Births to Mothers with HUSKY Program and Medicaid Coverage: 2010

Presentation to the
Council on Medical Assistance Program Oversight
April 12, 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 ≥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

ALL CT BIRTHS
37,711 births

HUSKY A & B ENROLLMENT DATA
460,014 ever enrolled

ALL in-state BIRTHS
36,784 births

MEDICAID FFS
3,300 records

Match mother's Social Security Number *and* Verify mother's enrollment on baby's date of birth
11,846 HUSKY A & B records matched
1,051 Medicaid FFS records matched

...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

HUSKY Program and Medicaid FFS Births: 2010 and Trends

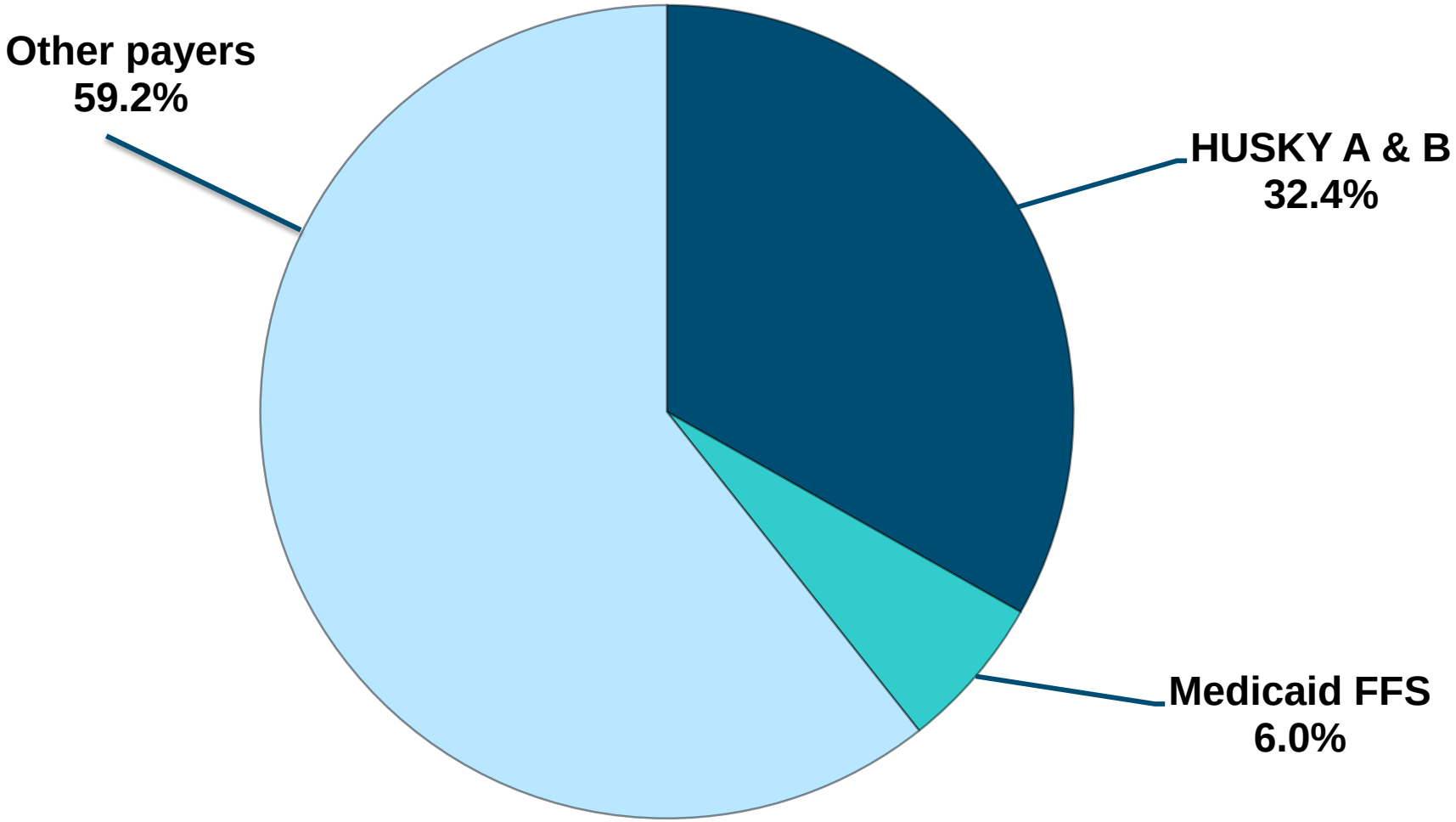
2010 Births to Connecticut Residents

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

HUSKY A:	**12,213 births**
HUSKY B:	**8 births**
Medicaid FFS:	**2,256 births**

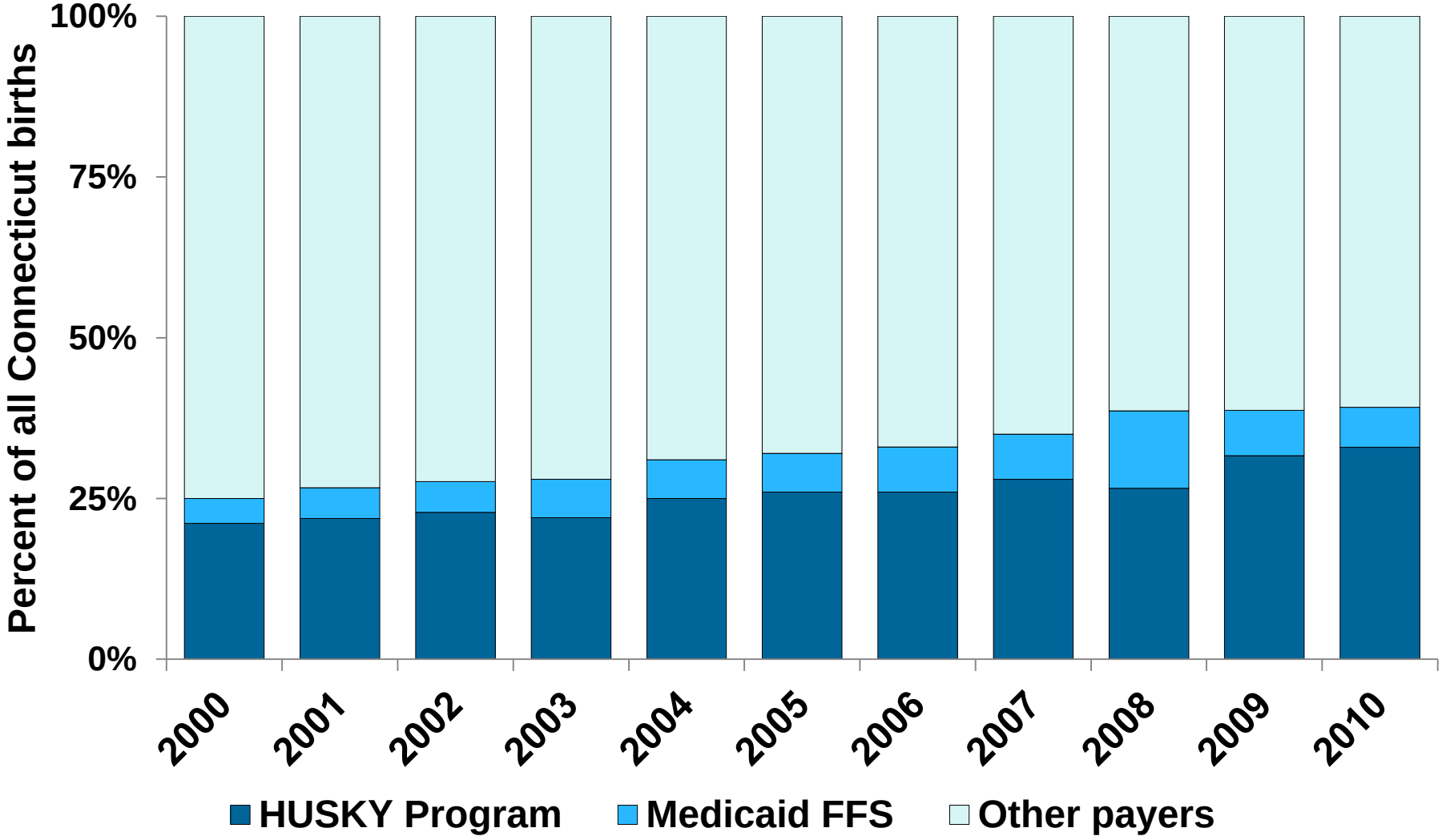
38.4% of all Connecticut babies were born to mothers with publicly-funded care

