



Impact of Medicaid Enrollment Provisions on Postpartum Coverage and Resource Use in Three US States

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Disclosures

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Background

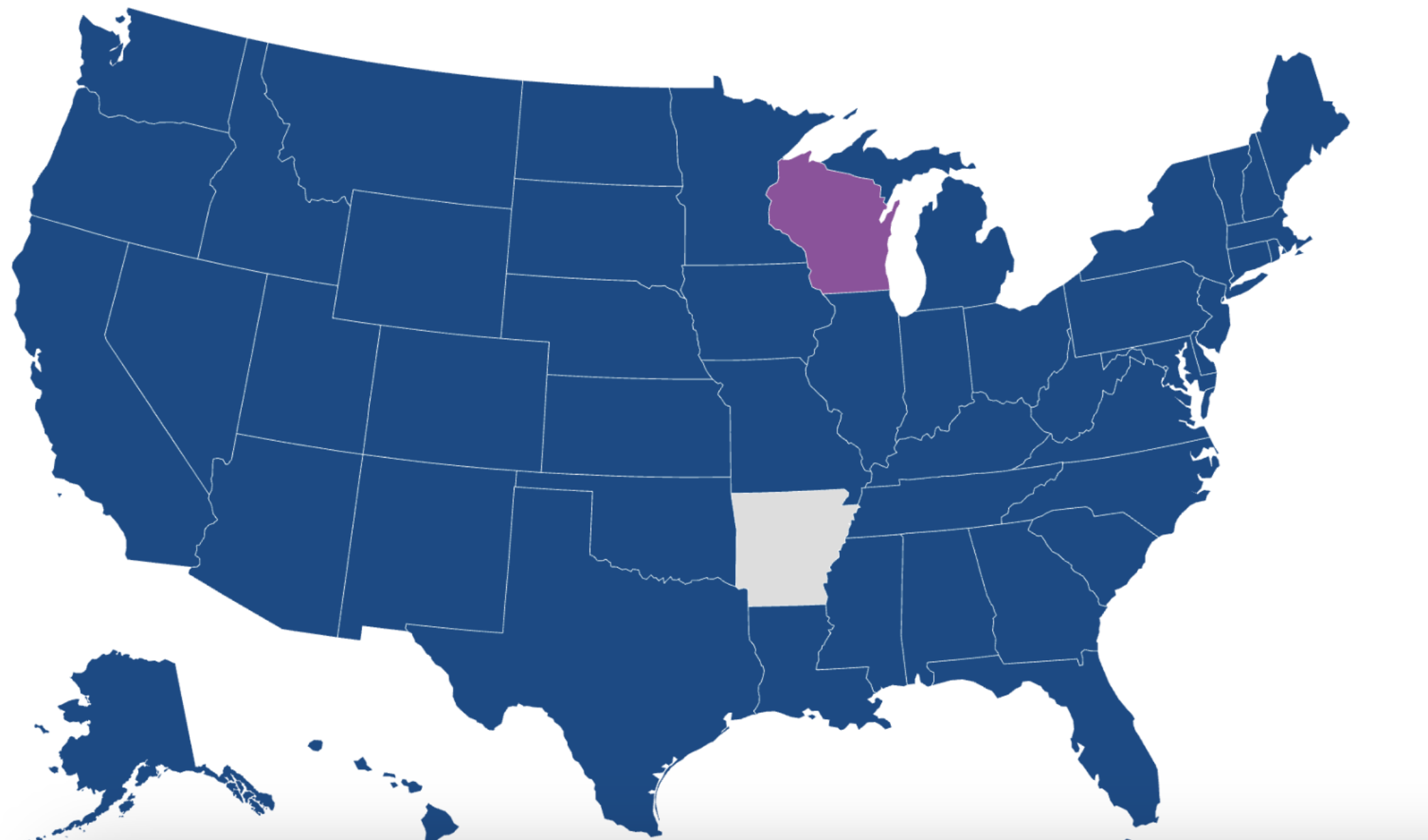
- Prior to 2013, Medicaid covered pregnant mothers with an income of 185% of the federal poverty level (FPL). However, mothers would lose coverage 60 days postpartum
- For states that adopted the Affordable Care Act (ACA)'s Medicaid expansion provision, parents with income less than 138% of the FPL would qualify for Medicaid coverage regardless of pregnancy status and would therefore remain eligible for coverage beyond 60 days postpartum
 - While this expansion provided increased continuity in coverage for low-income parents, not all states participated in the expansion of Medicaid under the ACA and many mothers faced gaps in coverage

Background

Postpartum Coverage Tracker Map

Hover over state for more details

- 12-month extension implemented (49 states including DC)
- Limited coverage extension proposed (1 states)



