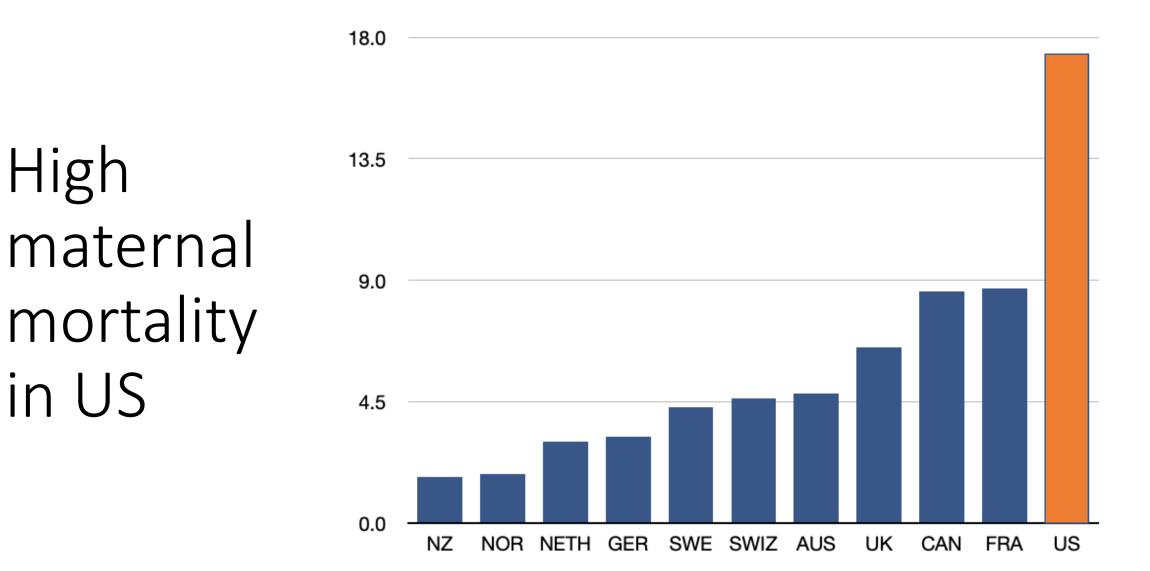
Effect of Medicaid Expansion on Postpartum Coverage and Outpatient Care in Arkansas

Maria Steenland¹, Ira Wilson, Kristen Matteson, Amal Trivedi

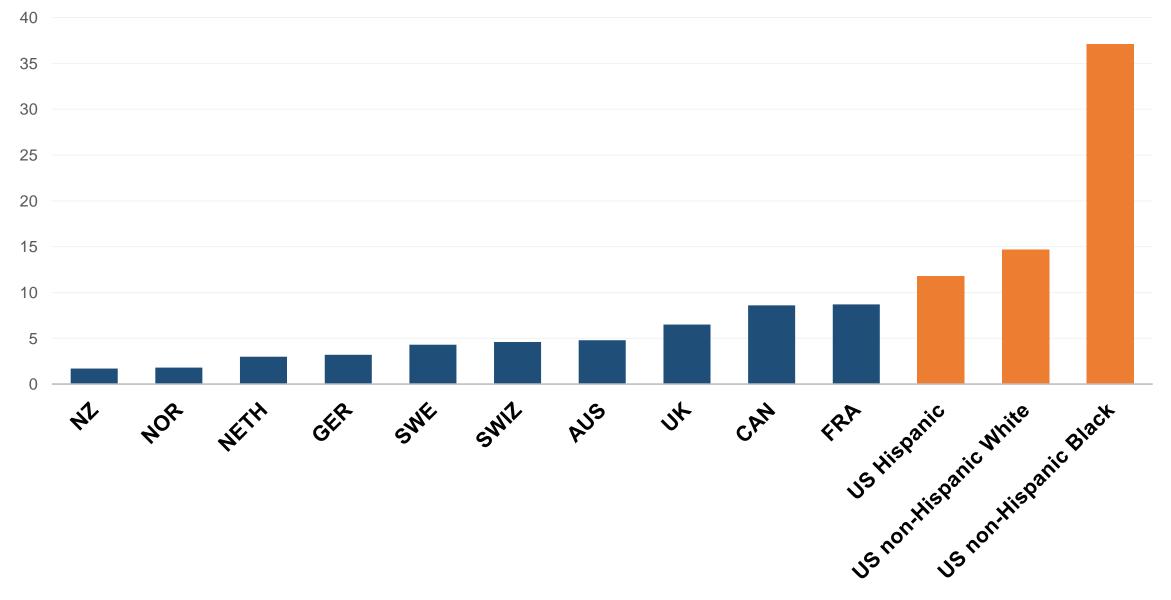
¹Population Studies and Training Center, Brown University

