
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)

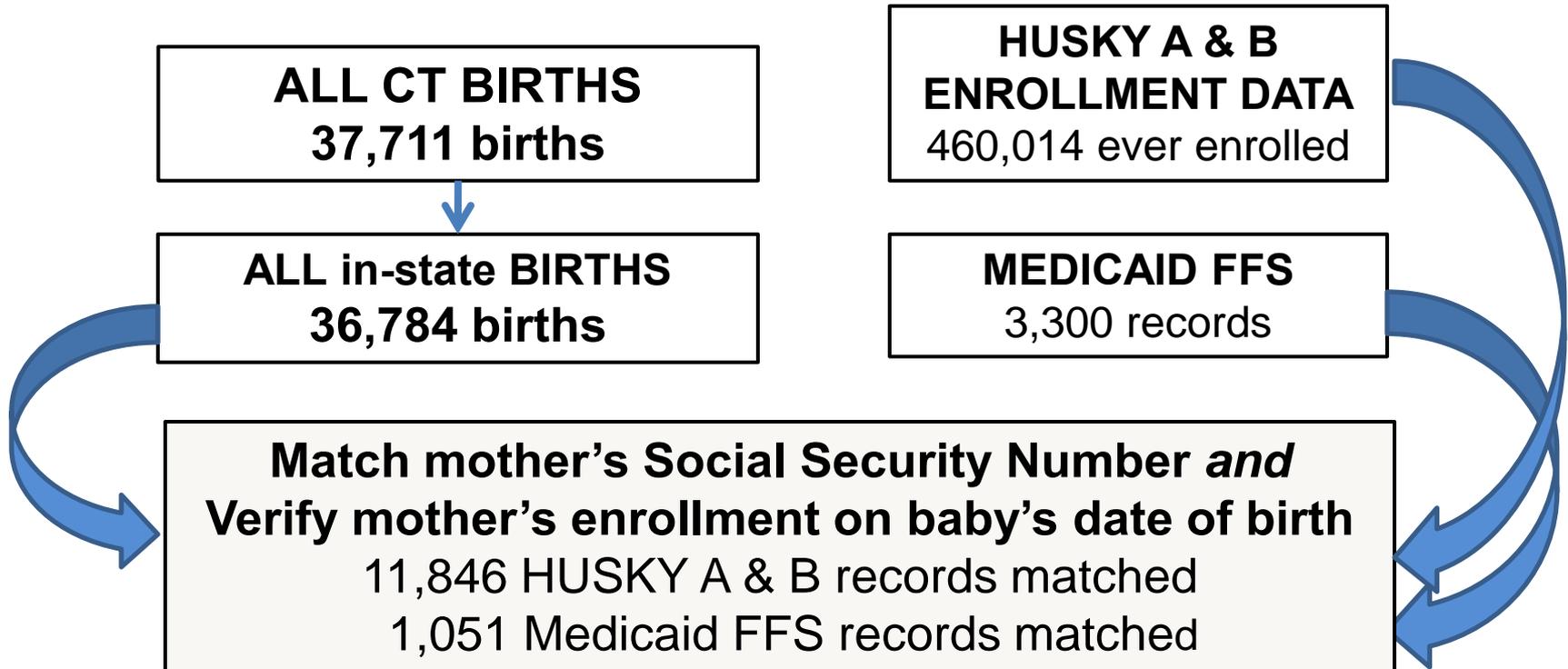
Purpose

- 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

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

