

Health Care Finance and Administration	Section: Categories of Eligibility
Policy Manual Number: 015.035	Chapter: Pregnancy MAGI

## PREGNANCY MAGI

**Legal Authority:** 42 CFR 435.4; 42 CFR 435.112; 42 CFR 435.115; 42 CFR 435.116; 42 CFR 435.603; 42 CFR 435.952; 42 CFR 435.956

### 1. Policy Statement

TennCare Medicaid benefits are available to pregnant women whose household income is equal to or less than 195% of the Federal Poverty Level (FPL) based on household size, and who meet all non-financial eligibility requirements.

### 2. Coverage Period

Pregnant women remain eligible for TennCare Medicaid benefits through a 60 day postpartum period, beginning the last day of the pregnancy and ending on the last day of the month in which the 60 day period ends. The 60 day postpartum period is automatic and applicable to all pregnant women who have applied, been determined eligible for and received TennCare Medicaid benefits prior to the end of the pregnancy. The postpartum coverage period is applied regardless of any change in household income and regardless of how the pregnancy ends.

### 3. Non-financial Eligibility Requirements

Women eligible for the Pregnancy MAGI category must meet all non-financial eligibility requirements. Additional information about each condition of eligibility is available in the Non-Financial Eligibility chapters.

- a. **Age:** There is no minimum or maximum age for the Pregnancy MAGI category.
- b. **Pregnancy:** HCFA accepts self-attestation of pregnancy at application or as a reported change, unless HCFA has information that is not reasonably compatible with such attestation. If HCFA has information that is not reasonably compatible with an attested pregnancy, HCFA will contact the individual and may request written medical verification of the pregnancy.
- c. **Citizenship:** A pregnant woman must be a U.S. Citizen, U.S. National or eligible non-citizen.
- d. **Enumeration:** A pregnant woman must possess and provide a valid Social Security Number (SSN) or proof of an SSN application, unless she meets an exception.
- e. **State Residence:** A pregnant woman must be a resident of Tennessee.
- f. **Cooperation with Child Support Services:** A pregnant woman is not required to agree to cooperate with Child Support Services for the unborn baby.

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#### 4. Financial Eligibility Requirements

##### a. Household Composition

The Pregnancy MAGI category uses the Modified Adjusted Gross Income (MAGI) methodology to determine household size. When determining household size for a pregnant woman, the pregnant woman is counted as herself plus the number of children she is expected to deliver. When determining household size for other applicants in the household, the pregnant woman is counted as one person. For additional information regarding household size see the *Household Composition for MAGI* policy.

##### b. Income Standard

The income standard for this category is 195% FPL.

##### c. Budget Overview

###### i. Total Gross Income Computation (for each household member)

Household Member's Total Countable Income is the total countable income for each individual.

Question 1: Is the household member a child or tax dependent? Yes or No

Question 2: Is the household member's income below the tax threshold? Yes or No

These two questions determine whether the household member's income will be included in the Total Net Income Computation. If both answers are yes and the individual is a child/tax dependent of their parent (natural, adopted or step), the Total Gross Income for that individual is \$0.

Total Gross Income, when applicable, is used in the Modified Adjusted Gross Income Computation.

###### ii. Modified Adjusted Gross Income Computation (for each household member)

Total Gross Income  
 - Legally Obligated Alimony  
 - Student Loan Interest Paid  
 - Other Expenses  
 Modified Adjusted Gross Income

###### iii. Total Net Income Computation (for household)

Modified Adjusted Gross Income (total of included household members' MAGI)

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- 5% Disregard of FPL (5% FPL, based on household size and converted to a dollar amount, is deducted if the applicant's MAGI is greater than the Pregnancy MAGI Income Standard)  
= Total Net Income

Is Total Net Income less than or equal to the Pregnancy MAGI Income Standard (based on household size)?

If Yes, Pass. If No, Fail.

#### d. Example Budget

The following budget is based on a household with a pregnant woman and her dependent child. This budget determines eligibility for the mother. The household size for the mother is 3 (the pregnant woman, the unborn child and the dependent child). A 5% disregard is not applied because the household income is below the income standard for the Pregnancy MAGI category. She is eligible for the Pregnancy MAGI category.

<b>Total Gross Income Computation</b>		<b>Mother</b>	<b>Child</b>
Household Member's Total Countable Income		\$2,050.00	\$0.00
Is the household member a child/tax dependent		No	Yes
Is income below the tax threshold?		No	Yes
<b>Total: Gross Income</b>		<b>\$2,050.00</b>	<b>\$0.00</b>
<b>Modified Adjusted Gross Income Computation</b>			
Total Gross Income		\$2,050.00	\$0.00
Legally Obligated Alimony	-	\$0.00	\$0.00
Student Loan Interest Paid	-	\$10.00	\$0.00
Other	-	\$0.00	\$0.00
<b>Modified Adjusted Gross Income</b>	<b>=</b>	<b>\$2,040.00</b>	<b>\$0.00</b>
<b>Total Net Income Computation</b>			
Modified Adjusted Gross Income		\$2,040.00	
5% Disregard of FPL	-	\$ 0.00	
<b>Total: Net Income</b>	<b>=</b>	<b>\$2,040.00</b>	
Pregnancy MAGI Income Standard (Household size 3)		\$3,265.00	
<b>Income Eligibility Determination</b>		<b>PASS</b>	

The above budget is current as of January 2015.

#### e. Resource Test

There is no resource test for the Pregnancy MAGI category.

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Document Title	Pregnancy MAGI				
First Published	10.30.2014				
Revision History					
Revision Date	Section	Section Title	Page Number(s)	Reason for Revision	Reviser
08.01.2016	2	Coverage Period	1	Policy Clarification	AJ