Benefit Design Options for a High-Value Maternity Network

Introduction

Benefit design establishes rules that structure health insurance plans and dictate coverage levels for health care services and providers. In particular, they determine which services will be covered by the health plan, influence a health plan participant's choice of provider, and set the cost-sharing amounts (e.g. deductible, co-payments, co-insurance) for which the plan participant is responsible. From a strategic perspective, health care purchasers can leverage benefit design to encourage plan participants to use higher-value care, by incentivizing them to seek care from high-quality, cost-effective providers, select lower-intensity care settings, and avoid unnecessary and low-value services.

This tool explores the application of benefit design strategy for maternity care, through the following three categories of incentives:

1. Plan design features that encourage utilization of preferred providers
2. Incentives for program adherence
3. Coverage for non-traditional providers

It is important to point out that the utility of this tool is NOT tied to the existence of a High-Value Maternity Network. Purchasers can create incentives for plan participants to seek out preferred providers, adhere to maternity care programs, and provide coverage for non-traditional providers and services regardless of whether they also choose to implement a maternity network strategy.

Plan design features that encourage utilization of preferred providers

Strategies that encourage health plan participants to select preferred providers operate across a spectrum: from greater data transparency to a Center of Excellence model where benefits are only covered when using designated providers. In between those two end-points are a variety of cost-sharing options. For example, purchasers can adjust out-of-pocket costs for preferred and non-preferred providers to encourage patients to use preferred providers. This might entail developing a plan with lower or no out-of-pocket

costs for a preferred provider versus higher out-of-pocket costs for non-preferred providers. These differentials could result in greater usage of preferred providers.[1]

Other options to encourage use of preferred providers include:

- Waiving deductibles for plan members enrolled in high-deductible health plans
- Eliminating or reducing co-payments;
- Eliminating or reducing co-insurance; Rebating co-payments or co-insurance; and
- Contributions to Flexible Spending Account (FSA), Health Reimbursement Account (HRA) or Health Spending Account (HSA).[2]

Purchasers may also consider *non-financial* incentives for selecting preferred providers; traditionally, these have included rewards like gift cards or vouchers. For maternity programs, purchasers may want to consider gifts related to the new baby's arrival such as a car seat or baby carrier, as well as a gift set for mom.

Incentives for program adherence

Multiple studies indicate that late or inadequate prenatal care is associated with poor outcomes for mother and baby, including a higher risk of preterm delivery.[3] Moreover, a preponderance of evidence correlates smoking, alcohol and other substance use during pregnancy with fetal anomalies and other long-term effects.[4] Consequently, purchasers may wish to layer incentives for plan participants to receive consistent pre-natal care and participate in wellness programs for healthy pregnancy. These incentives might include:

- Reducing or removing financial barriers to care, such as co-pays, co-insurance and deductibles for substance use disorder programs, chronic condition management programs, mental health and other wellness services
- Financial incentives to encourage early and consistent pre-natal services
- Access to educational resources and support – often through free access to digital tools that offer personalized tracking and support

As a corollary to encouraging program participation, purchasers usually want to collect experiential data from plan participants. This is of particular importance when purchasers want to measure the impact of a maternity program on improving health equity and reducing racial disparities in maternity care. Purchasers may want to consider offering plan

[1] Sinaiko, A. D., & Rosenthal, M. B. (2014). The impact of tiered physician networks on patient choices. *Health services research*, *49*(4), 1348–1363. https://doi.org/10.1111/1475-6773.12165

[2] Note: subject to employer maximum contributions and other IRS regulations – for more information see https://www.shrm.org/resourcesandtools/tools-and-samples/hr-forms/pages/hsa-fsa-hra-comparison-chart.aspx

[3] Smith, Andrew, and Erin Bassett-Novoa. 2015. "Late Presentation To Prenatal Care". *American Association of Family Physicians,* https://www.aafp.org/afp/2015/0901/p391.html#afp20150901p391-b9.

[4] Viteri, Oscar A.et al, "Fetal Anomalies and Long-Term Effects Associated with Substance Abuse in Pregnancy: A Literature Review," Am J Perinatol 2015; 32(05): 405-416.

participants an incentive to complete patient experience and/or patient-reported outcomes surveys.

Coverage for non-traditional providers and programs

One final consideration in benefit design for maternity care is including coverage for new and innovative maternity care models. These are outlined in the Integrated Healthcare Association's Issue Brief: Maternity Care Patient Engagement Strategies and are summarized briefly below:[5]

- Group Prenatal Care – replaces individual visits with groups of women at the same gestational stage. The Centering Pregnancy program has been shown to reduce preterm births, improve birth outcomes, and increase patient satisfaction.[6]
- Birth Centers – a model that relies on midwives, peer counselors and doulas working in collaboration to provide comprehensive prenatal care, education, and delivery services. The 2013 "National Birth Centers Study II" studied over 15,000 women who used birth centers for labor and delivery, and reported a c-section rate of only 6% (compared to the national average of 32%).[7,8]
- Doulas – companions who support women during labor and birth, through education, physical and emotional support and advocacy. A 2017 meta-analysis of the impact of continuous support for women during childbirth found that women who had continuous support from a doula were less likely to need a c-section, use medication for pain relief, had shorter labors and reported a better birth experience – in comparison to women who received support from a friend, family member or partner.[9]

Additional Resources

- A Typology of Benefit Design Options – *The Urban Institute*
- Benefit Designs: How They Work – *The Urban Institute*
- Maternity Care Patient Engagement Strategies – *The California Health Care Foundation*

[5] Lally, Sarah and Lewis, Valerie, "Maternity Care Patient Engagement Strategies," September 2014, *Integrated Healthcare Association*, https://www.chcf.org/wp-content/uploads/2017/12/PDF-MaternityCarePtEngagementStrategiesIHA.pdf
[6] https://www.centeringhealthcare.org/what-we-do/centering-pregnancy
[7] Dekker, Rebecca. "Evidence Confirms Birth Centers Provide Top-Notch Care," *American Association of Birth Centers,* January 31, 2013. https://www.birthcenters.org/page/NBCSII
[8] https://www.cdc.gov/nchs/fastats/delivery.htm
[9] Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database Syst Rev. 2017 Jul 6;7(7):CD003766. doi: 10.1002/14651858.CD003766.pub6. PMID: 28681500; PMCID: PMC6483123.