- For states that did not adopt the ACA's Medicaid expansion, two recent provisions expanded Medicaid postpartum coverage
 1. Families First Coronavirus Response Act (FFCRA, which prohibited Medicaid termination)
 - Temporary
 2. American Rescue Plan Act 2021
 - 12 months coverage via state plan amendment
 - Federal matching funds available for postpartum coverage expansion

Study Objective

To explore changes in postpartum Medicaid coverage and resource use following two federal provisions that expanded eligibility in three US states

Data Source

NorstellaLinQ Closed-Claims Database

- Over 170 million covered lives
 - De-identified insurance claims composed of commercial, Medicare Advantage, and Medicaid plans
 - Data elements include demographics, medical history and diagnoses, in-hospital procedures and medication administrations, prescriptions
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- 3 million mother-infant pairs linked via family ID

Study Design

Mother Record



- 12 years \leq Age \leq 55 years
- Payor is Medicaid and state is FL, SC, or GA at delivery
- Live birth

Study Design

Mother Record



- 12 years \leq Age \leq 55 years
- Payor is Medicaid and state is FL, SC, or GA at delivery
- Live birth

Infant Record



- First observed activity at least 30 days from estimated delivery date

Study Design

Mother Record



- 12 years ≤ Age ≤ 55 years
- Payor is Medicaid and state is FL, SC, or GA at delivery
- Live birth

Infant Record



- First observed activity at least 30 days from estimated delivery date

- At least 12 months continuous enrollment

Matcho A, Ryan P, Fife D, Gifkins D, Knoll C, Friedman A. Inferring pregnancy episodes and outcomes within a network of observational databases. PLoS One. 2018 Feb 1;13(2):e0192033. doi: 10.1371/journal.pone.0192033. PMID: 29389968; PMCID: PMC5794136.

Study Design

Outcome: End of Medicaid Enrollment

Mother Record

Start of Data Window
01/01/2018

Delivery Date
Identified via Matcho 2018
algorithm

Data End
12/31/2023



- 12 years \leq Age \leq 55 years
- Payor is Medicaid and state is FL, SC, or GA at delivery
- Live birth

