

Addressing Prenatal and Postpartum Coverage Gaps in Medicaid

November 2022



Key Takeaways

Claims data from Elevance Health's affiliated Medicaid plans in 16 states suggest that many pregnant women may delay in enrolling in a Medicaid plan, with just under two-thirds enrolled six months prior to giving birth.

Among women enrolled in a plan by the end of the first trimester, nearly all had at least one prenatal visit during this time, suggesting that Medicaid coverage helps individuals get recommended prenatal care.

Around one-third of women lost Medicaid coverage by four months after delivery, likely because their pregnancy-related coverage ended and they were ineligible for Medicaid through a different pathway.

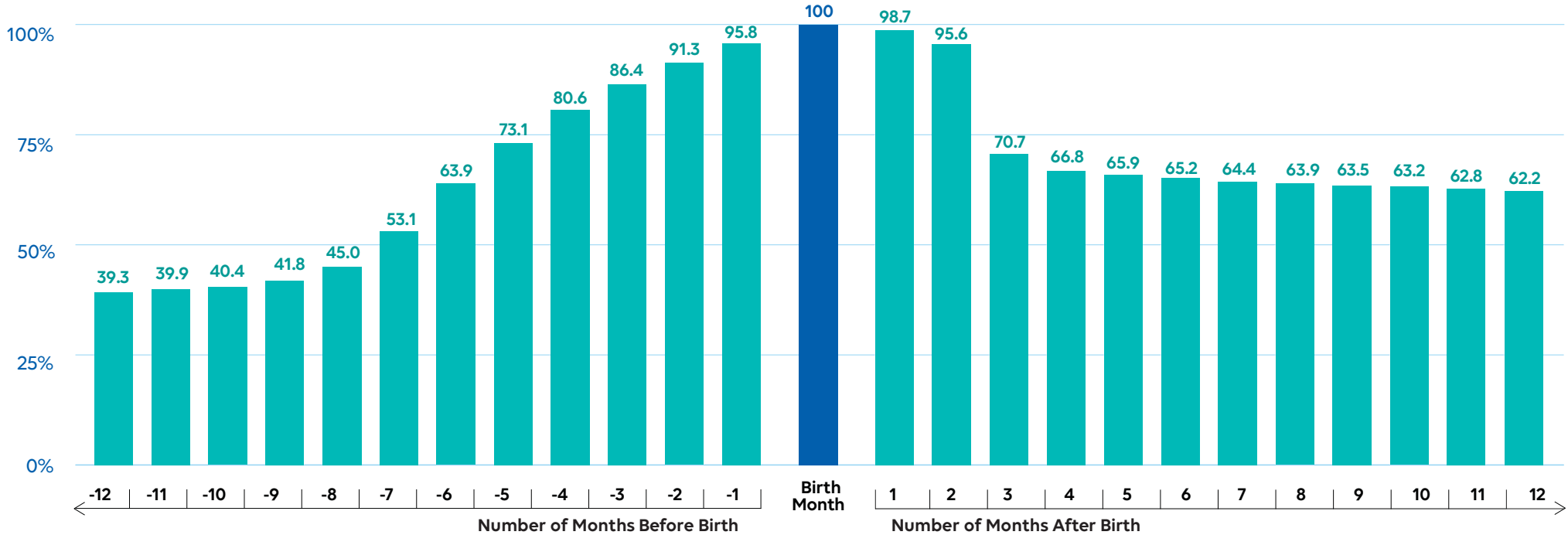
Total spending on mental health and substance use disorder services was higher after birth than that pre-birth, underscoring the importance of having continued access to these services postpartum.

Methods

- Approximately 215,000 individuals with deliveries were identified between January 2018 and December 2019 using claims data from Elevance Health's affiliated Medicaid plans in 16 states.
- States included in the analysis are geographically diverse with approximately 56% of states expanding Medicaid under the Affordable Care Act.
- The study excluded women with repeat pregnancies within the 12-month postpartum period.
- For each observation, the analytic period includes 12 months pre- and post-birth.
- Because the analysis period of this study ends in 2019, we did not capture the potential effects of extended postpartum coverage as later permitted under the American Rescue Plan Act of 2021. As of September 2022, approximately half the states in the sample later implemented this extension to some extent.



