

# Addressing Prenatal and Postpartum Coverage Gaps in Medicaid

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## Key Takeaways

- This analysis suggests 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 the study sample lost Medicaid coverage by four months after delivery, likely because their pregnancy-related coverage ended, and they were ineligible for Medicaid through another pathway.

## Overview

**Having healthcare coverage while pregnant is a key determinant of healthy birth outcomes.<sup>1</sup> Data from Elevance Health’s affiliated Medicaid plans in 16 states show, however, that there are still gaps in coverage for prenatal and postpartum care, including lags in when pregnant women access Medicaid managed care benefits and how long after delivery they retain coverage.**



Insurance coverage is an important mechanism for improving maternal mortality and morbidity rates.

Insurance coverage—especially for low-income individuals—is an important mechanism for improving maternal mortality and morbidity rates.<sup>2</sup> In particular, Medicaid coverage facilitates access to timely prenatal and postpartum visits, which are vital to improving birth outcomes and long-term maternal and child health.<sup>3</sup>

Across all states, the Medicaid income eligibility limit for pregnant women is equal to or higher than that for individuals and families.<sup>4,5</sup> As a result, Medicaid paid for 42 percent of all U.S. births in 2020,<sup>6</sup> and over two-thirds of births among Black individuals in 2018.<sup>7</sup>

To ensure mothers and babies have timely access to the care they need, states may enact various optional policies including managed care enrollment, income limits, and extending the duration of postpartum coverage beyond the required 60 days after birth.

## Background

**The maternal mortality rate in the U.S. is troubling: maternal death rates increased by 18 percent between 2019 and 2020.<sup>8</sup> Rates of maternal mortality vary across races and ethnicities, with the most pronounced disparity being among non-Hispanic Black women who had mortality rates 2.9 times higher than rates for non-Hispanic White women.<sup>9</sup> Further, in recent years, the U.S. has seen a 200 percent increase in severe maternal morbidity during pregnancy, labor, and delivery.<sup>10</sup>**

Getting enrolled in a Medicaid managed care plan as soon as a pregnant woman is eligible and staying enrolled after birth facilitates access to appropriate medical care for the mother and baby. The first prenatal appointment—which the American College of Obstetricians and Gynecologists (ACOG) recommends should occur within the first trimester—is when risk assessment, patient education, and identification of health-related social needs begin, building the foundation for follow-up prenatal visits.<sup>11</sup> Access to routine prenatal care is associated with lower rates of pregnancy-related complications, such as low-birth weight and preterm births.<sup>12</sup>

Today, when individuals become eligible for Medicaid coverage due to pregnancy, most states require them to enroll in a Medicaid managed care plan.<sup>13</sup> Individuals who are pregnant typically have 60 days to select a plan of their choice before the state auto-enrolls them in one.<sup>14</sup> Unfortunately, this delay in plan selection can also mean a delay in receipt of timely prenatal care and access to coordination services and supports offered by the plan.



Women who lose their Medicaid coverage sooner after birth are at higher risk for suicide, overdose, and other life-threatening disorders.

After giving birth, ACOG recommends new mothers follow up with their provider within the first three weeks postpartum and have another comprehensive postpartum visit within twelve weeks after birth. Having a series of postpartum visits—rather than just one visit post-birth, as ACOG had previously recommended—reinforces the importance of the “fourth trimester” and postpartum care.<sup>15</sup>

At postpartum visits, the health care provider screens the new mother for health conditions they are at higher risk for, such as eclampsia, infection, hemorrhage, and hypertension.<sup>16</sup> Mothers are also screened for mental health conditions, such as postpartum depression, which is linked with lower well-child visit attendance, increased emergency room use for the child, and inadequate child immunizations.<sup>17</sup> Further postpartum screenings can help to address and reduce postpartum depression and anxiety, in turn leading to decreased emergency room use for mothers.<sup>18</sup>

