

Medicaid Policy Options to Promote Postpartum Maternal Health

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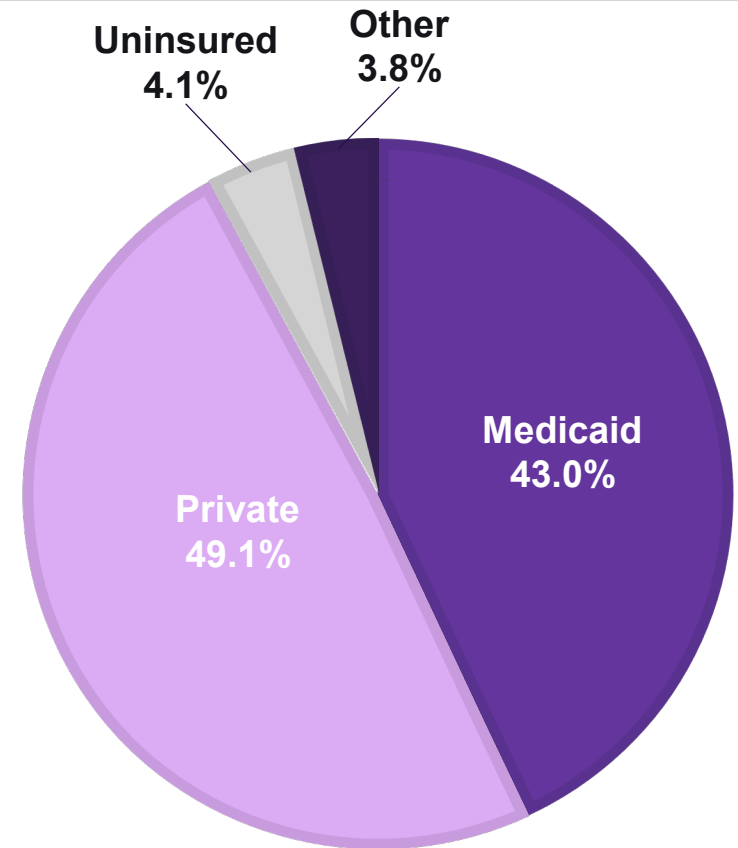
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Disclosures

- Sarah Gordon is a senior advisor on health policy in the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services. All findings and views in this presentation do not reflect the official views or policy of the Department of Health and Human Services.

Background

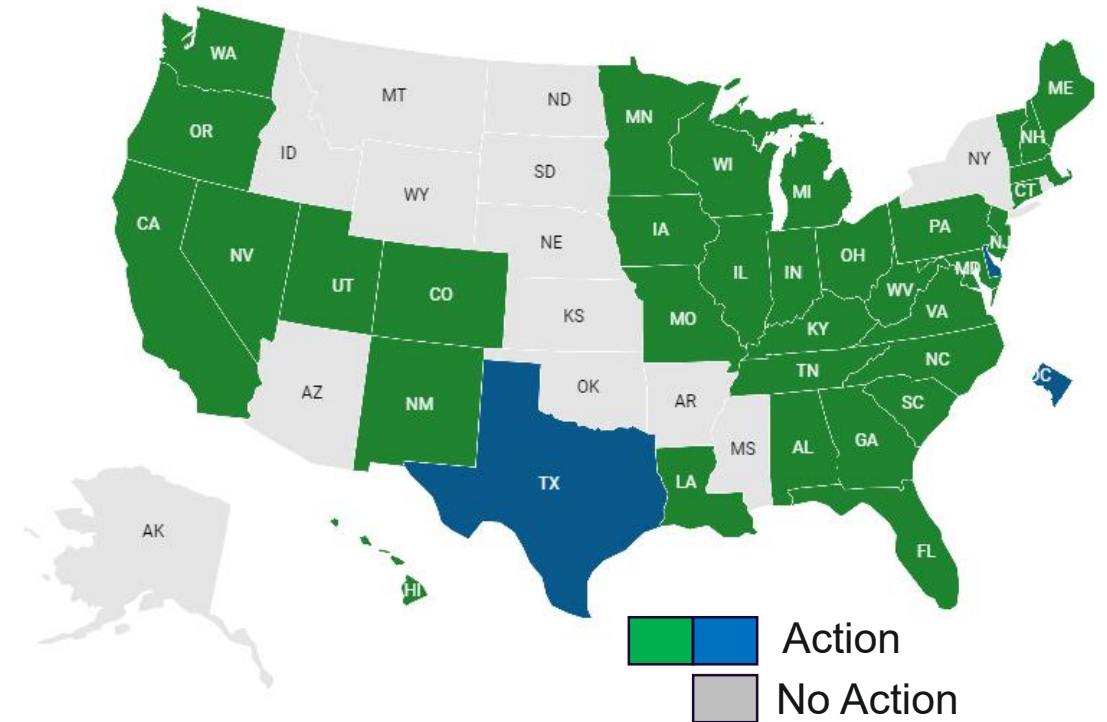
- One-third of pregnancy-related deaths occur between one week and one year postpartum
- Increasing evidence of severe maternal morbidity occurring in late postpartum period
- In 2015-2018, 21.9 percent of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum



Share of Births by Payer, 2018

Policy Context

- Sections 9812 and 9822 of the American Rescue Plan Act give states a new option to **provide up to 12 months of extended postpartum coverage** to pregnant individuals starting April 1, 2022
 - 13 states have implemented 12-month extension
 - 4 states have a limited extension proposed or approved



State Efforts to Extend Postpartum Medicaid, April 28, 2022

What does evidence show are likely effects of postpartum extensions?

- Extensions of Medicaid eligibility to postpartum populations are likely to be associated with:
 - Increases postpartum Medicaid enrollment and decreases postpartum uninsurance
 - Improved continuity of coverage
 - Increased use of outpatient care in 6 months postpartum; increased routine postpartum visit attendance
 - Increased use of contraception

Expected clinical benefits of postpartum Medicaid extensions

- Leading causes of death during postpartum year are treatable conditions such as cardiovascular disease and blood clots, 60% preventable
- Improve continuity of care for diabetes, hypertension, cardiac conditions, substance use disorder and depression
- Opportunity for states to address income and race-based disparities in postpartum care use and outcomes

Comparing Medicaid versus commercial insurance in postpartum year

- Total health care spending was significantly higher in commercial insurance compared to Medicaid
- **Per capita Medicaid spending for postpartum population during months 3-12 postpartum was ~\$4,200 in Colorado**, less than per-capita annual spending for the Medicaid expansion population (\$6,673 across 17 states in 2018, \$5,650 in CO)
- Enrollees in Medicaid vs commercial faced much lower exposure to OOP costs

Policy Considerations

1. Length of extension and populations covered
2. Extensions may result in changes to the amount of federal matching funds
3. Some postpartum individuals still within the 12 month window may have been terminated, states can elect to reinstate coverage

Promoting success of postpartum extensions in improving maternal health

1. **Awareness.** Education and awareness regarding extension: posting on state website and collaborations with providers, may use administrative matching funds for this
2. **Evaluation.** Monitor utilization and quality of care in the postpartum period to ensure it is coordinated and comprehensive
3. **Targeted Interventions.** Improving care and health outcomes by pairing coverage with targeted interventions:
 - Person-centered models of perinatal care such as doula services and home visiting
 - Care coordination between obstetric postpartum providers and primary or specialty care providers

Potential Challenges

- Translating expanded coverage into clinical impacts on maternal health outcomes and maternal health equity
- Availability of providers that accept Medicaid, particularly to address increased demand for postpartum mental health services
- Medicaid eligibility will still end for many at 12 months postpartum, need support for transitions to other insurance through communication and outreach
- Postpartum Medicaid extension currently authorized through March 31, 2027 – unknown if reauthorized

Key Takeaways

- Documented benefits of postpartum Medicaid extensions on coverage and access to care in postpartum year
- Strong evidence of consumer protection from uninsurance, disruptions in coverage, and high out-of-pocket costs
- Postpartum population is not a comparatively high-cost population to cover
- Important first step towards improving postpartum maternal health and reducing race and income-based disparities in maternal health outcomes