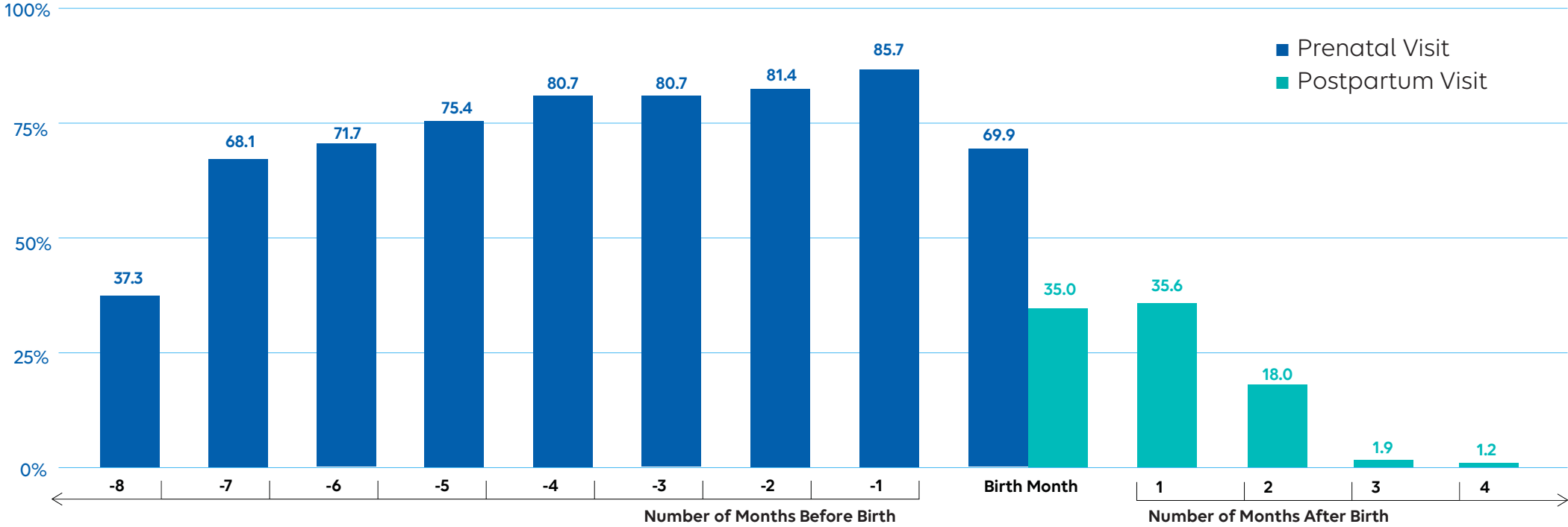
Percent of Women Enrolled in a Plan Pre- and Post-Birth (by Month)



Pre-Birth: Only 64% of the study sample were enrolled in a plan six months prior to birth, potentially limiting mothers' access to prenatal care in the first and second trimesters.

Post-Birth: Plan enrollment sharply decreased between months two and three postpartum, due in part to many states ending pregnancy-related Medicaid coverage after 60 days postpartum.

Percent of Enrollees with a Prenatal and Postpartum Visit (by Month)

