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# **Births to Mothers with HUSKY Program and Medicaid Coverage: 2010**

**Presentation to the  
Council on Medical Assistance Program Oversight  
March 8, 2013**

**CONNECTICUT  
VOICES  
FOR CHILDREN**

# Coverage for Pregnant Women

## **HUSKY A** (managed care in 2010)

- Household income <250% FPL (pregnant woman = 2) **OR**
- Already enrolled (parent or teen) with household income <185% FPL

## **HUSKY B** (managed care in 2010)

- Already enrolled teen under 19 in household with income  $\geq$ 185% FPL (may be switched to HUSKY A)

## **Medicaid** (fee-for-service)

- Enrolled late in pregnancy and provider doesn't participate in managed care network **OR**
- Emergency Medicaid for labor & birth only (including coverage for undocumented women)

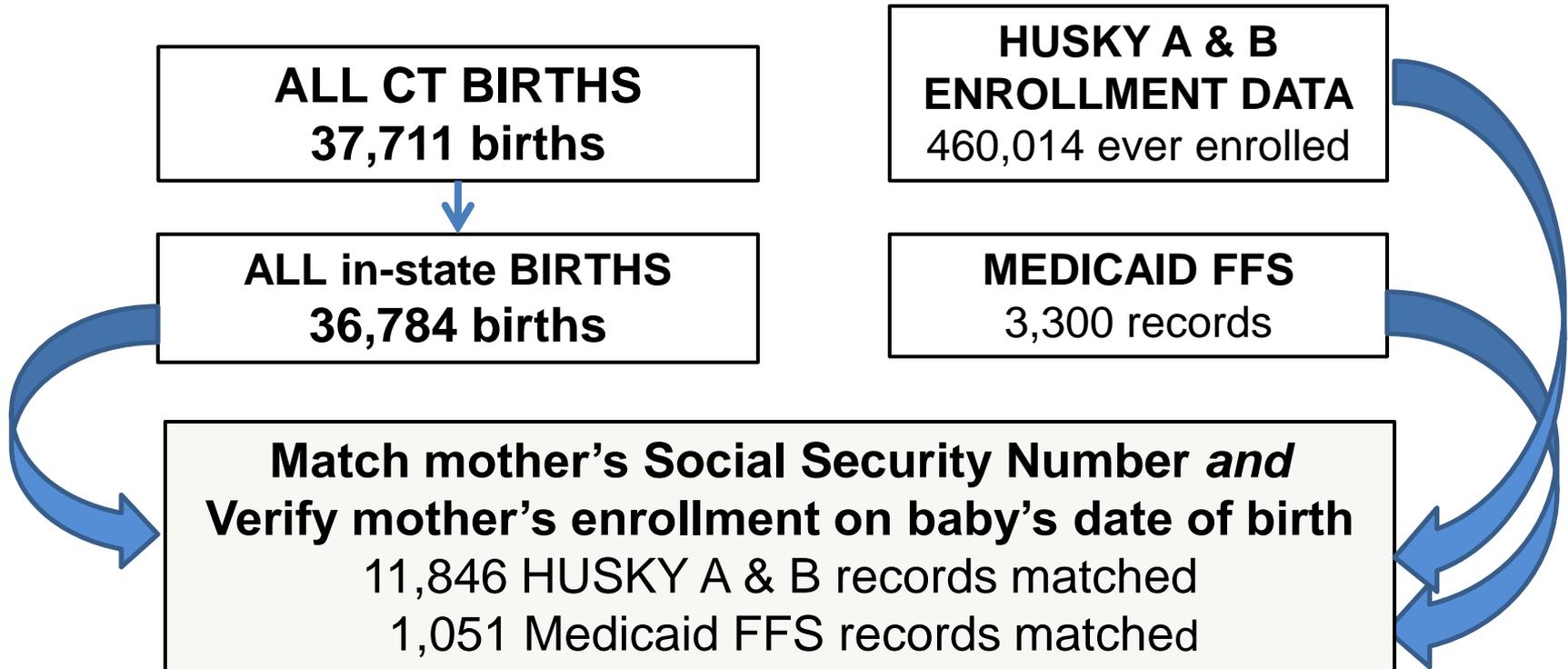
# Purpose

- To describe 2010 births to mothers with HUSKY Program and Medicaid coverage
- To compare maternal health and birth outcomes for mothers with HUSKY and Medicaid coverage to pregnancy and birth outcomes for other Connecticut mothers
- To describe 2000-2010 trends in maternal health and birth outcomes for mothers with HUSKY Program and Medicaid coverage

# Methods

- CT Voices obtains birth data from Department of Public Health, with approval for data linkage from DPH Human Investigations Committee
- CT Voices links birth data to HUSKY A & B enrollment and Medicaid FFS eligibility data
- CT Voices analyzes by payer source and by maternal health and birth outcomes (low birthweight, preterm birth)
- CT Voices provides DSS and DPH with copies of the linked file (under interagency data-sharing agreement)

# 2010 Birth Data Match



**...and for records not linked on SSN...**

**Match mother's exact name and date of birth *and* Verify mother's enrollment on baby's date of birth**  
367 HUSKY A & B records matched  
1,205 Medicaid FFS records matched

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# **HUSKY Program and Medicaid FFS Births: 2010 and Trends**

