



Department of Health

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TRANSMITTAL: 23 OHIP/ADM-02

TO: Commissioners of Social Services

DIVISION: Office of Health Insurance Programs

DATE: March 7, 2023

SUBJECT: 12-month Postpartum Period for Pregnant Individuals

SUGGESTED DISTRIBUTION:

Medicaid Staff
Temporary Assistance Staff
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FILING REFERENCES

Previous Ref. ADMs/INFs	Releases Cancelled	Dept. Regs. Law	Soc. Serv. & Other	Manual Ref	Misc.
13 OHIP/ADM-01		§ 366.1(d)(3) § 366.4(b)(1) § 366.4(b)(6)	American Rescue Plan Act of 2021, P.L. No: 117-2		

I. PURPOSE

The purpose of this Office of Health Insurance Programs Administrative Directive (OHIP/ADM) is to inform local departments of social services (LDSS) of a change in policy regarding the postpartum coverage period. The postpartum coverage period will increase from 60 days to 12 months.

II. BACKGROUND

The American Rescue Plan Act of 2021 (ARPA) introduced a new state option at 1902(e)(16) of the Social Security Act, which extends the duration of Medicaid and Children's Health Insurance Program (CHIP) coverage for pregnant consumers. This option provides 12 months of continuous postpartum coverage for pregnant consumers who were otherwise eligible for and enrolled in Medicaid during their pregnancy. This option was originally set to expire in the year 2027 under the ARPA. However, the Consolidated Appropriations Act of 2023 (CAA, 2023) made this option permanent.

Chapter 56 of the Laws of 2022 amended Social Services Law (SSL) section 366.4(b)(1) to provide one year of Medicaid coverage to pregnant consumers beginning on the last day of pregnancy, without regard to any change in household income, even if such change would have rendered them ineligible for medical assistance.

Additionally, section 366.1(d)(3) of SSL was revised to reflect the 12-month postpartum period as it relates to the consumer cooperating with the social services district in establishing paternity or in establishing, modifying, or enforcing a support order with respect to their child.

Prior to the legislative and state plan changes described above, pregnant consumers were eligible for Medicaid coverage through the end of the month in which the 60th postpartum day occurred, regardless of changes to family size or income.

Consumers will be renewed at the end of the 12-month postpartum period. If at this renewal, they are determined ineligible for Medicaid, they will continue to be eligible for limited coverage through the Family Planning Extension Program (FPEP) for 24 months, calculated from the end of the 60-day postpartum period. Instructions on FPEP are discussed in section III. Program Implications, below.

III. PROGRAM IMPLICATIONS

The federal option to extend the length of the postpartum period enables states to take a significant step toward improving health outcomes by mitigating coverage loss, providing comprehensive coverage in the postpartum period to address maternal mortality and morbidity, and advancing health equity. The change in length of the postpartum period in state statute ensures all pregnant consumers, who are state residents, will receive the same length of coverage at the conclusion of a pregnancy, regardless of their immigration status.

The 12-month postpartum period is available to all pregnant consumers, regardless of how their pregnancy ends. However, consumers who have been screened by a provider

as presumptively eligible for Medicaid, but who have not been determined eligible for ongoing coverage, are not entitled to this coverage extension.

The option to provide 12 months of postpartum coverage will be implemented in all instances where a consumer was eligible and enrolled in Medicaid prior to the end of their pregnancy, including any retroactive period. The 12-month postpartum period begins on the last day of the pregnancy and ends on the last day of the 12th month. Consumers will receive a renewal at the end of the 12-month postpartum period.

Postpartum Period Calculation

The 12 months of postpartum coverage begins on the last day of pregnancy and ends on the last day of the 12th month. For example, for a pregnancy ending on April 15, 2023 - the postpartum period is calculated by counting 12 months from April 15, 2023, which is April 15, 2024. The postpartum period ends on April 30, 2024.

For purposes of distinguishing the postpartum period from the pregnancy, the Individual Categorical Code (ICC) 73 – “Woman in Postpartum period” has been activated. For coding purposes ICC 73 will begin on the first day of the first full month after the pregnancy ends. Continuing with the example of a pregnancy ending on April 15, 2023 – the pregnancy ICC will continue through April 30, 2023, and ICC 73 will begin on May 1, 2023.