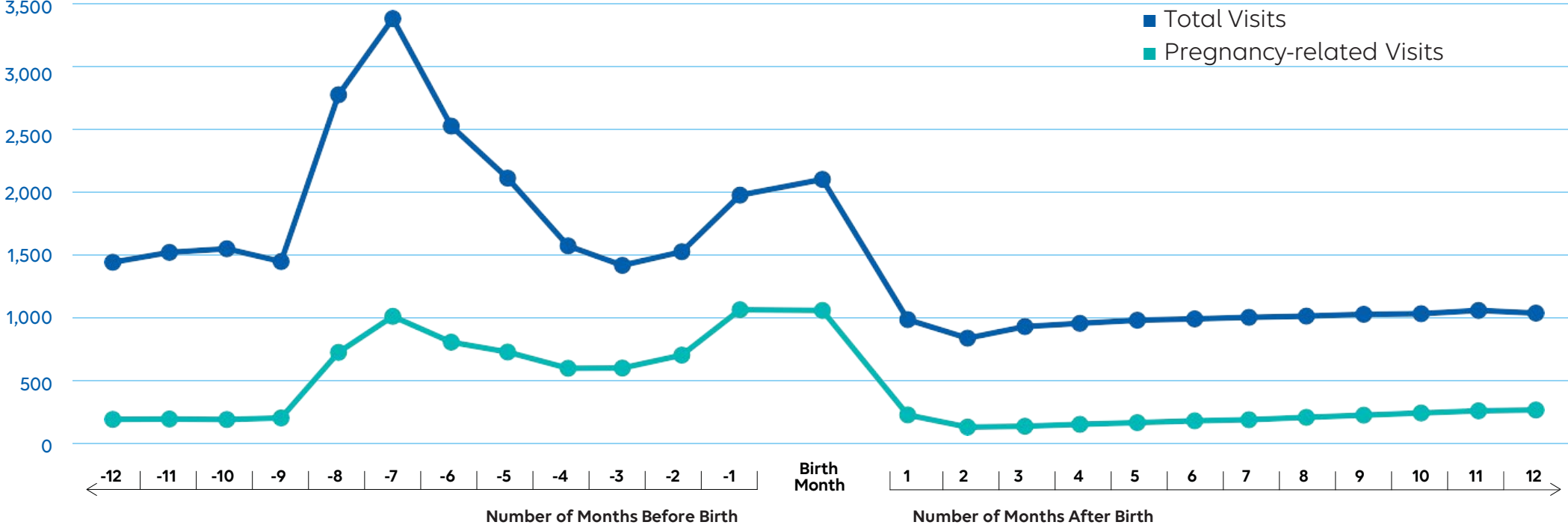


Pre-Birth: Among those enrolled in a plan by the end of the first trimester (the start of month -6), nearly all had at least one prenatal visit during this time. This is higher than the national average of 77% across all lines of business who initiated care during the first trimester,¹ potentially indicating that Medicaid coverage is helping women get the prenatal care they need.

Post-Birth: 64% of mothers in the analysis sample had at least one postpartum visit within three months postpartum, though there was a wide range state-to-state, varying from 48% to 82%.

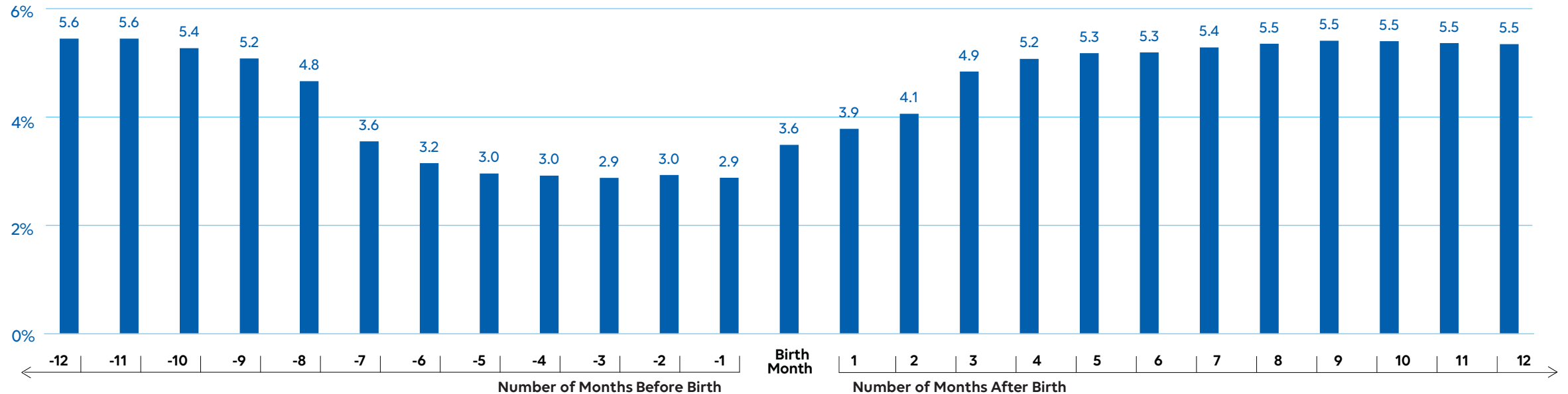
Note: The bars in this figure represent the proportion of unique individuals who had a prenatal or postpartum visit each month; percentages are not cumulative across months. Individuals who have prenatal and postpartum visits within the same month as birth are counted in each respective bar.
 Source: Claims data from Elevance Health’s affiliated Medicaid plans in 16 states.

