

Presumptive Eligibility for Pregnant Women

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Presumptive eligibility in Medicaid has become an important strategy for improving access to early prenatal care for low-income pregnant women. Presumptive eligibility is an option that states can use to allow authorized providers to begin treating pregnant women when they first seek prenatal care rather than several weeks later after a final determination has been made by the state regarding their Medicaid eligibility. Access to early prenatal care can lead to better birth outcomes, healthier babies, and reduced health care costs.

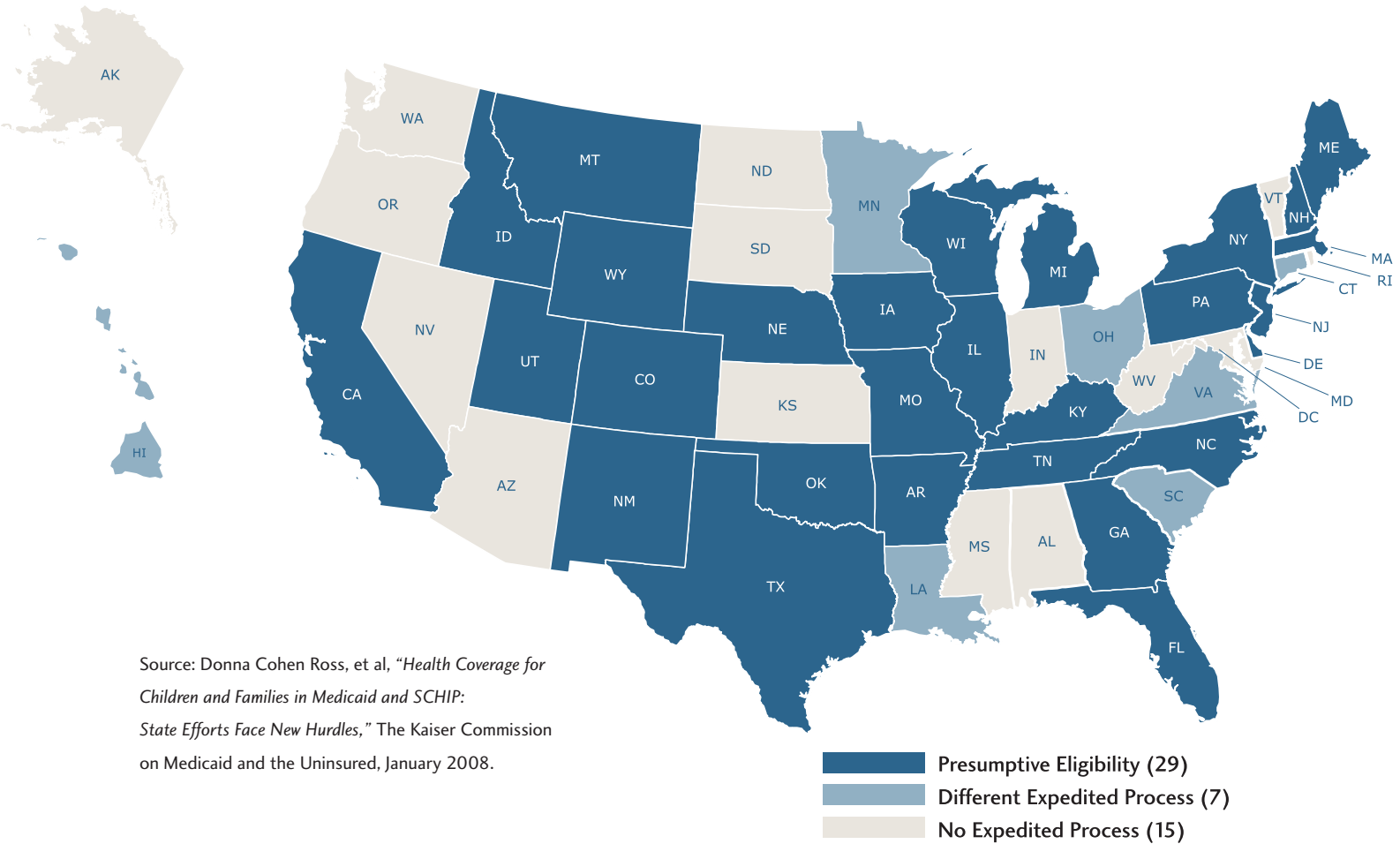
In the Omnibus Budget Reconciliation Act (OBRA) of 1986, Congress gave states the option to enroll pregnant women through a “presumptive eligibility” option as part of a widespread effort during the 1980s and 1990s to increase income eligibility thresholds and improve access to timely medical care for pregnant women and young children. More recently, presumptive eligibility programs have played a role in several states’ efforts to streamline and simplify their enrollment and eligibility processes for both Medicaid and SCHIP.¹ Currently, 29 states and the District of Columbia have adopted presumptive eligibility to grant temporary Medicaid coverage to pregnant women.²