Infant Record

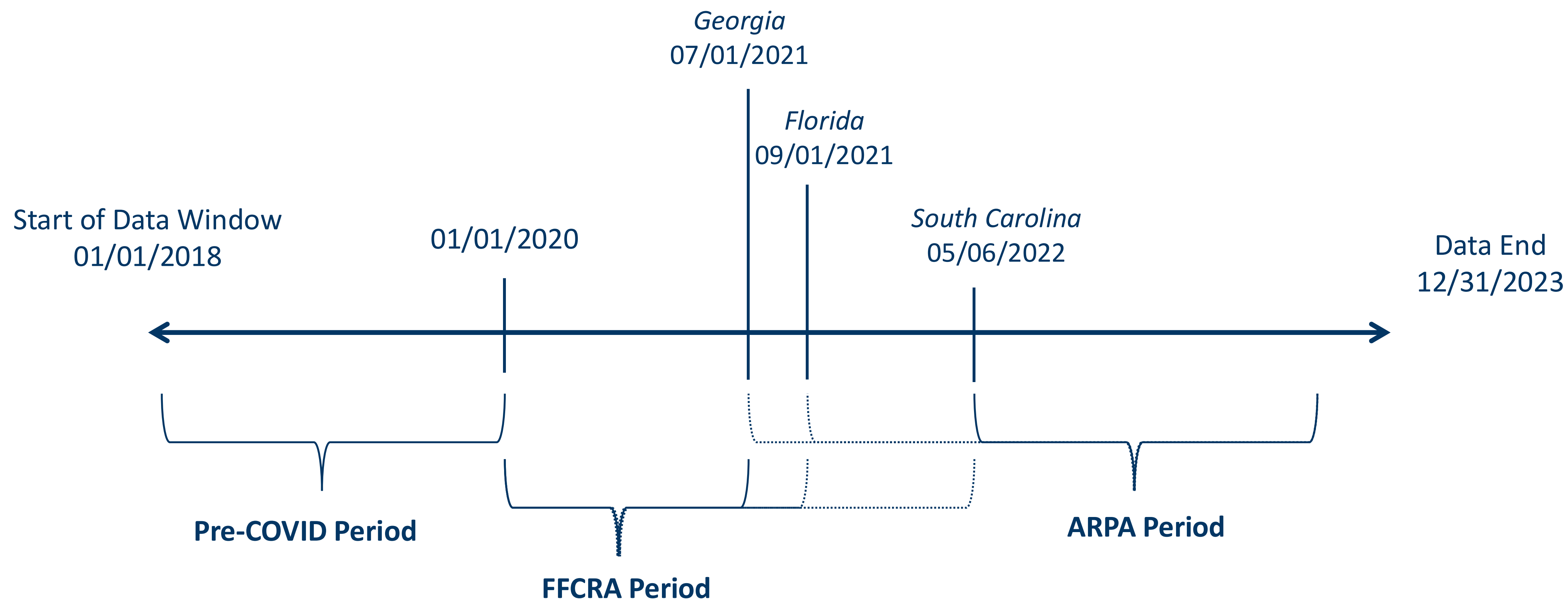


- First observed activity at least 30 days from estimated delivery date

- At least 12 months continuous enrollment

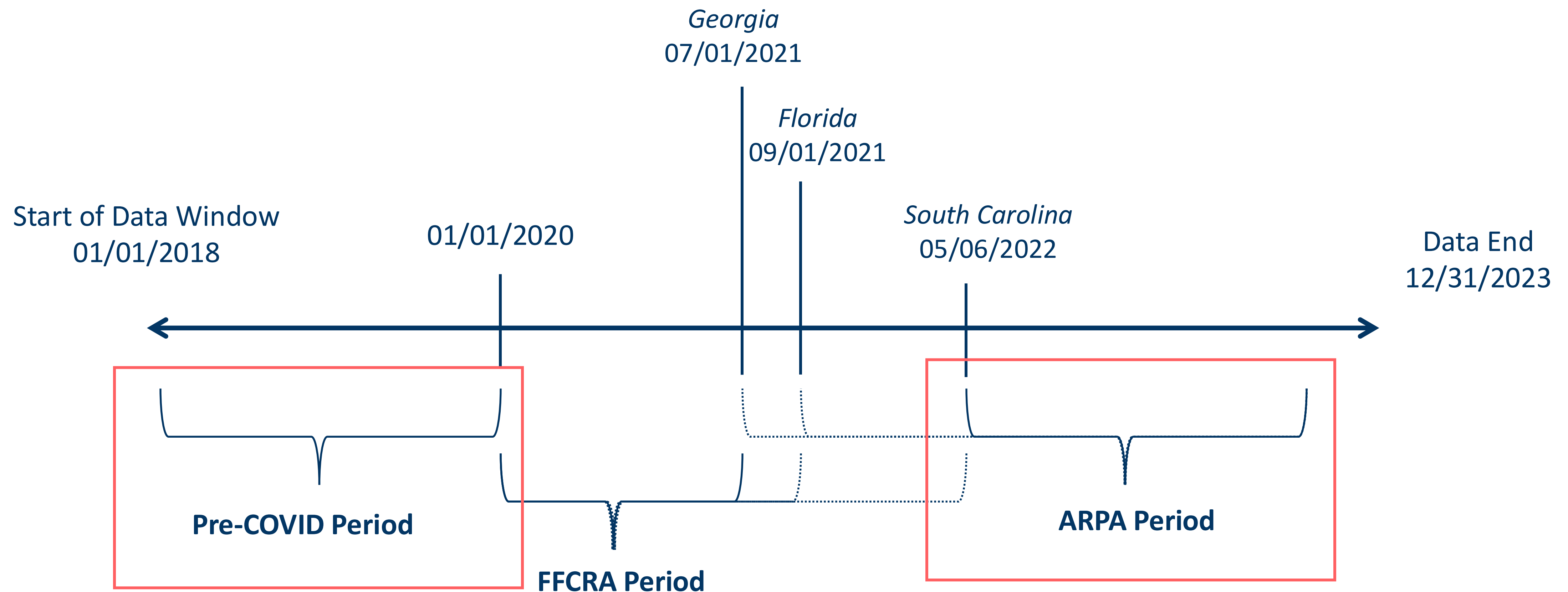
Study Design

- The proportion of mothers with at least six months continuous postpartum coverage was evaluated for three time periods