2010 Births by Payer Type



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

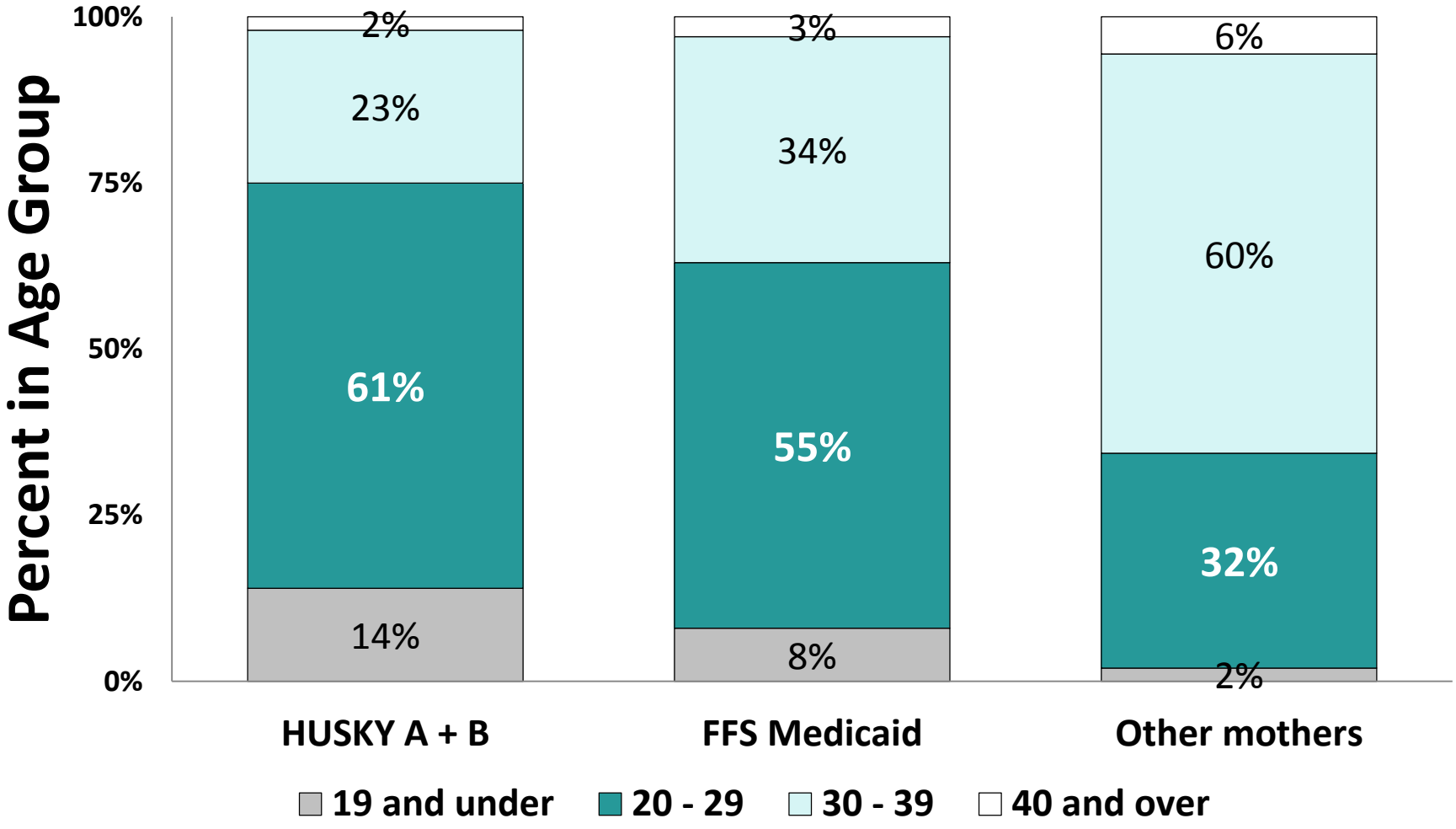
Trends: Births by Payer Type



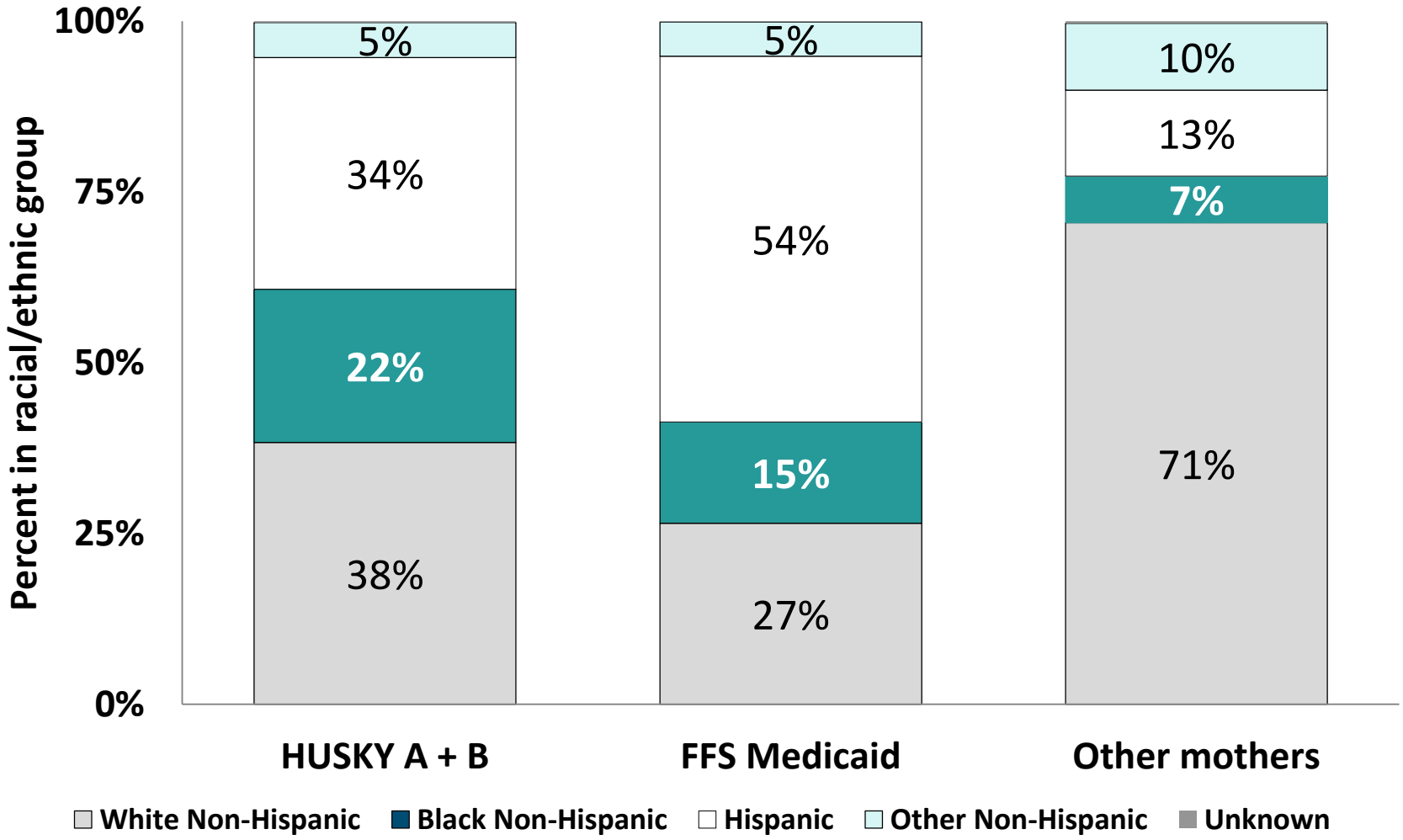
Connecticut Voices for Children