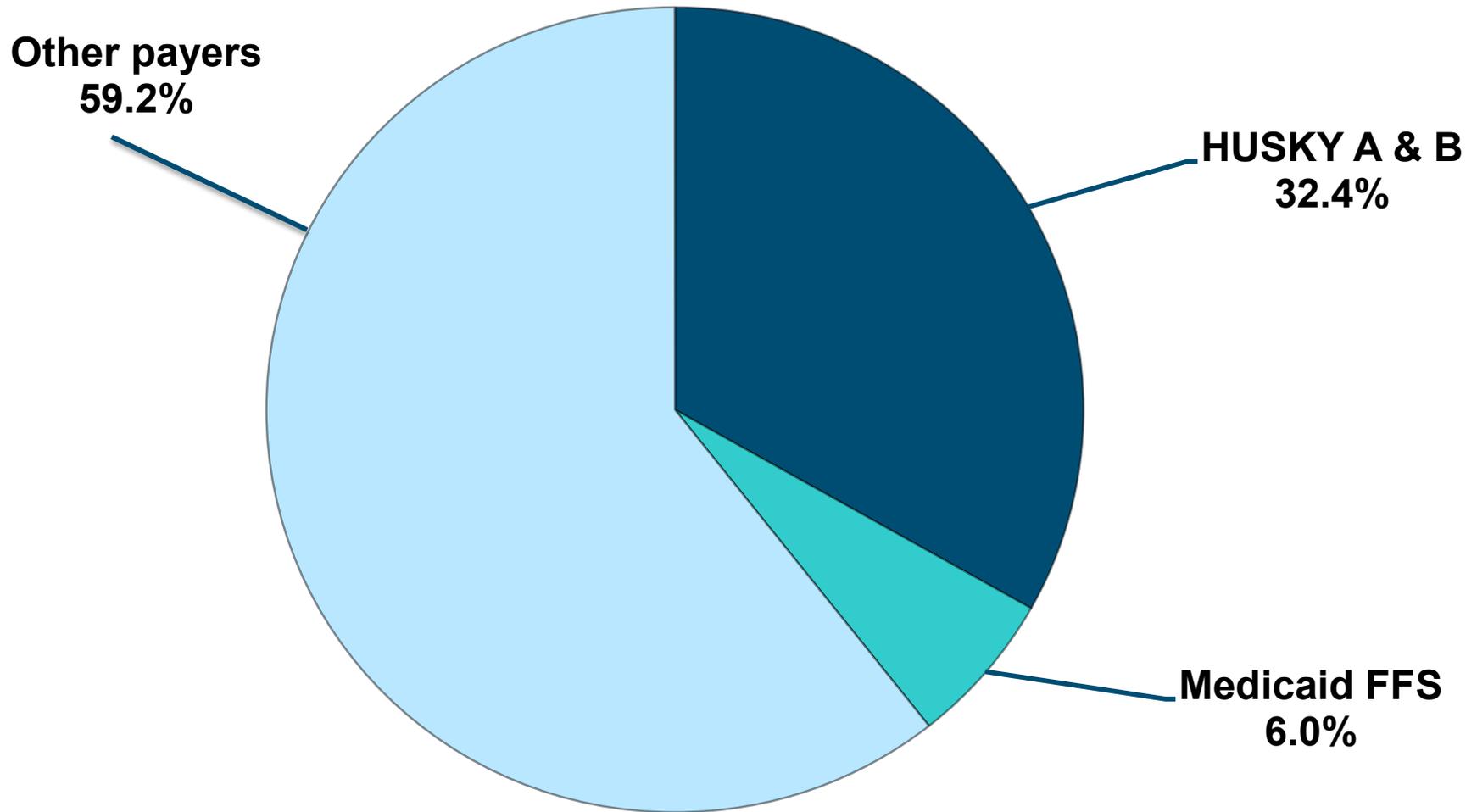
HUSKY B: 8 births

Medicaid FFS: 2,256 births



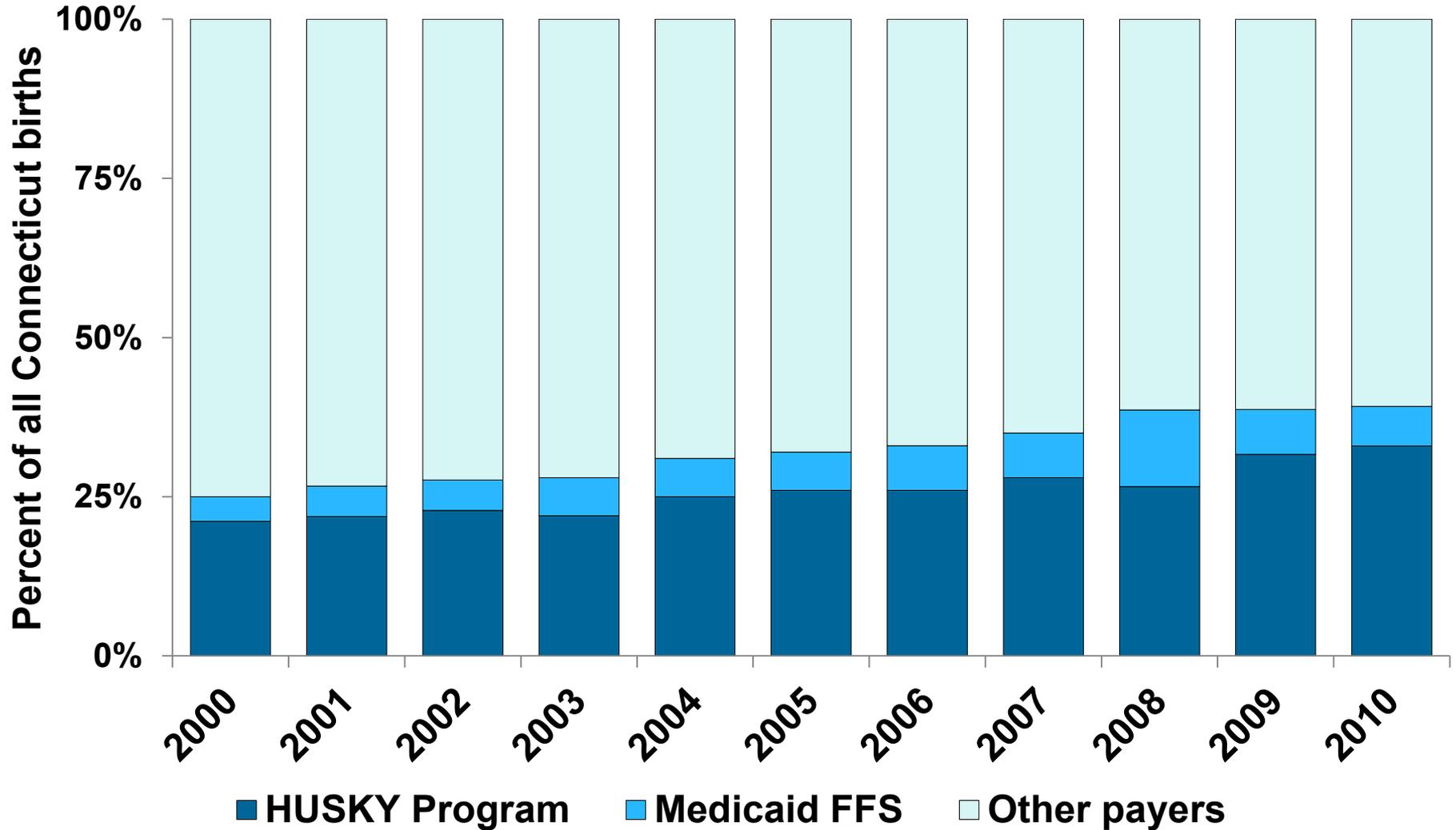
38.4% of all Connecticut babies were born to mothers with publicly-funded care