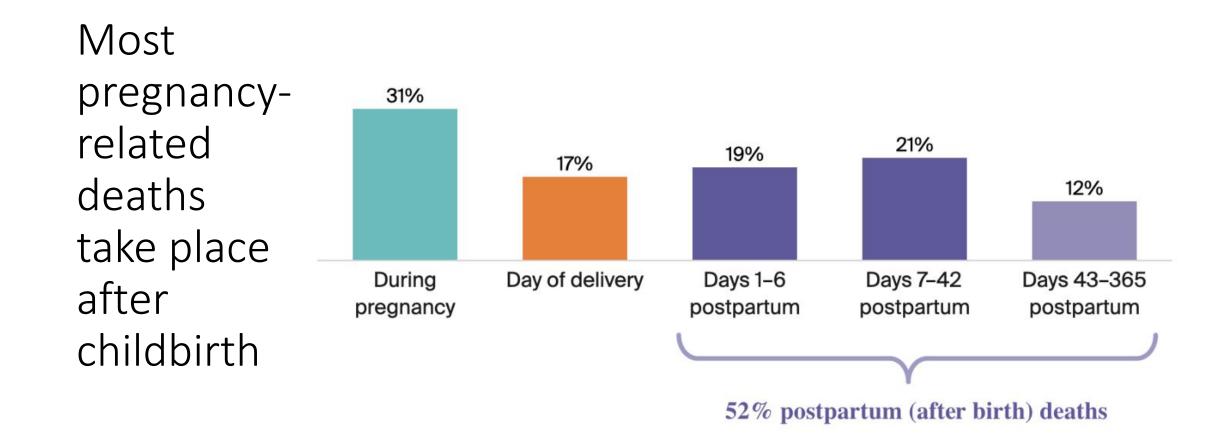
Motivation

Maternal mortality ratio



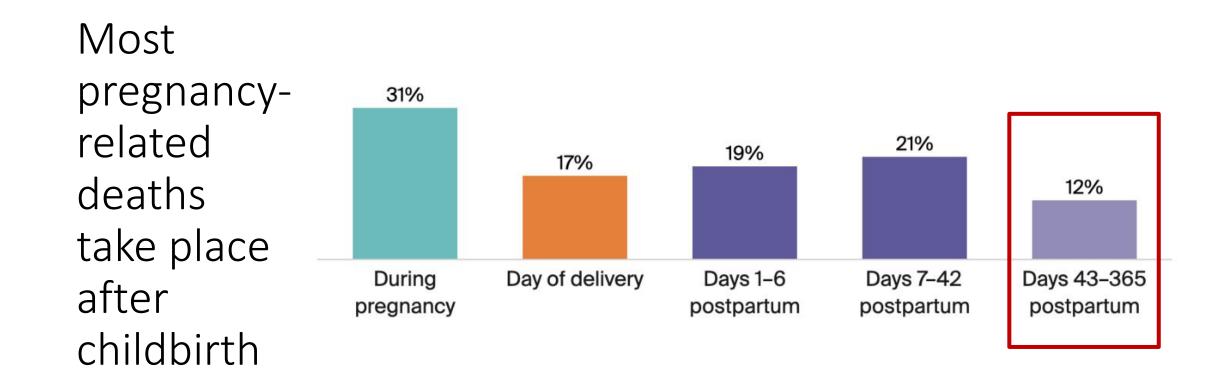
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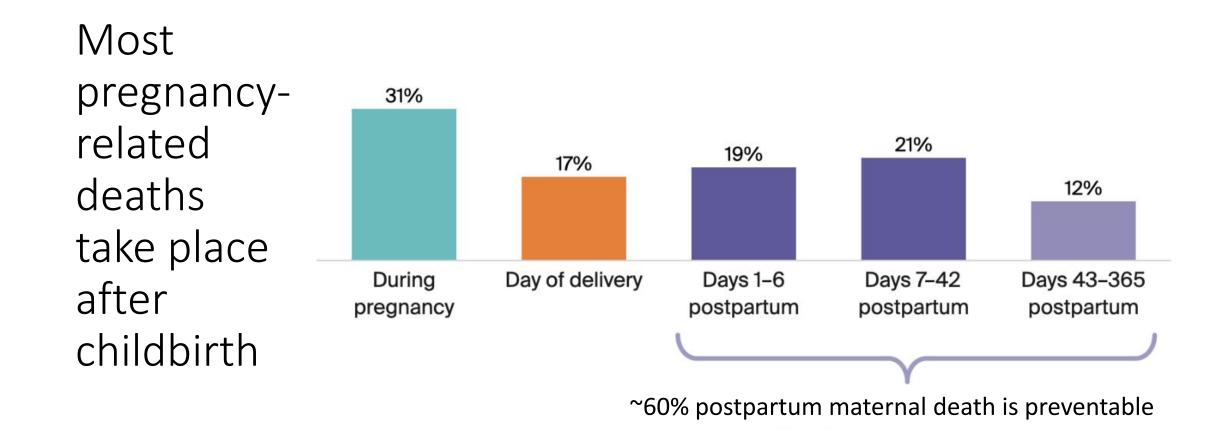
Data: Centers for Disease Control and Prevention Pregnancy-Related Mortality Surveillance data from: Emily E. Petersen et al., "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017," *Morbidity and Mortality Weekly Report* 68, no. 18 (May 10, 2019): 423–29.