Emergency Room Visits per 1,000 Enrollees (by Month)



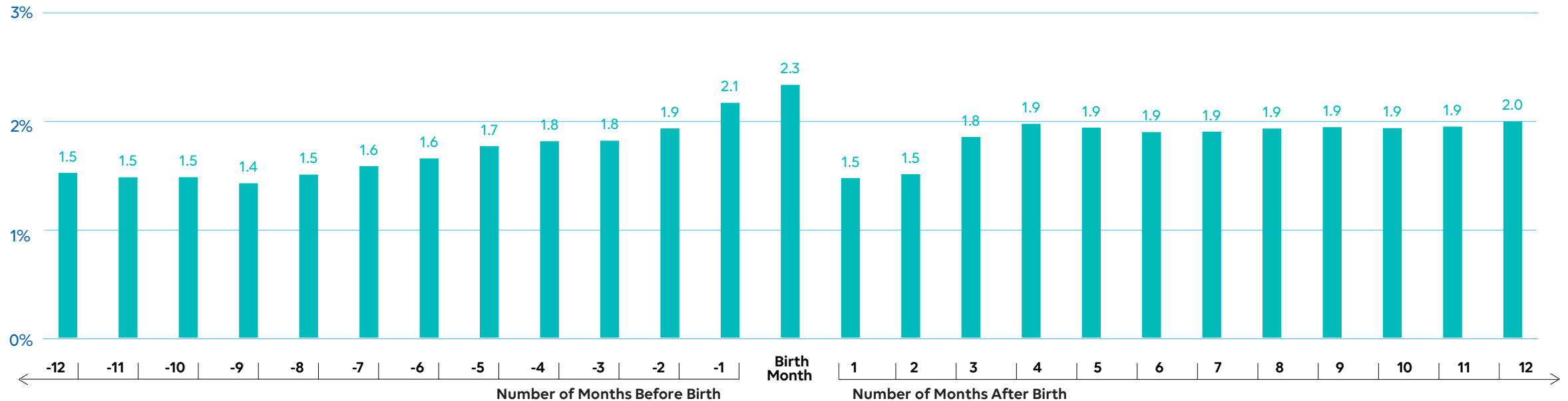
The initial uptick in emergency room utilization correlates with the uptick in Medicaid coverage, potentially indicating that individuals are more likely to utilize the emergency room with Medicaid coverage, or that the emergency room was an entry point in getting enrolled in a Medicaid plan.

Percent of Enrollees with Any Utilization of Outpatient Mental Health Services (by Month)



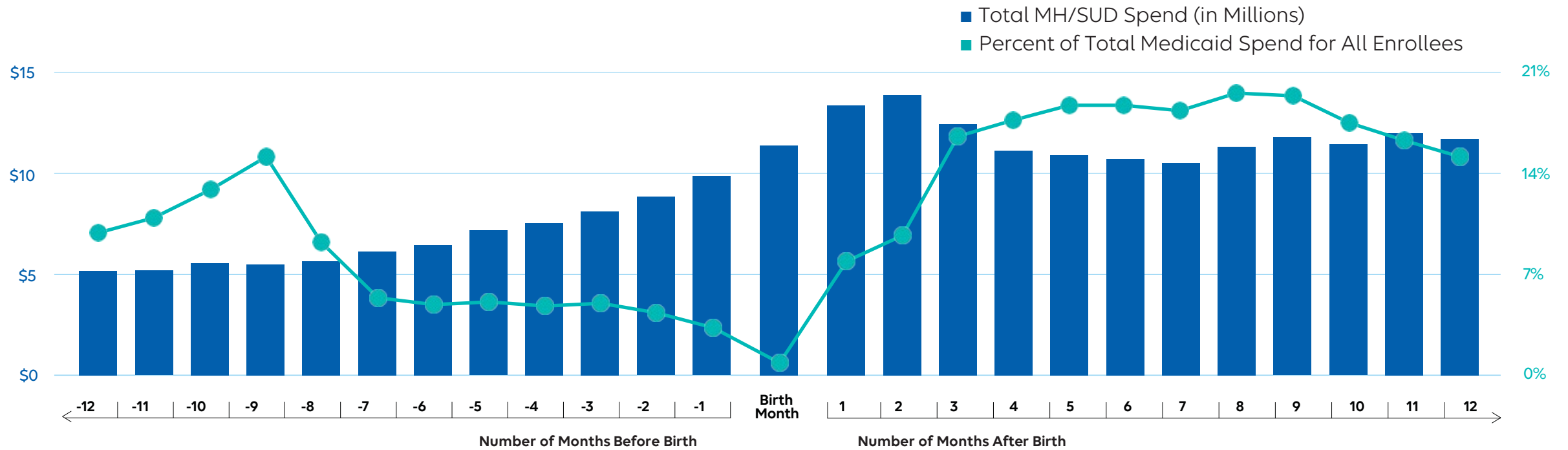
The share of women enrolled in a plan who used outpatient mental health services steadily decreased leading up to birth before increasing during the postpartum period.

