

**Medicaid Paid Maternal and Infant Services for Washington Births 2016**  
**Home or Birth Center Deliveries with Licensed Midwives**  
**Compared to Hospital Deliveries (not Licensed Midwives) to Low-Risk Women**  
**FEE FOR SERVICE**

<u>Type of Service</u>	<b>Licensed Midwives</b>			<b>Low-Risk Hospital (Not LM)</b>		
	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>	<u>(N)</u>	<u>%</u>	<u>\$/Client</u>
<b>MATERNAL SERVICES</b>						
<b>Prior to Initial Assessment</b>						
Outpatient	80	86.0%	\$ 192	6,598	86.7%	\$ 173
Inpatient	**	**	-	**	**	5,977
<b>Prenatal Visits; OB Services</b>	80	86.0%	896	7,196	94.6%	2,609
<b>Prior to Delivery +</b>						
Outpatient	67	72.0%	594	6,815	89.6%	945
Inpatient	0	0.0%	-	251	3.3%	7,161
<b>Delivery</b>	57	61.3%	1,030	6,373	83.8%	4,264
<b>Postpartum +</b>						
Outpatient	34	36.6%	325	5,839	76.7%	971
Inpatient	**	**	643	54	0.7%	5,900
<b>Unknown</b>						
Outpatient	55	59.1%	221	6,432	84.5%	299
Inpatient	0	0.0%	-	26	0.3%	7,456
<b>TOTAL MATERNAL</b>	93	100.0%	<b>\$ 2,258</b>	7,608	100.0%	<b>\$ 8,337</b>
<b>INFANT SERVICES</b>						
<b>(Liveborn Infants)</b>						
<b>During the first 30 days of life</b>						
Outpatient	79	100.0%	\$ 445	7,211	99.3%	\$ 750
Inpatient	**	**	3,913	6,135	84.5%	1,526
Neonatal /Ped. Critical Care	0	0.0%	-	406	5.6%	9,423
<b>TOTAL INFANT CARE</b>	79	100.0%	<b>\$ 544</b>	7,260	100.0%	<b>\$ 2,562</b>

\* **Maternity Support and Case Management costs are also included in prenatal and postpartum costs.** Detailed service information, such as inpatient and outpatient and specific type of maternal services, may not be known for managed care clients. **Average payment per Client (\$/Client):** Total Medicaid-paid dollars for each type of service divided by the number of clients with a payment (greater than \$0) for that type of service. Indicators are used to mark the beginning of prenatal care. Any service which occurs before this is included in **Service Prior to Initial Assessment**. Outpatient services received after the beginning of prenatal care which are not otherwise classified (typically laboratory and pharmacy claims) are included in **Services Prior to Delivery**. Inpatient services occurring after the initiation of prenatal care are also included. The services assigned to the mother's Medicaid PIC include services the mother and her newborn infant received. If claims for the postpartum period cannot be identified either as Infant Services or as Maternal Postpartum Services, they are listed as **Unknown services**. **Licensed Midwives** are identified by the birth certificate attendant data. **Hospital Deliveries (not Licensed Midwives) to Low-Risk Women** are singleton deliveries in non-military hospitals to women with birth certificate records showing no hypertension, no prior cesarean section, no breech presentation, and no pre-existing diabetes, with an attendant other than licensed midwife. Note that this group includes certified nurse midwives. \*\*Suppressed per HCA Small Numbers Standard.