Ibis Reproductive Health

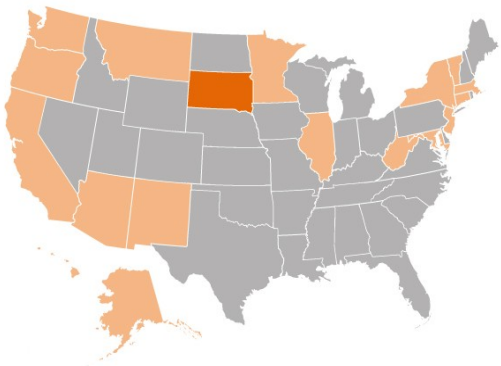
State-Level Research Brief

Public Funding for Abortion in Florida

Background

The Hyde Amendment, first approved by Congress in 1976, limits women's access to comprehensive reproductive health care by prohibiting federal Medicaid funding for abortion except when a woman is pregnant as a result of rape or incest, or when her pregnancy endangers her life. States have the option of using state funds to cover abortion care in broader circumstances, but only 17 currently do. Since the mid-1990s, public funding for abortion has only been available in Florida in the limited exceptions outlined by the Hyde Amendment. According to reports from the Guttmacher Institute, neither state nor federal funds have been used to fund a single abortion in Florida since 2001.[1-2] At a Florida Senate hearing in April 2010, a state senator reported that the state had funded two abortions between 2006 and 2007.[3]

Medicaid Coverage of Abortion



32 states ban state Medicaid coverage of abortion. They are legally required to provide coverage in the cases of rape, incest, and life endangerment, but usually fail to do so.

17 states provide state Medicaid coverage of abortion for low-income women in most cases.

One state provides Medicaid coverage only in cases of life endangerment.

Study Description

Ibis Reproductive Health documented the experiences of abortion providers seeking Medicaid reimbursement for abortions provided in cases of rape, incest, or life endangerment of the woman, circumstances that should qualify for Medicaid coverage under the Hyde Amendment. From 2007 to 2010, we conducted over 60 in-depth telephone interviews with abortion providers in 15 states (Arizona, Florida, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, New York, Oregon, Pennsylvania, Rhode Island, Wisconsin, and Wyoming). We asked each provider to identify the person most knowledgeable about Medicaid funding in their facility and interviewed physicians, physician assistants, clinic directors, managers, nurses, counselors, and financial administrators.[4,5]

Findings

We conducted eight interviews with providers in Florida between October 2007 and February 2008. Providers worked in abortion practices that varied in size, services offered, and annual case load; the practices provided an average of 1,421 abortions annually (range 350-3,000). Participants' age, educational background, and years providing abortion care also varied; the average age of people we interviewed was 39 years and they had an average of 15 years of experience in the field. Providers estimated that, in the year prior to the interview, over 100 women in their eight clinics sought abortions which should have been eligible for Medicaid funding under the Hyde Amendment, but none were successfully reimbursed by Medicaid. Florida providers reported more frustration with the Medicaid office and system than providers from other states in the study. Providers reported five primary obstacles to obtaining Medicaid funding: a complex Medicaid reimbursement process, lack of assistance from Medicaid staff about how to file claims for abortions, difficulty establishing cases of life endangerment, inadequate financial compensation from Medicaid, and serving clients with a multitude of needs.

Finding 1: The Medicaid reimbursement process is unnecessarily complex

Providers repeatedly reported feeling that it was futile to apply for Medicaid reimbursement for abortions in qualifying cases due to a bureaucratic and difficult-to-navigate Medicaid reimbursement process. As one provider said, "It's just that the process takes hours and hours. It's really discouraging." The challenging process has led many providers in Florida to stop filing Medicaid claims for abortions, or in some cases, to let their Medicaid provider number lapse. As stated by a provider, "We stopped dealing with Medicaid altogether…because it was too frustrating." Without a Medicaid provider number, providers are unable to apply for funding for abortions in qualifying cases.

Providers described an ever-changing Medicaid billing process with constantly evolving guidelines and requirements for documentation; providers found it difficult to stay up-to-date with the requirements. As one provider said, "They change the codes constantly 'cause there was a time that…we were getting paid and they changed the entire system and they do this like every year. They change the codes, they change the way they want the billing done, they change how many digits they want…and it's just making it difficult for the average office to bill."