Study Design

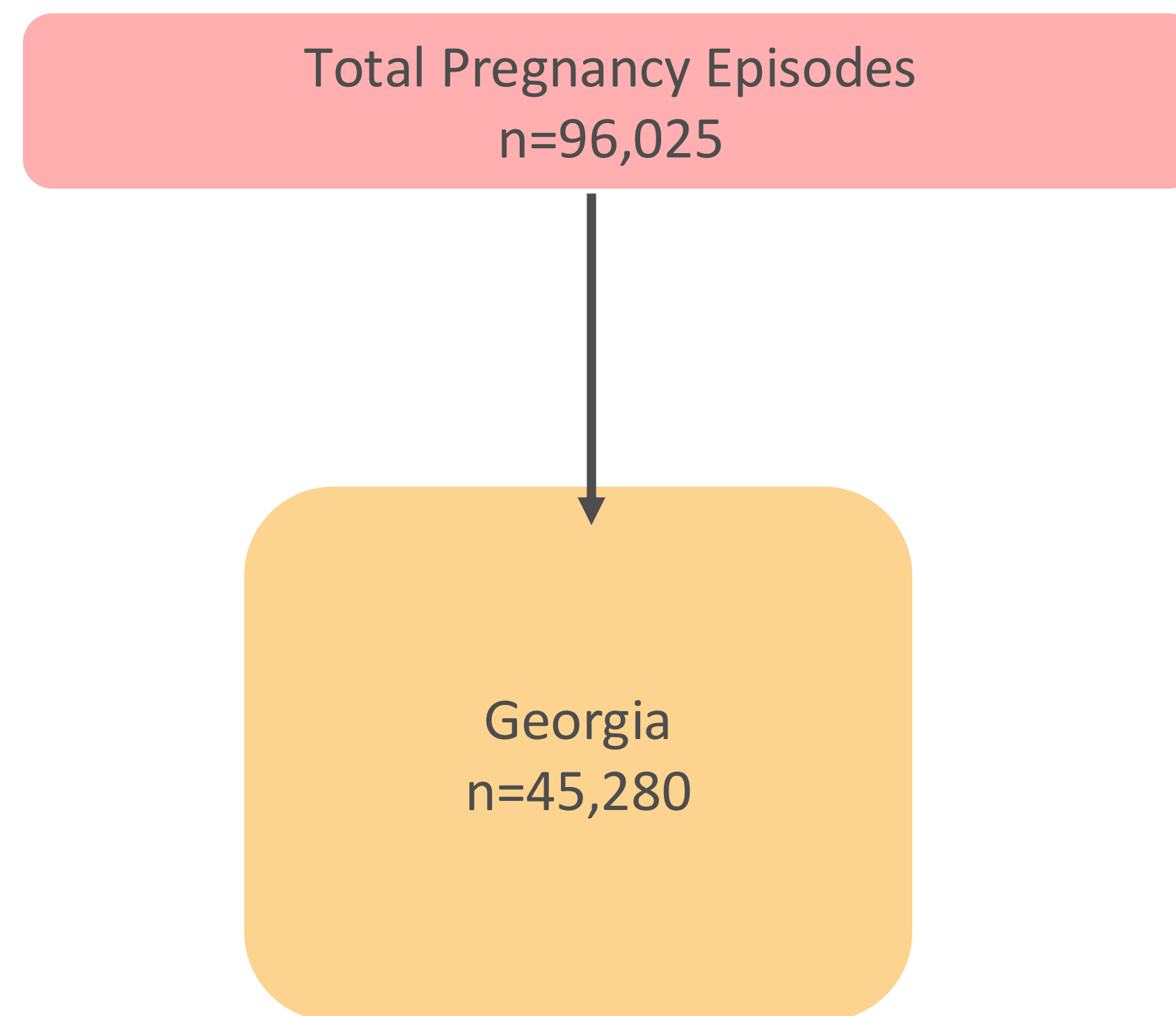
- For those with at least six months postpartum coverage, comorbidities and postpartum resource use occurring between 60 days and six months following childbirth was evaluated and compared between pre-COVID and ARPA adoption time periods.



