

Impact of Medicaid Expansion on Postpartum Coverage and Outpatient Care Utilization among Low-Income Women in Oregon

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Background

- United States has one of the highest maternal mortality rates among developed nations .
- Maternal morbidity and mortality rates are higher among low-income individuals in minority racial/ethnic groups, who disproportionately receive care through the Medicaid program.
- Maternal mortalities and morbidities can be addressed through appropriate care during the postpartum period.
- Despite the importance of appropriate care, only 40% of Medicaid beneficiaries utilize such care which is likely reflective of barriers to access.
- Prior to Medicaid expansion, individuals in Oregon who have incomes up to 185% Federal Poverty Level (FPL) gained Medicaid coverage solely due to pregnancy and remained covered for only 60 days postpartum.
- In 2014 Medicaid expansion extended eligibility to Oregonian adults with income from 100% FPL up to 138% of the FPL., which could have potentially increased continued postpartum coverage among women in Oregon.

Objective

In this presentation we examined the association of Medicaid expansion on duration of postpartum coverage among Oregon Medicaid beneficiaries.

Methods

Data Sources and Study Population

- Oregon Medicaid claims, hospital discharge, and birth certificate data were linked to Medicaid eligibility data from 2010-2016.
- Our sample population included Medicaid beneficiaries who delivered between 2010-2012 and 2014-2015.
- Our sample included the following 3 study cohorts (Figure 1):
 - **Pre-ACA non-Medicaid expansion cohort:** individuals with deliveries between 2010-2012
 - **Post-ACA non-Medicaid expansion cohort:** individuals with deliveries between 2014-2015 but with previous deliveries under Medicaid in the pre-expansion period
 - **Post-ACA Medicaid expansion cohort:** individuals with deliveries 2014-15 who gained eligibility and full coverage under Medicaid expansion

Measures and Analysis

- Postpartum Coverage Duration: a count variable signifying number of months of Medicaid coverage from date of delivery to the last day of 12 month follow-up period or the last day of Medicaid enrollment.

- We used descriptive statistics to examine our sample characteristics and postpartum Medicaid coverage for the 3 study cohorts.

Fig 1. Flowchart for inclusion in the study population of Medicaid-enrolled women in Oregon with deliveries during 2010-2015

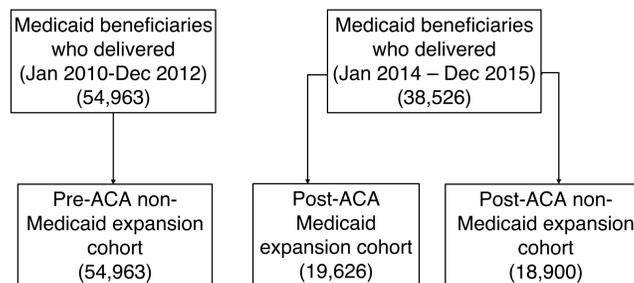


Table 1. Demographic Characteristics and Postpartum Coverage among Medicaid beneficiaries in Oregon

Character istics	Pre – ACA Medicaid Expansion (54,963)		Post ACA Medicaid Expansion (38,526)				Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
	54,963	58.58	18,900	20.49	19,626	20.92	93,489	
15-20	10,164	18.49	1,963	10.4	3,324	16.94	15,451	16.53
21-25	18,071	32.88	6,451	34.1	5,555	28.3	30,077	32.17
26-30	14,593	26.55	5,729	29.8	5,403	27.53	25,725	27.52
31-35	8,200	14.92	3,289	17.11	3,559	18.13	15,048	16.10
36-40	3,312	6.03	1,239	6.45	1,544	7.87	6,095	6.52
41-45	623	1.13	229	1.19	241	1.23	1,093	1.17
NH White	30,277	55.09	10,495	54.6	11,751	59.87	52,523	56.18
NH Black	2,093	3.81	821	4.27	674	3.43	3,588	3.84
NH AI/AN*	1,978	3.6	692	3.6	634	3.23	3,304	3.53
NH Asian	1,619	2.95	457	2.38	811	4.13	2,887	3.09
NH/PI**	751	1.37	258	1.34	269	1.37	1,278	1.37
NH Other race	631	1.15	165	0.86	200	1.02	996	1.07
Hispanic	17,493	31.83	5,968	31.05	5,260	26.8	28,721	30.72
Urban	47,031	85.57	15,579	81.05	15,683	79.91	78,293	83.75
Large Rural	5,850	10.64	2,516	13.09	3,129	15.94	11,495	12.30
Small rural	2,082	3.79	805	4.19	814	4.15	3,701	3.96
Coverage Duration (months)		7.04		9.45		9.12		