Federal law only requires states to provide pregnancy-related Medicaid coverage through 60 days postpartum, leading many individuals to lose coverage at this time if they cannot qualify through a different Medicaid eligibility pathway.<sup>19</sup> Alternative eligibility pathways include qualifying for coverage under the Affordable Care Act’s (ACA) Medicaid expansion, as a parent, through a Section 1115 waiver expansion of coverage, or through a state-only funded coverage extension. Individuals who lose their Medicaid coverage at 60 days postpartum are at higher risk for eclampsia, infection, hemorrhage, hypertension, suicide, overdose, and other life-threatening disorders.<sup>20</sup>

More recently, the American Rescue Plan Act of 2021 allowed states the option to extend coverage to up to 12 months postpartum through a state plan amendment and several have already opted to do so.<sup>21,22</sup> These extensions were not in effect during the timeframe of this study, however.

## Methodology

**Claims Data.** Using claims data from Elevance Health’s affiliated Medicaid plans in 16 states, approximately 215,000 individuals with deliveries were identified between January 2018 and December 2019.

**Geographics.** The states included in the analysis are geographically diverse. Approximately 56 percent of states in the sample expanded Medicaid under the ACA.

**Population.** The analysis excluded individuals with repeat pregnancies within the 12-month postpartum period. For each observation, the analytic period includes 12 months pre- and post-birth.

# Findings

## Plan Enrollment

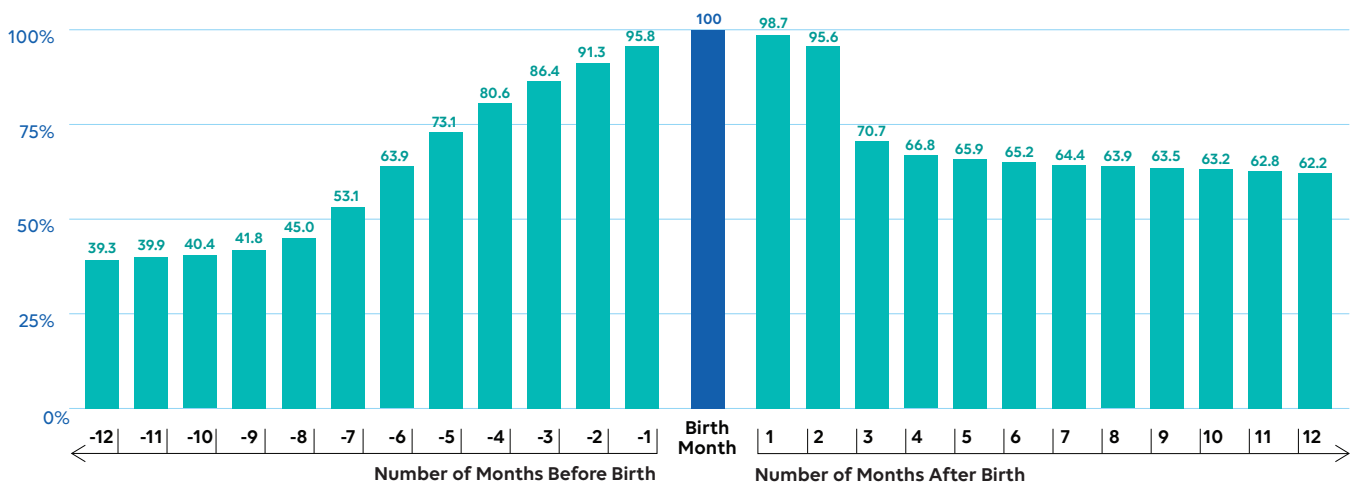
**Among the study sample, only 64 percent of members were enrolled in a plan six months prior to birth, potentially limiting mothers' access to prenatal visits during the first and second trimesters. Following this point, plan enrollment rose steadily each month until birth.**

After delivery, there was a sharp decrease in plan enrollment between months two and three postpartum. This is largely due to states ending pregnancy-related Medicaid coverage after 60 days postpartum, with a portion of enrollees not meeting other Medicaid eligibility rules. By month 12 postpartum, just over 60 percent of individuals were still enrolled in a plan, meaning that over 100,000 women lost Medicaid coverage following delivery.

It is worth noting, however, that more individuals remained enrolled 12 months after giving birth than the number enrolled 12 months prior to birth. This could be a result of women gaining coverage they did not know they were eligible for until pregnancy or could be differences in the federal poverty level (FPL) eligibility for childless adults as compared to parents or postpartum women.