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). https://doi.org/10.26099/411v-9255



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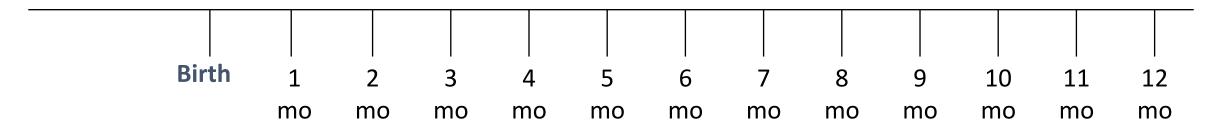
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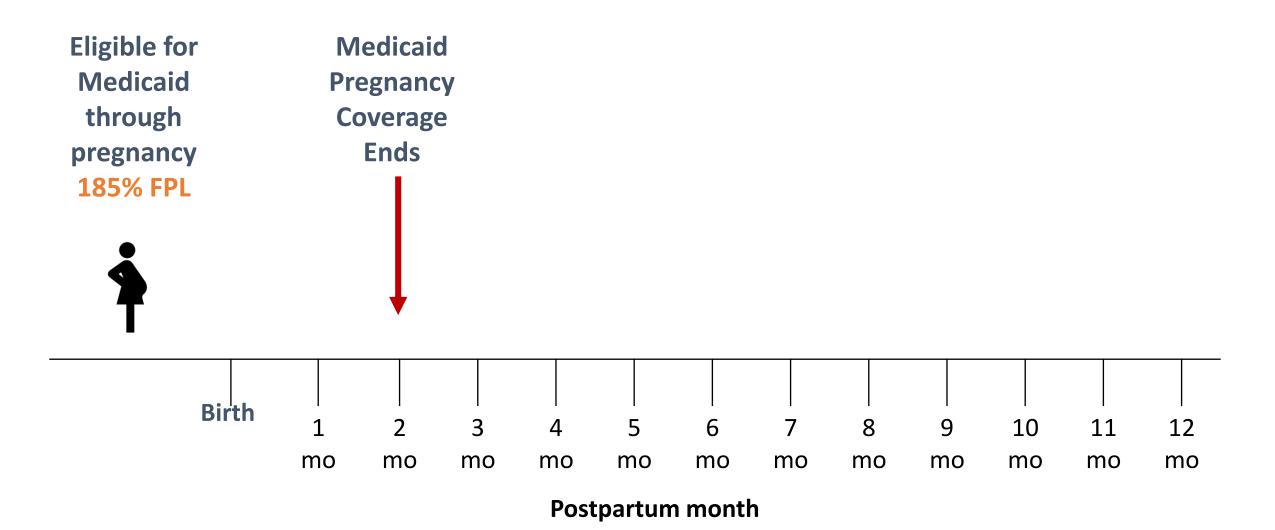


