Medicaid Spend

• Maternal and child health (MCH) number of covered lives
  – There were 55,449 live births in Kentucky in 2018

• 45% of Kentucky births are paid by Medicaid
  – There were 27,542 Medicaid-covered babies born during SFY 2018.
  – There were 24,839 deliveries by a Medicaid-covered mother during SFY 2018.

• Total expenditures by Medicaid-covered baby SFY 2018:
  – $328,316,304.80

• Total expenditures by Medicaid-mother delivery SFY 2018:
  – $250,159,663.18 (9 months prior to birth through 3 months after delivery)
Kentucky Overview

- Cesarean delivery rate is 5th highest in the country at 35.2% (US 32%)
- Preterm birth rate is 9th highest at 11.1% (US 9.3%)
- Teen birth rate 5th highest at 29/1,000 US (18.8/1,000)
- Low birth rate is 15th highest at 8.8% (US 8.3%)
- Smoking during pregnancy rate 2nd highest at 17.9% (US 6.9%)

americashealthrankings.org
Maternal Health and Wellness

- Nationally, serious problems with maternal mortality
  - 26% increase nationally in recent years
  - 700 women die each year
  - 60% of these deaths are preventable

Maternal mortality (pregnancy-related mortality) is from the start of pregnancy through 12 months post-partum
Pregnancy-Related Mortality in the US

*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Table from: cdc.gov
Maternal Mortality in Kentucky

• Kentucky ranks 13\textsuperscript{th} out of 46 in a recent USA Today study
  • In 2018 there were 22.9 maternal deaths per 100,000 live births
  • The national ratio was 17.2 per 100,000 live births
  • 25 years ago that ratio was 12 per 100,000 nationally
  • Moms have a higher chance of having a pregnancy related death now than their mothers did 25 years ago

• In Kentucky, 76 new moms died in 2018.
Infant Mortality

• The infant mortality rate is the number of infant deaths for every 1,000 live births and is seen as the best indicator of a state’s overall health, social, and economic environment

• The Kentucky infant mortality rate is 6.8 per 1,000
  • African American moms in Kentucky is 10.7 per 1,000

• National rate is 5.8 per 1,000
Prematurity related deaths 26%
SUID 22%
Birth Defects 22%
Perinatal conditions 14%
Other 10%
Injury 3%
Unknown 3%

Infant Deaths in Kentucky 2011-2015
Trends

• Sudden unexplained infant death (SUID) increasing over time
  • Safe sleep
  • Smoking
  • Preterm births

• Low birth weight babies
  • Healthy babies are worth the wait

• Maternal mortality increasing over time
  • Substance use disorder (SUD) implicated in many of the maternal deaths in Kentucky
Healthy Moms Make Healthy Babies

• Increase attendance at prenatal and post-partum visits
• Promote a healthy lifestyle
  • Avoid smoking in pregnancy
  • Maintain a healthy weight
  • Seek treatment for chronic conditions, such as substance use disorders
• Ensure healthy inter-pregnancy intervals
  • Long-acting reversible contraceptives (LARC) use
Post-Partum Visits and Medicaid Population

• Medicaid-covered mothers (April 2017-March 2018)
  • Overall, 62% attended their post-partum visit
  • If the mother gave birth to a baby with Neonatal Abstinence Syndrome (NAS), 42% attended the post-partum visit
Long-Acting Reversible Contraception (LARC)

• Of women age 15-44 on Kentucky Medicaid, 4.7% received a LARC
• Post-partum women
  • 12.5% received a LARC after discharge and within 60 days
  • Of those mothers giving birth to a baby with NAS, 8.1% received a LARC after discharge and within 60 days
• Overall, fewer than 1% received a LARC within 3 days of giving birth
• Centers for Disease Control (CDC) and the American College of Obstetricians and Gynecologists (ACOG) support immediate post-partum LARC insertion
CHFS Medicaid Funded Initiatives

CHFS initiatives to improve family outcomes and provide education and support are the HANDS, First Steps, and Lead programs operated by the Department for Public Health.
MCO Programs for MCH

• Care management for pregnant women, children and youth with special health care needs (CYSHCN), chronic disease management

• Healthy babies are worth the wait
  • Cesarean before 39 weeks must be medically necessary or MCO will not reimburse the providers

• Smoking cessation
  • All MCOs have education programs and and offer medications without prior authorizations or cost-sharing
CHFS Activities for MCH

- Maternal mortality Review
- Public health child fatality review
- Opioid Use Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative (OMNI)
  - Perinatal quality collaborative
- Immunization program
  - Cocoon infants
CHFS is working together to maximize resources and address these issues through collaboration

- Rural Health Clinics and Care Management
- Telehealth clinics
- OMNI
- HBWTW
- CoP Maternal Immunizations
- Perinatal Quality Collaborative
- KORE
- Foster care support
- Incarceration program
- OMNI
- KORE
- Plan of safe care
- Rural Health Clinics and Care Management
- Telehealth clinics
Opportunities for Improvement

• Enhanced LARC availability and usage
• Meaningfully addressing prematurity
• Continue education and programing for safe sleep and smoking cessation
• Expanding opioid treatment
• Mitigating opioid crisis
Thank you for your time

Questions?