

H-1900 TWELVE (12) MONTHS CONTINUOUS ELIGIBILITY

H-1910 TWELVE (12) MONTHS CONTINUOUS ELIGIBILITY FOR CHILDREN

Effective November 1, 1998, children under age 19 became eligible for continuous eligibility for 12 months from the point of the latest certification or renewal, regardless of changes in circumstances.

12-months continuous eligibility is applicable to all children under age 19 enrolled in Medicaid or LaCHIP **with the following exceptions:**

- Children who are eligible for the Spend-down Medically Needy Program;
- Children enrolled in the LaCHIP Affordable Plan (LAP) who obtain creditable health insurance; or
- Children whose parent/guardian fails to provide verification of citizenship or immigration status after a reasonable opportunity has been allowed.

A continuous eligibility period will end effective the earliest possible month if any of the following changes occur:

- The child reaches age 19;
- A written request for disenrollment from the child or child's representative;
- The child no longer resides in the state;
- It is determined that eligibility was erroneously granted at the most recent determination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative.
- The child dies
- A failure to pay a required premium on behalf of a child

Note:

Continuous eligibility begins in the month of application rather than

the first month of eligibility. Refer to [H-1810 Retroactive Medical Eligibility](#) for more information.

Unlike LAP, children enrolled in LaCHIP who acquire private health insurance coverage during the 12-months continuous eligibility period remain eligible for LaCHIP until the expiration of the 12-months continuous eligibility period. Medicaid becomes their secondary insurance. Therefore, it is important that LaMEDS show private health insurance.

H-1920 TWELVE (12) MONTHS CONTINUOUS ELIGIBILITY FOR EXTENDED POSTPARTUM

At a minimum, Medicaid beneficiaries who are eligible and enrolled on the date their pregnancy ends must be provided coverage through the calendar month in which the sixty (60) day postpartum period ends. Continuous eligibility applies through the end of the 60-day postpartum period regardless of the eligibility group in which the beneficiary is enrolled and is not affected by changes in income that would otherwise result in a loss of eligibility.

Effective April 1, 2022, in accordance with Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP), the postpartum period is being extended to 12 months. Individuals who are eligible for and enrolled in Medicaid or CHIP while pregnant (including during a period of retroactive eligibility) are eligible for extended coverage through the month in which their extended postpartum period ends. The extended postpartum period begins on the last day of the beneficiary's pregnancy regardless of how the pregnancy ends and extends through the end of the month in which the 12-month postpartum period ends.

Individuals eligible for extended postpartum are provided continuous eligibility through the last day of the month in which the 12-month postpartum period ends. Beneficiary's receiving extended postpartum coverage remain eligible regardless of changes in circumstances that may affect eligibility such as income, household composition or categorical eligibility (loss of SSI, reaching an age milestone).

The extended postpartum continuous eligibility will **end** effective the earliest possible month if any of the following changes occur:

- The individual or representative requests voluntary disenrollment
- The individual is no longer a resident of the state
- It is determined that eligibility was erroneously granted at the most recent determination of eligibility because of agency error or fraud, abuse, or perjury attributed to the individual
- The individual dies

Note:

Unlike continuous eligibility for children, states providing the extended postpartum period may not end an individual's continuous eligibility due to non-payment of LAP premiums.

Populations **eligible** for extended postpartum on April 1, 2022:

- Current beneficiaries who are pregnant as of April 1, 2022 or who enroll based on pregnancy or become pregnant after April 1, 2022.
- Current beneficiaries who enrolled in Medicaid or CHIP while pregnant and who are no longer pregnant but who are still within a 12-month postpartum period as of April 1, 2022.
- Individuals who were pregnant during a period of retroactive eligibility on or after April 1, 2022.

Example:

Ava was pregnant and her pregnancy ended on May 15, 2022. Ava submits a Medicaid application and is determined eligible on June 15, 2022. Since Ava would have been eligible had she applied during her retroactive period she will receive continuous coverage through the end of the month in which her 12-month postpartum period ends, which is May 31, 2023.

Spend-Down Medically Needy

An individual who attained Medicaid eligibility through a Spenddown while pregnant is eligible for the extended postpartum coverage even if the individual does not have sufficient incurred

medical or remedial care expenses to meet their spenddown in any subsequent budget period during the pregnancy or extended postpartum period.

Pregnant Non-Citizens Eligible for Emergency Services Only

Pregnant Qualified non-citizens and non-qualified non-citizens are eligible for extended postpartum coverage. Services during the extended postpartum period for non-qualified non-citizens are limited to services for the treatment of an emergency medical condition.

Populations **not eligible** for extended postpartum:

- Individuals who fail to provide verification of citizenship or immigration status after a reasonable opportunity has been allowed.
- Individuals enrolled in:
 - LaCHIP Phase IV (Unborn Child Option)
 - Hospital Presumptive Eligibility
 - Refugee Medical Assistance, or
 - State funded programs (Category 15)

Individuals eligible for extended postpartum continuous eligibility who reach max age and are not otherwise eligible must remain enrolled in current type of assistance through the end of their postpartum period. A reduction in benefits or closure is not allowed during the 12-month postpartum period (except for those reasons listed).

Renewals are completed at the end of the extended postpartum period for individuals receiving extended postpartum coverage because the individual is continuously eligible.

Example:

Sydney applies for and enrolls in the Medicaid eligibility group for pregnant individuals on June 1, 2022. Sydney's pregnancy ends on December 15, 2022. She is eligible for extended postpartum continuous eligibility until December 31, 2023. Her renewal will be completed at the end of the extended postpartum period; she has continuous eligibility during pregnancy through the end of the extended postpartum period.

Refer to [H-1810 Retroactive Medical Eligibility](#) for more information.