Finding 2: Medicaid employees provide little billing support

Many providers indicated that Medicaid employees did not or could not assist abortion providers seeking help with filing claims. One provider described her experience with a Medicaid official who was initially helping the provider with backlogged claims: "When we first started having difficulty, we showed her the claims and we were really working to get paid…and we kept calling and we did everything that she told us to do, and we never got paid and she just eventually stopped coming to the phone." The provider speculated that the Medicaid employee gave up and became frustrated by not being able to help get the outstanding claims reimbursed. Other providers wondered if Medicaid staff had adequate knowledge or training about how to process claims correctly: "A lot of times even when you have the correct code, they'll deny it. Sometimes it's just denied, and they'll say they don't know why it is denied. And then they'll put it through again. I've seen that happen a lot."

Finding 3: It is difficult to establish cases of life endangerment

The life endangerment clause in the Hyde Amendment is difficult to decipher for many abortion providers in Florida. Most providers reported that it seemed Medicaid strictly interpreted the clause so that few, if any, cases qualified for reimbursement—often to the detriment of the health and life of a woman. One provider stated, "They're so sick, but they're in the hospital because Medicaid will pay for them to be sick in the hospital while they're pregnant and they won't pay for them to have a safe, legal abortion so they can be healthy." Additionally, providers highlighted the difficulty in applying for funding for cases that they deemed life endangering but Medicaid did not: "She was a young lady in her twenties. And she was on dialysis. She had a shunt. She was in renal failure…. And she had congestive heart failure, hypertension, history of atrial fibrillations, just clearly could not have the pregnancy and the medications she had been on for her different illnesses were category X…. She had Medicaid, and we never got reimbursed, and it was hours and hours and hours of work and billing. And we never got paid for it." Several providers attributed the difficulty in receiving reimbursement to the impersonal coding system, as it often disguised the severity of the case. One provider noted, "When you bill, it's just sometimes they may not see that the woman's life is in danger…. It's based on numbers, and codes, and digits, not a human being, so it makes it difficult."

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Finding 4: Financial compensation from Medicaid is inadequate

Inadequate reimbursement from Medicaid was reported as a significant barrier by all participants in the study. Providers reported they often receive very little or, even more often, no reimbursement from Medicaid. For most providers it is no longer financially feasible to pursue Medicaid reimbursement for abortions in Hyde-qualifying cases. As one provider noted, "Years ago we tried to bill some, for rape cases, and the reimbursement was, I mean, the financial part of it was insignificant and the burden on our part was tremendous." Another provider reported that they could not afford the staff time necessary to seek reimbursements because the final amount reimbursed would not cover their basic administrative costs. In one case, a provider calculated that after all of the costs of pursuing a reimbursement were considered, the clinic was reimbursed $1.22 for providing a second-trimester abortion.

Due to the low and inconsistent Medicaid reimbursement rates, most providers absorbed at least some of the costs of procedures for low-income women or referred them to local abortion funds for assistance raising money. Most clinics stated that they offer a $25 discount to all Medicaid patients, regardless of their situation, and that as a last resort they absorb the difference if a patient is unable to raise enough money for her abortion. Additionally, providers reported they rely heavily on abortion funds to cover the cost of many procedures. Providers generally found that reducing their fees, absorbing un-reimbursed costs, and working with abortion funds was preferable to working within the Medicaid system: "We'd almost just rather lower our prices 50% and have the fund chip in. It doesn't make it right because they [women] have Medicaid and [Medicaid] should pay for it."

Finding 5: Providers serve clients with multifaceted needs

Many women in Florida seeking an abortion which qualifies under the Hyde Amendment exceptions face an uphill battle accessing health care services generally. Providers reported that many clients struggle with challenges like unemployment, mental illness, homelessness, or drug abuse. One provider explained that women seeking funding under Hyde often have many co-occurring needs: "She was 13 years old and she was HIV positive, developmentally delayed, and she was living with her grandmother…. Her cousin raped her, and she was advanced in the pregnancy. I'd say she was 20 or so weeks [pregnant]." Providers stated that many of these clients did not have access to basic necessities, much less ready access to funds to cover an

abortion that should have been covered by Medicaid. In part due to the complexity of the cases, many providers reported some women were intimidated by the overwhelming process of securing Medicaid coverage for qualifying abortions.

