



Improved Medicaid Postpartum Care Benefits Frequently Asked Questions for Beneficiaries

Who can contact the local Department of Social Services (DSS) to report a new pregnancy or one that has ended?

To get postpartum care for 12 months, you **must** call or visit your local DSS caseworker:

- when you become pregnant
- if your due date changes
- when your pregnancy ends

Reports can be made by phone, mail, fax or in person by providers, hospitals or family.

Your DSS caseworker will set the dates for your 12-month postpartum care period and make changes as needed.

How long will an eligible beneficiary get full Medicaid benefits?

If you are in the Medicaid for Pregnant Women program, your full Medicaid benefits start when the pregnancy ends. The 12-month postpartum care period will end on the last day of the 12th month.

What services are covered for beneficiaries who qualify for full Medicaid benefits?

Most pregnant and postpartum beneficiaries will get full Medicaid benefits. These may include services like doctor's visits, prescription drugs, dental, vision and hearing. It also may include behavioral health care and substance use services. For a full list of benefits, visit the [NC Medicaid Beneficiary Portal](#)

Should I let DSS know when there is a change in income, job information, household size or other life changes within my 12-month period?

Beneficiaries **must** report all life changes to their local DSS within 10 days.

What happens to Medicaid coverage when a pregnancy ends (for any reason)?

When a pregnancy ends, it is important to let your local DSS know. Your DSS caseworker can make sure your eligibility will end on the right day. The 12-month postpartum care period will end on the last day of the 12th month unless you are eligible for other Medicaid coverage.

How will I know if I can get postpartum coverage?

Beneficiaries are eligible for postpartum care if they are:

- A beneficiary of a Medicaid program that covers the birth of a child

- A Medicaid beneficiary who becomes pregnant on or after April 1, 2022
- In a 60-day postpartum period on or after April 1, 2022 (you gave birth during Feb. 1, 2022, and March 31, 2022).

Beneficiaries can get full Medicaid benefits even if they have a life change, such as:

- A change in income
- A change in your household; for example, you get married or divorced

For the postpartum care benefit, life changes that would not qualify for continued Medicaid coverage include if someone in your household dies, you move to a new state or if you ask to leave the Medicaid program.

How can I enroll in NC Medicaid to get the postpartum benefit?

Beneficiaries currently in the Medicaid for Pregnant Women program will automatically get 12-months of postpartum care and full Medicaid benefits. A letter was mailed explaining the change.

If I have questions, who can I call for help?

If you have questions, contact your local DSS. For more help, you can call the NC Medicaid Contact Center at 888-245-0179, Monday – Friday, 8 a.m. to 5 p.m.

What is different about the new postpartum benefit?

- Beneficiaries can receive postpartum care for 12 months. The postpartum period will start when the pregnancy ends and end on the last day of the 12th month.
- Eligible beneficiaries will get full Medicaid benefits. This includes beneficiaries enrolled in the Medicaid for Pregnant Women program.
- Postpartum care has increased from 60 days to 12 months for Medicaid beneficiaries who are pregnant. Learn more about the postpartum benefit on the [NC Medicaid Postpartum Benefit Extension webpage](#).

Remember to update your contact information.

If you or someone in your family has recently changed their address or phone number, make sure to tell your local DSS caseworker. Your address is used to send important documents and information.