Family Planning Extension Program

Coverage through the FPEP will still be authorized systematically at the conclusion of the 12-month postpartum period, as described in 13 OHIP/ADM-01. However, the new 12-month postpartum period will cover 10 of the 24 months of family planning coverage consumers are entitled to receive. Pursuant to SSL § 366.4(b)(6), postpartum consumers are entitled to 24 months of family planning coverage, beginning at the end of the 60-day postpartum period. Using the example above, the postpartum consumer is eligible for family planning coverage through June 30, 2025. The obligation to provide family planning coverage can be met by a combination of Medicaid, Family Planning Benefit Program (FPBP), or FPEP coverage.

Example 1:

At the 12-month postpartum period renewal, the consumer is determined ineligible for Medicaid or FPBP. FPEP coverage should be authorized for 14 months, from May 1, 2024, through June 30, 2025.

Example 2:

At the 12-month postpartum period renewal, the consumer is determined eligible for Medicaid or FPBP. Medicaid or FPBP coverage should be authorized for 12 months, from May 1, 2024, through April 30, 2025. At the April 30, 2025, renewal the consumer is determined ineligible Medicaid or FPBP coverage. FPEP coverage should be authorized for 2 additional months, from May 1, 2025, through June 30, 2025.

Example 3:

At the 12-month postpartum period renewal, the consumer is determined eligible for Medicaid or FPBP. Medicaid or FPBP coverage should be authorized for 12 months, from May 1, 2024, through April 30, 2025. At the April 30, 2025, renewal, the consumer is

determined eligible for Medicaid or FPBP coverage. Medicaid or FPBP coverage should be authorized for 12 months, from May 1, 2025, through April 30, 2026. FPEP coverage is not needed in this instance as the obligation to fulfill family planning coverage through June 30, 2025, has been met with Medicaid or FPBP coverage.

IV. **REQUIRED ACTIONS**

LDSS staff will be required to provide 12 months of postpartum coverage for all consumers who are pregnant and enrolled in Medicaid on or after March 1, 2023.

A. New Applications

1. Upstate

Pregnant consumers who are eligible for full coverage on or after March 1, 2023, will receive authorization through their 12-month postpartum period. The exact length of authorization will depend on the due date (also known as the EDC or Estimated Date of Confinement) provided on the application. LDSS staff will authorize coverage based on the postpartum period calculation logic discussed in section, III. Program Implications, above.

Pregnant consumers who have included other family members on their application will need to have a case authorized separately from the other family members. The pregnant consumer's case number should be associated with the rest of their family. The case number for the pregnant consumer will have a suffix of 'PC' which will identify the consumer as pregnant.

LDSS staff will enter Anticipated Future Action (AFA) code 201 - Expected Date of Confinement on the pregnant consumer's case, dated for the end of the month after the due date on the application. This AFA code will appear on the bi-weekly WINR4137 - UNDERCARE - NOTICE OF ANTICIPATED FUTURE ACTION.

- a. If a newborn transaction is present for the case, LDSS staff must complete the following steps:
 - i. update the existing pregnancy ICC to ICC 73 with a new "Authorization From Date" and "Coverage From Date" of the month after the newborn's date of birth*; and
 - ii. change the "Authorization To Date" and "Coverage To Date" to reflect the end of the 12-month postpartum period, based on the newborn's date of birth, following postpartum period calculation logic, if needed; and
 - iii. set AFA Code 223: End of 12-Month Post-Partum Period to reflect the end of the 12-month postpartum period. This step allows staff to track eligibility for coverage under the FPEP.

If AFA code 201 is still present, it must be deleted at this time.

*Until the automated newborn reporting process is updated to handle automatically converting the ICC and adjusting the authorization dates for the postpartum period, LDSS staff will need to manually complete the steps outlined above, in section a. in "New Applications." The newborn process update is expected to be released prior to June 2023. LDSS staff will be notified of completion via the WMS Coordinator Letter and additional guidance issued by the Office of Health Insurance Programs.