Additionally, postpartum enrollment trends may be explained in part by states' decision to expand Medicaid under the Affordable Care Act. States that expanded Medicaid eligibility averaged 81 percent enrollment at three months postpartum compared to 57 percent for non-expansion states.

**Figure 1**  
**Percent of Women Enrolled**  
**in a Plan Pre- and Post-Birth**  
(by Month)



Source. Claims data from Elevance Health's affiliated Medicaid plans in 16 states.

## Prenatal and Postpartum Visits

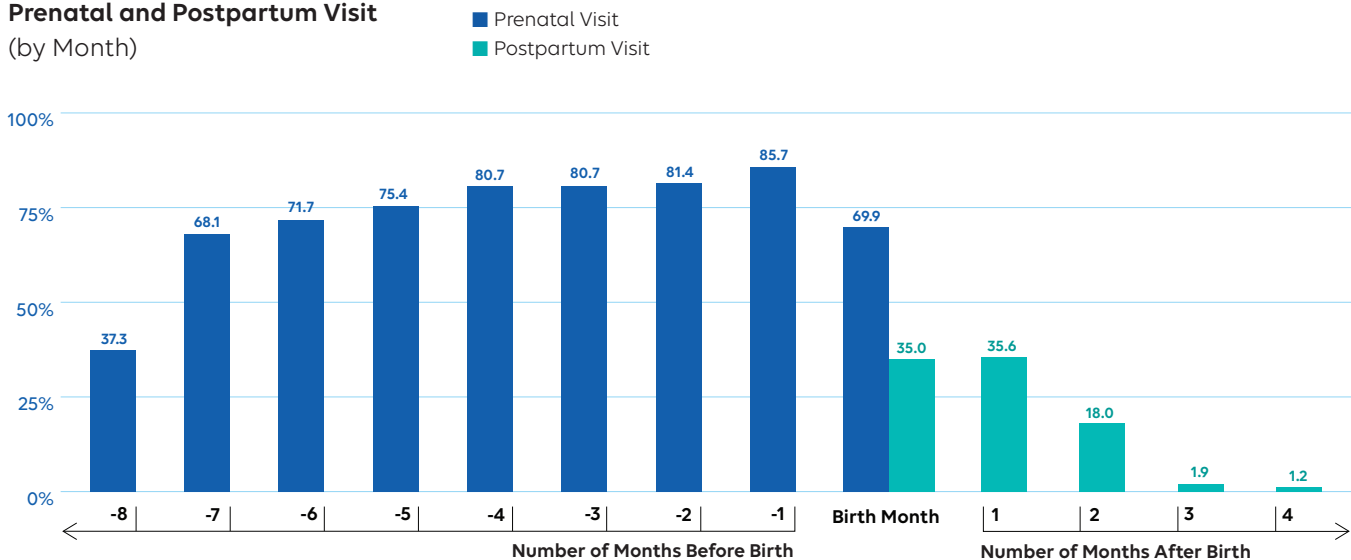
Though ACOG's recommendations for prenatal and postpartum visits depend heavily on individual needs, there are some recommended milestone visits for all, including that the first prenatal visit should occur during the first trimester.

Among individuals who were enrolled in a plan by the end of the first trimester (the beginning of month -6), nearly all had at least one prenatal visit during this time. This is higher than the national average of 77 percent across all lines of business who initiated care during the first trimester, potentially indicating that Medicaid coverage is helping women get the prenatal care they need.<sup>23</sup>

ACOG also recommends that all mothers should have a visit with a provider within the first three weeks postpartum. After this first assessment, mothers should have ongoing care as needed, with a comprehensive visit no later than 12 weeks postpartum. Using this as a guideline, 64 percent 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 percent to 82 percent.