* AI/AN - American Indian/Alaska Native.
** NH/PI - Native Hawaiian/Pacific Islander

Fig 2. Postpartum Medicaid coverage by study cohorts before and after Medicaid expansion

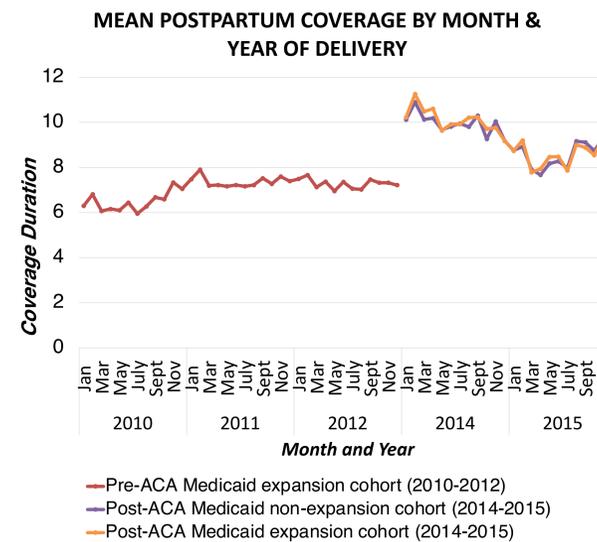
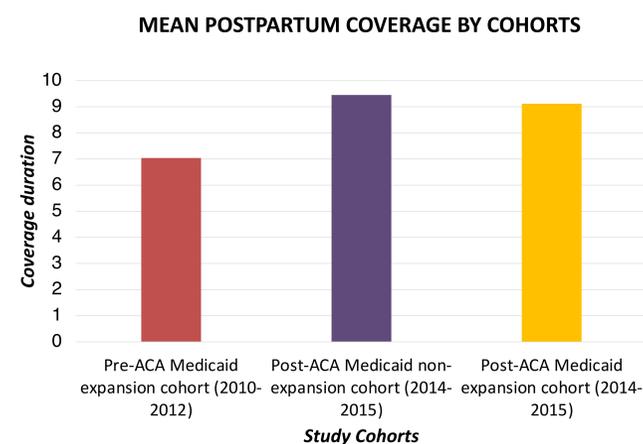


Fig 3. Postpartum Medicaid coverage by study cohorts and month and year of deliveries



Results

Our sample (Table 1) consisted of:

- 93,489 women: 58.5% deliveries occurred in the pre-expansion cohort; 20.5% deliveries formed the post non-expansion cohort; and 20.9% formed the post-expansion cohort.
- Age distribution did not significantly differ across cohorts, with 21–25 year old mothers forming the largest age group within each cohort.
- 56% of the women identified as Non-Hispanic white, with Hispanic women forming the second largest group at 31%. Race/ethnicity did not significantly differ across cohorts
- 59% of mothers had high school and some college education and women who had less than high school education formed almost 30% of population in each cohort.
- Compared to the pre-expansion cohort, the post expansion cohort had 5% more women living in large rural areas.

Postpartum coverage among women increased from 7 months in the pre-expansion cohort to more than 9 months in both the post expansion and post-non expansion cohorts (Figures 2 and 3).

Conclusion/ Implications

- In summary, our preliminary findings indicate that expanded Medicaid eligibility through the ACA Medicaid expansion increased the duration of postpartum care coverage among Medicaid beneficiaries in Oregon.
- Increased access to postpartum care could potentially decrease the rates of maternal morbidity and mortality among low-income individuals and those in minority racial/ethnic groups.
- In the next phase of our research we will evaluate the effect of Medicaid expansion on timely utilization of outpatient care during the postpartum period for low income women in Oregon.
- Our findings will have implications for other states considering Medicaid expansion and for policies to reduce rates of maternal morbidity and mortality.