

Planned out of hospital birth and Medicaid policy changes in Oregon

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TOPIC/TARGET AUDIENCE: Maternal and child health

ABSTRACT: Oregon has a high rate of out-of-hospital births among low risk women; publicly insured women account for more than 20% of these births. Changes in Medicaid policies, including transition to the Coordinated Care Organization (CCO) model, may have influenced financing of out-of-hospital births among low-income women.

We used linked 2008-2014 Oregon birth certificate, Medicaid enrollment, and Medicaid claims data to study planned and completed out-of-hospital birth among all women, Medicaid enrollment among out-of-hospital births, and payment for out-of-hospital births among enrollees. We compared each outcome in 2008-11 (pre-CCOs); 2012-13 (post-CCOs); and 2014 (post-Medicaid expansion) using logistic regression. Analyses included singleton, cephalic, non-anomalous births at term and excluded prior cesareans or unplanned out-of-hospital birth. Out-of-hospital births increased from 4.2% pre-CCOs to 4.9% post-CCOs (OR:1.16 95%CI:1.11-1.22) and leveled off to 5.0% post-expansion. Medicaid enrollees accounted for 32% pre-CCO out-of-hospital births, and increased to 35% post-CCOs (OR:1.14 CI:1.03-1.26) and 39% post-expansion (OR:1.32 CI:1.15-1.52). Medicaid-enrolled out-of-hospital births with paid claims dropped from 33% pre-CCOs to 27% post-CCOs (OR:0.76 CI:0.63-0.91) but rebounded to 31% post-expansion.

Few women choose out-of-hospital birth; yet Medicaid-enrolled women comprise an increasing share of these births. CCOs may make reimbursement more difficult for healthcare providers who operate outside of clinical settings.

OBJECTIVE(S): Describe trends in planned out-of-hospital births among Medicaid enrolled women and trends in Medicaid financing of out-of-hospital births before and after implementation of coordinated care organizations and Medicaid expansion in Oregon.

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