Maternal Characteristics and Health: 2010

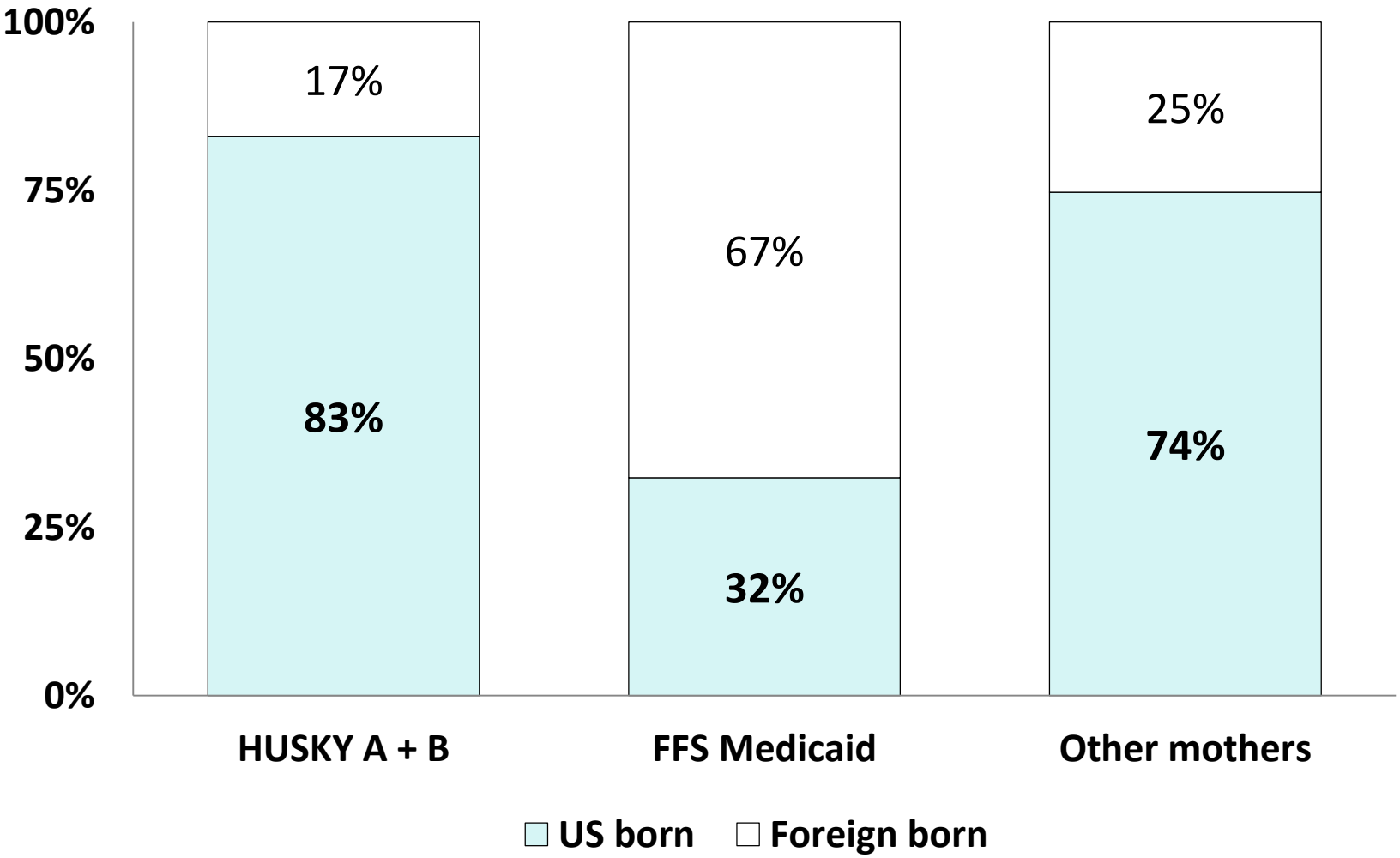
Maternal Age by Payer Type



Maternal Race/Ethnicity by Payer Type



Maternal Birthplace by Payer Type



Connecticut Voices for Children