HOW PRESUMPTIVE ELIGIBILITY WORKS

Presumptive eligibility can be determined by certain qualified providers, including community and rural health centers, hospitals, physicians, local health departments, and family planning agencies. Once established, presumptive eligibility continues for 30 to 60 days or until a final determination of Medicaid eligibility has been made. The policy ensures that providers receive compensation by Medicaid, and states receive federal matching of state spending for the cost of prenatal care provided during the presumptive eligibility period, regardless of the final eligibility determination.

Certain aspects of presumptive eligibility policies differ from state to state. States specify which providers are able to determine presumptive eligibility and can decide whether to require proof of income and asset tests for determination. States also differ slightly in the duration of time pregnant women can be considered temporarily eligible and the procedures they must then follow to become fully enrolled.

FIGURE 1: STATES WITH PRESUMPTIVE OR EXPEDITED ELIGIBILITY FOR PREGNANT WOMEN APPLYING FOR MEDICAID (JANUARY 2008)^{A, B, C, D}



Source: Donna Cohen Ross, et al, "Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles," The Kaiser Commission on Medicaid and the Uninsured, January 2008.

IMPORTANCE OF PRESUMPTIVE ELIGIBILITY

Early prenatal care plays a critical role in the health of pregnant women and their babies. When begun in the first trimester, it allows for the identification and treatment of possible pregnancy-related health problems and allows the provider to counsel the woman about her pregnancy. Prenatal care providers initially collect a patient's history, perform a full medical exam, conduct a pregnancy risk assessment, and answer the patient's questions. Throughout the pregnancy, providers monitor fetal development, screen for malformations, and check for conditions that may threaten the health of the fetus or the mother. They also may test for genetic conditions such as Down's syndrome and refer women for any needed specialty

care or additional testing. Prenatal care may also include screening for unhealthy behaviors such as poor nutrition and alcohol, tobacco, and drug use, along with counseling to correct the unhealthy behaviors.

Early prenatal care may reduce the risk of infant mortality.^{3,4} Delaying entry into prenatal care can raise the risk of negative birth outcomes, such as low birthweight and pre-term births, a leading cause of infant death.⁵ In 2004, babies born to mothers who receive late or no prenatal care were nearly twice as likely to be low birthweight. Low birthweight increases the likelihood that a child will experience future illnesses, neurodevelopmental problems, and subnormal growth that can require extensive medical care throughout childhood.⁶ Investing in prenatal care leads to better birth outcomes, healthier babies, and consequently

lower health care costs. Studies have shown that for each dollar spent on adequate prenatal care, between \$2.57⁷ and \$3.38⁸ in future medical costs can be saved.

Presumptive eligibility allows pregnant women immediate access to care, preventing delays caused by regular Medicaid eligibility determination processes that can take weeks. It also provides a less burdensome path to enrollment. Presumptive eligibility policies have been shown to increase by 40 percent the likelihood that pregnant women will enroll in prenatal care and increase by 30 percent their likelihood of obtaining care in the first trimester.⁹

Many states are also using presumptive eligibility as a tool in outreach efforts aimed at educating women who may be unaware of their Medicaid eligibility. For example, many states have eligibility workers outstationed in the community who can determine presumptive eligibility and initiate the application process.¹⁰