- b. If the consumer reports they are no longer pregnant or reports a newborn, LDSS staff must:
 - i. update the existing pregnancy ICC to ICC 73 with a new "Authorization From Date" and "Coverage From Date" equivalent to the first of the month after the report; and
 - ii. change the "Authorization To Date" and "Coverage To Date" to reflect the end of the 12-month postpartum period, based on the date the consumer reported they were no longer pregnant or the newborn's date of birth, following postpartum period calculation logic; and
 - iii. set AFA Code 223: End of 12-Month Post-Partum Period to reflect the end of the 12-month postpartum period. This step allows staff to track eligibility for coverage under the FPEP.

If AFA code 201 is still present, it must be deleted at this time.

- c. When the AFA code 201 is reached, if no newborn has been added to the case and there has been no change reported by the consumer, LDSS staff must:
 - i. update the existing pregnancy ICC to ICC 73 with a new "Authorization From Date" and "Coverage From Date" equivalent to the first of the month after the EDC; and
 - ii. change the "Authorization To Date" and "Coverage To Date" to reflect the end of the 12-month postpartum period, based on the consumer's EDC, following postpartum period calculation logic.

2. New York City

Pregnant consumers who are eligible for full coverage on or after March 1, 2023, will receive coverage through their 12-month postpartum period. The initial authorization will be 12 months.

- a. If a newborn transaction is present for the case, the system will:
 - i. update the existing pregnancy ICC to ICC 73 with a new "Authorization From Date" and "Coverage From Date" and

- ii. change the “Authorization To Date” and “Coverage To Date” to reflect the end of the 12-month postpartum period, based on the newborn’s date of birth, following postpartum period calculation logic, if needed
 - b. If the consumer reports they are no longer pregnant or reports a newborn, HRA staff must:
 - i. update the existing pregnancy ICC to ICC 73; and
 - ii. change the “Authorization From Date” and “Coverage From Date” to be equal to the first day of the transaction month; and
 - iii. change the “Authorization To Date” and “Coverage To Date” to reflect the end of the 12-month postpartum period, based on the date the consumer reported they were no longer pregnant or the newborn’s date of birth, following postpartum period calculation logic.
 - c. If no newborn has been added to the case and there has been no change reported by the consumer, HRA staff must:
 - i. update the existing pregnancy ICC to ICC 73; and
 - ii. change the “Authorization From Date” and “Coverage From Date” to be equal to the first of the month after the EDC;
 - iii. change the “Authorization To Date” and “Coverage To Date” to reflect the end of the 12-month postpartum period, based on the consumer’s EDC, following postpartum period calculation logic.

B. Consumers with Existing Coverage

1. Upstate

A list of currently pregnant consumers will be populated by WMS systems staff, identifying those who have due dates of March 1, 2023, or later. This list will be worked by State staff in the Office of Health Insurance Programs (OHIP) to ensure consumers receive coverage for the full postpartum period, as described above.

LDSS staff will still need to perform any additional undercare transactions on cases extended by OHIP, including but not limited to, ICC and “Authorization To Date” and “Coverage To Date” adjustment, based on newborn information received or changes reported by the consumer, after the initial extension.

2. New York City

Guidance from the Office of Health Insurance Programs will be forthcoming.

V. SYSTEMS IMPLICATIONS

A. WMS Upstate

The following changes have been made to support the new policy outlined above:

- WMS will allow authorization periods longer than 15 months when pregnancy ICCs are present;
- AFA code 201 will be required when assigning pregnancy ICCs, these include 15, 42, 43, 48, 58, 59, and 92;
- New AFA code 223: “End of 12 Month Post-Partum Period” was created;
- New ICC 73 – “Woman in Postpartum period” was created; and
- CNS reason codes UU1/U0266 “Post-Partum to Family Planning Benefit Extension Program (24 months ext.), Ineligible for Medicaid/FPBP Due to Income Exceeding 223% FPL” and UU4/U0282 “MA to FPBP (24-month ext.), MA Ineligible Due to Excess Income” have been revised to reflect the new length of the postpartum period.

See the February 2023 WMS/CNS Coordinator Letter for more detailed systems information.

B. WMS New York City

The following changes have been made to support the new policy outlined above:

- ICC 73 – “Woman in Postpartum period” was reactivated, and
- CNS reason code 772 “Pregnant Woman/Postpartum Extension” has been updated to reflect the new length of the postpartum period.

VI. EFFECTIVE DATE

The provisions discussed in this directive are effective March 1, 2023.