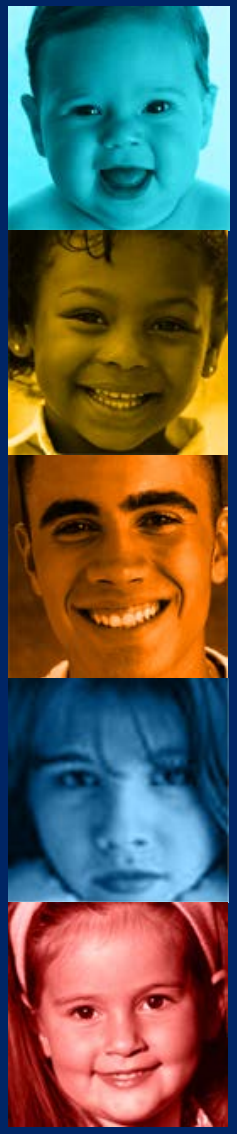


Births to Mothers with Medicaid Coverage

Presentation to Medicaid Managed Care Council

July 14, 2006

CONNECTICUT VOICES FOR CHILDREN

Connecticut Voices for Children

Purpose

- To describe prenatal care and birth outcomes for mothers with Medicaid coverage (HUSKY A and FFS)
- To compare prenatal care and birth outcomes for mothers with Medicaid and other mothers
- To analyze trends in prenatal care and birth outcomes for mothers with Medicaid

Medicaid for Pregnant Women

- Women with family income <185% FPL
- Enrolled in HUSKY A:
  - Full range of Medicaid benefits plus risk assessment, support services, care coordination from MCOs
- Covered by FFS Medicaid:
  - Enrolled in late pregnancy with non-participating provider
  - Emergency Medicaid for labor & birth (including undocumented women)

Methods

- CT birth data obtained by CT Voices with permission of DPH Human Investigations Committee
- Birth data linked to HUSKY A enrollment data and FFS eligibility data

1: Mother's SSN + enrollment verification

OR

2: Mother's exact name and date of birth + enrollment verification

Births to Mothers in Medicaid

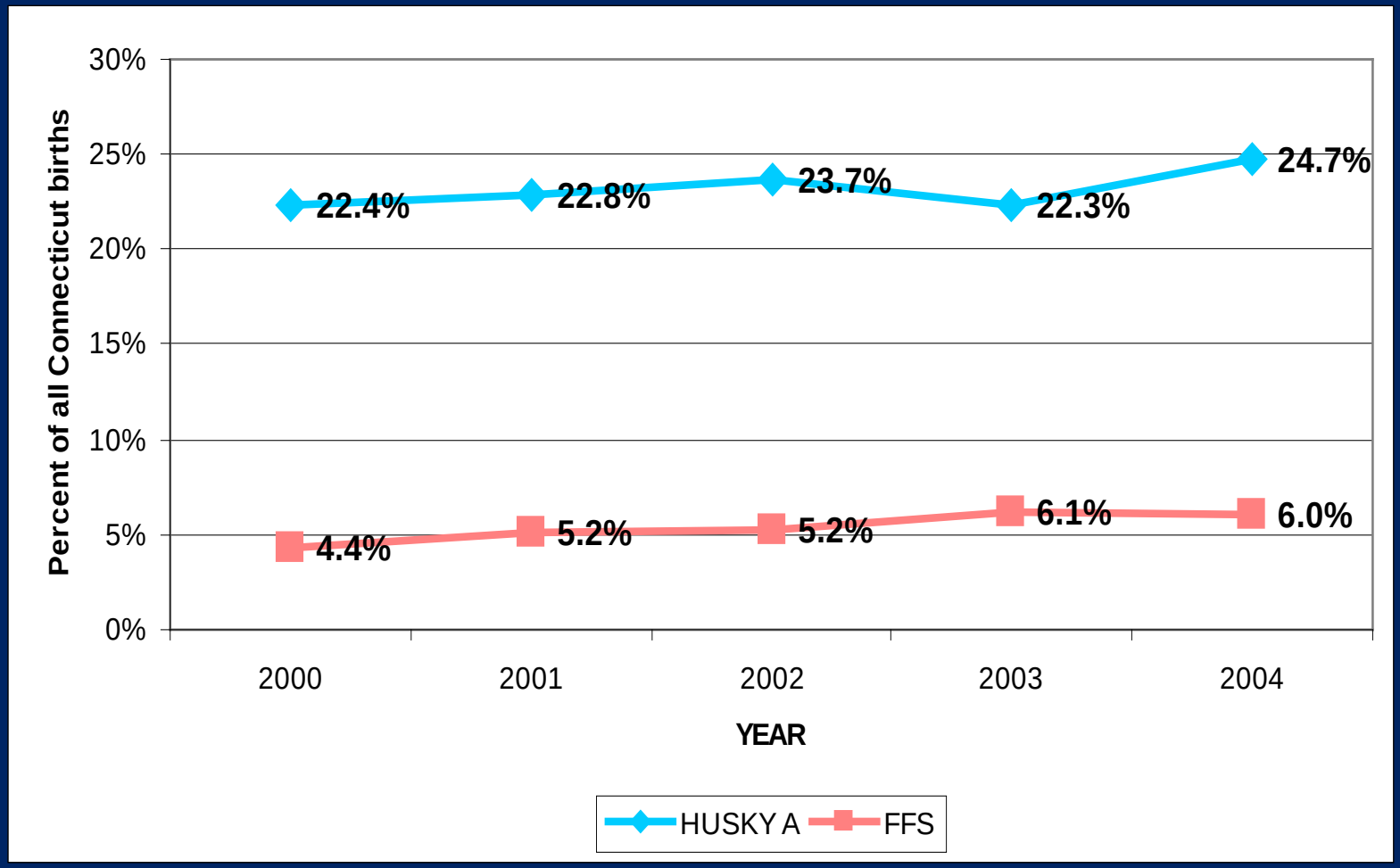
HUSKY A:

- 9,561 births in 2003
- 10,373 births in 2004

FFS Medicaid:

- 2,620 births in 2003
- 2,535 births in 2004

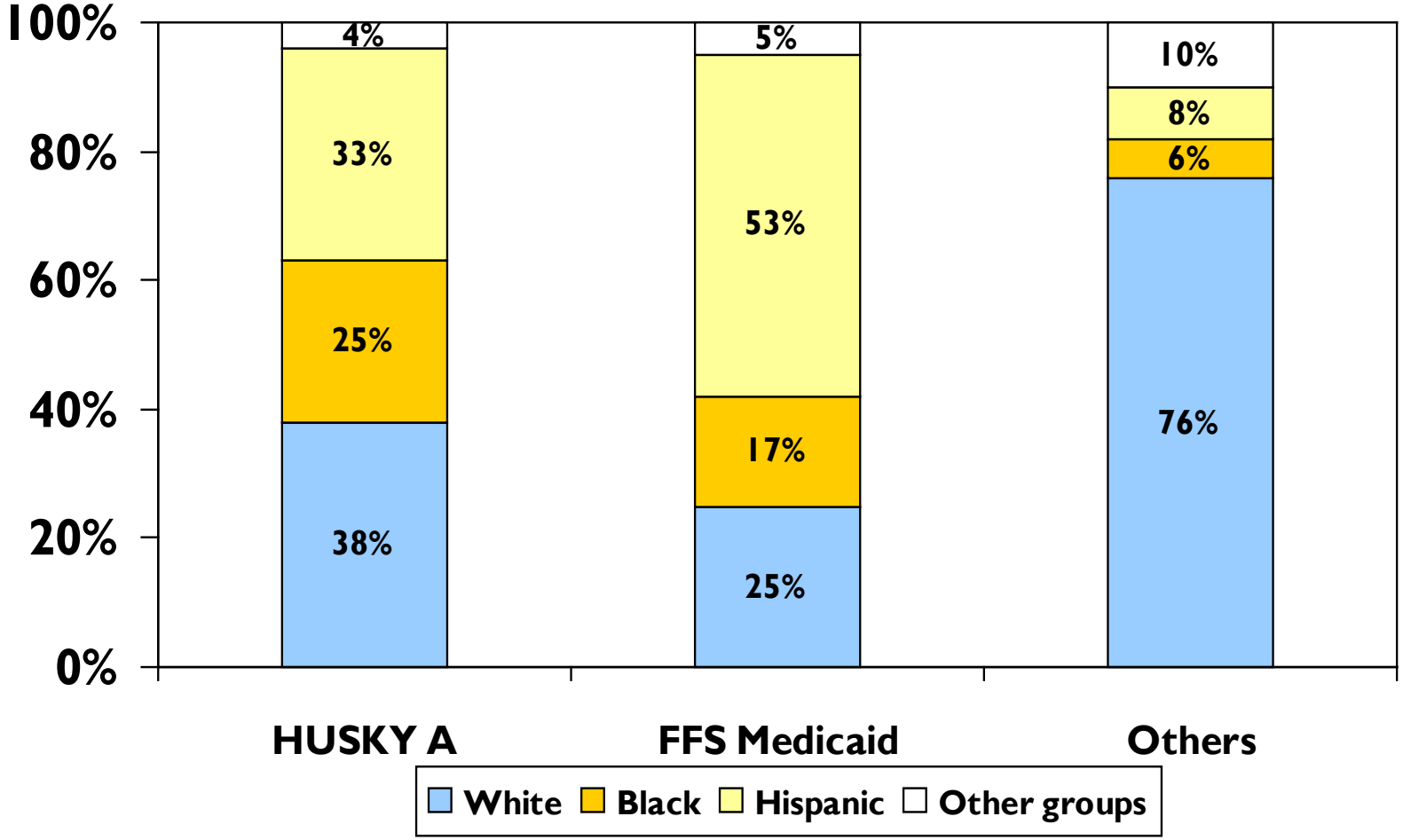
Births to Mothers in Medicaid: 2000 to 2004