# 2010 Births to Connecticut Residents

**37,711 Births (36,784 in-state births)**

**HUSKY A: 12,213 births**

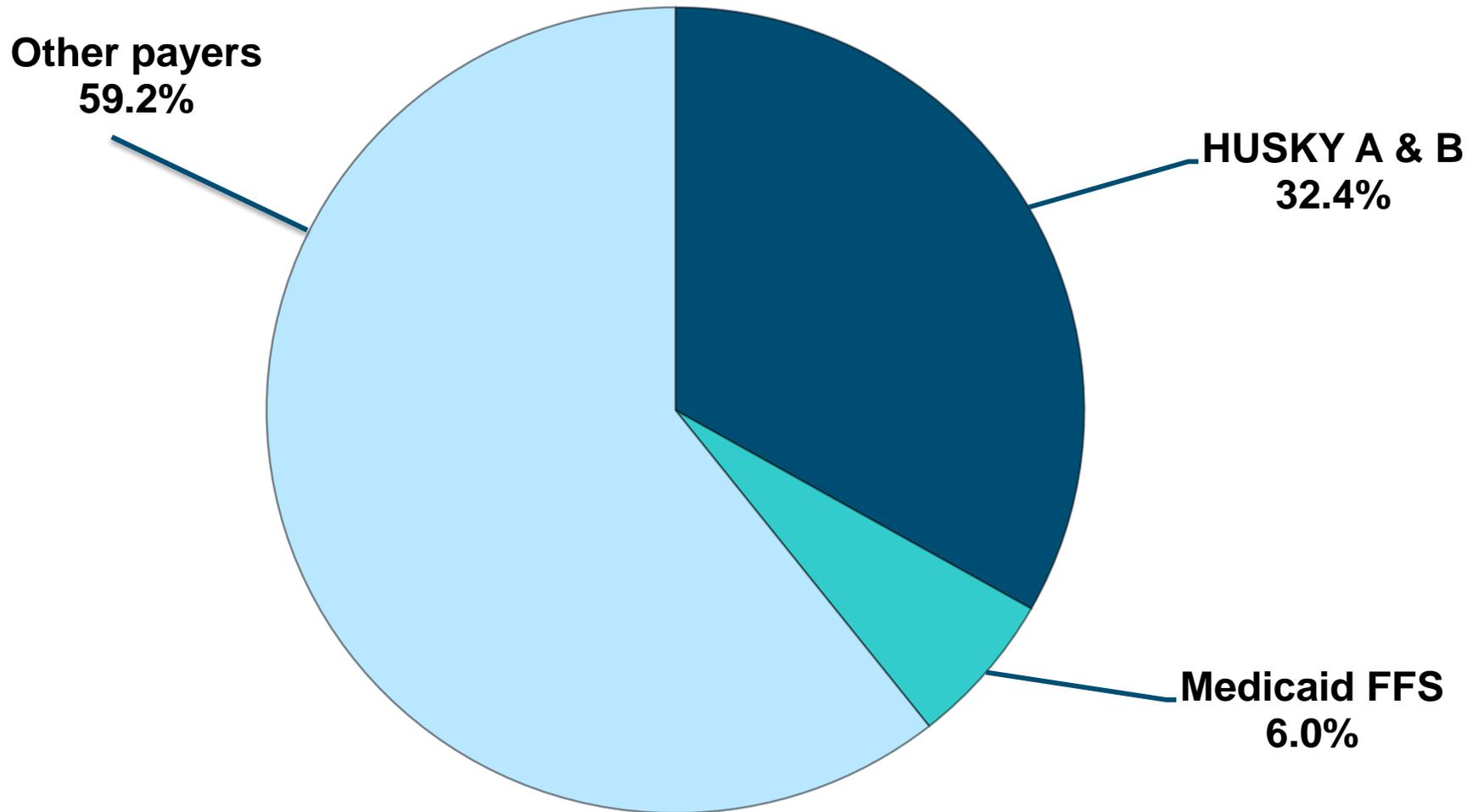
**HUSKY B: 8 births**

**Medicaid FFS: 2,256 births**



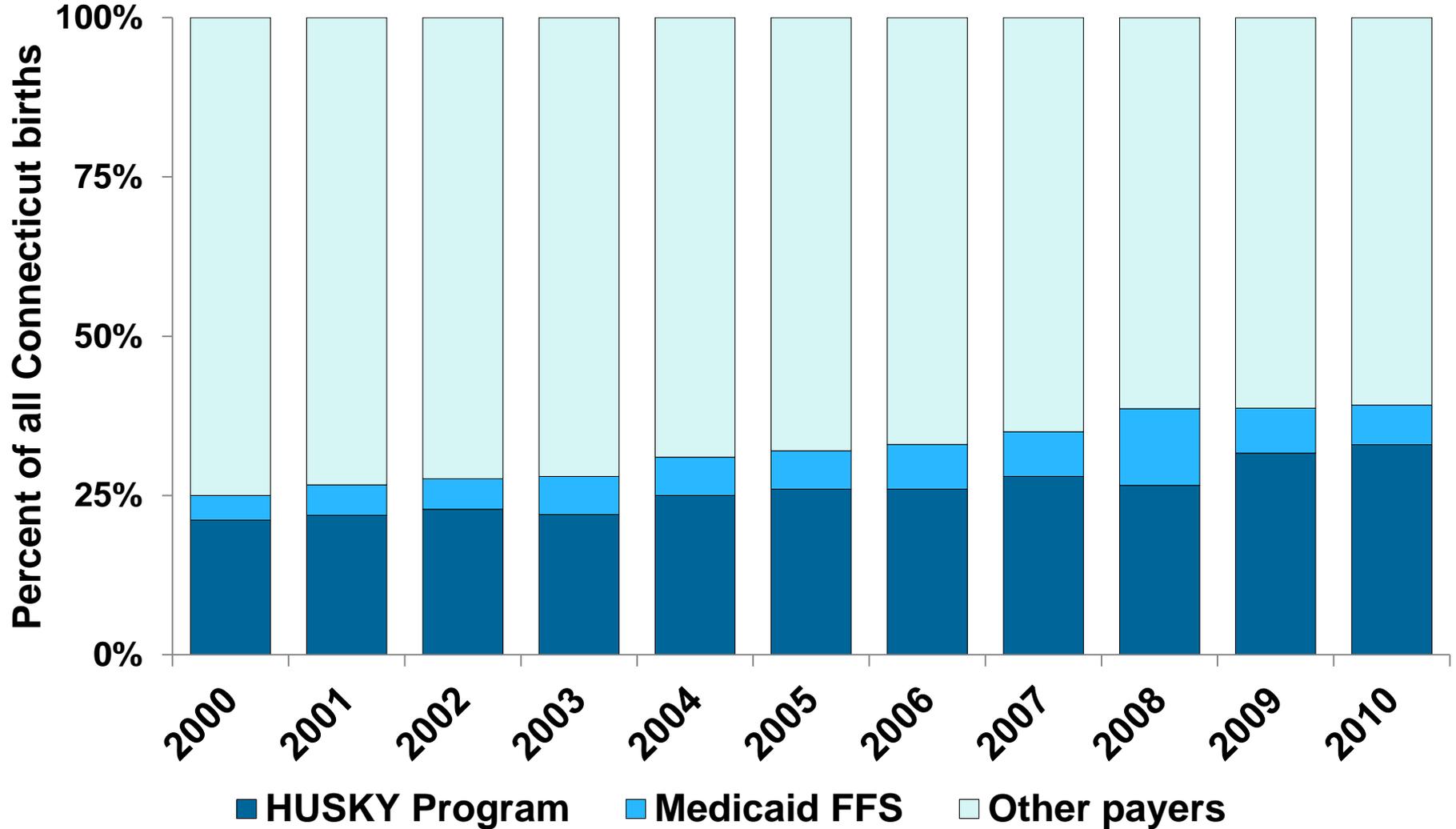
**38.4% of all Connecticut babies were born to mothers with publicly-funded care**