Percent of Enrollees with Any Utilization of Substance Use Disorder Services (by Month)



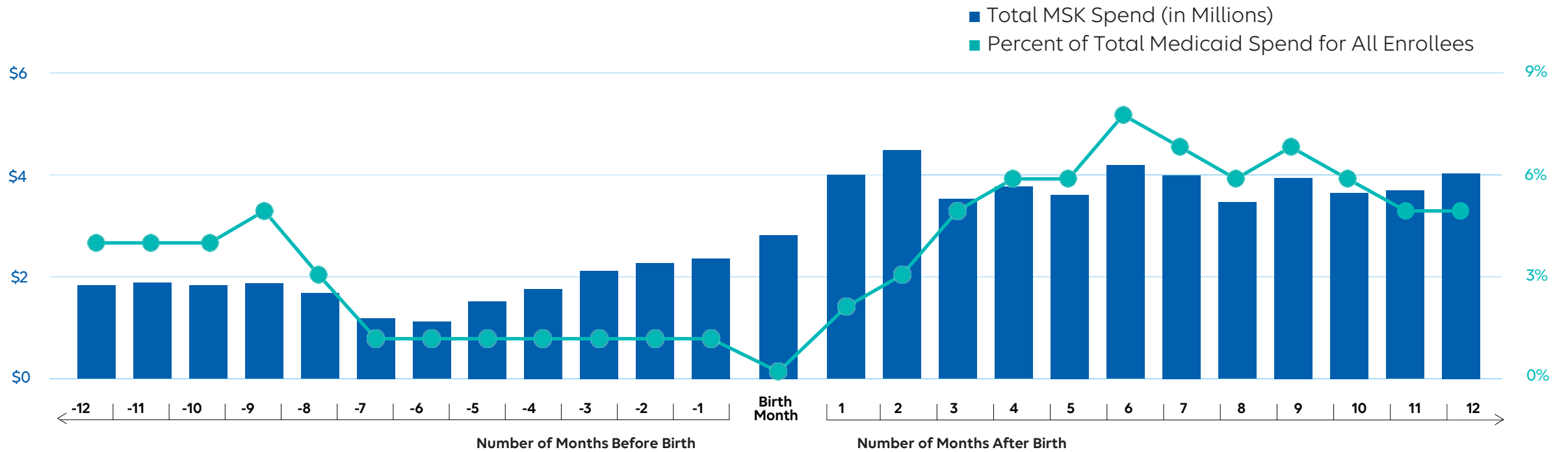
- Utilization of substance use disorder (SUD) services slowly increased leading up to birth, perhaps indicating that having Medicaid coverage is an important gateway to getting assessed for SUD and receiving SUD treatment.
- Utilization of SUD services also persisted after birth, suggesting a potential increased need for SUD treatment (e.g., Medication-Assisted Treatment for opioid use) postpartum.

Total Mental Health and Substance Use Disorder Spend (by Month)



- Total spending on mental health and substance use disorders (MH/SUD) services after birth was higher than that pre-birth, consistent with higher utilization of services per 1,000 members.
- MH/SUD was the next highest category of spending, after obstetrics and gynecology and neonatal intensive care unit spending.

Total Musculoskeletal Spend (by Month)



- Total spending for musculoskeletal (MSK) disorders steadily increased up to and following birth despite the drop in membership postpartum, potentially indicating a need for MSK care due to pregnancy-related complications.
- MSK disorders was one of the highest spending categories, after obstetrics and gynecology, neonatal intensive care unit, and mental health and substance use disorder spending.

