.

- Parent/Caretaker
- Child
- Former foster care
- Expansion adult

Automatic Eligibility, must meet certain criteria

- Deemed newborns
- SSI recipients
- Children in foster care

Non-MAGI Categories, must meet income/asset, disabling condition, medical need

- Disabled (ABD/SSI)
- Working disabled
- LTC level of care (waiver/NF/ICF)

Insured, most Ohioans get health coverage through their employer, but pregnancy can bring economic instability. Some women lose jobs—and coverage—and turn to public insurance like Medicaid.

- Employer-sponsored insurance
- Exchange
- TRICARE

Uninsured

- Eligible for Medicaid but not enrolled
- Incarcerated
- Non-Citizen

Pregnancy Event

For Existing Enrollees

Once a pregnancy is known to Medicaid or the county JFS office, this information is used to update the eligibility span to ensure that the pregnant woman doesn't lose coverage during the perinatal period and to provide additional services and supports, including Help Me Grow, to ensure that the woman is able to access timely prenatal care.

Notification of pregnancy may come from the individual, a provider, or a health plan. The Ohio Department of Medicaid began paying providers for Reports of Pregnancy (ROP) and for completing the Pregnancy Risk Assessment Form (PRAF). This has helped to ensure earlier outreach and coordination of services earlier in pregnancy to help improve birth outcomes.

For New Enrollees

A question about pregnancy is included in the eligibility process, and women can self-attest.

Women who obtain care through presumptive eligibility are able to receive temporary medical coverage based on an initial, simplified determination of their eligibility made by a qualified entity.

Qualifying entities who may do PE include county job and family service agencies, hospitals, FQHCs, FQHC lookalikes, local health departments, WIC programs, and state adult and youth correction agencies (DCR/DYS).

Special circumstances

Incarcerated Individuals - Inpatient stays related to labor and delivery may be covered by Medicaid.

Non-Citizens - Certain immigrants including refugees and asylees (OAC 5160:1-2-12) may be eligible for Medicaid coverage, other non-citizens are eligible for emergency Medicaid (labor and delivery only).

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ELIGIBILITY PROCESS STEPS



1. APPLICATION

- a. **Application** [Women may apply for Medicaid (1) online, (2) in-person, or (3) when they seek care from a provider using presumptive eligibility (PE)]
 - i. Application is received
 - ii. Renewal process started
 - iii. Auto-eligible information received (deemed newborns, SSI recipients, children in foster care)
- b. **Verify Financial and Non-Financial Requirements** (data may be automatically verified using other state and federal databases.)
 - i. State residency, SSN, citizenship, verify American Indian/Alaskan Native status, incarceration status
 - ii. Pregnancy - must accept self-attestation
 - iii. Age, date of birth
 - iv. Other factors (student status, parent/caretaker status)
 - v. Household size (Assistance group built using tax structure of the household)
 - vi. Income
- c. **Verify Other Health Coverage**
- d. **Verify Resource/Asset Information** (if non-MAGI)

2. DETERMINE INDIVIDUAL MEDICAID ELIGIBILITY

- a. Assess for MAGI eligibility (mandatory and optional)
- b. Assess for non-MAGI eligibility
- c. Deny

3. ASSESS FOR MANDATORY MAGI ELIGIBILITY

- a. Assess whether eligible as an infant or a child under the age of 19 (42 CFR 435.118)
- b. Assess whether eligible as a parent or other caretaker relative (42 CFR 435.110)
- c. Assess whether eligible as a pregnant woman (42 CFR 435.116)
- d. Assess whether eligible as a former foster care child (no income test) (42 CFR 435.150)

4. ASSESS FOR OPTIONAL MAGI ELIGIBILITY

- a. Assess whether the applicant is eligible for one of the optional MAGI groups recognized by the state (ORC 5163.06)
 - i. Title VI-E: adopted and independent foster children
 - ii. Qualifying individuals who need treatment for breast or cervical cancer
 - iii. Expansion Adults: Individuals ages 19 to 64, not pregnant, and not receiving Medicare (42 CFR 435.119)

5. SCREEN FOR NON-MAGI ELIGIBILITY

- a. Includes assessment of disabling conditions, financial and asset review, assessment of medical need for long term services and supports

6. ASSIGN GROUP AND BENEFIT PACKAGE AND ENROLL MEMBER

- a. Individuals may be assigned to one of more eligibility groups