# 2010 Births by Payer Type



Percent of all 2010 births to Connecticut residents (37,711)

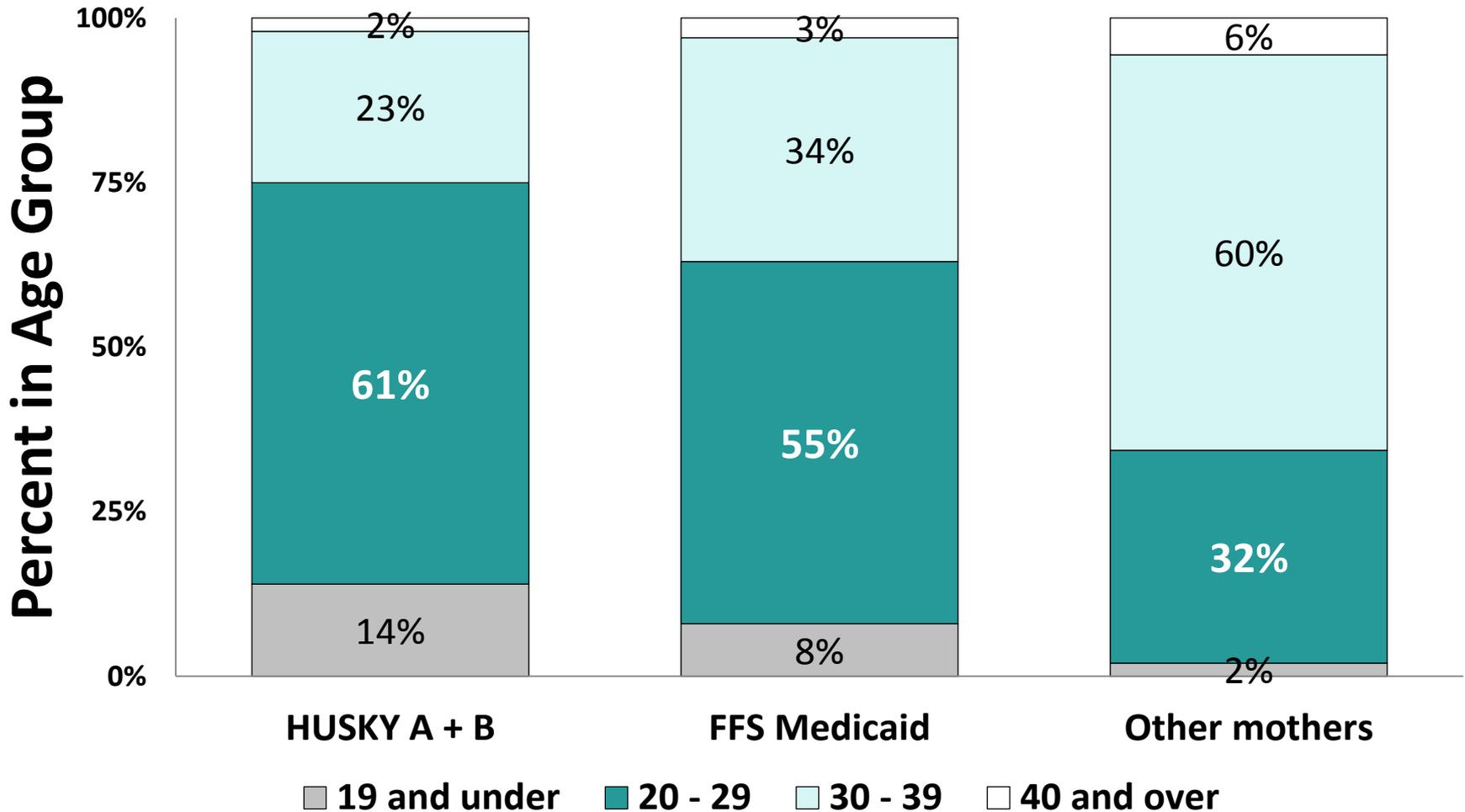
# Trends: Births by Payer Type



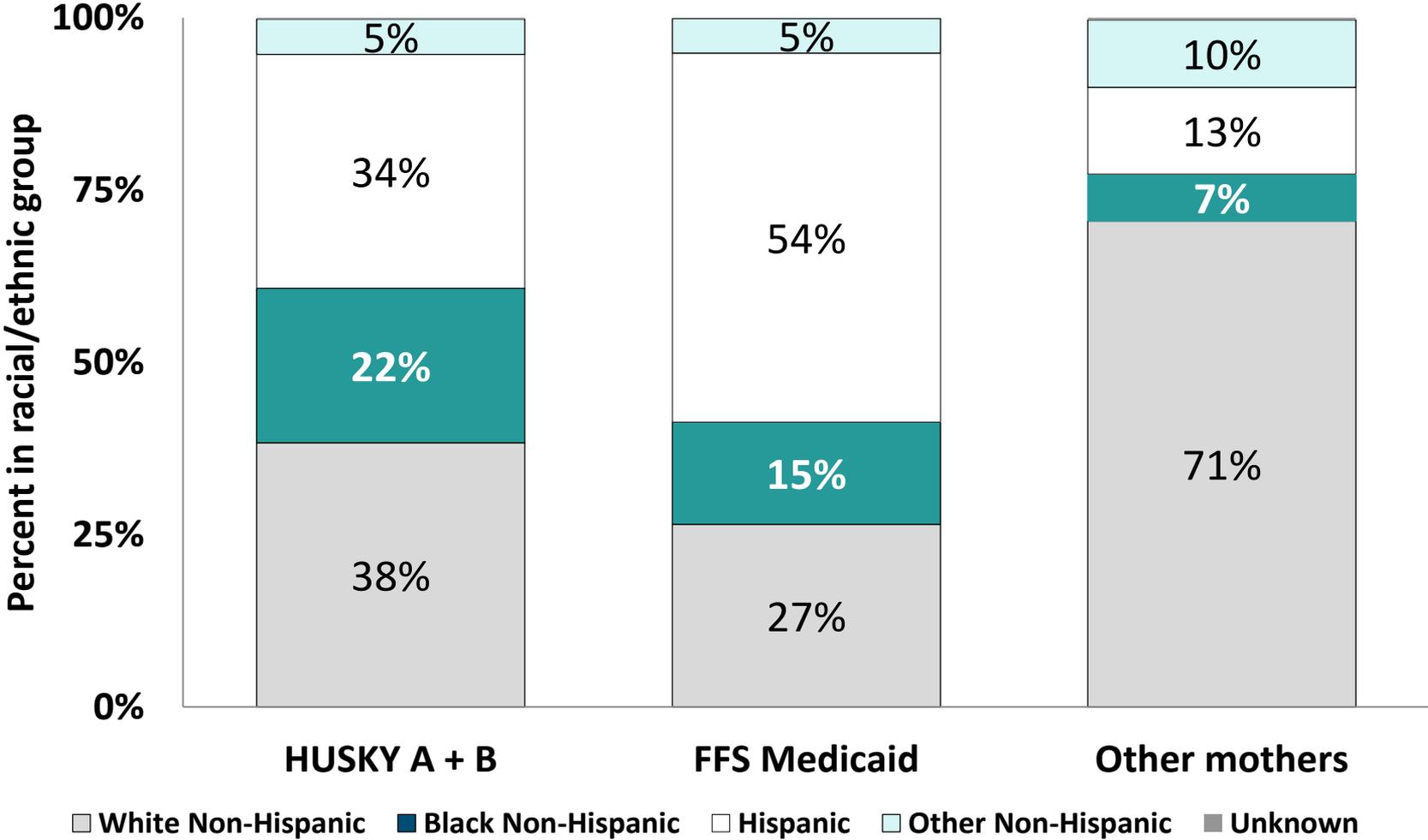
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# **Maternal Characteristics and Health: 2010**