2010 Births by Payer Type



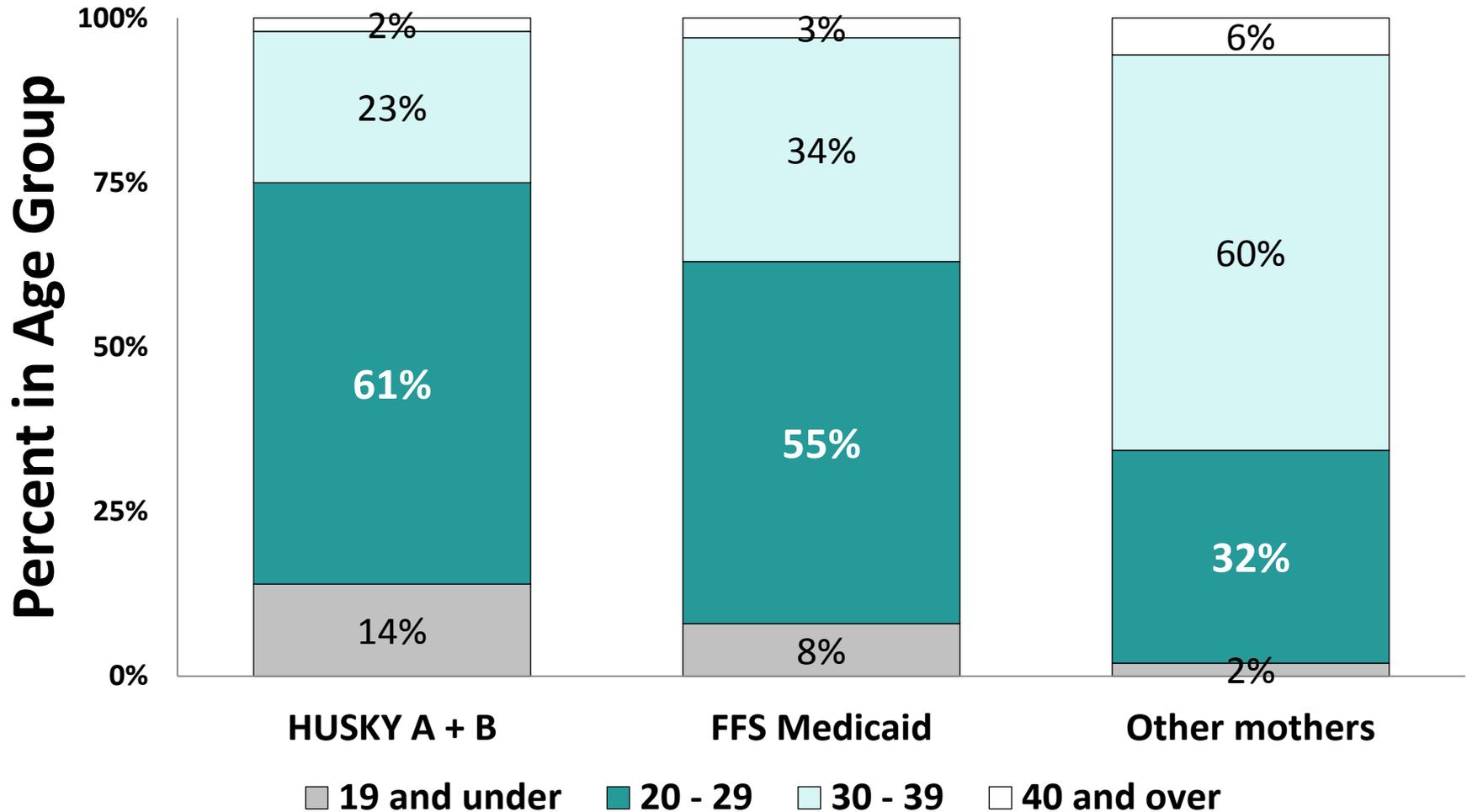
Percent of all 2010 births to Connecticut residents (37,711)