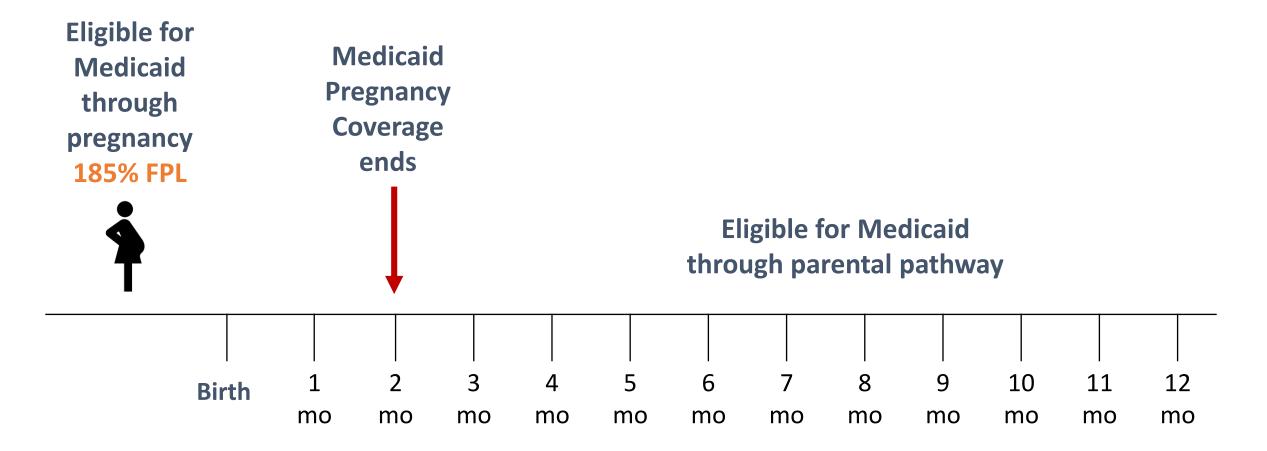
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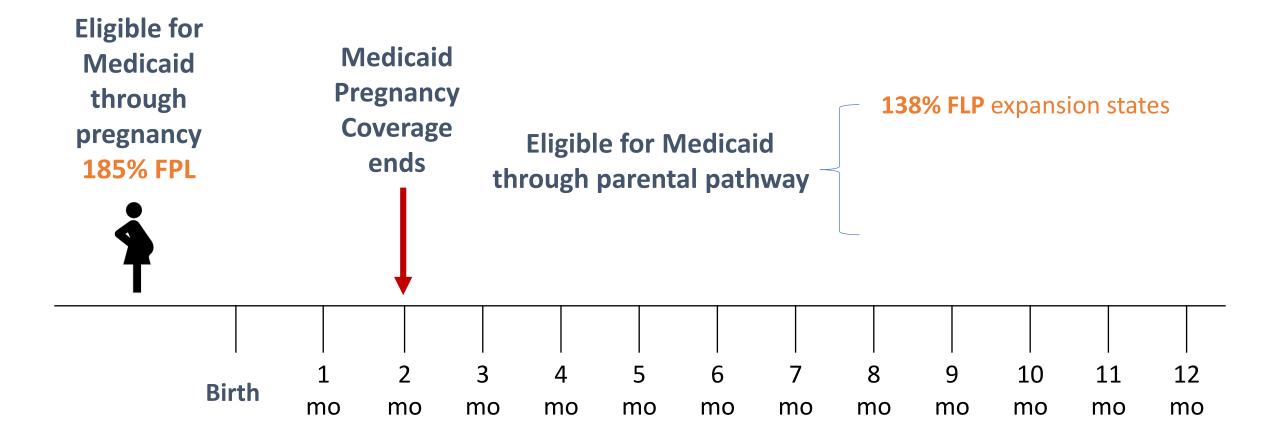
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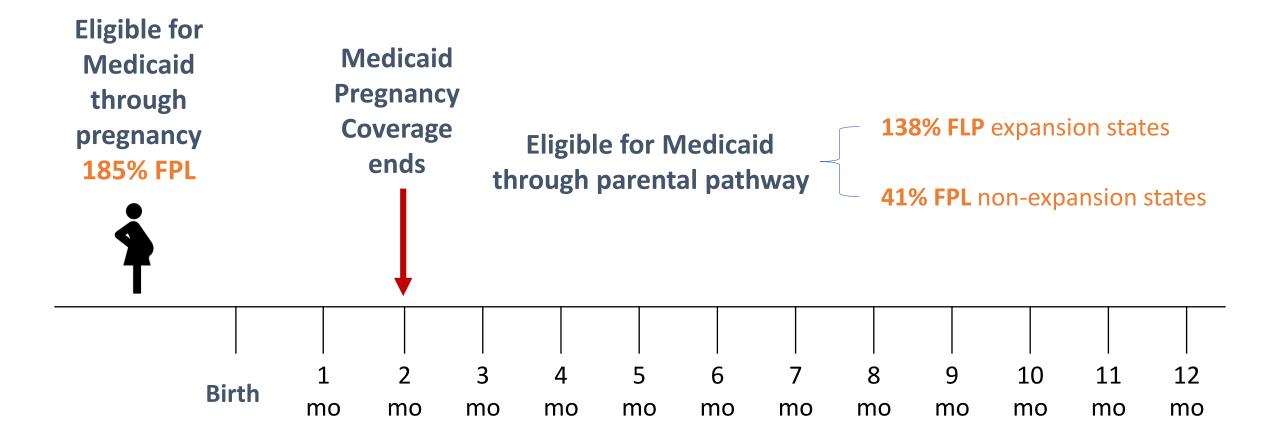
Eligible for
Medicaid
through
pregnancy
185% FPL