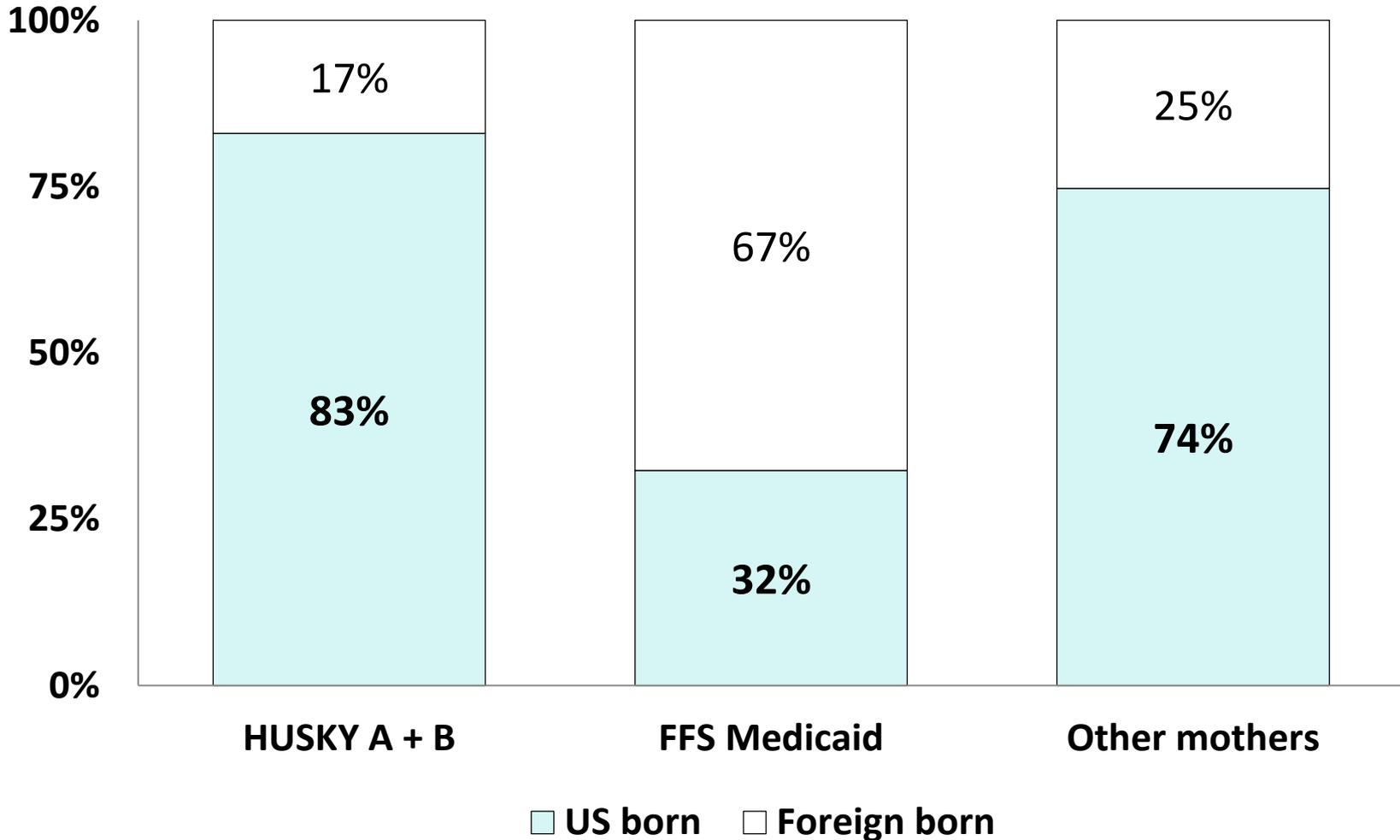
# Maternal Age by Payer Type



# Maternal Race/Ethnicity by Payer Type



# Maternal Birthplace by Payer Type



# HUSKY & Medicaid Births by Town

<b>Town</b>	<b>Number of Births (% of all births in location)</b>
