Special Populations: Pregnant Women Fast Facts for Assisters

This Fact Sheet Applies If You:

- Are a Navigator, non-Navigator assistance personnel ("in-person assister"), or certified application counselor (collectively, an assister) in a state with a Federally-facilitated Marketplace or State Partnership Marketplace
- Are assisting consumers who are pregnant or plan to become pregnant, who are seeking information about health coverage options

Prenatal Health Coverage: Overview

Having a baby can be very expensive. The estimated average cost of the labor and delivery of an uncomplicated birth in the United States is between $6,000 and $8,000. Because of the health coverage options available to help with these costs, pregnant women and their families can worry less about the financial burden associated with prenatal care, labor, delivery, and post-partum care. Assisters should help pregnant women understand the coverage options available to them and their families through the Marketplace, including Medicaid, the Children's Health Insurance Program (CHIP), and qualified health plans (QHPs).

When determining eligibility for all of these health coverage options, please keep in mind that in the Marketplace, a pregnant woman is counted as one person. For Medicaid eligibility, if a pregnant woman is seeking an eligibility determination for herself, she is counted as one person plus the number of children expected to deliver. However, if a pregnant woman is in the household of someone who is seeking a Medicaid eligibility determination, states can opt to count her as one person, two people, or one person plus the number of children expected. Remember that if a consumer is applying through the Marketplace, whether for Medicaid or for QHP coverage, the Marketplace will make this calculation automatically. Therefore, consumers only need to indicate if anyone on the application or in the household is pregnant and the number of babies they are expecting.

Medicaid and CHIP Coverage of Pregnancy-Related Care

Medicaid pays for nearly half of all births in the United States. With Medicaid coverage, pregnant women get help paying for care related to pregnancy, labor, and delivery, as well as postpartum care for at least 60 days after birth, regardless of any change in household income. Babies born

to pregnant women who are receiving Medicaid on the date of delivery are automatically eligible for Medicaid (known as "deemed newborns"). Medicaid eligibility continues until the child's first birthday and citizenship documentation is not required.

Most states have extended Medicaid coverage to pregnant women up to or over 185% of the federal poverty level (FPL). States have the option to provide pregnant women with full Medicaid coverage, or they may elect to limit coverage to pregnancy-related services. In addition, some states have medically needy programs that allow pregnant women with incomes above the medically needy income threshold to "spend down" to get eligibility through health care bills if their health care expenses are sufficiently high. You should check with a consumer's state Medicaid agency for more detailed information about Medicaid eligibility and services available for pregnant women or new mothers.

CHIP provides health coverage to uninsured children in families who earn too much to qualify for Medicaid. Most states cover children in families with income up to or above 200% FPL. In some states, CHIP covers pregnant women or pregnant women's unborn children. Every state offers CHIP coverage, and works closely with its state Medicaid program. For more information about CHIP programs in your state, please contact the CHIP program directly or visit: InsureKidsNow.gov/state/index.html.

You can help pregnant women and their families apply for Medicaid or CHIP coverage through the Marketplace. Remember that Medicaid and CHIP enrollment is open year-round.

Pregnancy-Related Medicaid and Minimum Essential Coverage

When helping consumers who may be eligible for pregnancy-related Medicaid coverage, assisters should help them determine whether that coverage meets minimum essential coverage (MEC) standards. This is important because in general, consumers who are eligible for Medicaid coverage that is considered MEC are ineligible for advance payments of the premium tax credit and cost-sharing reductions through the Marketplace.

In general, pregnancy-related coverage that consists of full Medicaid benefits is recognized as MEC. Medicaid coverage that does not provide full benefits and only covers pregnancy-related services is not MEC. For states that do not provide full Medicaid benefits, HHS will review the coverage provided to low-income pregnant women and determine whether it is equivalent to the full Medicaid benefits provided to pregnant beneficiaries. Information about whether each state's pregnancy-related Medicaid coverage is recognized as MEC is posted on Medicaid.gov.

Anyone enrolled in pregnancy-related coverage that is not considered MEC is exempt from the individual shared responsibility payment in 2014. Starting in 2015, a hardship exemption will be available to pregnant women whose coverage is limited to pregnancy-related services not recognized as MEC, and pregnant women receiving coverage through enrollment of their unborn child in CHIP.

For continuity of coverage and care, women who are enrolled in a QHP and who become

eligible for pregnancy-related Medicaid or CHIP that is recognized as MEC are able to choose whether to remain enrolled in their QHP with advance payments of the premium tax credit, or to enroll in the pregnancy-related Medicaid or CHIP coverage. If women enrolled in a QHP decide to enroll in pregnancy-related Medicaid or CHIP coverage that is recognized as MEC, they would not be eligible for advance payments of the premium tax credit or cost-sharing reductions during the time they are enrolled in the pregnancy-related Medicaid or CHIP coverage. Women who lose their Medicaid coverage may be eligible for a special enrollment period to enroll in coverage through the Marketplace outside of the open enrollment period. To report a loss of coverage and become eligible for a special enrollment period, consumers should contact the Marketplace Call Center.

Marketplace Coverage of Pregnancy-Related Care

If eligible, pregnant consumers who choose to purchase a QHP through the Marketplace have the opportunity to select a plan that best meets their health and financial needs. They may also be eligible for advance payments of the premium tax credit and cost-sharing reductions, which lower their health care costs.

All QHPs available through the Marketplace must cover certain services for pregnant women, including:

- All prenatal care visits with no copay
- Labor and delivery services
- Breastfeeding support, supplies, and counseling with no copays (this includes visits with a lactation consultant, breastfeeding equipment, and breast pumps)

Advise consumers who are pregnant or plan to become pregnant to review a plan's Summary of Benefits and Coverage, which includes a coverage example that shows the costs a typical pregnant woman might have when having a baby under that plan. The coverage example is just a hypothetical snapshot; the actual costs that consumers will pay depend on the services that they receive and where they receive care.