HUSKY & Medicaid Births by Town

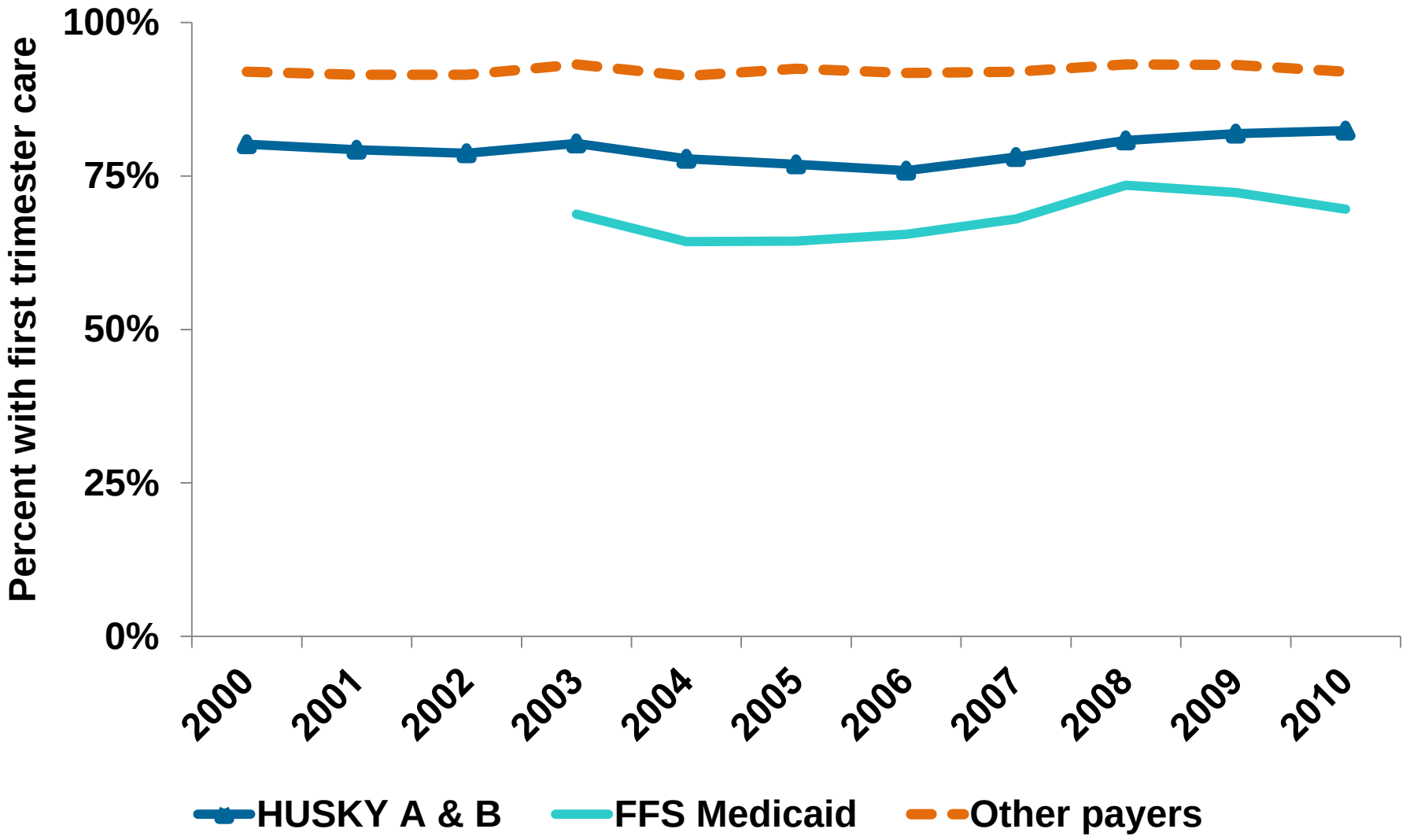
Town	Number of Births (% of all births in location)
Bridgeport	1,445 (67%)
Hartford	1,537 (77%)
New Haven	1,160 (58%)
Other towns	10,335 (34%)