<b>Bridgeport</b>	<b>1,445 (67%)</b>
<b>Hartford</b>	<b>1,537 (77%)</b>
<b>New Haven</b>	<b>1,160 (58%)</b>
<b>Other towns</b>	<b>10,335 (34%)</b>

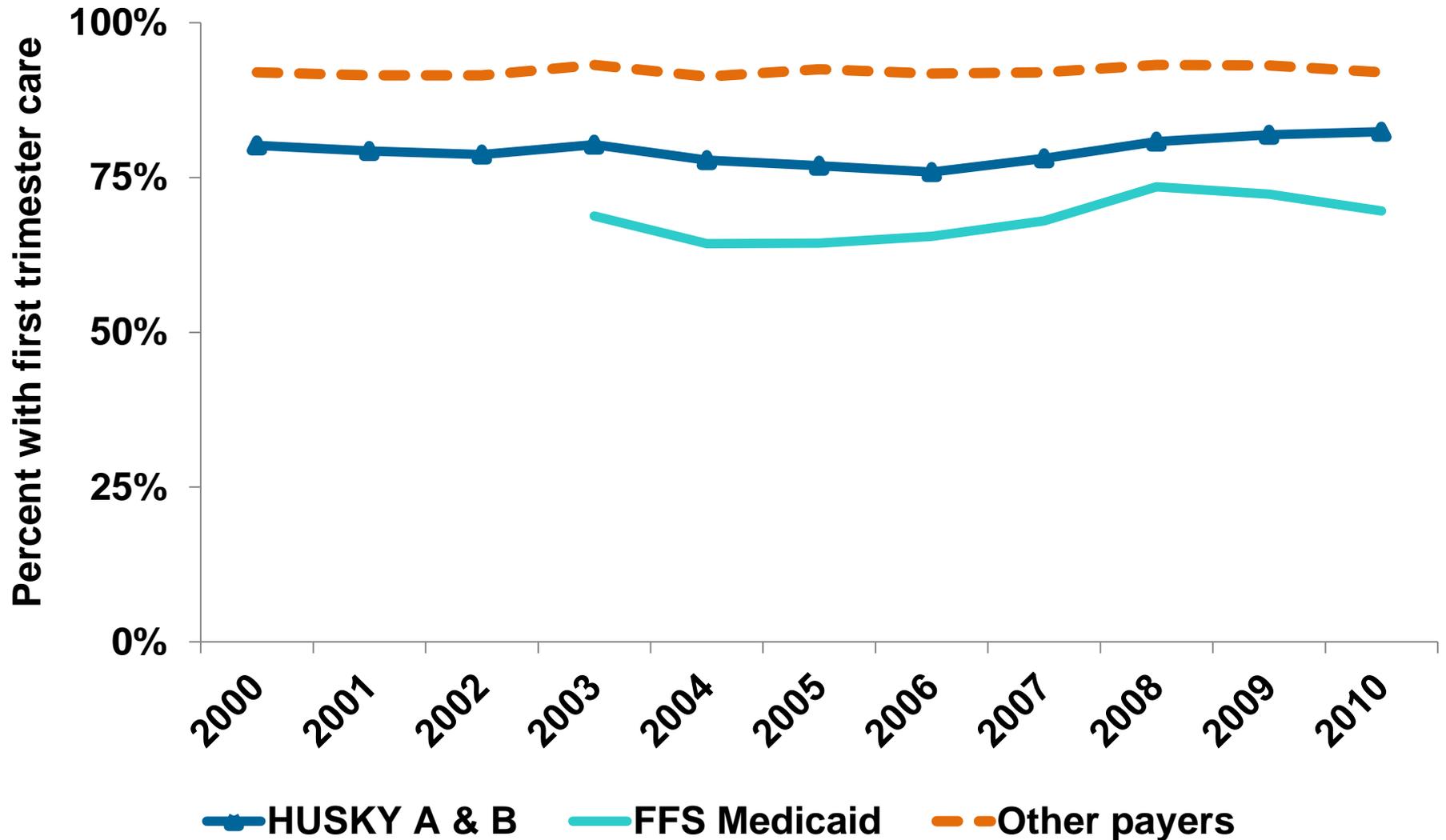
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# **Prenatal Care and Birth Outcomes: 2010**