References

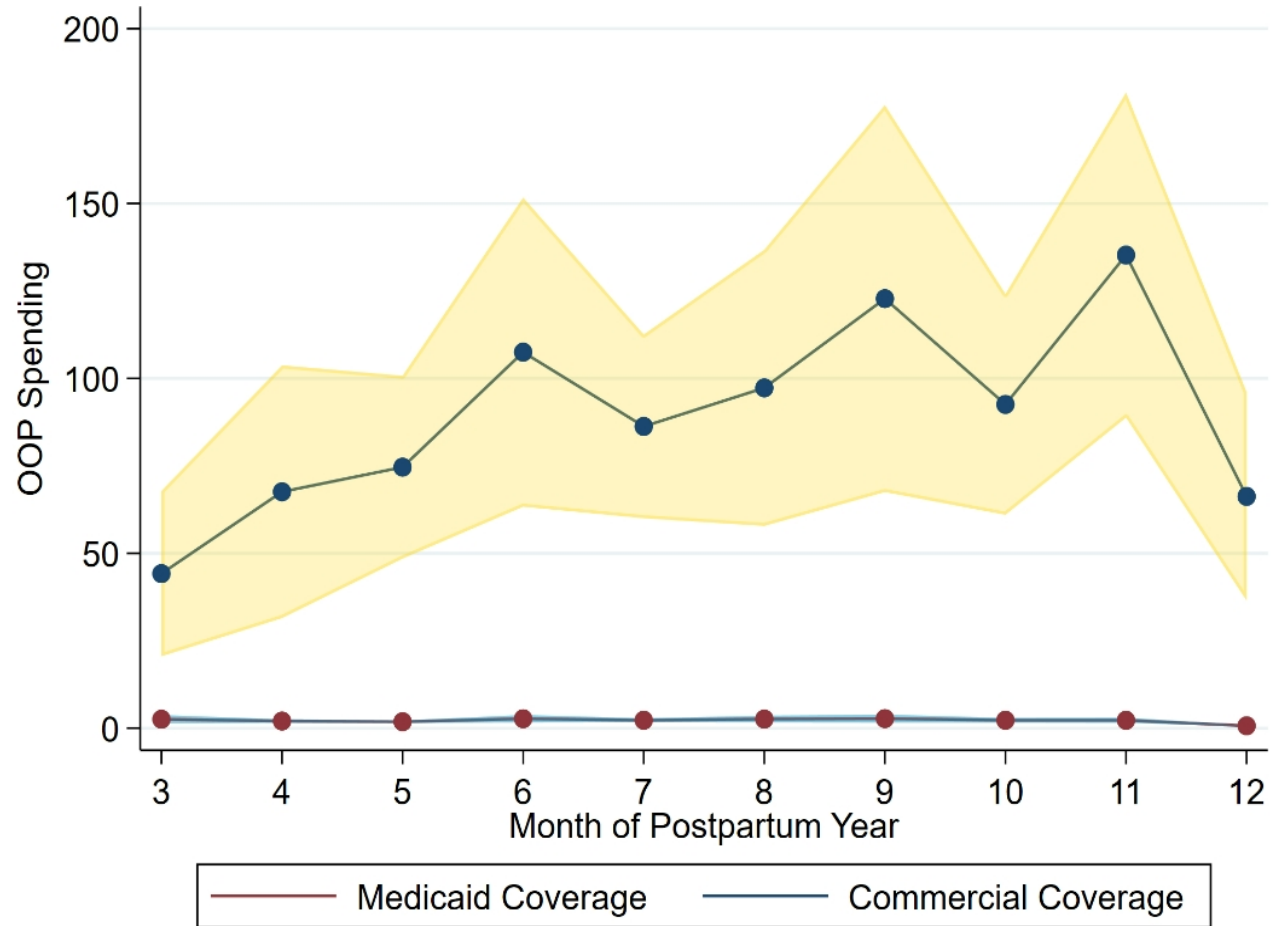
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Questions?

Thank You!

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Mean Monthly Unadjusted Out-of-Pocket Spending Per Person in Medicaid versus Commercial Insurance During Months 3-12 Postpartum