Newborn's and Mother's Health Protection Act Disclosure

Required Disclosure

This is a disclosure from Lutheran Senior Services to inform you of the rights held by you in terms of the medical coverage we provide for you and your dependents in terms of newborn's and mother's health.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

Definitions

Hospital stay is defined to begin:

- For deliveries that occur in a hospital, the hospital stay begins at the time of birth of the newborn
- For multiple births, the hospital stay begins at the time of the birth of the last newborn
- For deliveries that do not occur in a hospital, the hospital stay begins at the time of admission of the mother and/or child
- The decision of whether an admission is “in connection with” a delivery is a determination made by the attending provider

Attending Provider is defined as the individual who is licensed under state law to provide maternity or pediatric care AND who is directly responsible for providing care to the mother or newborn.

Examples

The application of these rules is illustrated by the following examples. In each example, the group health plan provides benefits for hospital lengths of stay in connection with childbirth and is subject to the requirements of this section.

Example. A pregnant woman covered under a group health plan goes into labor and is admitted to the hospital at 10 p.m. on June 11. She gives birth by vaginal delivery at 6 a.m. on June 12. In this example, the 48-hour period begins at 6 a.m. on June 12.

Example. A woman covered under a group health plan gives birth at home by vaginal delivery. After the delivery, the woman begins bleeding excessively in connection with childbirth and is admitted to the hospital. In this example, the 48-hour period starts at the time of admission.
Example. In the case of a delivery by cesarean section, a plan requires patients to call a utilization reviewer to obtain precertification for a hospital length of stay based on a determination of medical necessity. In this example, if the plan’s utilization reviewer denies a mother or her newborn benefits within the 96-hour stay, the plan would have violated the Newborns’ Act.

Example. In the case of a delivery by cesarean section, a plan automatically pays for the first 72 hours. For a longer stay, the plan requires the attending provider to complete a certificate of medical necessity, which the plan uses to make a determination whether a longer stay is medically necessary. In this example, the requirement that a provider complete a certificate of medical necessity to obtain authorization for the period between 72 hours and 96 hours following delivery is prohibited.

Example. A group health plan generally covers 70% of the cost of a hospital stay in connection with childbirth. However, the plan will cover 80% of the cost of the stay if you call and notify the plan of your pregnancy in advance of admission and use whatever participating hospital the plan designates. In this example, the plan’s notification requirement is permissible. However, the application of a deductible or coinsurance must be uniform during the 48-hour (or 96-hour) stay. For example, with respect to a 48-hour stay, a group health plan is permitted to cover only 80% of the cost of the hospital stay. However, a plan covering 80% of the cost of the first 24 hours could not reduce coverage to 50% for the second 24 hours.

Example. A woman covered under a group health plan gives birth by vaginal delivery at home. The child later develops pneumonia and is admitted to the hospital. The attending provider determines that the admission is not in connection with childbirth. In this case, the hospital length-of-stay requirements do not apply to the child’s admission to the hospital because the admission is not in connection with childbirth.

Example. A pregnant woman covered under a group health plan subject to the requirements of this section goes into labor and is admitted to a hospital. She gives birth by cesarean section. On the third day after the delivery, the attending provider for the mother consults with the mother and the attending provider for the newborn consults with the mother regarding the newborn. Following the consultation with the mother the attending providers authorize the early discharge of both the mother and the newborn. Both are discharged approximately 72 hours after the delivery. The plan pays for the 72-hour hospital stays. In this Example, the requirements of the length of stay have been satisfied. If either is readmitted, the hospital stay for the readmission is not subject to the Act.

Example. A group health plan provides benefits for at least a 48-hour hospital length of stay following a vaginal delivery. If a mother and newborn covered under the plan are discharged within 24 hours after the delivery, the plan will waive the copayment and deductible. Because waiver of the copayment and deductible is in the nature of a rebate that the mother would not receive if she and her newborn remained in the hospital, this incentive is prohibited.

Example. A group health plan provides benefits for at least a 48-hour hospital length of stay following a vaginal delivery. If a mother and her newborn are discharged earlier than 48 hours and the discharges occur after consultation with the mother in accordance with the requirements of the Act, the plan provides for a follow-up visit by a nurse within 48 hours after the discharges to provide certain services that the mother and her newborn would otherwise receive in the hospital. Because the follow-up visit does not provide any services beyond what the mother and her newborn would receive in the hospital, coverage for the follow-up visit is not prohibited.