Additionally, giving birth, adopting, or fostering a child triggers eligibility for a special enrollment period that allows consumers to enroll in a QHP outside of the usual open enrollment period. Consumers who are already enrolled in a QHP and then have a child, adopt a child, or place a child for adoption should report that change to the Marketplace because that information may change the financial assistance for which they are eligible

Considerations When Choosing Coverage Options

While pregnant consumers are reviewing their health coverage options, assisters should encourage them to consider the following:

- **Providers:** If consumers want to keep seeing their current health care provider, they should check to see if the provider participates in the network for their chosen QHP or Medicaid coverage (if the plan or Medicaid program uses a provider network). If a preferred provider is not part of the QHP's network, consumers can continue seeing the provider, but may have to pay higher out-of-pocket costs. If consumers' current provider does not participate in Medicaid, you can help consumers locate a new provider that accepts Medicaid coverage by searching online, contacting potential providers, or contacting the state Medicaid agency.

- **Costs:** Medicaid coverage may result in lower out-of-pocket costs, since most pregnant women do not pay premiums or cost-sharing expenses. If pregnant women have out-of-pocket costs under Medicaid, these charges are typically much less than the amount of premiums and cost-sharing expenses for QHP coverage. The cost of QHP coverage depends on the metal tier, type of plan, and specific plan a consumer picks. To lower monthly costs, consumers can chose a type of plan that limits the provider network, such as an HMO, or a Bronze or Silver metal level plan that have will likely have lower monthly premiums. Consumers should note that cost-sharing reductions are generally only available for Silver plans, and also that out-of-pocket costs like deductibles and co-payments generally are higher for plans that have lower premiums.

- **Coverage for the Child:** Babies born to women who are on Medicaid at the time of the child's birth are automatically eligible for Medicaid for one year without regard to the family's income, even if the mother would not be eligible for Medicaid after the child's birth. If consumers are already enrolled in a QHP through the Marketplace or in private insurance outside the Marketplace, the Marketplace and insurance company typically give them a period of time to add the new child onto their current plan. State laws vary with regard to requirements for newborn children of covered insured members to be covered from the moment of birth under all individual and group health plans. However, consumers are encouraged to report changes to the Marketplace and their insurance company when they are pregnant and after the birth of a child.

- **Coverage for the Mother:** Medicaid coverage based on pregnancy continues through the post-partum period, which extends to the end of the second month after the baby is born. At this point, some women will remain eligible for Medicaid based on their income, but some women will lose their Medicaid coverage and may be eligible for a special enrollment period to enroll in coverage through the Marketplace. If consumers are already enrolled in a Marketplace plan, their coverage will remain the same; however, they should report the birth to the Marketplace, and their eligibility for financial assistance may change.

- **Options after the Birth of a Child:** Having a baby qualifies consumers for a special enrollment period for health coverage through the Marketplace. This means that after a

woman has a baby, she can enroll in or change Marketplace coverage even if it is outside the open enrollment period. Consumers have 60 days from the date of the birth of their child to apply for Marketplace coverage and select a plan. When consumers enroll in a new plan, their coverage can be effective from the day the baby is born. If consumers already had Marketplace coverage, they can do one of two things when their baby is born: (1) keep their current plan and add their child to the plan policy; or (2) change Marketplace plan and enroll in a different plan.

Scenario

Assisting a Consumer Who Has a High-Risk Pregnancy: Ashley, a 24-year-old manager at a local clothing store, is expecting her first child. She is estranged from her family, so she has to find health coverage by herself. Ashley has diabetes, so her pregnancy is considered to be high-risk.

Ashley does not qualify for Medicaid in her state because she makes $30,000 a year (which is above her state's 185% FPL income threshold for a household of two—Ashley and her expected baby). As a pregnant consumer, what coverage options are available to Ashley? Ashley may also be eligible for help lowering her health care costs if she chooses a plan offered through the Marketplace. You should help her submit an application through the Marketplace to determine the programs for which she may be eligible. Because her pregnancy is high-risk and complications may arise, Ashley should consider the following:

- Will her primary care provider and endocrinologist accept CHIP payments? Or if Ashley is eligible for financial assistance through the Marketplace and is selecting a QHP, are they included in the provider networks of the plans she is comparing?
- What will her monthly premium be? After paying her monthly premium, how much will she have to pay in out-of-pocket costs (i.e., deductibles, copayments) with a QHP?
- What complications might arise, such as premature birth, extended hospital stays, or a scheduled C-section? How much more out-of-pocket expenses could she expect for a high-risk pregnancy?

Additional Information

For more information visit:

- HealthCare.gov: Health Coverage if You are Pregnant or Planning to Get Pregnant
  Available at: https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/
- HealthCare.gov: Preventative Health Services for Women
  Available at: https://www.healthcare.gov/what-are-my-preventive-care-benefits/women/

- Marketplace.cms.gov: Helping New Parents and Their New Children Enroll in the Marketplace Outside Open Enrollment
  Available at: http://marketplace.cms.gov/technical-assistance-resources/helping-new-parents-enroll.pdf

- Medicaid.gov: Pregnant Women
  Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Pregnant-Women/Pregnant-Women.html

While CMS does not endorse information from outside entities, Assisters may find the following information on this website useful:

- March of Dimes: The Affordable Care Act and Women and Families
  Available at: http://www.marchofdimes.org/advocacy/affordable-care-act-and-women-and-families.aspx