



Advocate Q&A

Florida Medicaid Recipients at **Risk** → Pregnant/New Mothers/Birth Parents

Ending the COVID-19 Related Continuous Medicaid Coverage Requirement: Impact On Those Who Are Currently Pregnant or Have Given Birth Since March 2020

Background: In the face of the COVID-19 pandemic, 2020 legislation provided states with significant federal funding to ensure continuous Medicaid coverage of individuals enrolled in the program, **even those who were no longer technically eligible**. This continuous Medicaid coverage requirement **ended March 31, 2023**.

To become eligible for Pregnancy Medicaid, your gross income must be at or below 196% of the federal poverty level (“FPL”), which is \$4,060/month for a pregnant woman in a household of three (the unborn child is included as a member of the household). In Florida, coverage lasts throughout the pregnancy and for a full year after the end of pregnancy, whether the pregnancy ends in childbirth or fetal death.

Because of the pandemic-related continuous coverage requirement, people who were covered by Medicaid for a pregnancy that ended more than twelve months ago have remained on Medicaid. That will now be changing.

In March 2023, the Department of Children and Families (DCF) began reviewing the eligibility of approximately 4.9 million Floridians who are currently in the Medicaid program. The reviews will be spread over a 12 month period. Individuals are now receiving case redetermination (also called “renewal”) notices, and those who are found to be ineligible or who fail to complete the renewal process are being terminated from Medicaid.

Since the continuous coverage requirement has ended, what if my income increases, and I become over income for pregnancy Medicaid in the middle of my pregnancy? Pregnant women are ALWAYS entitled to continuous coverage throughout their pregnancy, notwithstanding the end of the continuous coverage requirement and even if their income exceeds the eligibility limit at some point during the pregnancy. If you were eligible for pregnancy Medicaid when you enrolled, you will remain eligible for Medicaid through your

pregnancy and the 12-month postpartum period regardless of your income. If you are within this time frame and receive a notice of termination of Medicaid coverage, you should file an appeal as explained [here](#). Additionally, Medicaid eligibility for pregnant women is exempt from the requirement of cooperation with Child Support Enforcement, so your Medicaid cannot be terminated based upon a belief by DCF that you are “not cooperating” with Child Support Enforcement (“CSE”).

Since the continuous coverage requirement has ended, what will happen to someone who gave birth more than 12 months ago? Since continuous Medicaid coverage has ended, people who gave birth more than 12 months before their renewal date will no longer be eligible for Medicaid unless their income is very low (less than 30% of the federal poverty level (FPL), or \$469/month for parent with one child) or they are eligible under a different Medicaid eligibility category (which has higher income limits than Medicaid for parents of minors), such as disability, or a new pregnancy. People who lose their pregnancy Medicaid should be enrolled in the [Florida Family Planning Waiver Program](#), which covers limited family planning services for two years.

What will happen to people who gave birth less than 12 months ago? Pregnancy Medicaid coverage lasts twelve months after the end of pregnancy. DCF should not terminate individuals before this time. If you are within this time frame and receive a notice of termination of Medicaid coverage, you should file an appeal as explained [here](#). Use this coverage period to take care of preventive and on-going healthcare needs, including mental healthcare. Pregnancy Medicaid coverage is not limited to healthcare visits related to pregnancy; you may use your coverage for any health concern. [This brochure](#) further explains the kind of benefits you can expect from your pregnancy Medicaid.

If the mother loses coverage, will the child lose coverage, too? Babies born to women whose pregnancy was covered by Medicaid are automatically covered for one year. At the end of the year, that child will go through his/her own redetermination process. Importantly, the family income limit for young children, age 1-5, is much higher than it is for parents. It is 145% of the FPL (\$2383/month in a family of 2),

If the child is found to be no longer eligible for Medicaid based on the parent’s income, the child may still be eligible for Florida Healthy Kids coverage for which the income limit is currently 215% of the FPL, or \$3533/month.¹ If you apply for Medicaid for your child but your income is

¹ Effective January 1, 2024, the income limit will be 300% of the FPL, or \$4929/month. Ch. 2023-277 §§ 1,2, Laws of Fla.

too high, DCF should automatically send the Medicaid application to Florida Healthy Kids to determine eligibility. Information on family income eligibility limits for children can be found [here](#).

What should parents do to prepare for their Medicaid redetermination?

- It is critical that all Medicaid recipients update their information with the [Department of Children and Families](#).
- If you don't have an online ACCESS account, open one now and keep your user ID and password where you can find them again easily.
- Whether you sign up for paper or email notifications, log on to your ACCESS account regularly to make sure you didn't miss anything.
- If you receive paper notices, look for an envelope with a yellow stripe from DCF and be sure to respond to that mail when it arrives.

Medicaid is complicated! Please check our [website](#) for regular updates.