# Prenatal Care by Payer Type

	<b>HUSKY A &amp; B</b>	<b>Medicaid FFS</b>	<b>Other payers</b>
<b>Early prenatal care</b> (began first trimester)	<b>82.4%</b>	<b>69.6%</b>	<b>92.0%</b>
<b>Adequate or better prenatal care</b> (recommended # visits)	<b>74.9%</b>	<b>62.0%</b>	<b>82.3%</b>

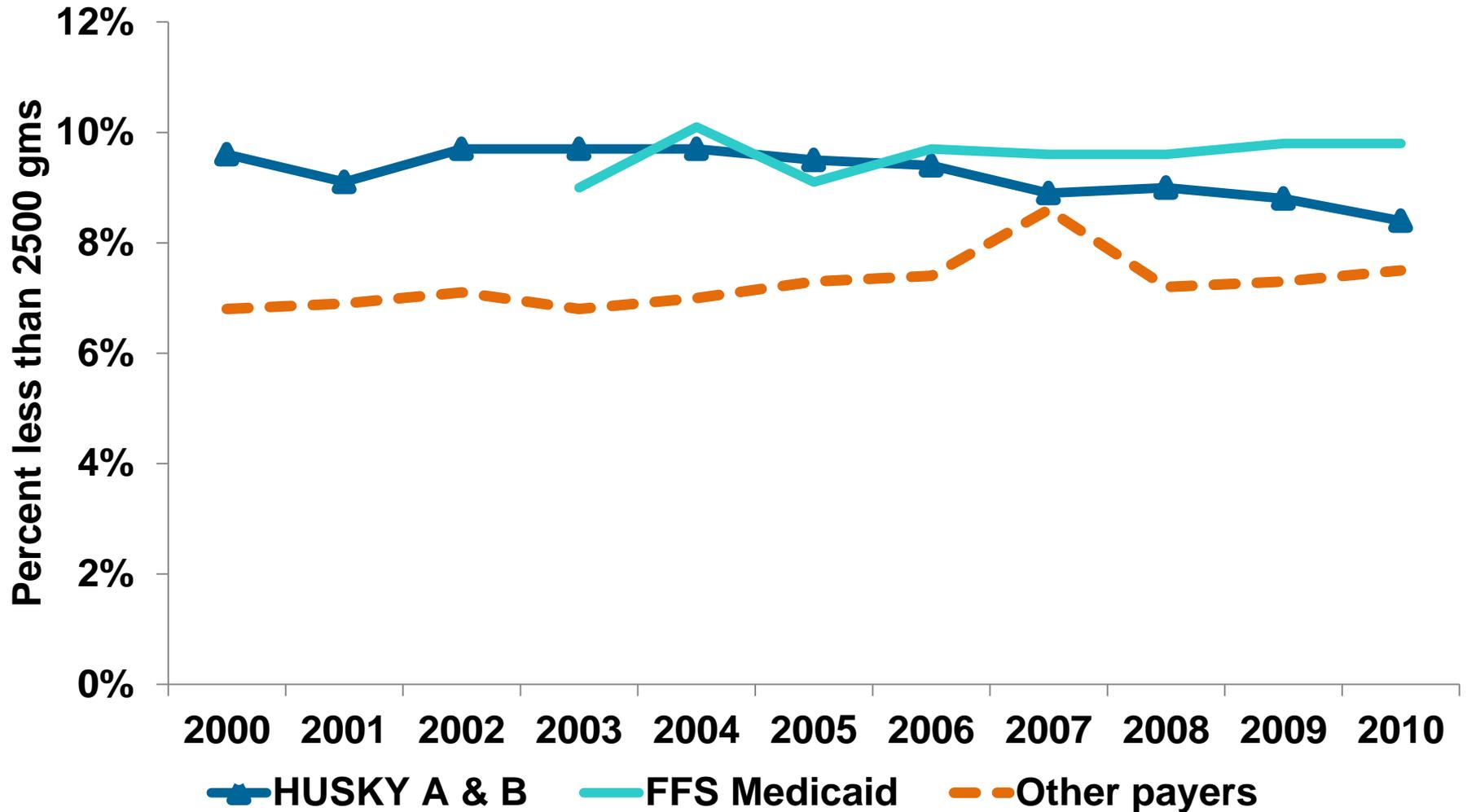
# Trends: Early Prenatal Care



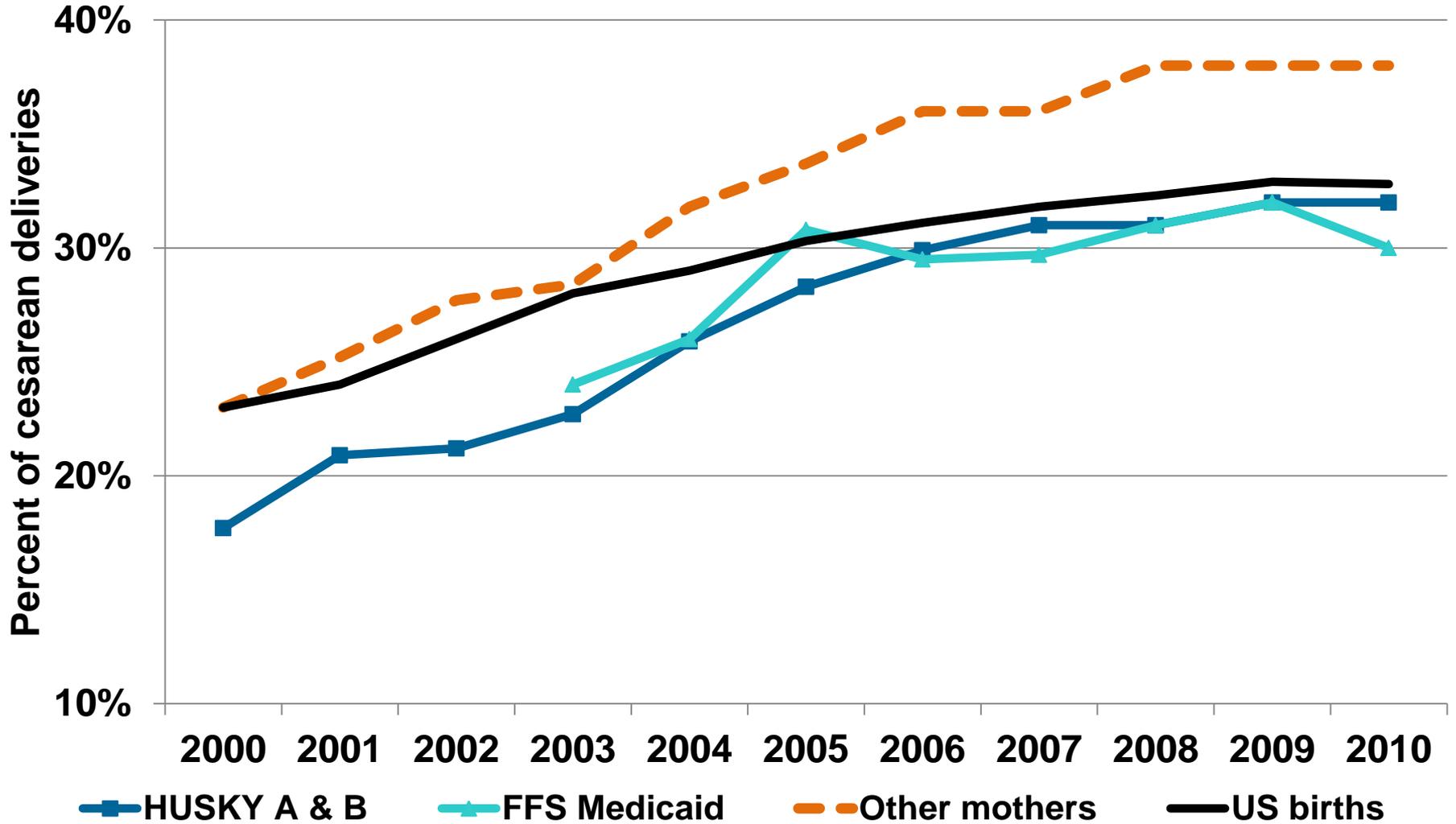
# Birth Outcomes by Payer Type

	<b>HUSKY A &amp; B</b>	<b>Medicaid FFS</b>	<b>Other payers</b>
<b>Low birthweight (less than 2,500 grams)</b>	<b>8.4%</b>	<b>9.8%</b>	<b>7.5%</b>
<b>Very low birthweight (less than 1,500 grams)</b>	<b>1.7%</b>	<b>2.2%</b>	<b>1.3%</b>
<b>Preterm birth (less than 37 weeks)</b>	<b>10.7%</b>	<b>13.1%</b>	<b>9.8%</b>

# Trends: Low Birthweight



# Trends: Cesarean Delivery Rates



# Maternal Health 2010

## **Births to mothers with HUSKY Program or Medicaid were:**

- More likely to be third births or greater
- More likely to be singletons v. multiple births
- Less likely to achieve recommended maternal weight gain (16-40 pounds) during pregnancy