Trends: Births by Payer Type

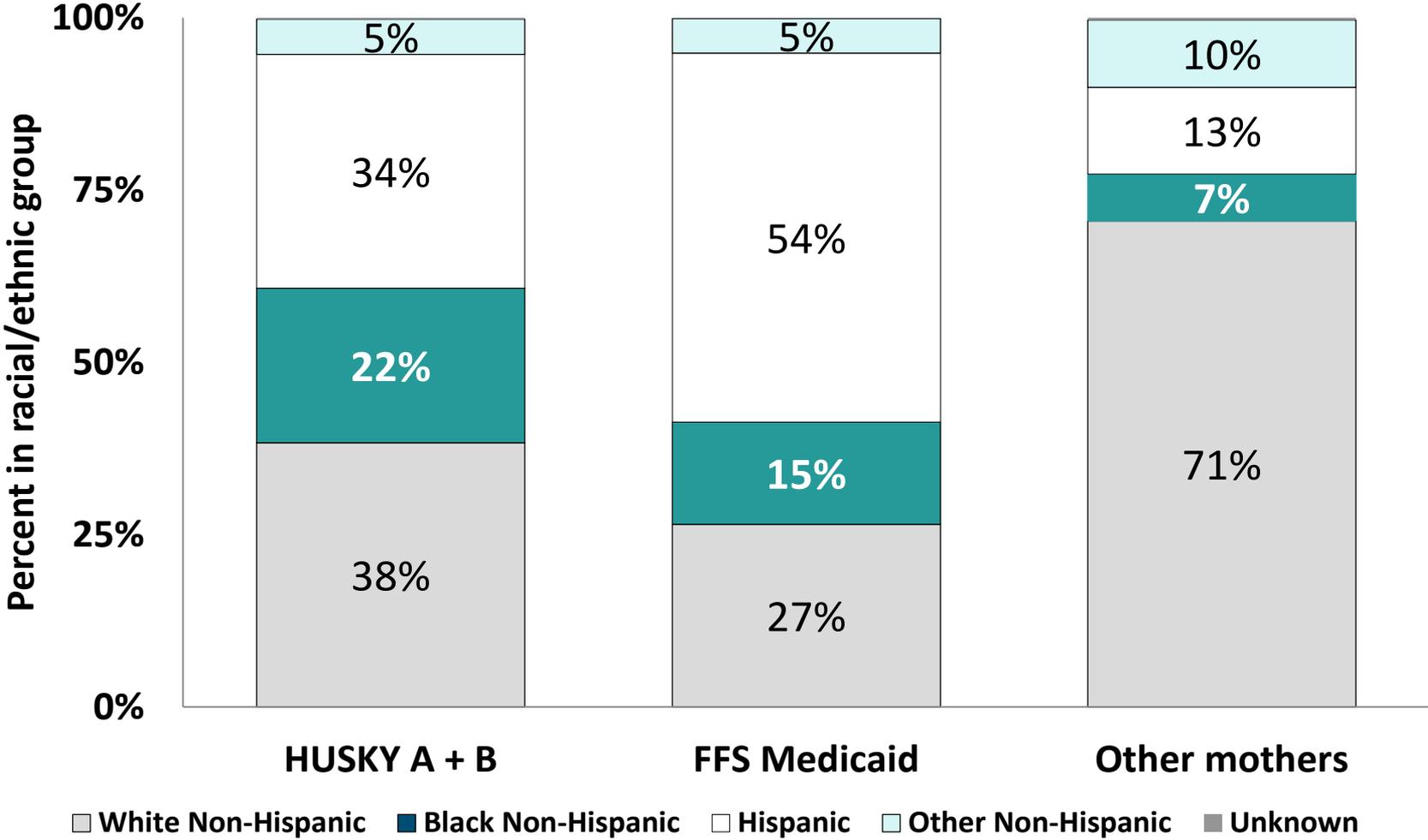


Maternal Characteristics and Health: 2010

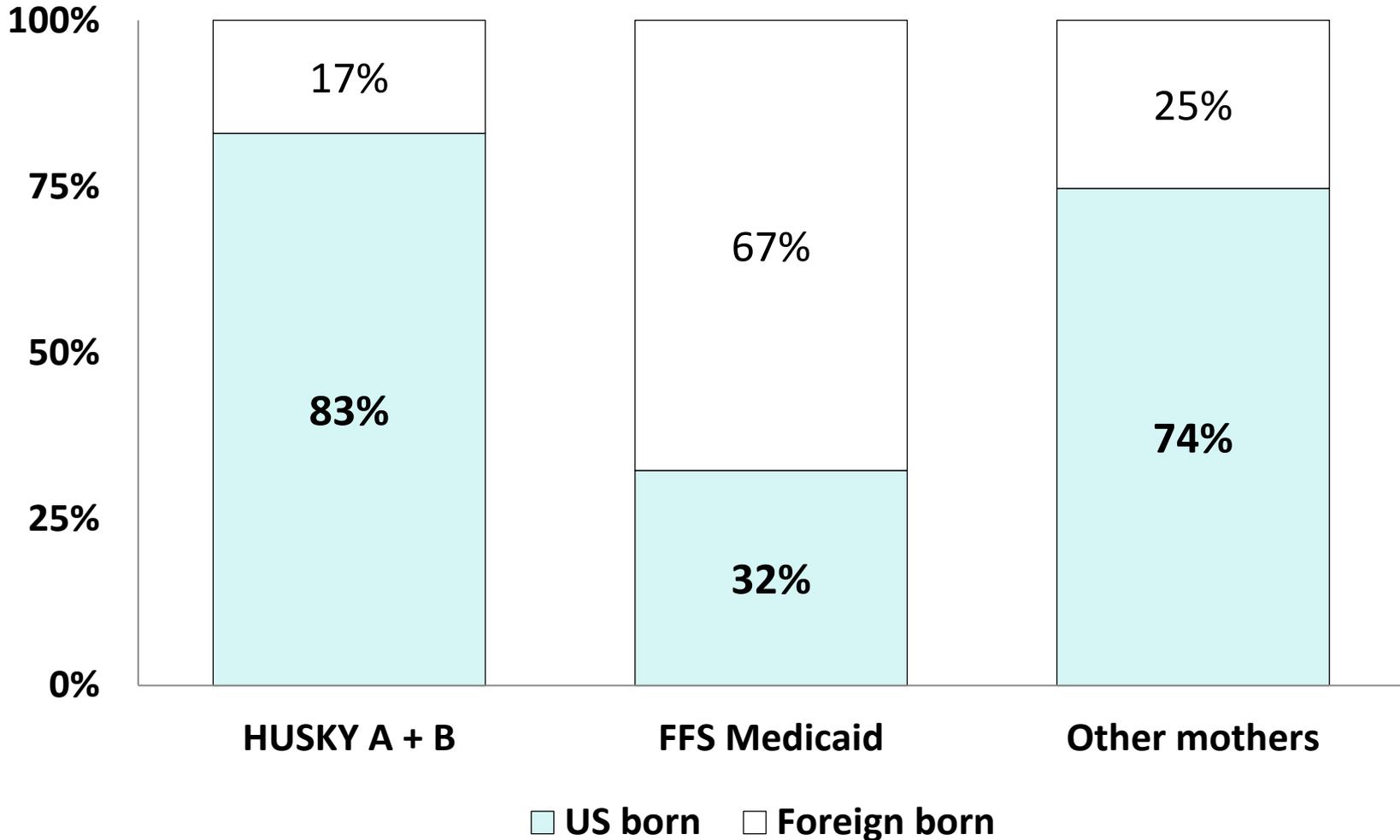
Maternal Age by Payer Type



Maternal Race/Ethnicity by Payer Type