**Figure 2**

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



**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.

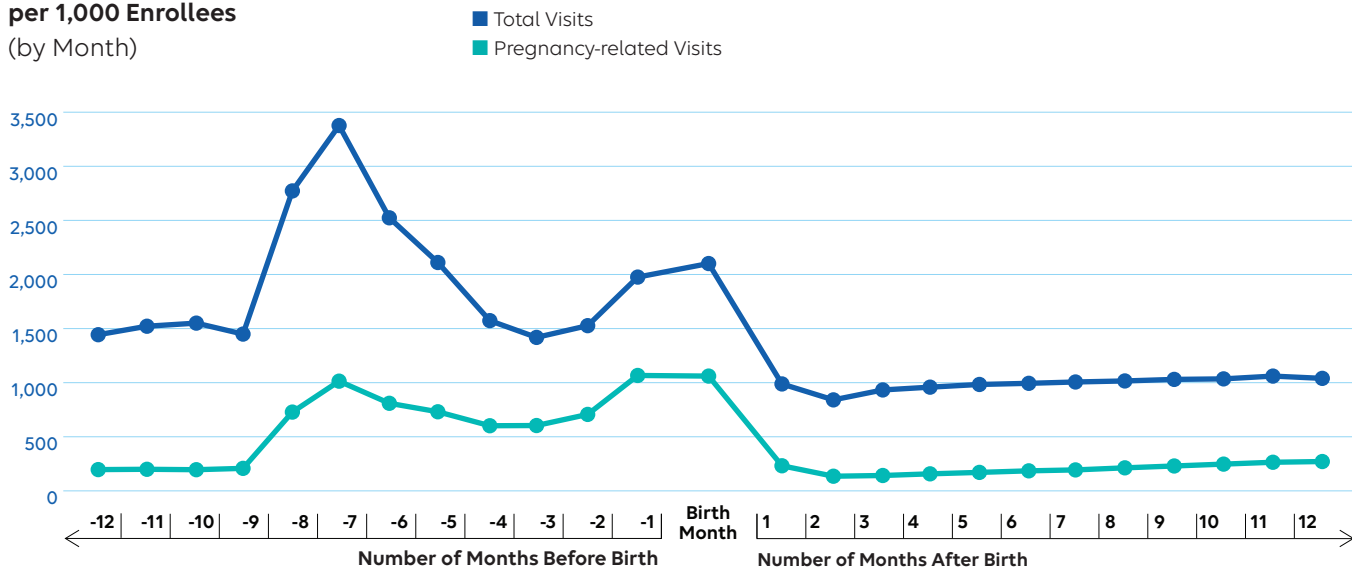
## Emergency Room Visits

**Prior to delivery, the increase in emergency room (ER) visits was driven by pregnancy-related conditions including unspecified complications, urinary tract infections, first trimester hemorrhage, and false labor.**

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

**Figure 3**

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



Source. Claims data from Elevance Health's affiliated Medicaid plans in 16 states.

## Mental Health and Substance Use Disorders

**Mental health conditions, such as postpartum anxiety and depression, affect one in five women in the U.S., making it the most common complication of pregnancy and childbirth.<sup>24</sup>**

Further, suicide and overdose are the leading causes of death for mothers 12 months after birth.<sup>25</sup> Among new mothers who died due to suicide, less than 50 percent attended a postpartum visit.<sup>26</sup> Increased access to providers through insurance coverage could be an important avenue to prevent an individual's mental health crisis.<sup>27</sup>

