

Subject:	Prenatal and Postpartum Services Cost-Sharing Waiver		
Policy Number:	PO-RE-134v1		
Effective Date:	01/01/2025	Last Approval Date:	2/24/2025

I. Policy Description

Starting January 1, 2025, a new NY State of Health (NYSOH) program under New York’s Section 1332 waiver will enhance access and affordability for pregnant and postpartum Qualified Health Plan (QHP) members. This initiative includes a waiver of cost-sharing for these members, ensuring essential services are accessible without financial strain. The program is designed to support the health and well-being of mothers during and after pregnancy.

The information below applies to the following lines of business:

- Qualified Health Plan (QHP)

Policy Scope

1. Healthfirst is required to waive cost-sharing for the following services:
 - i. **Medical Services:** Lab testing/Radiology/Office and outpatient visits related to any medical needs
 - ii. **Prescription drugs/Durable Medical Equipment/Supplies:** Preventive services under the Affordable Care Act, including prenatal vitamins and breast pumps, are unaffected and will continue to have no cost-sharing requirements. All other DME and supplies cost share will be waived during the pregnancy span.
2. Cost-sharing waivers will apply all plan eligible diagnoses and services during pregnancy and continue through 12 months postpartum.
3. There are no required changes to the plans' utilization management or preauthorization processes for this initiative, with the following exceptions:
 - Blood Pressure Monitors: Automatic blood pressure monitors and manual blood pressure monitors may not be subject to preauthorization.

Limitation and Exclusions

The following services will not be covered under the cost-sharing waiver and will still be subject to standard cost-sharing:

- Ambulance Services
- All Inpatient Services: This includes hospital stays, rehabilitation, mental health/substance use disorder treatment, and hospice care.
- Emergency Care in a Hospital
- Physician, Nurse Practitioner, and Midwife Services for Delivery
- Inpatient Hospital and Birthing Center Services for Delivery
- Vision and Dental Services

Adjudication and Appeal Process

1. Reimbursement for prenatal and postpartum services will be determined based on the provider’s scope of services and the reimbursement rates outlined in the provider’s contract with Healthfirst rate.
2. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, “Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process” in this section.*

This policy is designed to enhance support for pregnant and postpartum members, with the aim of improving maternal and infant health outcomes.

II. Applicable Codes

Code	Description	Comment
N/A	N/A	

III. Definitions

Term	Meaning
N/A	N/A

IV. Related Policies

Policy Number	Policy Description
NA	Claims Policy: Cost-Sharing Waiver for Pregnant and Postpartum QHP Members
PO-RE-126	Reimbursement Policy Diabetes Cost-Sharing Waiver

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

NY State of Health -Implementation of Cost Sharing Subsidies

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation



agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.