



## The Problem: Reduced Payment Rates for Maternity Care Are Coming

Effective January 1st 2021, payment rates for global maternity care services will be reduced. This will lead to widespread barriers to access for women, particularly those who are covered by Medicaid and living in rural areas. This policy will stymie efforts to eliminate preventable maternal mortality and severe maternal morbidity.

## **Background**

- The Centers for Medicare and Medicaid Services (CMS) increased Medicare payments for standalone Evaluation and Management (E/M) visits, which are typical physician office visits. However, CMS did not apply those payment increases to obstetric services due to their coding structure.
- Maternity care is typically reimbursed through a global code, meaning ob-gyns and other obstetric care practitioners receive a single payment for all prenatal, labor and delivery, and postpartum services provided to each patient.
- CMS did not apply the E/M payment increases to the global maternity care codes, even though these codes include up to 14 E/M office visits. **This will result in lower payment rates for obstetric care.**

## Impact on Ob-gyns and Their Patients: Lower Payments Mean Less Access

- While Medicare only covers 0.2% of births per year, Medicaid, TRICARE, and commercial insurers all base their payment rates on Medicare rates, so payment rates across the board will be reduced.
- Reducing payment rates will lead to widespread barriers to accessing obstetric care for women, particularly those who are covered by Medicaid or living in rural communities.
- Medicaid covers 43% of births nationwide and Medicaid payment rates often do not cover the cost of providing obstetric care.
   Obgyns and other obstetric care practitioners may be forced to limit the number of Medicaid patients they see in order to keep their practices open.
- Women covered by Medicaid are 82% more likely to experience maternal mortality and severe maternal morbidity, and women living
  in rural areas are also at a higher risk.<sup>iii, iv</sup> Reducing access to these already vulnerable populations could worsen existing
  disparities in maternal health outcomes.

## **The Solution**

To ensure all pregnant and postpartum patients have access to the evidence-based care they need, CMS should apply the increased E/M payment rates in the global maternity care codes.

**ACOG House Ask:** Sign on to a letter urging CMS to correct this oversight and align their payment policy with their goal of improving maternal health. To sign on, please contact Hillary Beard with Rep. Terri Sewell (D-AL) or Paul Hartman with Rep. Bob Latta (R-OH).

**ACOG Senate Ask:** Sign on to a letter urging CMS to correct this oversight and align their payment policy with their goal of improving maternal health. To sign on, please contact Megan Thompson with Sen. Jacky Rosen (D-NV) or Anna Breen with Sen. Joni Ernst (R-IA).

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<sup>&</sup>lt;sup>ii</sup> Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020. Retrieved from: https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf.

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<sup>\*</sup> Kozhimannil KB, Interrante JD, Henning-Smith C, Admon LK. Rural-Urban differences in severe maternal morbidity and mortality in the US, 2007-2015. Health Affairs 2019. Retrieved from: https://doi.org/10.1377/hlthaff.2019.00805