Medicaid Births by Town: 2004

Town	Births to Mothers with Medicaid (% of all births)
Bridgeport	1,405 (61%)
Hartford	1,627 (76%)
New Haven	1,233 (62%)
Other towns	8,643 (24%)

Maternal Race/Ethnicity: 2004



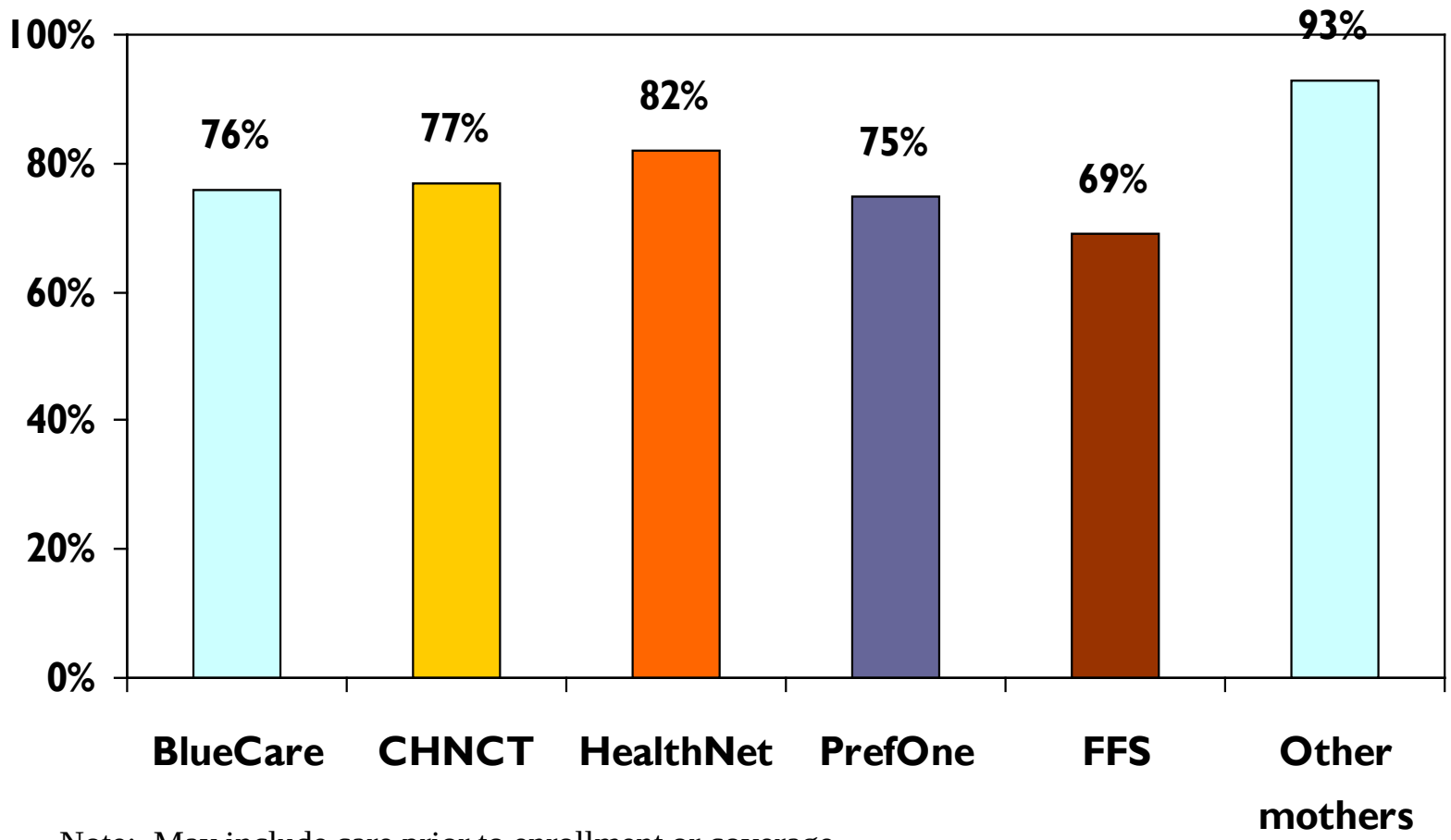
Teen Births: 2004

	HUSKY A	FFS Medicaid	Other births
Births to teens ≤19	20%	11%	2%
White	15%	9%	1%
Black	20%	10%	6%
Hispanic	27%	12%	6%

