

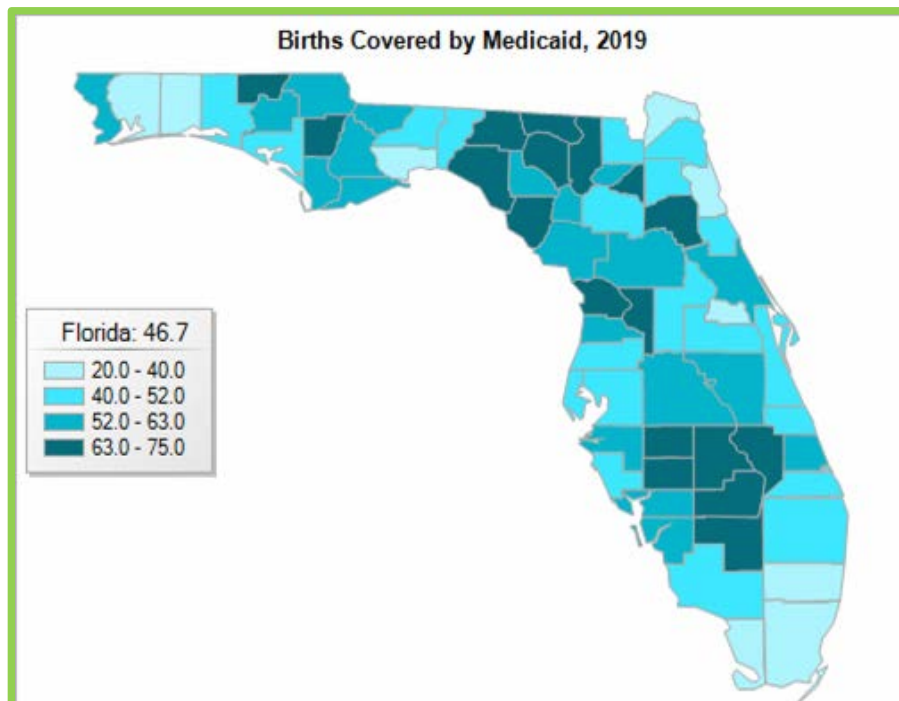
Enhancing Medicaid Benefits by Extending Enrollment to 12 Months Postpartum (Rev. 12-15-20)

NEED

According to the Perinatal Periods of Risk research, most fetal and infant deaths are due to the health of the mother before she gets pregnant. Currently, women in Florida who qualify for Medicaid due to pregnancy lose their coverage 60 days after their pregnancy ends leaving them uninsured until their next pregnancy and unable to address ongoing health issues such as hypertension. While current coverage allows for a postpartum visit (usually at six weeks), many pregnancy-related complications arise beyond this period.

Also, approximately 24% of pregnancy-related deaths occur between 43 and 365 days after birth.¹ The U.S. is the only developed country in which maternal mortality and morbidity are on the rise.² Enhancing Medicaid benefits could prevent these women and their children from dire outcomes, while saving money on the more expensive, emergency care that may occur when women do not have adequate healthcare coverage.

In 2019, Florida Medicaid paid for 47% of all births - more than any other payment source.³ Only a small percentage of these women qualify for Medicaid after this time, since it is very difficult for parents to qualify (e.g. 31% of FPL for a family of three vs. the U.S. median of 138% of FPL).⁴ This is the equivalent of \$303 per month.⁵ According to the American Community Survey, 18% of women ages 19-44 who reported giving birth in the past year were uninsured – the fourth worst state in the U.S. Overall, 12% of new mothers were uninsured from 2015-17.⁶



“Payors – including private health insurers, state-based Medicaid and the Children’s Health Insurance Program (CHIP) -- can play a key role in addressing maternal health by helping to ensure affordability of and access to high quality preconception, prenatal, delivery, and postpartum care.”

– The Surgeon General’s Call to Action to Improve Maternal Health,
December 2020



Maternal Health Outcomes

Maternal Mortality

- About 700 women die each year due to complications.⁷
- Black and American Indian/Alaskan Native women are 2-3 times more likely than White women to die from a pregnancy-related cause.⁸
- Florida's Pregnancy-Associated Mortality Review of 2018 found that 36 women died of a pregnancy-related cause, and over half of those (55.6%) were after discharge from the hospital.
 - Of these 36 women, there were 69 surviving children who lost their mother.
 - The review showed that 69.4% of these deaths were preventable.⁹