Prenatal Care and Birth Outcomes: 2010

Prenatal Care by Payer Type

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

Trends: Early Prenatal Care

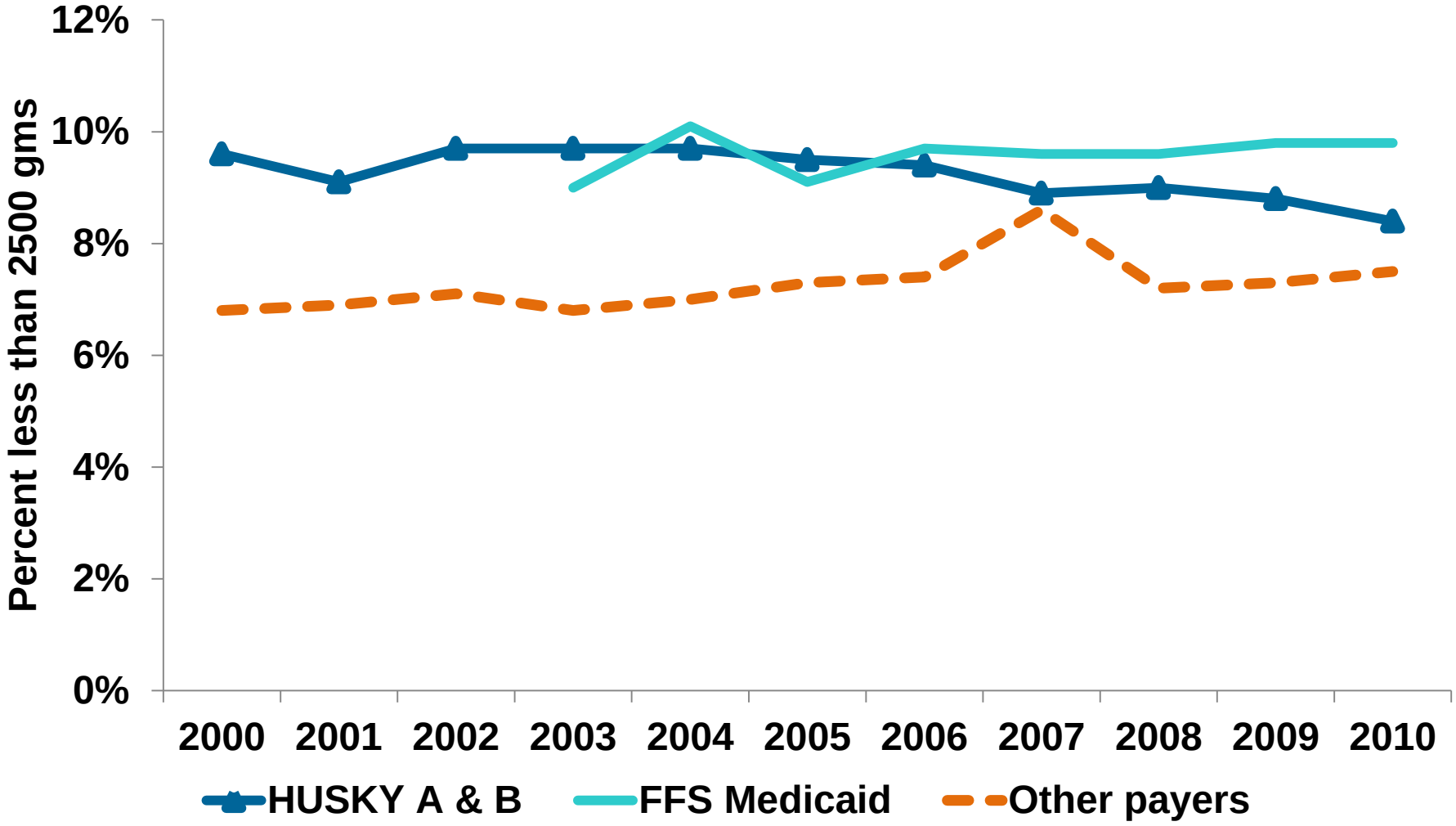


Connecticut Voices for Children

Birth Outcomes by Payer Type

