

PRESUMPTIVE MEDICAID ELIGIBILITY FOR PREGNANT WOMEN

Its Potential Impact on Mississippi's Birth Outcomes

ALMOST 1 IN 5 MISSISSIPPI WOMEN OF REPRODUCTIVE AGE ARE UNINSURED¹

A WOMAN QUALIFYING FOR MEDICAID CAN BE HALF WAY THROUGH PREGNANCY BEFORE SEEING A DOCTOR FOR THEIR 1ST PRENATAL APT.

PRENATAL CARE STARTED IN THE 1ST TRIMESTER CAN HELP PREVENT HEALTH PROBLEMS IN BOTH MOTHERS & BABIES.²

THE AVERAGE COST OF A PRETERM BIRTH IN 2022 WAS 4x's MORE EXPENSIVE THAN A HEALTHY FULL TERM DELIVERY

PEPW OFFERS THE STATE \$7.95M POTENTIAL ANNUAL SAVINGS

Presumptive Eligibility for Pregnant Women (PEPW) is an optional program for states within the Medicaid program. If a state chooses to offer PEPW this means that a low-income woman who is pregnant and seeks medical services will be presumed to be eligible for Medicaid coverage and the medical provider can provide prenatal care and be reimbursed by Medicaid. This Medicaid policy option allows states to provide prenatal care to low-income women sooner than if she had to wait for her Medicaid application to be processed and approved.

For Mississippi, a PEPW policy has the potential to improve maternal and infant health among low-income childbearing mothers, who are less likely to receive pre-conception and prenatal care due to the lack of insurance coverage. Given the length of time to determine pregnancy (6 to 8 weeks), coupled with the processing time for Medicaid enrollment (7 to 13 weeks), a pregnant woman could be 21 weeks (halfway) into a 40-week pregnancy before seeing a doctor for the first time.

With almost 63% in 2018 and 57.3% in 2022 of Mississippi's births covered by Medicaid in 2018 and 2022, and 14.8 of every 100 births being preterm (and higher among Black infants at 17.3), the potential savings of a PEPW policy is material. For births in 2022, the Mississippi Division of Medicaid paid an average medical cost of \$22,925 for premature babies compared to a healthy newborn. If this rate decreased by one point, that equates to a potential savings of \$7.95 million in state Medicaid costs for one year.^{3,4,5}

MEDICAID REIMBURSED DELIVERIES

	2018	2022
Total Live Births:	37,009	34,678
Medicaid Paid Births	23,315 <i>(63% of total births)</i>	19,860 <i>(57.3% of total births)</i>
Preterm Birth Rate*:		
Total Population	14.2	14.8
African-American	17.3	18.1
Average Costs:		
Healthy, Full-Term Delivery	\$4,674	\$4,900
Preterm Delivery	\$14,915	\$22,925
Potential Savings of Reducing Preterm Birth Rate by 1 Point.	\$2,400,000	\$7,950,000

*Per 100

Consideration of PEPW as a policy intervention to improve Mississippi birth outcomes warrants further research and discussion.

SOURCES:

1. Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2021 American Community Survey (ACS) data using Public Use Microdata Sample (PUMS).
2. Healthy People 2030. (2021). Increase the proportion of pregnant women who receive early and adequate prenatal care – MICH-08.
3. MACPAC, Appendix: Medicaid's Role in Financing Maternity Care, Table A-2. Number of Births, by Payer, by State, 2018.
4. MSTAHRs Premature Birth Rates -MSDH Vital Statistics 2022
5. MSDH Mississippi Hospital Discharge Data 2022
6. Green, PhD, John J., et.al, "Presumptive Eligibility for Pregnant Women: State Policy Trends and Birth Outcomes, 2019, University of Mississippi Center for Population Studies, Unpublished manuscript

Supporting Points:

- Presumptive Eligibility (PEPW) policies are intended to improve maternal and infant health while reducing mortality and morbidity by reducing preterm births.
- Research by the University of Mississippi Center for Population Studies found that living in states with a PEPW policy can reduce preterm births for women covered by Medicaid. These findings suggest PEPW can blunt the effects of poverty on preterm births. The link between PEPW and preterm births was statistically significant, but modest.⁵
- States with high socioeconomic vulnerabilities were more likely to have higher rates of preterm births; however, states that also had PEPW were less likely to have the same increased rates of preterm births.
- Black mothers are more likely to have preterm births than other women enrolled in Medicaid.
- By allowing women who rely on Medicaid for pregnancy coverage to access prenatal care sooner during pregnancy, PEPW may help improve health outcomes and reduce costs.

Background:

C4MHP commissioned a study by University of Mississippi Center for Population Studies to determine the effect of PEPW on the relationship between socioeconomic vulnerability and preterm birth rates. This two-step study included:

1. A study of state policy trends regarding how PEPW is implemented – including eligibility requirements; the designation of qualified providers; coverage and benefits specifics; and early, late, and non-adopter status.
2. A two-part study of PEPW's relationship with preterm birth rates:
 - a) The first part used state-level data to test the hypothesis the PEPW moderates the overall relationship between socioeconomic vulnerability and preterm rates.
 - b) The second part, focusing on Medicaid-covered births only, used individual-level data to determine whether a state having PEPW affects preterm rates.

The findings of the study determined that in states who have implemented PEPW, there was no statistical association between preterm birth rates and the socioeconomic position of the state. The conclusion from this finding is that there are fewer preterm births among low-income mothers when the PEPW policy is in place.

While data modeling was unable to forecast the impact of PEPW in Mississippi due to data and methodological constraints, the findings warrant further research and discussion of PEPW as a policy intervention to improve birth outcomes among Mississippi's infants.