Maternal Birthplace by Payer Type



HUSKY & Medicaid Births by Town

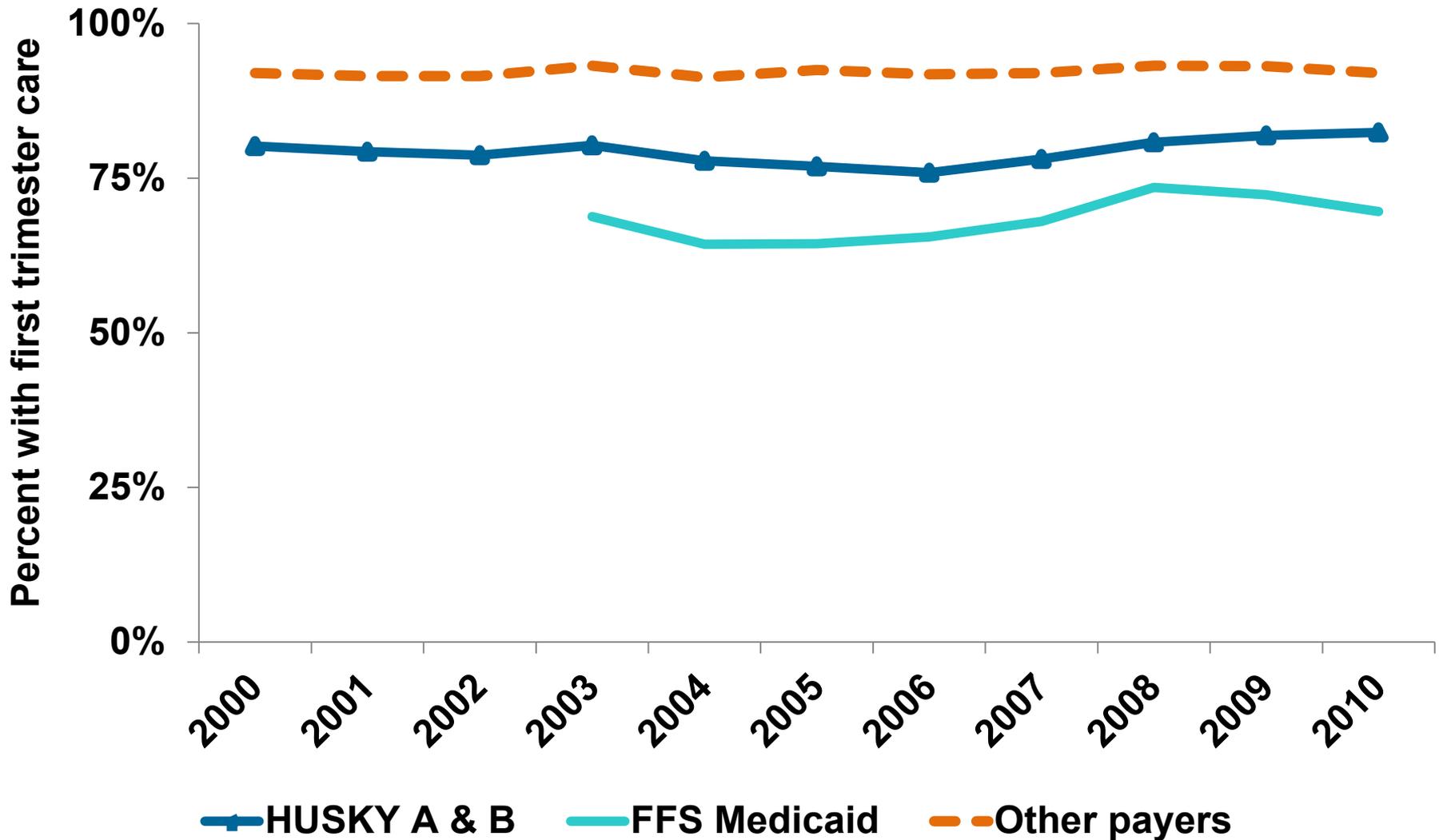
Town	Number of Births (% of all births in location)
Bridgeport	1,445 (67%)
Hartford	1,537 (77%)
New Haven	1,160 (58%)
Other towns	10,335 (34%)