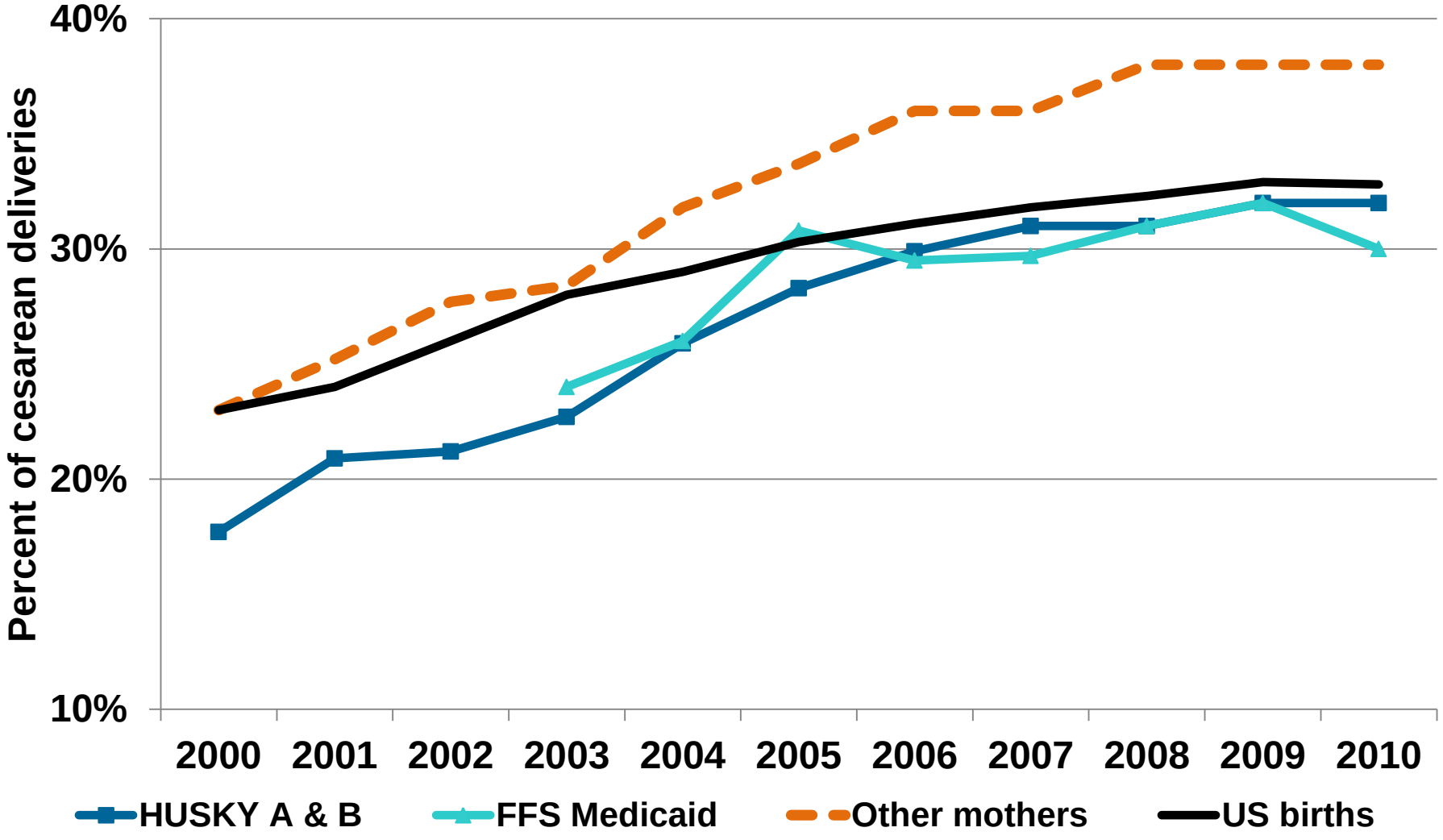
	HUSKY A & B	Medicaid FFS	Other payers
Low birthweight (less than 2,500 grams)	**8.4%**	**9.8%**	**7.5%**
Very low birthweight (less than 1,500 grams)	**1.7%**	**2.2%**	**1.3%**
Preterm birth (less than 37 weeks)	**10.7%**	**13.1%**	**9.8%**