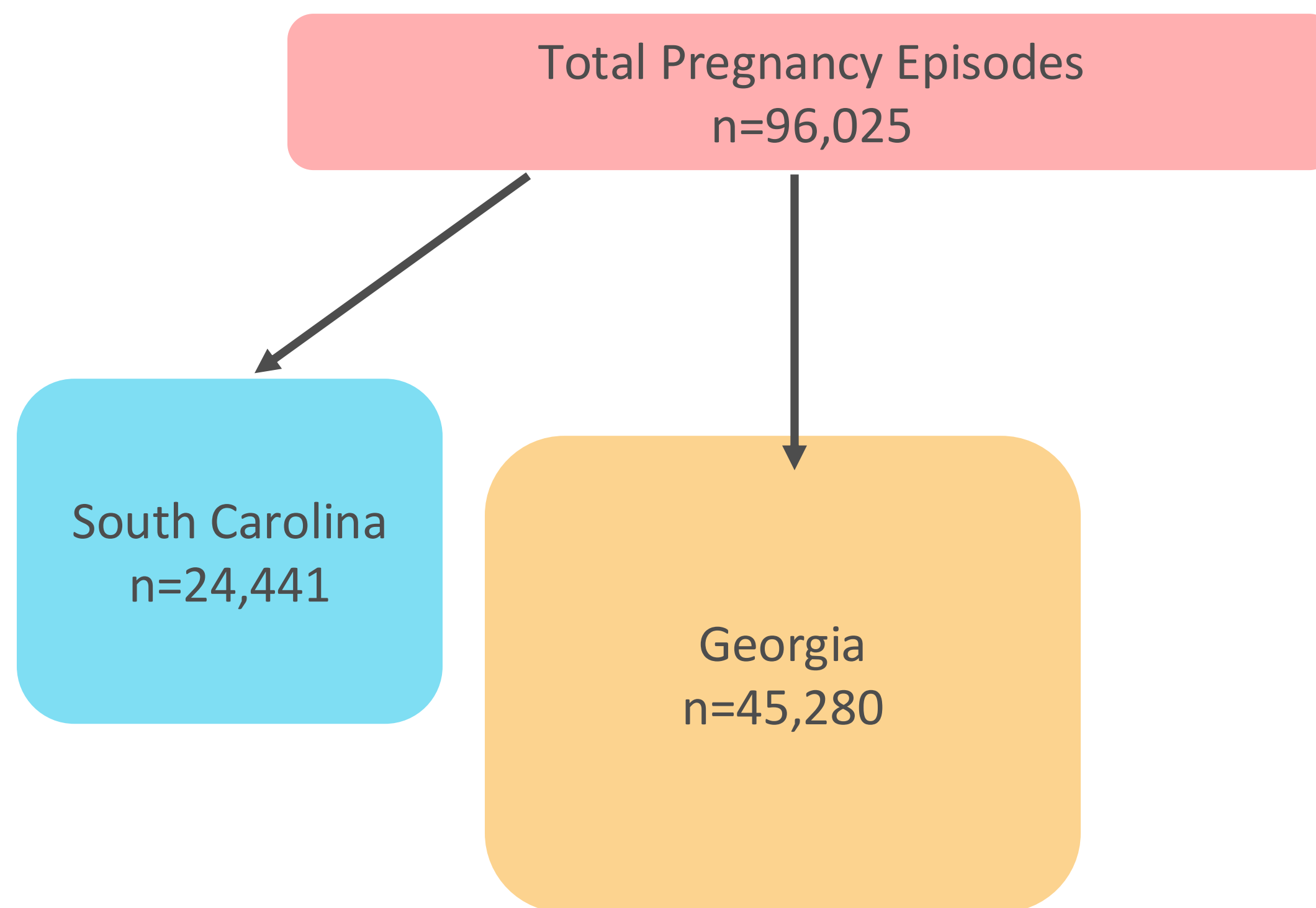
Sample Size

Total Pregnancy Episodes
n=96,025

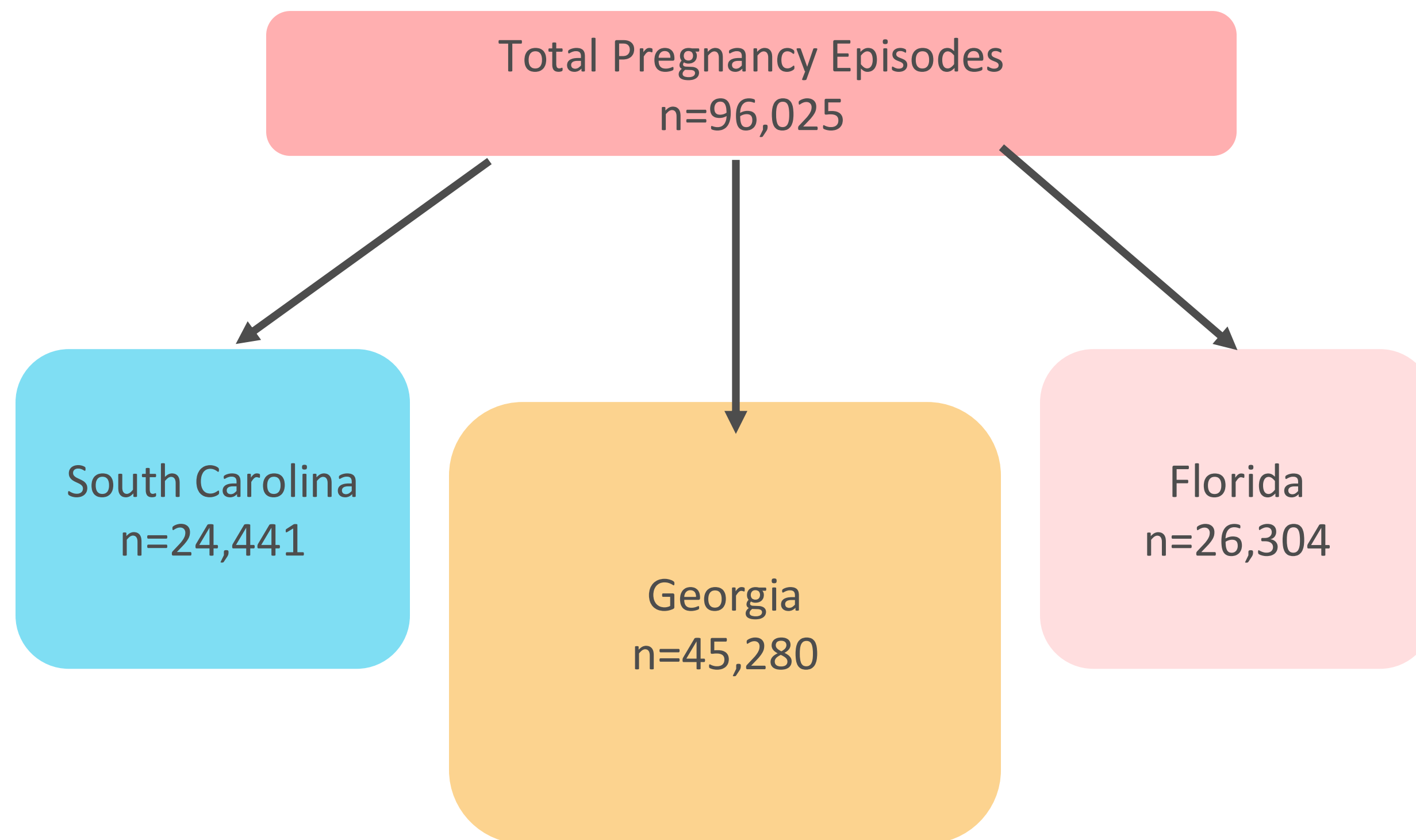
Sample Size



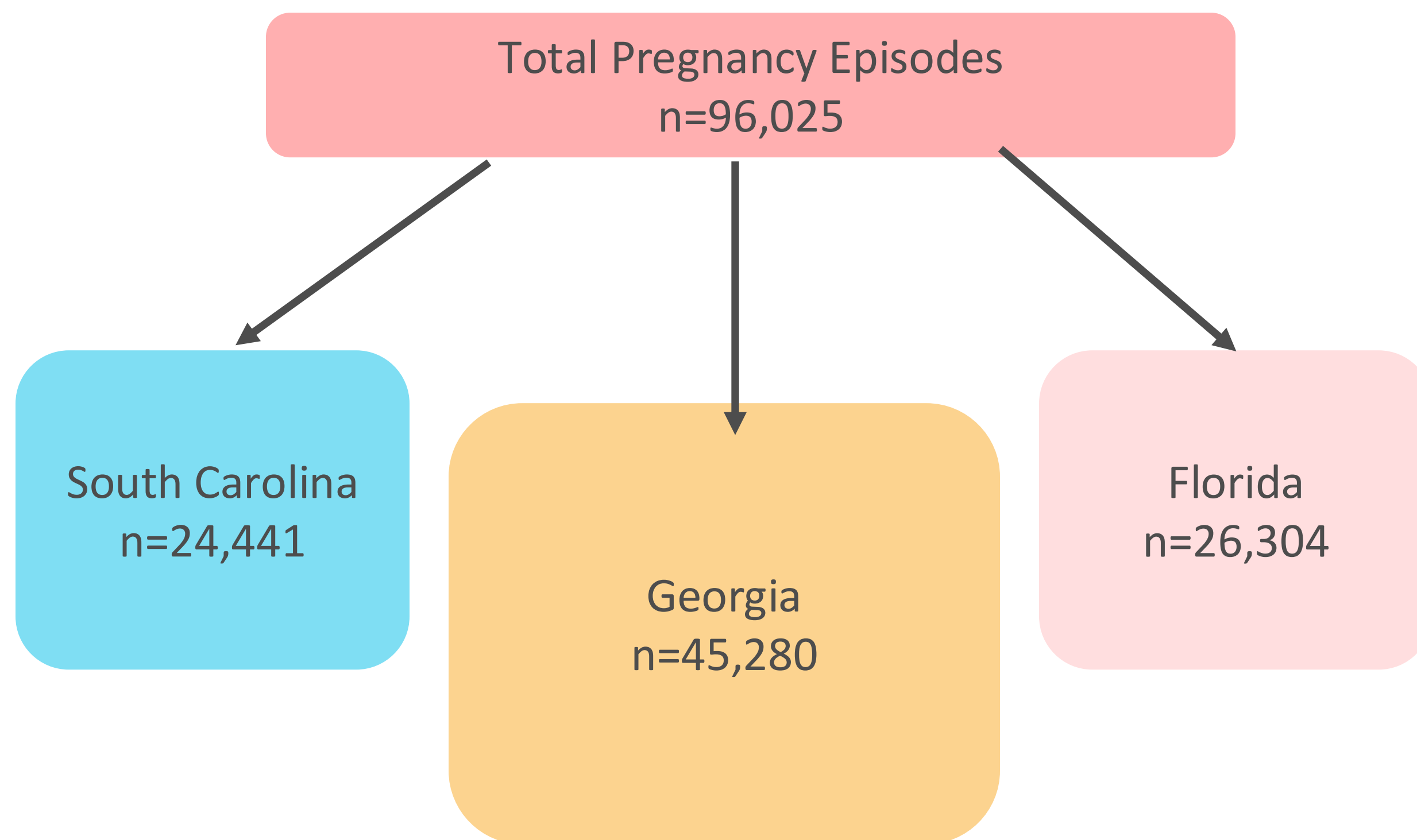