Medicaid expansion increased postpartum coverage nationally

• Expansion increased postpartum insurance by 10 percentage points (Daw et al., 2020)

Daw JR, Winkelman TNA, Dalton VK, Kozhimannil KB, Admon LK. Medicaid Expansion Improved Perinatal Insurance Continuity For Low-Income Women. Health Aff (Millwood). 2020 Sep;39(9):1531-1539.

Medicaid expansion increased postpartum coverage nationally

- Expansion increased postpartum insurance by 10 percentage points (Daw et al., 2020)
- Less evidence exists on the effect of expansion on postpartum healthcare use overall, and on racial disparities in care use

Daw JR, Winkelman TNA, Dalton VK, Kozhimannil KB, Admon LK. Medicaid Expansion Improved Perinatal Insurance Continuity For Low-Income Women. Health Aff (Millwood). 2020 Sep;39(9):1531-1539.

Medicaid expansion in Arkansas

- Expanded Medicaid coverage under the Affordable Care Act on January 1, 2014 through a "private option"
- Increased income eligibility for parents from 16% of FPL in 2013 to 138% in 2014

Study aims

- 1. Examine the effect of AR Medicaid expansion on continuity of 6month postpartum insurance
- 2. Examine the effect of AR Medicaid expansion on healthcare visits in the first 6 months postpartum

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- 1. Examine the effect of AR Medicaid expansion on continuity of 6month postpartum insurance
- 2. Examine the effect of AR Medicaid expansion on healthcare visits in the first 6 months postpartum
 - Examine effects separately among non-Hispanic white and non-Hispanic Black birthing persons
- 3. Examine (descriptively) changes in racial disparities after expansion

Methods

Data

Birth certificates 2013 – 2015

All Payer Claims Data 2013 – 2016

Outcomes

• Continuous 6-months health coverage after childbirth

Outcomes

- Continuous 6-months health coverage after childbirth
- Number of outpatient visits during six months postpartum

Outcomes

- Continuous 6-months health coverage after childbirth
- Number of outpatient visits during six months postpartum
 - Total
 - □ Visits 1 60 days
 - □ Visits 61 days 6 months

• Women with Medicaid-financed childbirth in treated group

- Women with Medicaid-financed childbirth in treated group
- \rightarrow All under 200% FPL, likely to be eligible for parental Medicaid

- Women with Medicaid-financed childbirth in treated group
- Women with commercially-financed childbirth in control group

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→ Unlikely to be eligible for parental Medicaid after expansion