Prenatal Care: 2004

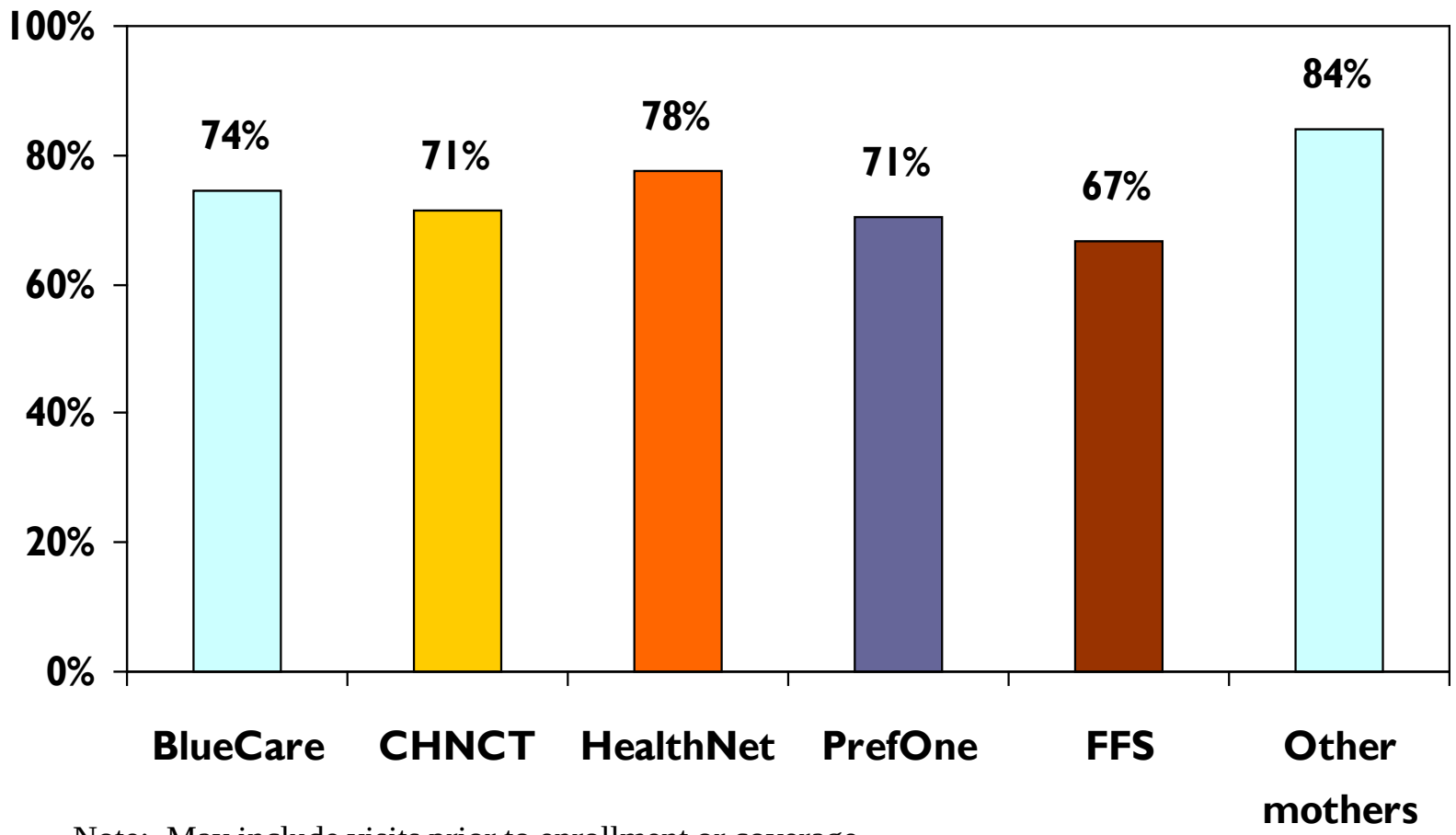
	Births to HUSKY A mothers	Births to FFS mothers	Births to other mothers
1st trimester prenatal care	78%	64%	93%
Adequate care	74%	67%	84%

Early Prenatal Care by MCO



Note: May include care prior to enrollment or coverage.

Adequate Prenatal Care by MCO



Note: May include visits prior to enrollment or coverage.