Sample Size



Sample Size



Sample Size



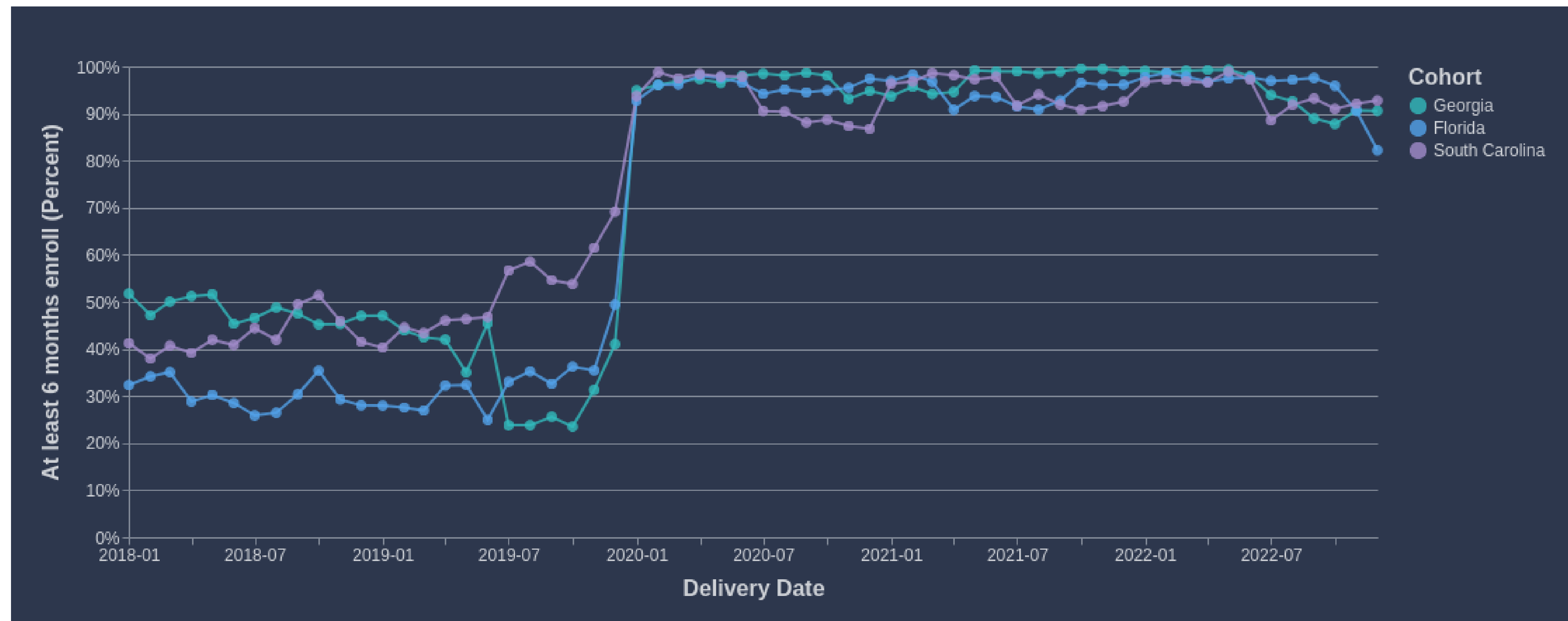
40% Pre-COVID

39% FFCRA

21% ARPA

Increase in Postpartum Coverage

- The proportion of mothers with at least 6 months postpartum coverage increased from 41.05% pre-COVID to 95.34% and 95.63% during FFCRA and ARPA, respectively, across the sample.