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%

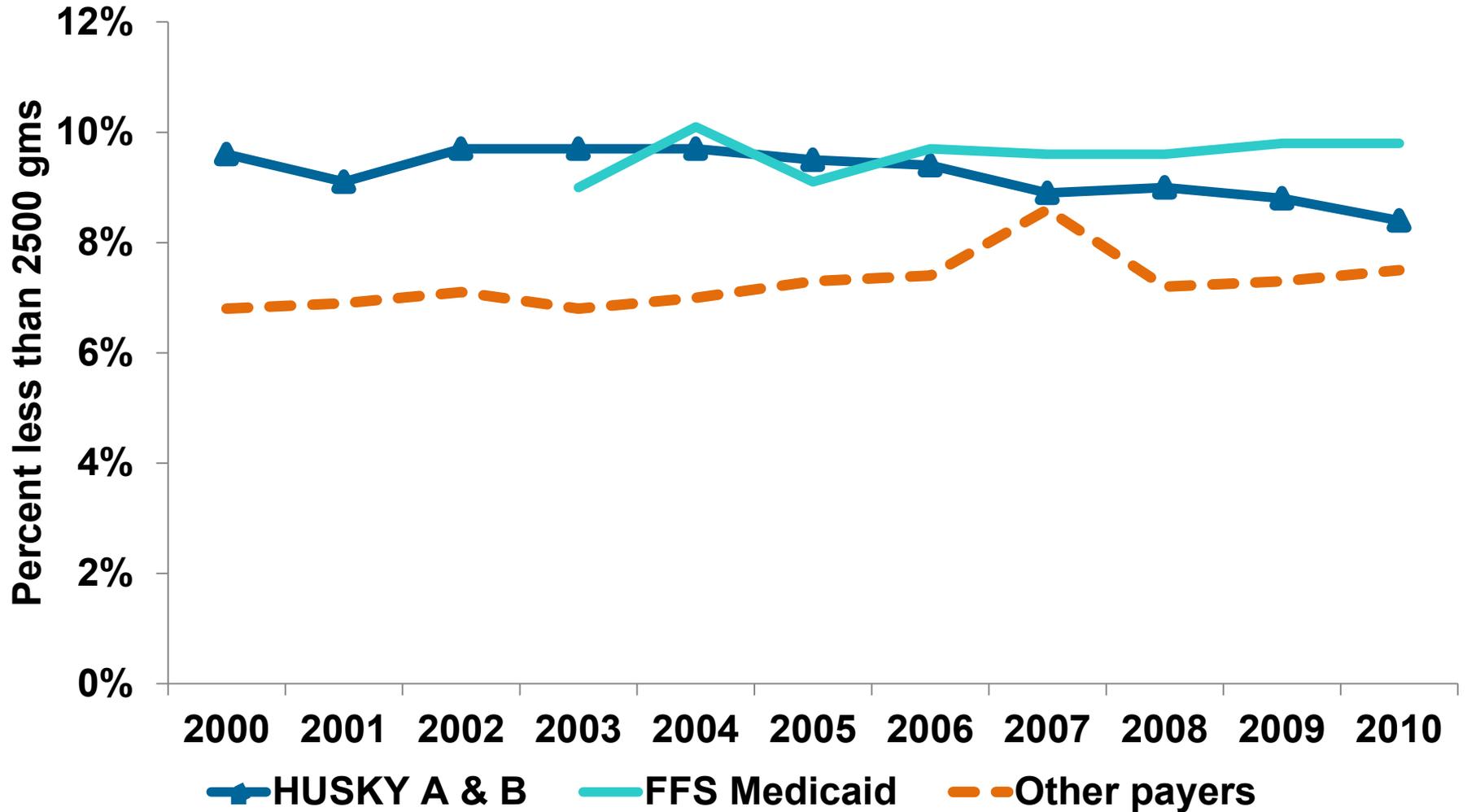
Trends: Early Prenatal Care



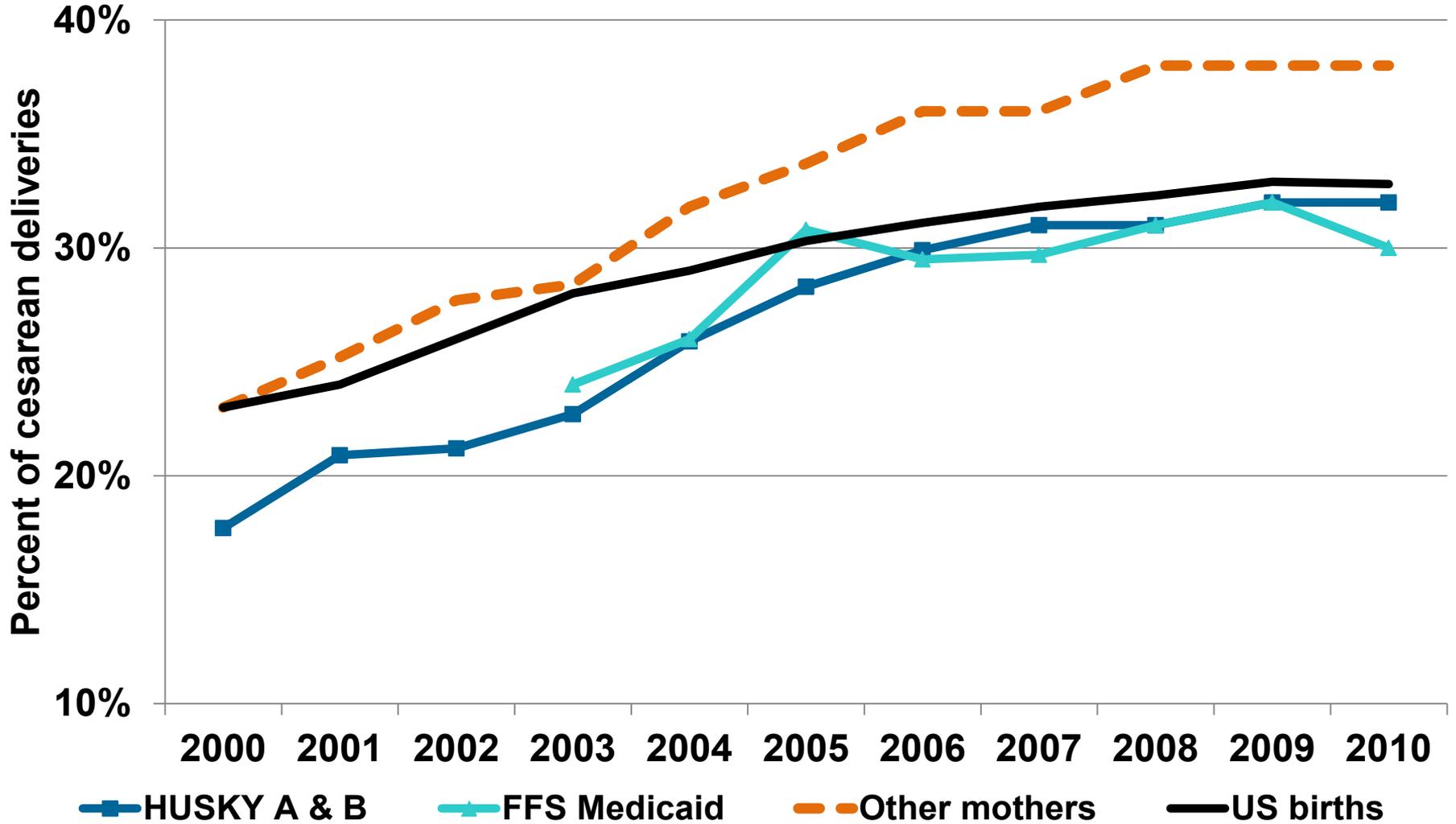
Birth Outcomes by Payer Type

	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



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