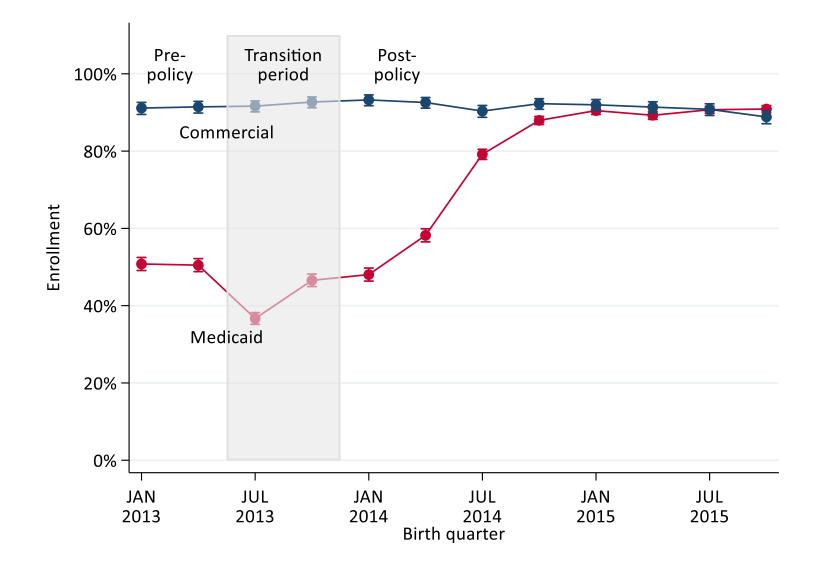
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	ths Jan-Ju 2013		Births	erio	k	6-mos	postpa	artum								
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Pre-period Births Jan-June 2013			Trans per Births J 20	iod uly-Dec					Post per i hs in 201	i od 4 & 2015			
	•								Jan	•			
Jan 2013	Apr 2013	ןר 20			an 014	Apr 2014	Jul 2014	Oct 2014	2015	Apr 2015	Jul 2015	Oct 2015	
2013	2013	20	15 20	Sta Mec	Int of licaid		2014	2014		2013	2013	2013	

Results

Continuous 6-month postpartum coverage, by source of coverage at childbirth



Effect of Medicaid expansion on continuous 6-month postpartum coverage

	M	edicaid-financ	ed	Con	Commercial-financed			
	Pre- expansion	Post- expansion	Change	Pre- expansion	Post- expansion	Change		
	Percent (95% Cl)	Percent (95% CI)	Percent (95% CI)	Percent (95% Cl)	Percent (95% Cl)	Percent (95% CI)	Percentage Points (95% CI)	
Enrollment	50.6 (49.5 <i>,</i> 51.8)	80.0 (79.5 <i>,</i> 80.4)	29.3 (28.0, 30.6)	91.3 (90.2, 92.4)	91.8 (91.3, 92.3)	0.5 (-0.6, 1.7)	27.8*** (23.7, 31.9)	

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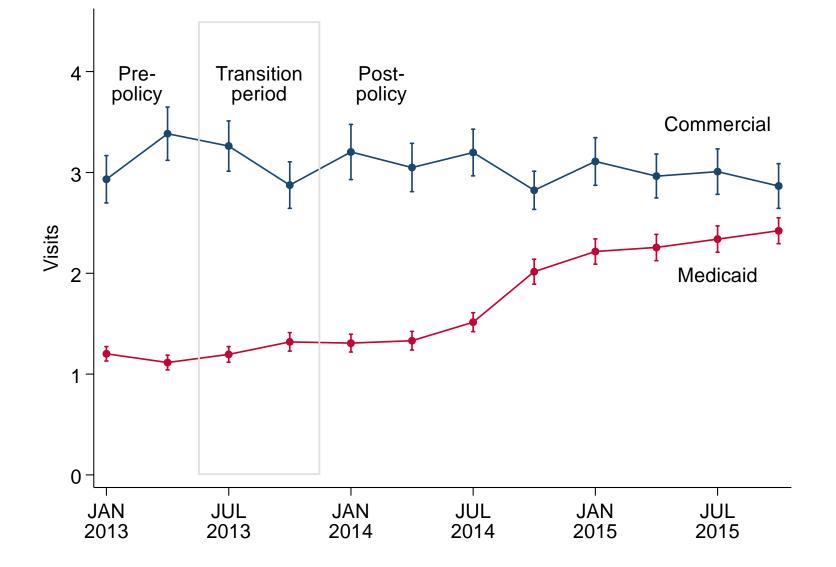
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Outpatient visits first 6 months postpartum by source of coverage at childbirth