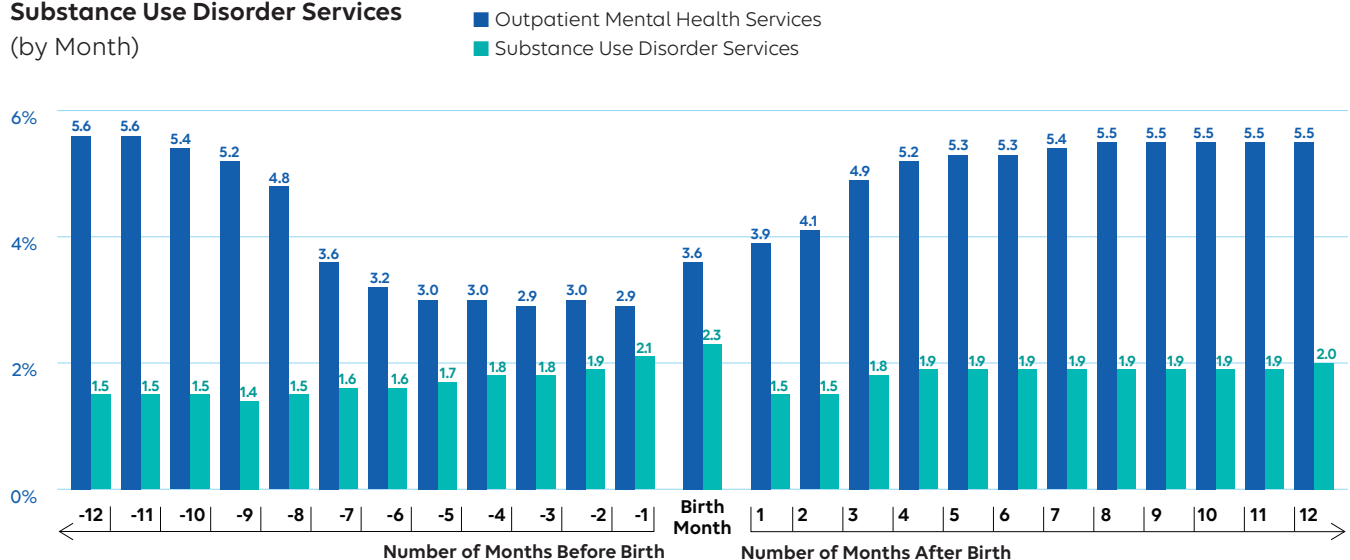
**Mental Health Conditions.** The share of individuals enrolled in a plan who used mental health services each month steadily decreased leading up to birth before increasing during the postpartum period and reaching pre-birth levels by eight months postpartum.

To measure mental health utilization, we relied on diagnosis codes submitted on claims. The decrease in use of mental health services during pregnancy could be indicative of the availability of prenatal mental health supports outside of the traditional healthcare system, an inadequate focus on mental health support during pregnancy, or under-coding of mental health diagnoses on claims.

**Substance Use Disorders.** Utilization of outpatient substance use disorder (SUD) services slowly increases leading up to birth, perhaps indicating that access to Medicaid coverage may be an important gateway to being assessed for SUD and getting connected to SUD services.

Across the study period, the average utilization of SUD services postpartum is higher than in the prenatal period, suggesting a potential increased need for SUD treatment (e.g., Medication-Assisted Treatment for opioid use) after birth. The postpartum period involves a multitude of changes in physical and mental health, family dynamics, and social environments, and these changes might impact individuals with SUD, potentially prompting them to seek treatment.<sup>28</sup>

**Figure 4**  
Percent of Enrollees with  
Any Utilization of  
Outpatient Mental Health or  
Substance Use Disorder Services  
(by Month)



Source. Claims data from Elevance Health's affiliated Medicaid plans in 16 states.