## **Leading medical risk factors:**

- Anemia
- Gestational diabetes
- Pregnancy-associated hypertension

# Smoking Rates by Payer Type

## Maternal smoking rates:

9.9% HUSKY A + B

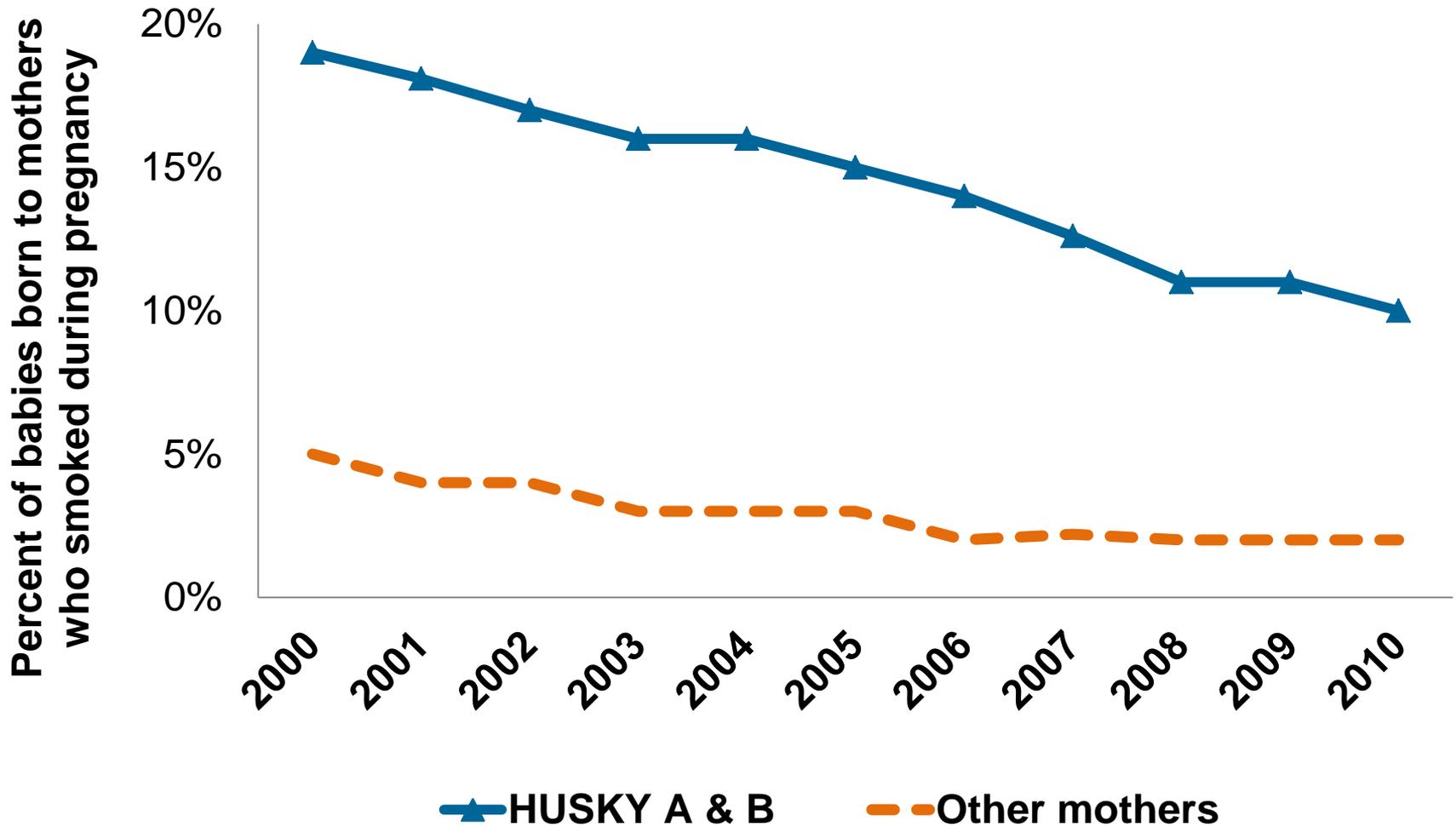
5.6% Medicaid FFS

1.5% other mothers



Treatment for tobacco dependence was **not** a covered benefit for pregnant women until mandated by the Affordable Care Act (effective 10/1/10)

# Trends: Smoking Rates



# HUSKY Program: Summary of Trends

<b>As Percent of All Connecticut births</b>	<b>Increasing</b>
<b>Maternal Health:</b>	
<b>Early prenatal care</b>	<b>Essentially unchanged since 2008</b>
<b>Cesarean delivery rate</b>	<b>Increasing but unchanged from 2009</b>
<b>Smoking during pregnancy</b>	<b>Decreasing steadily</b>
<b>Birth Outcomes:</b>	
<b>Low birthweight</b>	<b>Decreasing since 2004</b>
<b>Preterm birth</b>	<b>Essentially unchanged since 2002</b>

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# **What Connecticut Has Done to Improve Maternal Health and Birth Outcomes**

# Improved Coverage Options

- Medicaid eligibility for parents up to 185% FPL (2007) and pregnant women up to 250% FPL (2008)
- Presumptive eligibility for pregnant women (2010)
- Coverage for recent immigrants who are legally residing in US and pregnant (with federal matching funds since 2009)
- Medicaid coverage for family planning services for women and men with income less than 250% FPL (2012)

# Improved Benefits

- Treatment for tobacco dependence for pregnant women (since 2010) and all Medicaid enrollees (since 2012)
- Targeted outreach and referral for linking pregnant women to dental care (since 2010)
- Screening for maternal depression during and after pregnancy, with referral to Connecticut Behavioral Health Partnership for treatment if needed

# Improved Quality of Care

- HUSKY pay-for-performance project to improve the quality of maternity care (DSS; planning underway)
- Four-state learning network to identify best practices for improving birth outcomes (DPH participating in National Governor's Association initiative)
- Federally-funded community-based care-coordination projects for reducing low birthweight and preterm birth in New Haven (Community Foundation of Greater New Haven) and Hartford (DPH)
- Improving maternal health and birth outcomes in five non-urban counties (DPH, with funding from the Centers for Disease Control and Prevention)

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# Recommendations

# Promote Optimal Maternal Health

- Maintain Medicaid coverage for HUSKY parents under 185% FPL
- Make certain that eligible pregnant women and new mothers are covered early in pregnancy and after 60 days postpartum
- Help teens and low income adults obtain family planning services when they wish to avoid pregnancy

# Ensure Availability of Data

- Continue state funding for ongoing linkage of birth records with HUSKY A & B and Medicaid FFS records so that data are readily available for:
  - HUSKY program oversight
  - Public health surveillance
  - Health policy development
- Use linked birth datasets for ongoing monitoring and evaluation of the HUSKY Program, public health programs (WIC, Healthy Start projects, etc.) and state-funded early childhood initiatives

# Acknowledgements

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# For Additional Information...

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A detailed report on 2010 births is available at [www.ctvoices.org](http://www.ctvoices.org)

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