Visits during the first 6-months after childbirth

	Medicaid-financed			Commercial-financed			
	Pre-expansion	Post- expansion	Change	Pre-expansion	Post- expansion	Change	
	Percent (95% CI)	Percent (95% CI)	Percent (95% CI)	Percent (95% CI)	Percent (95% Cl)	Percent (95% CI)	Percentage Points (95% CI)
Full six months	1.2 (1.1, 1.3)	2.0 (2.0, 2.0)	0.8 (0.7, 0.9)	3.2 (3.0, 3.3)	3.0 (2.9, 3.1)	-0.2 (-0.4 <i>,</i> 0.0)	0.9*** (0.8, 1.1)

Visits during the first 6-months after childbirth

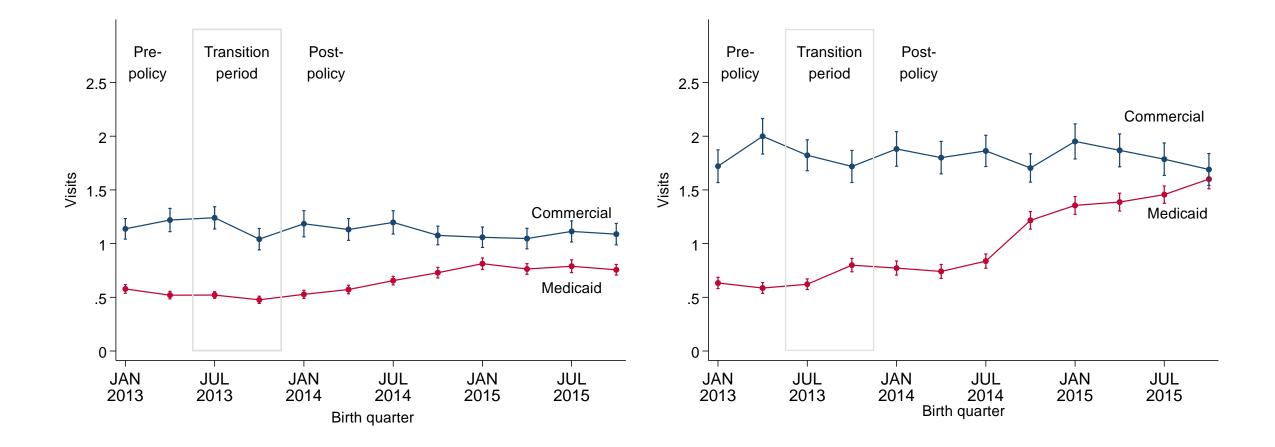
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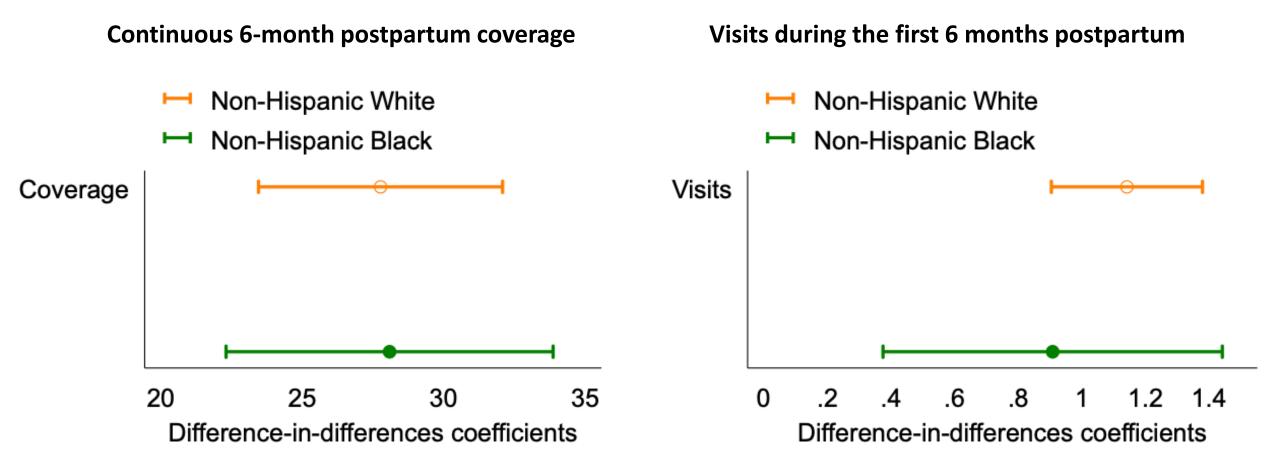
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Visits 1–60 days postpartum

