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LOUISIANA DEPARTMENT OF HEALTH
Medicaid

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University Partnership Research Brief

"LSUHSC-NO Health Policy Honors Program contributions to Promoting Evidence-Based Care to Louisiana Medicaid Member—Post Partum Coverage Expansion

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LSU Health NEW ORLEANS

WHAT IS KNOWN ABOUT THE TOPIC?

The months following pregnancy are a critical period for maternal health. For example, timely contraception adoption results in longer interpregnancy intervals, which lowers the odds of bad outcomes and higher costs for the next baby[1]. And addressing maternal mental health conditions helps avoid maternal mortality, depression and hospital admissions[2]. If mothers lack healthcare coverage, there will be difficulty accessing these services.

WHAT DID THIS PROJECT DO?

A search of research articles relating to the costs and benefits of 12-months postpartum Medicaid coverage identified several relevant studies. The core costs and benefits of these studies were summarized.

INTRODUCTION AND BACKGROUND

Medicaid insures nearly half of all births and plays a crucial role in determining health outcomes among pregnant people, people of childbearing age, and postpartum individuals[3]. One important outcome is postpartum contraception utilization, which is associated with preventing unintended pregnancies, longer interpregnancy intervals, and the reduction in maternal morbidity and mortality.

Postpartum coverage in non-expansion states is limited to 60 days and is associated with insurance loose of 25% of mothers; compared to just 7.8% in expansion states[4]. Those losing coverage are much less likely to adopt effective contraception, which comes with multiple costs. Mothers in expansion states are 7% more likely to use contraception in the postpartum period[3]. That increase reduces the risk of unintended pregnancies[6], preterm delivery and low birthweight, which disproportionately affects Medicaid-paid births and infants of black mothers[7].

The implementation of Medicaid expansion is related to other health improvements. Postpartum hospitalization is 17% lower in states offering 12-month postpartum coverage. It has demonstrated its ability to reduce maternal mortality and reduce dispari-

WHAT CAN MEDICAID DO WITH THIS INFORMATION?

Assess costs and benefits related to providing 12-months of postpartum Medicaid coverage. Benefits are estimated both in terms of costs and health outcomes.

Cost savings to the state are estimated at $3,439 per person[12] receiving 12-month extension; attributable mostly to the cost of uncompensated care for those losing Medicaid coverage but subsequently requiring care.

PROJECT DESIGN AND METHODOLOGY

The first step summarized what is already known about the costs and benefits of 12-month postpartum coverage extension, as well as the adoption of effective contraception postpartum. A literature search identified articles that were: related to contraception adoption and postpartum coverage; based in the US; related to costs, emergency department use, hospital admissions and/or other medical outcomes; and published since 2013.

Out of 277 articles that met the broad selection criteria, only 39 dealt even tangentially with costs or outcomes. Of those, only 3 studies used adequate research methods to assure that control and treatment groups were objectively matched and which expressly dealt with costs and benefits.

One study[9] looked at the effects of increased access to health insurance resulting from Medicaid expansion, finding that low-income women in expansion states were 7.1% more likely to use effective postpartum birth control. The second study[10] tested the association between Medicaid hospital reimbursement levels for immediate postpartum long-acting reversible contraception (LARC) with utilization of LARC and subsequent short-interval birth. When hospital reimbursement went from zero to $500, there was a 5.6% increase in LARC uptake. It was also associated with a 0.4 percentage point decrease in subsequent preterm births, a 0.3 percentage point decrease in subsequent low birthweight births, and a 0.6 percentage point decrease in the probability of short-interval births. The third study[11] finds that Medicaid expansion is associated with 6.65 fewer maternal deaths per 100,000 live births during the 42 days post-delivery. When considering late maternal deaths (through 12 months postpartum), there were 7.01 per 100,000 births fewer deaths; most of those improvement among Black mothers.

State Cost Summary	Low-End Estimate*	High-End Estimate*
Eligible and Enrolled in Extended Coverage	6,000	9,000
State Cost ($, million)	$7.6	$11.4
Uncompensated Care Savings Accrued to Health Providers	$17.2	$28.7

CONCLUSIONS AND HEALTH POLICY IMPLICATIONS

The State's cost of 12-month postpartum Medicaid coverage is more than offset by savings in other areas. Using the cost estimating tool[13] from PolicyLab, the table above (State Cost Summary) shows substantial net savings: Investing $7.6 to $11.4 million on extended coverage, but recouping at least $17.2 million in uncompensated care. This model can be modified with different assumptions. Beyond these financial savings there are the benefits of improved contraception uptake, which increases interpregnancy intervals and decreases the probability of subsequent adverse pregnancy outcomes. 12-month coverage is also associated with lower maternal mortality rates.

	Variables
Medicaid Per-Member Per-Month Cost	$383
State Federal Assistance Percentage (FMAP)	67%
Birthing Individuals losing covers between 60 and 90 days after Estimate based on 5,000 births, 60% of which are Medicaid-covered, 30% of mothers losing Medicaid coverage if no 12-month	10,000
Population losing Medicaid coverage between 60 and 90 days after delivery, but qualifying for full scope Medicaid	30%
Birthing individuals losing coverage between 60 and 90 days after delivery and qualifying for Employer-Sponsored Insurance	10%
Annual uncompensated care costs for the uninsured	$3,439
Sources: Kaiser Family Foundation; Congressional Budget Office, Kaiser Commission on Medicaid and the uninsured.	

Acknowledgements:

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