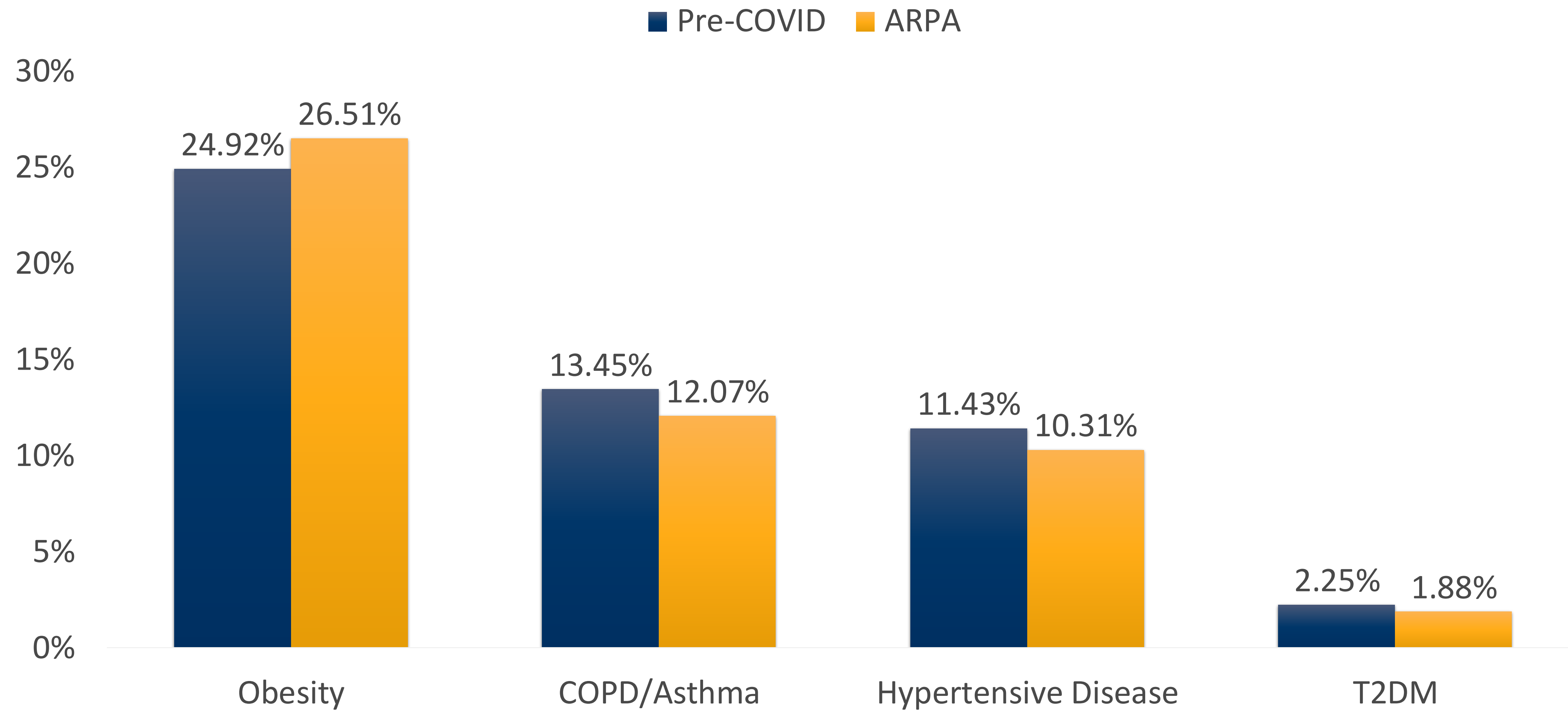


Resource Use

- Compared with pre-COVID-19, pregnancy episodes following ARPA adoption had fewer office visits and a similar rate of hospitalization from 60 days to six months postpartum

	Pre-COVID-19	ARPA	
N with six months continuous enrollment	15,645	19,330	
Number of Office Visits, Mean (SD)	2.90 (6.05)	1.95 (6.05)	p<0.01
Inpatient Hospital Stay, N (%)	183 (1.17%)	194 (1.00%)	P=0.12

Comorbidities



Limitations

- Live births only with full coverage of infant for one year
- Self-pay outpatient care not available in data; potential underestimation of resource use
- Barriers to care not assessed or available in the data

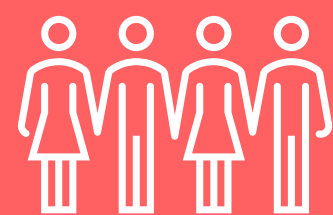
Conclusion & Next Steps



States that extended pregnancy-related Medicaid eligibility postpartum experienced a substantial gain in coverage continuity



Observed decrease in preventative services among those with coverage after expansion



Further research is needed to determine whether an observed decrease in preventative resource utilization following ARPA adoption is due to population-level clinical differences or unmeasured barriers to access



Thank You!

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