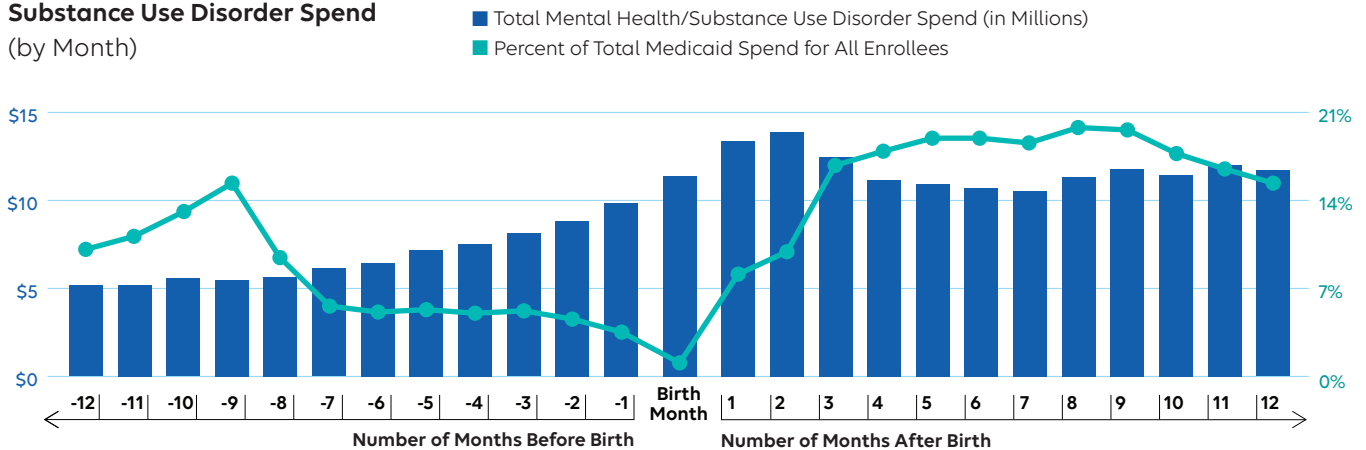
## Healthcare Spending

Apart from obstetrics and gynecology (OB/GYN) and neonatal intensive care unit (NICU) spending, the conditions corresponding with the greatest spending over the total study period were mental health and substance use disorders (MH/SUD) and musculoskeletal (MSK) disorders. The spending patterns are consistent with other national estimates.<sup>29</sup>

Total spending on MH/SUD services after birth was higher than spending pre-birth, consistent with higher utilization of services per 1,000 members. Likewise, spending associated with MSK disorders steadily increased up to and following birth despite the drop in membership postpartum, potentially indicating a need for MSK care because of pregnancy-related complications.<sup>30</sup>

**Figure 5**

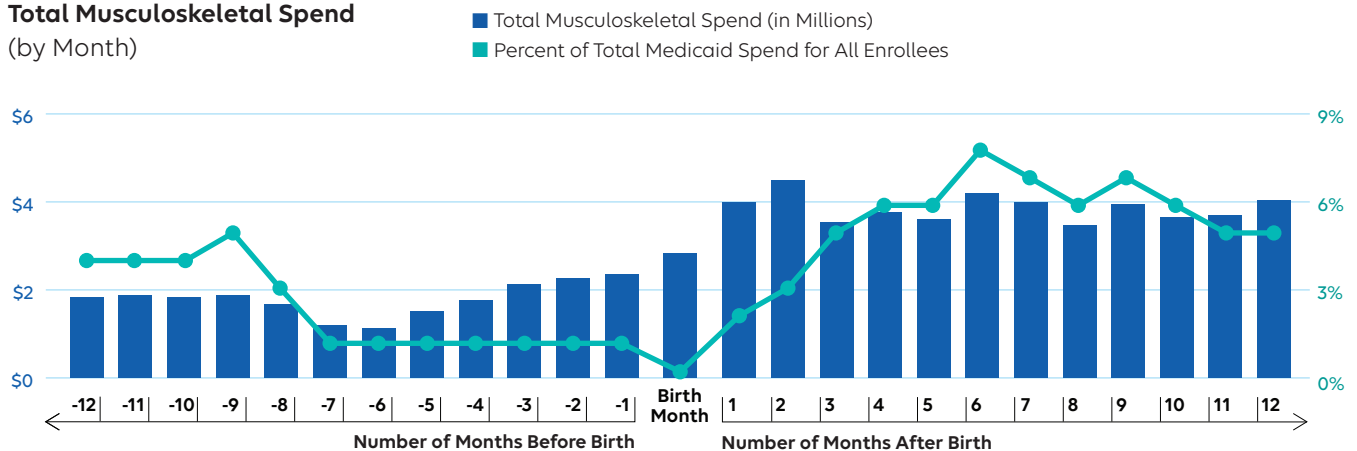
**Total Mental Health/  
Substance Use Disorder Spend**  
(by Month)



Source. Claims data from Elevance Health's affiliated Medicaid plans in 16 states.

**Figure 6**

**Total Musculoskeletal Spend**  
(by Month)



Source. Claims data from Elevance Health's affiliated Medicaid plans in 16 states.