Maternal Health: 2004

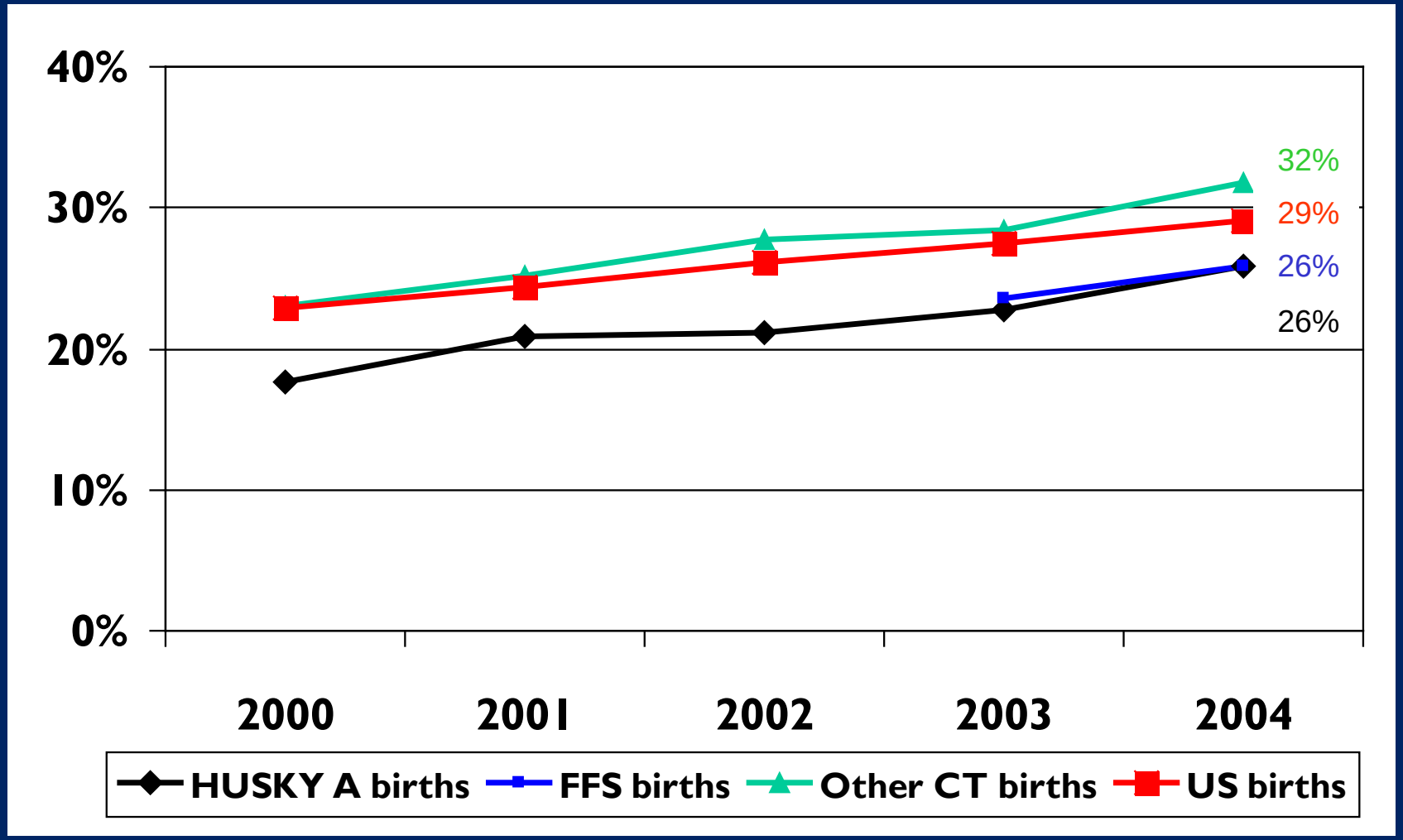
	HUSKY A births	FFS births	Other births
	(cases per 1,000 births)		
No risk factors	645	675	695
Anemia	24	18	10
Gestational diabetes	32	33	43
Pregnancy-associated hypertension	28	24	31
Previous preterm or low birthweight baby	13	11	7

Smoking During Pregnancy: 2004

- 16% HUSKY A mothers and 8% FFS mothers smoked v. 3% other mothers

- Tobacco dependence treatment is <u>not</u> a covered benefit in CT Medicaid
- Medicaid in 36 other states and DC covered treatment for tobacco dependence (2003)