Trends: Low Birthweight



Connecticut Voices for Children

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

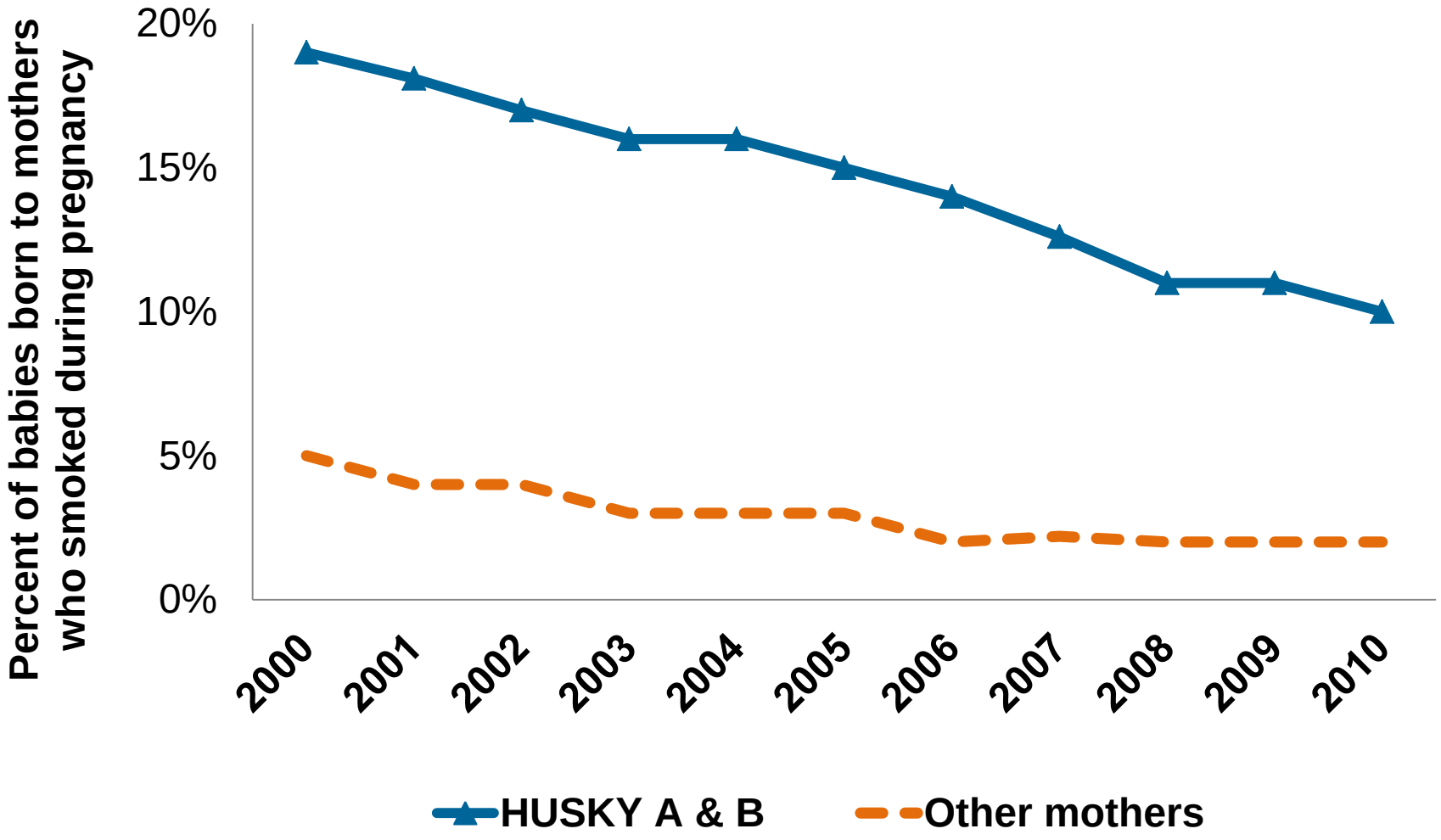
Smoking Rates by Payer Type

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



Connecticut Voices for Children

HUSKY Program: Summary of Trends

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

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)

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

Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues, and state-funded independent performance monitoring in the HUSKY Program. This report on births in 2010 was prepared under a contract between the **Connecticut Department of Social Services** and the **Hartford Foundation for Public Giving**, with a grant from the foundation to Connecticut Voices. Connecticut Voices for Children contracts with **MAXIMUS, Inc.** for data management and data analysis. This report was prepared by Mary Alice Lee Ph.D.; Amanda Learned of MAXIMUS, Inc., performed the data linkage and conducted the analyses. This publication does not express the views of the Department of Social Services or the State of Connecticut. The views and opinions expressed are those of the authors.

For Additional Information…

A detailed report on 2010 births is available at www.ctvoices.org

Contact:
Mary Alice Lee PhD
Connecticut Voices for Children
203-498-4240
malee@ctvoices.org