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What **PROVIDERS** can do
to expand access to
Medicaid coverage of abortion



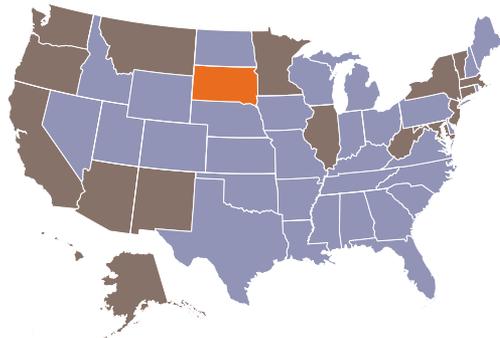
How to Use this **Take Action** Guide!

We created four **Take Action** guides aimed at providing women, abortion providers, advocates, and policymakers with a number of actions they can take to help expand access to Medicaid coverage of abortion.¹ We have generated action steps based on interviews with abortion providers representing 70 facilities in 15 states and interviews with 71 low-income women who have had abortions. We also draw lessons from the work of other advocates and researchers. Combining our own research with the work of others, we outline several evidence-based actions so that you can choose the ones that will work best in your community. Some of these steps will be most effective if taken with the support of other stakeholders, whereas others can be readily implemented with little outside community effort.

The Hyde Amendment

The Hyde Amendment, passed in 1976, **prevents the use of 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 their own funds to cover abortion care in broader circumstances, but only 17 currently do.

Restrictions on Medicaid coverage of abortion affect the poorest women in the US, who are more likely to have health problems and be women of color. At an average of \$470, **a first-trimester abortion can cost more than half of what a family at the poverty level lives on in one month.** In the second trimester, costs increase significantly.



- 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 coverage only in cases of life endangerment.



At Ibis Reproductive Health, we have conducted a number of studies on how the Hyde Amendment affects women and abortion providers.²⁻⁴ Our research shows that most women who should qualify for Medicaid coverage of their abortion do not have the option to use Medicaid for abortion coverage because of three key challenges:

1. **Some uninsured women have difficulty enrolling in Medicaid** due to confusing eligibility requirements, complex and time-consuming enrollment procedures, difficulties gathering enrollment documents (such as birth certificates), and unanticipated and burdensome expenses associated with the Medicaid application (such as costs to call or fax enrollment documents to Medicaid).
2. **Even when insured, women face barriers in securing Medicaid coverage of abortion** due to trouble obtaining clear information about Medicaid coverage of abortion, fear of disclosing to Medicaid plans to have an abortion, lack of abortion coverage under some Medicaid managed care organizations (MCOs), challenges finding a convenient abortion provider that accepts their Medicaid plan, and problems establishing that an abortion qualifies for coverage, particularly when coverage is only available in limited cases such as rape, incest, and life endangerment.
3. **It can be difficult for abortion providers to offer Medicaid clients abortion care** due to problems securing and maintaining contracts with Medicaid, nonexistent or poor relationships with Medicaid staff, undue administrative burdens when filing billing claims, frequent, unclear rejections of qualifying claims, and low reimbursement rates for provided care.

These challenges force women to come up with money they do not have to pay for abortion care out-of-pocket, which can cause women to delay obtaining care while they look for financial resources, or force women to continue unwanted pregnancies.

At the same time that we documented the challenges to working with Medicaid, our research also points to many ways **abortion providers can help women access timely Medicaid coverage of abortion**. We highlight ways providers can take action in the following pages. For more information about any of these actions, please see our resource list.



1 Actions you can take to make it easier for women to enroll in Medicaid

Educate stakeholders

- Develop and distribute educational materials for women about the Medicaid eligibility and application process, which outline what women can expect when they try to enroll and where they can go for support if they have trouble enrolling.⁵
- Share with Medicaid the challenges women face when enrolling.⁶

Streamline the enrollment process

- Implement local solutions that will help eliminate financial barriers women may experience when applying for Medicaid (such as emailing an application form rather than having to fax it, or faxing from a location that provides free local phone or fax services).⁴
- Work with Medicaid to revise and pare down complicated eligibility and enrollment forms to make them easier for women to fill out.^{2-3, 6-8}
- Advocate for women to be able to enroll in Medicaid in multiple places, such as online, at family planning or mobile clinics, and at locations with extended operating hours.^{4,9}
- Call for fewer required proof-of-eligibility documents for pregnant women.⁴

Offer case management support

- Offer women support in the Medicaid enrollment process by directing women to a Medicaid staff person or enrollment center that is known for adeptly helping with the application process.⁴
- Explain the differences between local MCOs and encourage women to enroll in an MCO that does not prohibit abortion coverage.⁴

Call for policy change

- Campaign for presumptive eligibility and rapid enrollment of pregnant women in Medicaid.⁴

I think they [Medicaid] need to make it...not be such an ordeal to get it.... It's just the waiting time to figure stuff out, see if you're even eligible. ~ Lori, age 20



2 Actions you can take to help women get Medicaid coverage of abortion

Educate stakeholders

- Develop and distribute resources to educate women and other stakeholders about federal and state Medicaid policies on abortion, the information women are required to tell Medicaid when seeking abortion coverage, which local MCOs cover abortion, if your facility accepts Medicaid, and, if so, the specific MCOs your facility works with.^{4-7, 10-14}
- Educate Medicaid and clinic staff about women's rights regarding Medicaid coverage of abortion. Consider writing or supporting a letter to Medicaid about insurers' obligations to offer coverage in circumstances outlined by state and federal policies, and holding Medicaid trainings for clinic staff.⁶⁻¹¹