Summary

These findings show that the current Medicaid system is not meeting the needs of women in Florida and that women who are pregnant as a result of rape or incest, or are carrying a life-threatening pregnancy, are forced to raise money for themselves for an abortion, or seek financial support from abortion funds and abortion providers. Many providers reported that the funding system seems to have been getting worse over time. For example, one provider reported that working with the Medicaid system had become "more difficult." She went on to say, "It's [Medicaid] becoming an issue in Florida…. It used to be that you… sent the billing and you were paid. And now it's just not like that anymore. There's too many denials…. The patient doesn't understand it, the provider doesn't understand it, and I don't even think the people working in the Medicaid office understands."

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The funding system in Florida proved to be one of the most splintered systems of all the states from which we collected information. Only four other states reported that no Hyde Amendment-qualifying cases had been funded, and those states serve many fewer women. All of the providers we interviewed had given up for the time being on applying for Medicaid funding for abortion in cases of rape, incest, or life endangerment due to repeated delays and denials of funding.

These findings are not surprising in light of other studies that have found many health care providers throughout the state struggle to work with Medicaid for a variety of services. Florida Medicaid recently underwent a number of reforms in an attempt to control state spending and improve access to services for clients. However, a 2008 evaluation of the reform efforts found instead little evidence of financial savings to the state, a decrease in access to services for clients, low physician participation in Medicaid, physician frustration with the claims process, and confusion from physicians and patients about how to work with the 15 HMOs currently contracting with Medicaid.[6]

In addition to these challenges, many of the patients who were pregnant as a result of sexual assault were in need of a multitude of health services. Providers reported that they often tried to meet their patients' needs by reaching into their own pockets. Many interviewees spoke of providing more than just routine abortion care by connecting women with social service organizations; this suggests a need for more collaboration and referrals between abortion providers and local organizations. Especially in the current economy, demand for social services is high and women will likely need continued support across a number of different areas in their lives.

Moreover, women carrying pregnancies that endanger their lives face barriers in accessing all of the health care services they need. With no clear definition of what entails a threat to a woman's life under the Hyde Amendment, many women with life-endangering pregnancies are unjustly being denied Medicaid coverage of abortion.

It should be noted that because we interviewed only a small sample of the abortion providers working in Florida, the experiences of all providers may not be represented in these findings. For example, we have learned that at least one provider working in a hospital setting has had some success in obtaining funding in qualifying cases under the Hyde Amendment, though we understand this to be a very unique case. The experiences of some providers may also be different from those represented here because of the apparent differences in how providers and local Medicaid offices interpret and apply the law.

Next Steps

Evidence of the extreme challenges faced by Florida abortion providers can be used to challenge and improve the funding system in the state. Providers made a number of suggestions for streamlining the Medicaid system. Some providers suggested that the reimbursement process as it stands would be easier and more successful if a designated office or staff person were created within Medicaid to process reproductive health claims. Additionally, it is clear that the compensation from Medicaid for abortion services needs to be increased to make applying for funding "worth it" for providers. We also recommend education for both providers and Medicaid staff about how to submit claims for reimbursement for qualifying abortions.

Most providers felt that the funding system could be improved by expanding Medicaid coverage to include all abortions. However, providers noted that changing the law so that state Medicaid funds can be used to cover abortion under a wider range of circumstances would be extremely challenging due to the political positions of state policymakers at the time of the research. One provider said, "About Medicaid—I think that there's a lot of politics going on…. They're all pro-life, they're all anti-abortion—all the politicians. Nobody wants to stand up and say, 'Hey we need to keep abortion legal.'"

However, past successes offer experiences to rally around and highlight the possibility of getting qualifying cases covered under the Hyde Amendment. Within the past two decades, there have been instances when more abortions have been covered, such as in 1994 when 54 abortions qualifying under the Hyde Amendment were covered by Medicaid in Florida.[7] Providers working in other states have also found successful strategies for increasing the number of abortions covered by Medicaid and the reimbursement rates for abortion care.[8]

Overturning the Hyde Amendment is critical to improving access to abortion for women. In Florida alone, the Hyde Amendment has a significant impact on women: 92,300 women sought abortions from over 100 abortion providers in Florida in 2005[9] and 11% of the state's adult female population receives Medicaid.[10]

While we work toward the long-term goal of repealing the Hyde Amendment, Medicaid must be held accountable for funding abortion for women who meet the current criteria for federal funding—cases of rape, incest, and life endangerment. Continued efforts to expand public funding for women on Medicaid are needed to ensure equitable and just access to abortion services for all women in the United States.

Ibis Reproductive Health

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

(617) 349-0040 ■ admin@ibisreproductivehealth.org
www.ibisreproductivehealth.org

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