Maternal Morbidity

- One in seven women experience symptoms of postpartum depression in the year after giving birth¹⁰, and a recent National Institutes of Health study found that elevated levels of depressive symptoms may last up to three years after the end of pregnancy.¹¹
- Women with substance use disorder are more likely to experience relapse and overdose 7-12 months postpartum.¹²
- Almost one-third of women who lost Medicaid coverage and became uninsured in the postpartum period were obese before their pregnancy, and 18 percent reported either gestational diabetes or pregnancy-related hypertension – all conditions that require ongoing monitoring and treatment after giving birth.¹³
- Florida women with severe maternal morbidity had nearly twofold higher risk of postpartum substance use disorder.¹⁴

In an effort to reduce maternal mortality and morbidity, the American College of Obstetrics and Gynecology (ACOG) now promotes the critical role of obstetricians in the “fourth trimester”. This includes a comprehensive postpartum visit by 12 weeks to address any ongoing pregnancy-related concerns and transition to well-woman care.

Perinatal Mood and Anxiety Disorders (PMAD) and Substance Use Disorders (SUD)

The US Preventative Services Task Force found that 1 in 7 women experience perinatal mood and anxiety disorders (PMADs).¹⁵ In 2019, the US Health and Human Services released an action plan to improve maternal health. Objective 3.1 is to “improve the quality of and access to postpartum care, especially mental health and substance use services.” The plan states, “Postpartum care access is as equally important as prenatal care to the health of the mother. A number of serious complications that can arise well into the postpartum period and regular checkups and screenings with a health care provider create an opportunity for women to receive helpful information on how to prevent complications and understand what signs and symptoms to watch for. Postpartum checkups are also an opportunity to screen for social risk factors, such as intimate partner violence, that may be affecting the wellbeing of the woman and her child. Treating a condition rapidly can have both short- and long-term benefits for the woman, as well as her baby who benefits from having a healthy mother.”

“Our findings suggest that if new mothers were to gain coverage through an extension of postpartum Medicaid eligibility, they could experience reduced affordability problems and an improved ability to manage chronic conditions during that critical period after giving birth. “

Increasing Access to Healthcare Coverage for Uninsured, Postpartum Women in Texas: A Report from the Postpartum Access to Healthcare (PATH) Project.

COST-BENEFIT

It is estimated that approximately 70,000 women would benefit from enhanced benefits each year. At an average Per Member Per Month capitation rate of \$226¹⁶ for 10 months, the estimated annual cost will be \$15,820,000. Florida Medicaid currently pays for family planning services for two years after the birth of the baby whose birth was covered by Medicaid. This would not be necessary with this change to the benefits.

A landmark analysis by Mathematica Policy Research found that, “When following the mother–child pair from pregnancy through five years postpartum, the estimated cost is \$14.2 billion for births in 2017, or an average of \$32,000 for every mother–child pair affected but not treated. When comparing only medical costs of other perinatal conditions, PMADs cost more than \$17,000 per mother over six years, whereas postpartum hemorrhage (bleeding) and gestational diabetes (diabetes during pregnancy) each cost up to \$3,300 per mother and take place only during pregnancy and childbirth.”¹⁷

SOLUTIONS

Potential Federal Legislation/ 1115 Waivers

The U.S. House of Representatives passed *Helping Medicaid Offer Maternity Services Act of 2020* or the “Helping MOMS Act of 2020” (H.R.4996), which proposes that states should have the option of extending Medicaid to 12 months postpartum - consistent with the federal guarantee of Medicaid coverage for infants. Some states are covering the additional months with state-only funds, since using a federal match is only available by submitting an 1115 waiver to the Centers for Medicare and Medicaid Services (CMS), and they have yet to approve the states that have made this request thus far. In a November 2020 letter to the Medicaid and CHIP Payment and Access Commission, which advises Congress, ACOG urged them to make a recommendation to require postpartum coverage for at least 12 months. While this would go further than H.R. 4996, they acknowledged the bill would be a step in the right direction.

Benefits of Extending Medicaid for 12 Months Postpartum¹⁸

- **Improves Maternal Health Outcomes – Access to health coverage increases access to care, which improves health outcomes.**
- **Improves Child Health Outcomes – Extending health coverage for parents results in increased health coverage for children and increases the likelihood they will receive an annual well-child visit.**
- **Saves Dollars in Annual Severe Maternal Morbidity Costs – Consistent healthcare results in healthier pregnancies and fewer complications, which saves millions of dollars each year.**
- **Reduces Medicaid Costs – Women who receive Medicaid due to pregnancy are likely to receive Medicaid again. Without extended coverage, the re-enrolled women are likely to be sicker**



(resulting in increased spending) due to the gap in healthcare. Reducing women moving in and out of Medicaid lowers monthly per capita spending.