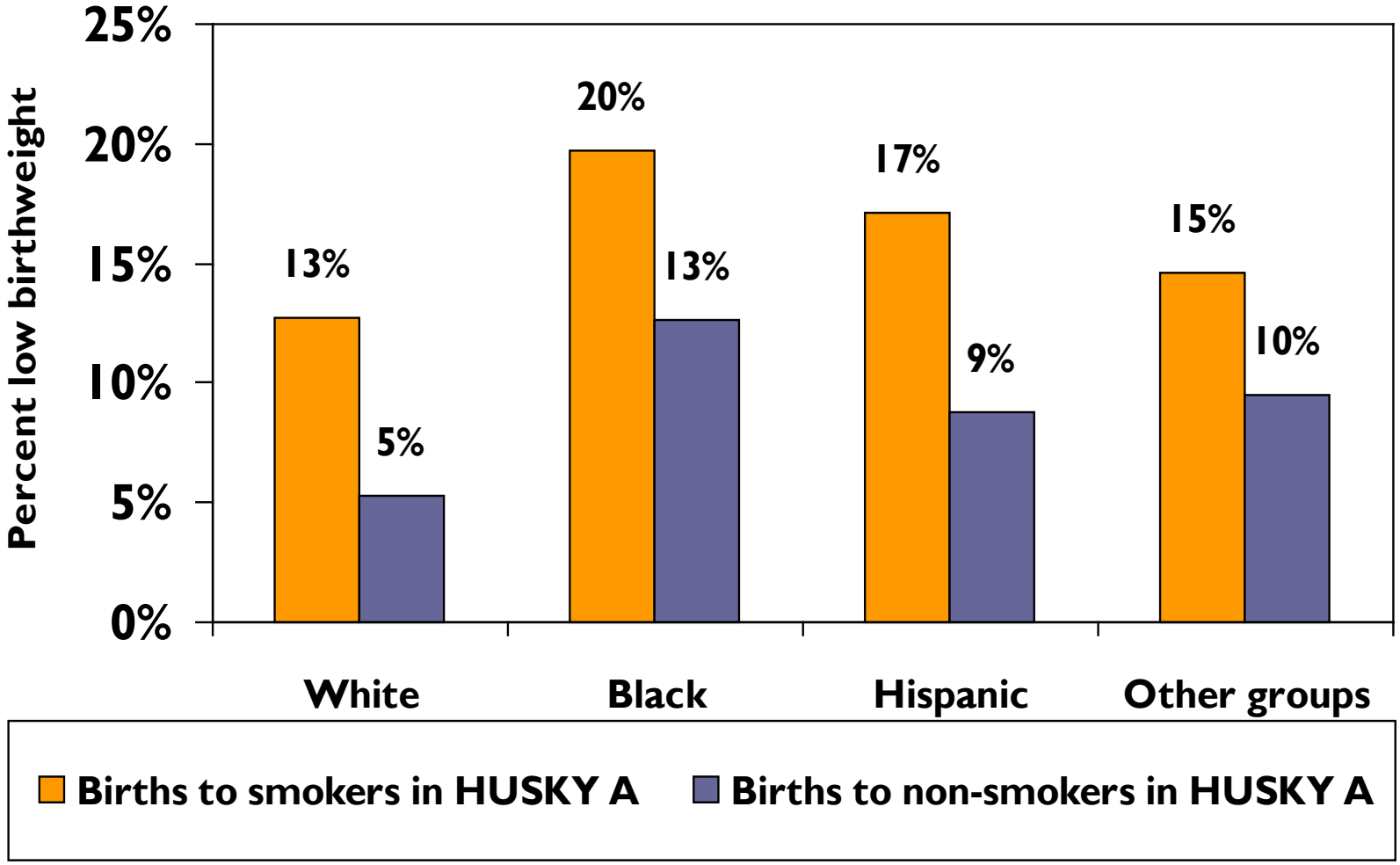
Cesarean Delivery: 2000-2004



Birth Outcomes: 2004

	HUSKY A births	FFS births	Other births
Low birthweight (<2500 gms)	9.7%	10.1%	7.0%
Very low birthweight (<1500 gms)	2.2%	2.5%	1.3%
Preterm births (<37 weeks gestation)	10.7%	12.2%	8.8%

Smoking and Low Birthweight: 2004



Conclusions

Medicaid covers an increasing percentage of all births to Connecticut mothers, especially in Connecticut's most economically challenged cities and towns.

Conclusions

While Medicaid coverage alone cannot offset significant socioeconomic differences and health differences that contribute to greater risk, some conditions (risk of unintended pregnancy, smoking, anemia) can be addressed with risk-appropriate family planning, preconception, and prenatal care.

Conclusions

Ongoing linkage of birth records and Medicaid records produces information for program oversight, for surveillance, and for development of health policy.

Ways That Medicaid Can Be Used to Improve Maternal Health and Birth Outcomes

- Provide state-funded coverage for undocumented pregnant women
- Expand coverage to pregnant women in families with income >185% FPL
- Extend coverage for new mothers beyond 60 days postpartum

Ways That Medicaid Can Be Used to Improve Maternal Health and Birth Outcomes

- Expand covered benefits to include treatment for tobacco dependence
- Enhance access to reproductive health services by implementing the Medicaid family planning waiver program
- Expand coverage of family planning options to include emergency contraceptive pill

For more information:

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Detailed report with 2003 and 2004 data available at www.ctkidslink.org