

CATEGORICAL FACTORS

MEDICAID EXTENSIONS/CONTINUATIONS

(6) A woman eligible for Medicaid during any month of her pregnancy is eligible for 24 months of coverage under the Family Planning Extension Program (FPEP). The 24-month extension is applied at the end of the 60-day postpartum continuation. Women who qualify may receive a full range of family planning services, exclusive of abortions, from one of the participating providers (Title X Clinics) for 26 months after the end of their pregnancy regardless of changes in income. If a woman does not recertify for Medicaid after the 60-day postpartum extension, she is still eligible for FPEP for 24 months. Eligibility for the FPEP is based on the woman's self-declaration of pregnancy and evidence of Medicaid coverage at the time of her pregnancy. Claims payment is made outside of the Medicaid Management and Information System (MMIS). FPEP coverage is not reflected on WMS. All women being considered for FPEP must first be considered for eligibility under the FPBP/MA programs. FPEP is only for the women defined above who are ineligible for FPBP/MA due to unsatisfactory immigration status and/or income in excess of 200%.

(7) An infant, born to a woman eligible for and receiving Medicaid at the time of the infant's birth, is eligible for Medicaid until the end of the month in which the child turns age one. When a woman applies for Medicaid within three months after giving birth and it is determined that she was eligible at the time of the birth, the infant is eligible for this one-year extension.

An infant born to a woman eligible for and receiving FHPlus on the date of the infant's birth is eligible for Medicaid until the end of the month in which the child turns age one.

(8) An infant eligible for Medicaid, based on his/her household income being equal to or below 200% of the poverty level, and receiving medically necessary inpatient care and services on his/her first birthday will remain eligible for inpatient coverage until the end of his/her inpatient stay.

(9) A child eligible for Medicaid, based on his/her household income being equal to or below the poverty level standard for his/her age, and receiving medically necessary inpatient care and services on his/her nineteenth birthday will remain eligible for inpatient coverage until the end of his/her inpatient stay.