“Women continue to experience and develop pregnancy-related health conditions that can lead to morbidity and mortality beyond 60 days postpartum. These complications are especially prevalent in at-risk populations such as women with SUD. Collaborative efforts to close coverage and care gaps for postpartum women can improve health outcomes and lead to cost savings by reducing preventable complications and delays of necessary care.”

U.S. Health and Human Services’ “Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America”, December 2020

¹ Clark, M. Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options. Georgetown University Health Policy Institute Center for Children and Families (November 2020). Retrieved on 11/23/20 at: <https://ccf.georgetown.edu/2020/11/05/medicaid-and-chip-coverage-for-pregnant-women-federal-requirements-state-options/>

² Equitable Maternal Health Coalition. *Making the Case for Extending Medicaid Coverage Beyond 60 Days Postpartum: A Toolkit for State Advocates* (June 2020). Retrieved on 11/23/20 at: <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/state-white-paper-making-the-case-for-extending-medicaid-coverage-beyond-60-days-postpartum-a-toolkit-for-state-advocates.pdf>

³ Florida Department of Health. *Community Health Assessment Resource Tool Set (CHARTS)*. Retrieved on 11/30/20 at: http://www.flhealthcharts.com/FLQUERY_New/Birth/Count#.

⁴ Brooks, T. et al. (2020). Georgetown University for Children and Families and Keiser Family Foundation. Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey. Retrieved on 12/12/20 at: <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

⁵ Florida Department of Children and Families. Family Related Medicaid Fact Sheet. Retrieved on 11/30/20 at: <https://www.myflfamilies.com/service-programs/access/docs/Family-RelatedMedicaidFactSheet.pdf>.

⁶ McMorrow S, Kenney GM, Johnston EM, and Haley GM. (2020). Extending Postpartum Medicaid Coverage Beyond 60 Days Could Benefit Over 200,000 Low-Income Uninsured Citizen New Mothers. The Incidental Economist Health Services Research Blog. Retrieved on 12/14/20 at: <https://theincidentaleconomist.com/wordpress/extending-postpartum-medicaid/>.

⁷Centers for Disease Control and Prevention (CDC). (2020). Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. Retrieved on 11/20/20 at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/Infographic-disparities-pregnancy-related-deaths-h.pdf>.

⁸Op. Cit. (7)

⁹ Hernandez, L. and Thompson, A. (2020). Florida Department of Health. Florida’s Pregnancy-Associated Mortality Review 2018 Update. Retrieved on 11/30/20 at: <http://www.floridahealth.gov/statistics-and-data/PAMR/index.html>.

¹⁰ US Preventive Services Task Force. Interventions to Prevent Perinatal Depression US Preventive Services Task Force Recommendation Statement. JAMA. 2019;321(6):580-587. doi:10.1001/jama.2019.0007

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- ¹¹ Putnick, D. et.al. Trajectories of Maternal Postpartum Depressive Symptoms. Pediatrics November 2020, 146 (5) e20200857; DOI: <https://doi.org/10.1542/peds.2020-0857>.
- ¹² Schiff, DM. et. al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. Obstet Gynecol. 2018 August ; 132(2): 466–474.
- ¹³ Urban Institute. (2020). Uninsured New Mothers’ Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Coverage. Retrieve on 11/30/20 at: <https://www.urban.org/research/publication/uninsured-new-mothers-health-and-health-care-challenges-highlight-benefits-increasing-postpartum-medicaid-coverage>.
- ¹⁴ Lewkowitz, A. et al. (2019). Association Between Severe Maternal Morbidity and Psychiatric Illness Within 1 Year of Hospital Discharge After Delivery. Obstet Gynecol. 2019 Oct;134(4):695-707.
- ¹⁵Op. Cit. (10)
- ¹⁶ Agency for Healthcare Administration. Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) Program Gross of Prescribed Drugs High Risk Pool (PDHRP) Withhold Amount Monthly Budgetary Rates. Effective Date: October 1, 2020 through September 30, 2021. Retrieved on 12/8/20 at: https://ahca.myflorida.com/medicaid/Finance/data_analytics/actuarial/docs/MMA_Final_Base_Rates_RY20-21.pdf.
- ¹⁷ Luca, D. et. al. (2019). Mathematica Policy Research Issue Brief: Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. Retrieved on 11/30/20 at: <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>.
- ¹⁸ Op. Cit. (2)