Policy Options for States

Strengthen managed care enrollment processes

- Consider automatic managed care enrollment as soon as someone is determined eligible due to pregnancy while allowing beneficiaries to change plans within 30-60 days of enrollment.
- Consider automatic enrollment for infants in the same managed care plan as the parent.

Review and consider increasing the income eligibility limits for pregnant women and parents

- State income eligibility limits for pregnancy are, on average, much higher than income eligibility limits for parents.^{2,3}
- These Medicaid eligibility “cliffs” can lead to coverage churn or loss of coverage altogether.

Extend postpartum coverage for 12 months

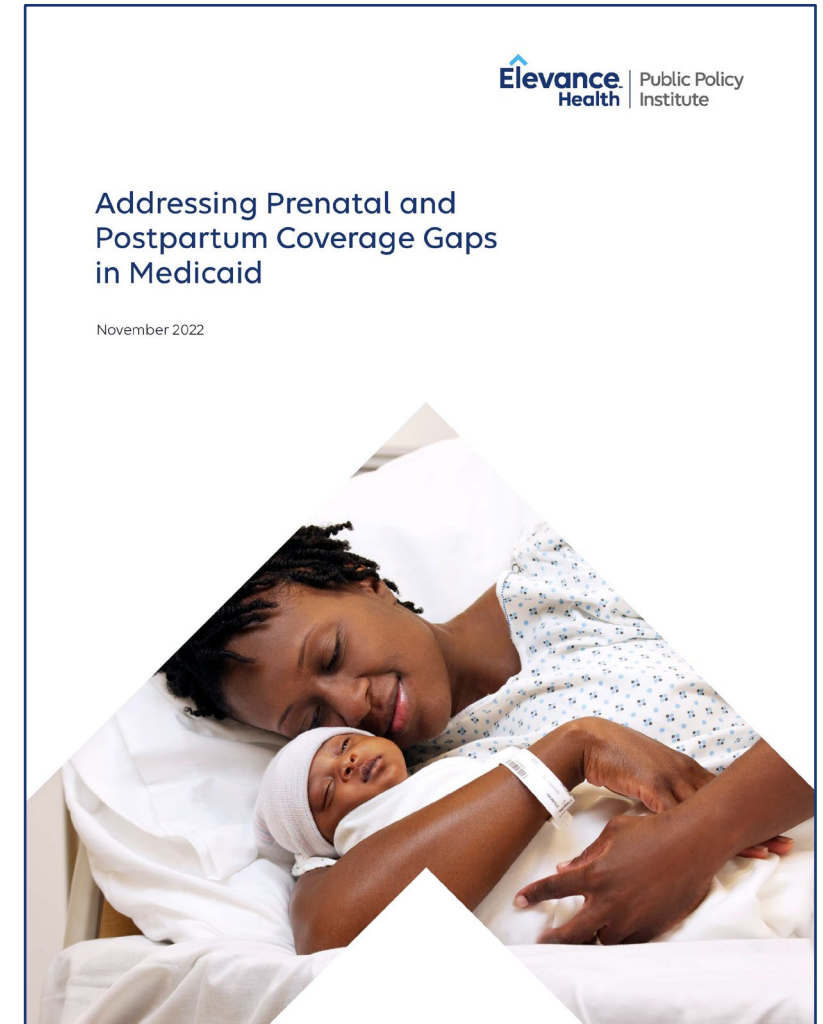
- Adopt the option for 12 months of continuous postpartum coverage in Medicaid which was enacted as part of the American Rescue Plan Act of 2021.

References

¹ Osterman, M.J.K., et al. (2022, February 7). Births: Final Data for 2020. U.S. Department of Health and Human Services. Retrieved September 16, 2022, from <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>.

² Kaiser Family Foundation. (n.d.). Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level, as of January 1, 2022. Retrieved September 16, 2022, from <https://www.kff.org/medicaid/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

³ Kaiser Family Foundation. (n.d.). Medicaid Income Eligibility Limits for Parents, 2002-2022. Retrieved September 16, 2022, from <https://www.kff.org/cd77750/>.



The full paper can be found [here](#).

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