Offer case management support

- Help women utilize available Medicaid-funded services, including transportation, lodging, meals, and an attendant if necessary.^{6-7, 15}
- Support women in acting as their own advocates and encourage them to contact Medicaid to determine their benefits, or to find out why coverage for an abortion has been denied.³
- Direct women to a point person within the clinic, or agencies such as the National Network of Abortion Funds, that can provide recommendations about options for raising money for an abortion, or how to obtain a loan or grant if Medicaid coverage is denied or not available.¹⁶

Influence internal Medicaid protocols that affect access to abortion coverage

- Meet with Medicaid representatives to review federal and state policies regarding abortion coverage, so that local Medicaid staff as well as clinic staff understand the circumstances under which Medicaid covers abortion care, as well as the appropriate procedures for securing coverage.³
- Advocate for state Medicaid offices to make information about abortion coverage easily accessible on their websites.⁹
- Work with Medicaid to simplify complicated forms women and providers fill out verifying the circumstances of an abortion. Suggest the removal of requirements to prove an abortion qualifies for coverage, such as the submission of a police report in the case of rape, or medical records in the case of life endangerment.^{2-3, 6}



Call for policy change

- Explore using county funding to support public funding of abortion.^{3,17}
- In states where abortion coverage is available in limited cases, identify and act on any opportunities to expand Medicaid coverage of abortion to cover other circumstances, such as fetal anomaly or the mental health of the woman.⁴
- Use city council resolutions to oppose abortion funding bans and raise awareness about laws.¹⁷
- Write op-eds in local/regional newspapers to educate the public about the harmful impact of funding restrictions on low-income women.

3

Actions you can take to help reduce challenges experienced when offering Medicaid clients abortion care

Educate stakeholders

- Talk with physicians within and outside of abortion clinics about what it means to sign Medicaid forms indicating a physician certifies that a woman is seeking an abortion due to rape, incest, or life endangerment.^{2,6}
- Seek legal counsel to learn about your rights and responsibilities as an abortion provider if you do sign forms indicating a woman is seeking an abortion due to rape, incest, or life endangerment.²⁻³
- Create forums for providers in your community to exchange information about successful strategies for working with Medicaid.¹¹

Improve the billing process and outcomes

- Invest in building savvy billing departments that can readily maneuver the billing process, develop and implement billing strategies, and be assertive when negotiating with Medicaid.²⁻³
- Consider maximizing reimbursement by billing for the abortion procedure separately from other provided services that are more likely to be reimbursed (such as pregnancy or STI testing).⁴
- Consider using electronic billing systems rather than paper-based systems to improve the accuracy of checking women's enrollment in Medicaid, and to reduce billing errors and time spent on billing.^{4,18}
- Identify and build relationships with at least one Medicaid staff person who is knowledgeable about billing procedures for abortion care.^{2-3,6}
- Reach out to new Medicaid representatives and try to build and maintain rapport with them over time.²



Influence internal Medicaid protocols that affect reimbursement for abortion

- Work with Medicaid officials to simplify forms and administrative processes required to submit a Medicaid claim.⁶
- Research the current Medicaid reimbursement level for abortion care in your state, and ensure that you receive the current level of reimbursement. Provide documentation to Medicaid and relevant advocacy or legal groups if you are reimbursed incorrectly.^{6, 11}
- Urge Medicaid to improve reimbursement rates for abortion care and other services provided at your facility.²⁻³
- Challenge inappropriately denied claims by asking for clear explanations of the rejections and resubmitting denied claims to Medicaid, thereby building a paper trail of your efforts which can be useful for legal and advocacy efforts targeting inappropriate denials of claims.³
- Consider taking bold action to obtain reimbursement for provided care, such as refusing to see clients enrolled in Medicaid or specific MCOs until claims are paid, or sending unpaid claims to a collection agency.³

Call for policy change

- Advocate for a policy whereby Medicaid has to pay late fees if it does not reimburse clinics in a timely manner.⁴
- Participate in legal and advocacy actions that aim to ensure Medicaid pays qualifying claims at appropriate reimbursement levels.³

Moving Forward

September 2011 was the 35th anniversary of the passage of the Hyde Amendment. Over the three-and-a-half decades the Hyde Amendment has been in effect, millions of women have been denied coverage of abortion, even in circumstances that should qualify under federal or state law. In the face of challenges and restrictions imposed by the Hyde Amendment, women, abortion providers, and advocates have developed a number of strategies for removing obstacles in women's paths to equitable abortion access.

When national health care reform takes effect in 2014, more individuals will become eligible for Medicaid under the Affordable Care Act, meaning more women will be affected by restrictions on Medicaid coverage of abortion. **The time is now to put into place strategies that ensure that women** currently on Medicaid, and women who will be enrolled in the program in the future, **can obtain timely and affordable abortion care.**



1. This is part of a series of four Take Action guides aimed at expanding abortion access. Please see our website for other guides: <http://bit.ly/n8fkUu>.
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Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

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