Helping Pregnant Women Navigate the New Coverage Landscape

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ACOG 101

• More than 57,000 members
  • Over 34,000 practicing ob-gyns and 5,000 residents
  • Over 90% of American board-certified ob-gyns are members
  • Members include generalists and subspecialists

• Two companion organizations: Congress + College
  • Congress
    • Advocacy on behalf of members
    • Lobbying & political activities
    • Payment policy & coding
  • College
    • Educational activities
    • Clinical guidance & publications
Objectives

- Define what coverage types meet minimum essential coverage standards.
- Distinguish different pathways for health coverage for pregnant women.
- Understand common barriers to implementing policies that provide coverage choices for pregnant women.
- Identify ways your state can improve coverage for pregnant women.

Why Does Continuity of Coverage Matter for Pregnant Women?

- **Timely access to prenatal care is essential** to identify and manage pregnancy complications. The earlier, the better for populations with pre-existing health conditions.
- Continuity of coverage also promotes access to other health care needs, like specialty care, during the prenatal and postpartum periods.
Minimum Essential Coverage (MEC)

- The Affordable Care Act created a new threshold for what constitutes comprehensive coverage – minimum essential coverage (MEC).
- The Internal Revenue Service (IRS) defined in regulation what types of existing coverage met this standard.
  - Most Medicaid and Children’s Health Insurance Program (CHIP) coverage is MEC.
  - A few limited-benefit Medicaid and CHIP categories are not considered MEC.
    - Family planning-only benefits
    - Tuberculosis-related services
    - Emergency services provided to non-qualified non-citizens
    - Pregnancy-related services for pregnant women
    - CHIP pregnancy coverage provided via the “unborn option”

Medicaid for Pregnant Women

- Basics
  - Income eligibility varies by state.
  - Pregnancy eligibility standards are usually more generous than other adult categories.
  - Women enrolled in Medicaid based on pregnancy status are covered for the duration of their pregnancy and at least 60 days postpartum.
- Benefits
  - Many states provide full state plan services to pregnant women.
  - Some states have “pregnancy-related” Medicaid that only covers services that pertain to the pregnancy and to “other conditions that may complicate pregnancy.”
    - States had to submit a state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to determine whether pregnancy coverage is equivalent to full Medicaid coverage.
    - States with “pregnancy-related” Medicaid that this not MEC are allowed to have pregnant women qualify for financial assistance to buy a qualified health plan (QHP) or obtain a hardship exemption.
  - States also have the option to do both based on differing income levels.
CHIP Coverage for Pregnant Women

- States have the option to offer CHIP coverage to pregnant women
  - 19 states offer some level of coverage
  - 9 states offer comprehensive coverage
  - 16 states provide coverage through the postpartum period

- Minimum essential coverage
  - CHIP is considered MEC for children.
  - States that cover pregnant women under the "unborn option" do not meet the MEC standard for the pregnant woman.
  - States that use the "unborn option" may exclude a pregnant woman who has another form of coverage from CHIP, but do not have to.
  - A pregnant woman who qualifies for CHIP under the "unborn option" can either:
    - Continue to collect a tax credit for her health plan,
    - Enroll in CHIP and qualify for a hardship exemption, or
    - Enroll in both CHIP and a private health plan (if her state allows).

Marketplace Coverage for Pregnant Women

- Pregnancy is NOT a qualifying life event that triggers a special enrollment period. There is only a special enrollment period for birth.
- Women who are enrolled in qualified health plans (QHPs) and receiving tax credits when they become pregnant do not have to switch into Medicaid or CHIP even though they qualify.
- Women who elect to switch to Medicaid forgo their ability to stay in their QHP during their pregnancy and postpartum period.
- However, this policy has not been operationalized.
**State Examples: California**

- California's goal was to cover pregnant women with incomes up to 213% of the federal poverty level and give women the ability to have both Medi-Cal and Covered California QHPs.
- Eligible individuals receive additional Medi-Cal services that are not covered by Covered California QHPs.
- Medi-Cal will reimburse women any out-of-pocket costs, although providers are not allowed to charge out-of-pocket costs.
- In reality, Covered California cannot provide wrap around coverage and women are automatically placed in Medi-Cal if they report a pregnancy.

**State Example: Oklahoma**

- As of January 1, 2014, SoonerCare reduced pregnancy eligibility for Medicaid beneficiaries to 138% of the federal poverty level and moved those who previously qualified for pregnancy-related Medicaid into CHIP coverage called Soon-to-be-Sooners.
- Oklahoma can draw down a higher federal medical assistance percentage (FMAP) for CHIP.
- Soon-to-be-Sooners is pregnancy-related coverage provided under the “unborn option” that includes some preventive health benefits.
- Oklahoma engaged in a broad stakeholder outreach campaign to explain the benefit changes for pregnant women.
Options: What Can Your State Do to Help Improve Continuity?

- Educate stakeholders about available options.
  - Pregnant women
  - Maternity care providers
  - Patient navigators and care coordinators
  - Insurance navigators and assisters
- Inform pregnant women, along with other relevant stakeholders, of their coverage options when they are about to lose Medicaid or CHIP postpartum.
- Provide postpartum coverage if your state covers pregnant women in CHIP.
- Create a pregnancy special enrollment period if you are a state-based marketplace.
- Make sure any policy you enact can be supported by the underlying information technology or that appropriate workarounds are identified before the policy is announced.

Resources

Thank you!

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