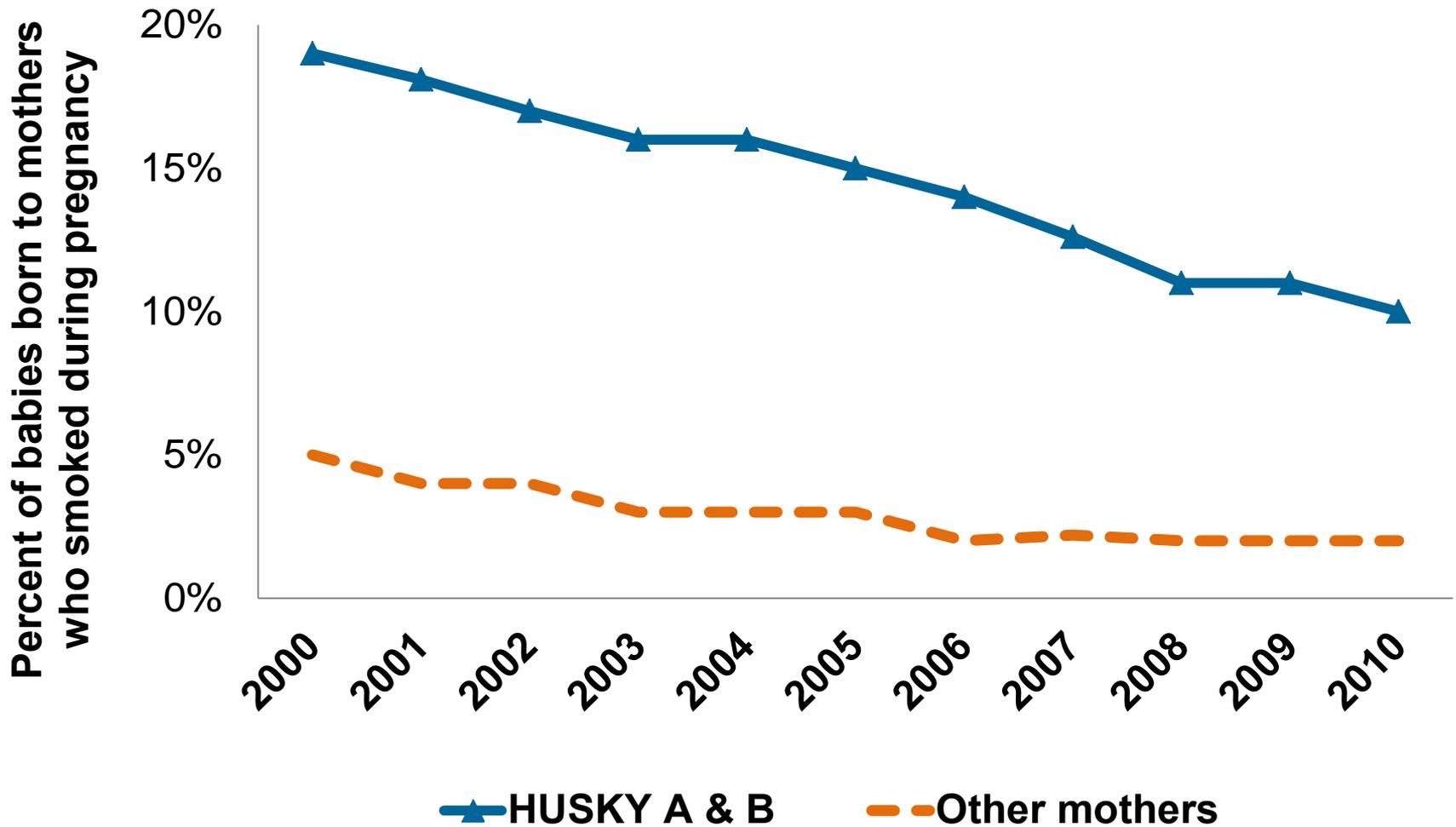
5.6% Medicaid FFS

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

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 (National Governor's Association initiative; DPH participating)
- Reducing low birthweight and preterm birth in federally-funded community-based care-coordination projects 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 CDC)

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...

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

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