STATES WITH OTHER EXPEDITED ELIGIBILITY PROCESSES

In addition to the 29 states and the District of Columbia with presumptive eligibility, 7 states have other expedited processes for enrolling pregnant women into coverage. Most of these processes involve prioritizing and expediting applications. For example, Louisiana allows women to self-declare their pregnancies and has simplified income verification requirements – process improvements that have shortened the application time for pregnancy coverage to less than three days. As a result, Louisiana ended

presumptive eligibility for pregnant women in 2007, and instead focuses on quickly enrolling them in traditional Medicaid pregnancy coverage.¹¹ Connecticut and Hawaii have also reduced their application time for pregnancy coverage to five days or fewer.¹²

While most states offer presumptive eligibility or a different expedited process for pregnant women, 14 states have no such program. Some states may feel that such a policy is unneeded because their application processing times are sufficiently quick and reasonable. Other reasons may include a lack of legislative support, concern about possible costs of such programs, difficulties paying providers, or concern about potentially serving women who turn out to be ineligible.

CONCLUSION

Presumptive eligibility has proven to be an effective tool for enrolling pregnant women into early prenatal care. Thirty-six states and the District of Columbia have chosen to implement presumptive eligibility policies or other expedited procedures as part of their strategies for providing critical health coverage to eligible pregnant women. Presumptive eligibility makes accessing prenatal care simpler and less burdensome by authorizing providers and state eligibility workers to determine temporary eligibility quickly and it ensures payment for providers. Most importantly, presumptive eligibility allows women to begin prenatal care earlier, thereby providing access to the treatment and services for pregnant women that will help improve the health of both mothers and their infants.

NOTES

- ¹ NGA Center for Best Practices, "Maternal and Child Health (MCH) Update 2005: States Make Modest Expansions to Health Care Coverage," 2005, p. 2.
- ² Donna Cohen Ross, et al, "Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles," The Kaiser Commission on Medicaid and the Uninsured, January 2008.
- ³ U.S. Department of Health and Human Services. Fact Sheet: Preventing Infant Mortality, Jan. 13, 2006. Retrieved 17 Jan. 2008. <http://www.hhs.gov/news/factsheet/infant.html>.
- ⁴ Susan A. Cohen, "The Broad Benefits of Investing in Sexual and Reproductive Health," The Guttmacher Report on Public Policy 7, no.1 (March 2004): 5-8.
- ⁵ Institute of Medicine. Preventing Low Birthweight. (Washington, DC: National Academy Press, 1985.)
- ⁶ M. Hack., N.K. Klein., H.G. Taylor. (1995). "Long-Term Developmental Outcomes of Low Birth Weight Infants" *The Future of Children*, vol. 5(1): 176-196.
- ⁷ R.D. Gorsky & J.P. Colby (1989), "The Cost Effectiveness of Prenatal Care in Reducing Low Birth Weight in New Hampshire." *Health Services Research*, vol. 23(5): 583-598.
- ⁸ Institute of Medicine, op. cit.
- ⁹ R. Gold, S. Singh and J. Frost. *The Medicaid Eligibility Expansions for Pregnant Women*. This study was conducted in Tennessee in 1988-89.
- ¹⁰ HRSA, "Opportunities to Use Medicaid in Support of Maternal and Child Health Services."
- ¹¹ NASHP conversations with state officials.
- ¹² Connecticut has a presumptive-like eligibility process for pregnant women, called "expedited eligibility." Hawaii processes applications for pregnancy coverage in 5 business days. See [HYPERLINK "http://www.hawaii.gov/auditor/Overviews/2004/04-12%20overview.pdf"](http://www.hawaii.gov/auditor/Overviews/2004/04-12%20overview.pdf) www.hawaii.gov/auditor/Overviews/2004/04-12%20overview.pdf, accessed 15 February 2008.

NOTES: FIGURE 1

- a. Louisiana discontinued providing presumptive eligibility for pregnant women in late 2007 due to improved application processing times.
- b. Minnesota's processing guidelines for pregnant women are 15 days. See www.acf.hhs.gov/programs/ofa/ifr/IFR-CH8.htm, accessed 15 February 2008.
- c. Virginia processing guidelines for pregnancy coverage are 10 days. See www.vdh.state.va.us/Administration/Documents/Executive/2/OBFinal_Report.pdf, accessed 15 February 2008.
- d. Hawaii processes applications for pregnancy coverage in 5 business days. See www.hawaii.gov/auditor/Overviews/2004/04-12%20overview.pdf, accessed 15 February 2008.

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