## Discussion

**Although pregnant women eligible for Medicaid have access to healthcare services before and after delivery, many may still face gaps in access to appropriate preventive and/or needed follow-up services. This analysis highlights how those gaps can impact maternal health and wellbeing.**



First trimester enrollment in a Medicaid plan led to timely prenatal care.

For instance, this data suggests that many pregnant women may delay enrolling in a Medicaid plan, with just under two thirds enrolled six months prior to birth. This could be due to delays in pregnancy confirmation, lack of awareness of Medicaid eligibility, application timelines, and/or lags between eligibility determination and selecting or auto-enrolling in a plan.

Delays in enrolling in coverage while pregnant prevent women from receiving necessary prenatal care services and supports, such as care coordination, sooner in their pregnancy. They also mean less time to meet screening recommendations and promote healthy behaviors that can bolster pregnancy-related outcomes. Further, our analysis demonstrates that nearly all women who were enrolled in a plan during the first trimester received a prenatal service, indicating that Medicaid plans are connecting enrollees with care.

After birth, around one third of our sample lost Medicaid coverage by months three-to-four, likely because pregnancy-related coverage ended and they were ineligible for Medicaid through a different pathway.<sup>31</sup> Loss of coverage postpartum may prevent individuals from addressing or identifying chronic health conditions, discussing family planning, receiving ongoing SUD treatment, or identifying and treating postpartum depression and anxiety. Comprehensive and continuous postpartum care is also important overall as one out of three pregnancy-related deaths occur within the first year of giving birth.<sup>32</sup>

## Policy Options

**These findings highlight the need for Medicaid programs and health plans to focus on expediting health plan enrollment for pregnant women. Simultaneously, states should consider options that expand access to care following birth to help improve outcomes and wellbeing for both mothers and babies. Some options for consideration are:**

**Strengthen managed care enrollment processes.** States that enroll pregnant women in managed care should consider automatic enrollment in a Medicaid managed care plan as soon as an individual is determined eligible because of pregnancy, while allowing beneficiaries to change plans within the first 30-60 days of enrollment. This ensures that individuals can choose their own plan, but at the same time, more immediately connects individuals who are pregnant with care coordination and prenatal services. States and plans might also consider ways to encourage



Extended coverage would give pregnant women continued access to needed care and services postpartum.

individuals to remain enrolled in the same plan throughout their entire pregnancy, to promote continuity of care. Additionally, states should ensure policies are in place to provide coordinated, automatic enrollment after birth for infants in the same managed care plan as the parent.

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

As of January 2022, in the states analyzed, state income eligibility limits for pregnancy ranged from 138% FPL to 380% FPL, with a median of 205% FPL.<sup>33</sup> Income eligibility limits for parents ranged from 17% FPL to 221% FPL, with a median of 138% FPL.<sup>34</sup> The parental eligibility income limits are particularly low for parents in states that did not adopt the ACA expansion, where the median parental eligibility limit is 37% FPL, compared to 138% FPL in ACA expansion states. Overall, postpartum Medicaid eligibility “cliffs” remain in both expansion and non-expansion states, which can lead to coverage churn or loss of coverage altogether.

**Extend postpartum coverage for 12 months.** States should 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. One study from the Assistant Secretary for Planning and Evaluation’s Office of Health Policy estimates that approximately 720,000 individuals annually would receive extended Medicaid coverage if all states adopted this policy, with the largest estimated increases in postpartum eligibility potentially occurring in Texas (137,000), California (57,000), and Florida (52,000).<sup>35</sup> This would give individuals continued access to needed care and services postpartum, in particular mental health services and substance use treatment.

## Conclusion

**Medicaid is a critical source of healthcare coverage for pregnant women in the U.S., paying for nearly half of all births.**

In the majority of states, Medicaid managed care plans coordinate these individuals’ care, including ensuring timely access to prenatal visits and preventive services as well as facilitating delivery of postpartum screening and other healthcare services and supports. In partnership with their Medicaid health plans, states should continue to improve their eligibility and enrollment policies to enhance individuals’ access to care prior to, during, and after birth. Timely and appropriate prenatal and postpartum care will, in turn, help avoid preventable health complications and promote a healthy birth and postpartum period for both mother and baby.

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