Visits 61 days–6 months postpartum





Coverage disparities decreased after Medicaid expansion

Group	Pre-expansion Percent (95% CI)	Post-expansion Percent (95% CI)		
Black women	62 (59.6, 63.8)	79 (77.7, 80.2)		
White women	68 (66.8, 69.1)	79 (78.0,79.4)		

Important disparities in visits remained after expansion

Group	Pre-expansion Number (95% CI)	Post-expansion Number (95% CI)		
Black women	1.6 (1.4, 1.7)	1.8 (1.7,1.8)		
White women	2.0 (1.9,2.1)	2.2 (2.2,2.3)		

• Uninsurance after childbirth an important driver of differences in healthcare utilization between persons with commercial and Medicaid-paid childbirth

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- Pregnancy Medicaid extensions, implemented in remaining non-expansion states, are likely to accomplish similar gains in coverage and care

- Uninsurance after childbirth an important driver of differences in healthcare utilization between persons with commercial and Medicaid-paid childbirth
- Pregnancy Medicaid extensions, implemented in remaining non-expansion states, are likely to accomplish similar gains in coverage and care
- Increased coverage not sufficient to reduce racial disparities in outpatient postpartum care

Additional needs to improve maternal health

- Care that is respectful, patient-centered, culturally competent
- Increase paid leave from work, childcare, and transportation

Acknowledgments

The findings presented represent independent analysis conducted by the authors and do not represent the opinions of the Arkansas Insurance Department or the Arkansas Healthcare Transparency Initiative. Approval to use data from the Arkansas Healthcare Transparency Initiative for this analysis is not an endorsement of the results presented herein.

This study was funded by the National Institute for Health Care Management and the Agency for Healthcare Research and Quality (1K01HS027464)

Extra slides

VARIABLE	MEDICAID PRE (N=14,525)	MEDICAID POST (N=29,578)	COMMERCIAL PRE (N=5,680)	COMMERCIAL POST (N=11,574)
	Percent (95% Cl)	Percent (95% CI)	Percent (95% Cl)	Percent (95% Cl)
Age	25.4 (25.3, 25.4)	25.6 (25.6, 25.7)	29.3 (29.2, 29.5)	29.4 (29.3, 29.5)
Age 19-24	51.7 (50.9 <i>,</i> 52.6)	49.2 (48.6, 49.7)	16.3 (15.3, 17.3)	15.9 (15.2 <i>,</i> 16.5)
Age 25-30	32.2 (31.4, 33.0)	33.2 (32.6, 33.7)	44.6 (43.3, 45.9)	44.5 (43.6 <i>,</i> 45.4)
Age 31-35	9.9 (9.4, 10.3)	11.1 (10.7, 11.4)	24.6 (23.5, 25.7)	24.8 (24.0 <i>,</i> 25.6)
Age 36-50	6.2 (5.8, 6.6)	6.6 (6.3, 6.9)	14.5 (13.6, 15.4)	14.8 (14.2, 15.5)
Non-Hispanic white	55.5 (54.7 <i>,</i> 56.3)	59.2 (58.7 <i>,</i> 59.8)	86.6 (85.7, 87.4)	86.0 (85.4 <i>,</i> 86.6)
Non-Hispanic black	29.0 (28.3, 29.7)	26.8 (26.3 <i>,</i> 27.3)	7.2 (6.5, 7.9)	7.1 (6.6, 7.5)
Hispanic	12.1 (11.6, 12.7)	10.1 (9.8, 10.4)	2.8 (2.4, 3.3)	3.1 (2.8, 3.4)
Less than college	94.1 (93.7, 94.5)	95.3 (95.0, 95.5)	40.5 (39.2, 41.8)	46.4 (45.5 <i>,</i> 47.3)
College or greater	5.9 (5.5 <i>,</i> 6.3)	4.7 (4.5, 5.0)	59.5 (58.2 <i>,</i> 60.8)	53.6 (52.7 <i>,</i> 54.5)