

Improving Health Care for Pregnant Immigrants in Wisconsin

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Executive Summary

The Children's Health Insurance Program Reauthorization Act (CHIPRA) gives states many opportunities to improve access to health care for children and pregnant women. The Wisconsin Department of Health Services (DHS) announced on October 5, 2009 that it was implementing one of those options – the new authority for states to remove the restriction that immigrant children and pregnant women cannot receive Medicaid or CHIP coverage until they have lawfully resided in the U.S. for at least 5 years. This paper examines the implications in Wisconsin of making that change for pregnant immigrants.

Removing the 5-year bar for lawfully residing immigrant children has obvious benefits because it makes hundreds of children eligible for quality preventive health care services. The benefits for pregnant women are less obvious because Wisconsin already provides pregnancy related services (BC+ Prenatal) to immigrant women by using the option of covering “unborn children.” However, upon close inspection there are a number of ways in which the new law should help ensure that more pregnant immigrants receive timely access to prenatal care and other health care services:

- Reducing the limitations on eligibility for certain lawfully residing pregnant women with access to employer sponsored health insurance, who may have been ineligible for BC+ Prenatal even if they were unable to afford the employer sponsored insurance.
- Moving lawfully residing pregnant immigrants into managed care, where finding a provider is generally easier, and making it clear that they are eligible for the full range of BadgerCare Plus services, rather than just pregnancy related services.
- Allowing the coverage of these pregnant women to be backdated, consistent with the policy for BadgerCare Plus.
- Ensuring that these women have timely access to prenatal care by authorizing the use of express enrollment (presumptive eligibility) and making the coverage continuous throughout a pregnancy, thereby ensuring that prenatal care isn't interrupted.

From a fiscal perspective, the 2009 federal policy changes relating to coverage of pregnant women have mixed consequences for Wisconsin. On the positive side, the Center for Medicare and Medicaid Services reversed a Bush Administration policy that limited the use of Medicaid funds to women under 250 percent of the federal policy level (FPL). That will allow the state to get federal cost sharing for pregnant women between 250 and 300 percent of FPL. Though firm numbers are not available, we expect those savings to offset costs the state will incur by adding more women to BadgerCare Plus, for whom the state will get the Medicaid matching rate, rather than the higher CHIP rate for women in BC+ Prenatal. In addition, the state should see longer-term savings by improving access to prenatal care and reducing the possibility of premature births and expensive neonatal intensive care.