

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 and MANAGED CARE

<u>Type of Service</u>	Licensed Midwives			Low-Risk Hospital (Not LM)		
	<i>(N)</i>	<i>%</i>	<i>\$/Client</i>	<i>(N)</i>	<i>%</i>	<i>\$/Client</i>
MATERNAL SERVICES						
Prior to Initial Assessment						
Outpatient	813	92.9%	\$ 470	27,969	90.3%	\$ 382
Inpatient	**	**	-	**	**	7,701
Prenatal Visits; OB Services	373	42.6%	559	20,412	65.9%	1,491
Prior to Delivery +						
Outpatient	819	93.6%	1,800	29,387	94.9%	1,811
Inpatient	0	0.0%	-	564	1.8%	11,838
Delivery	717	81.9%	6,733	28,290	91.3%	6,563
Postpartum +						
Outpatient	169	19.3%	408	16,174	52.2%	758
Inpatient	**	**	643	88	0.3%	8,436
Unknown						
Outpatient	826	94.4%	583	29,570	95.5%	534
Inpatient	**	**	-	36	0.1%	7,698
TOTAL MATERNAL	875	100.0%	\$ 8,512	30,977	100.0%	\$ 10,195
INFANT SERVICES						
(Liveborn Infants)						
During the first 30 days of life						
Outpatient	780	100.0%	\$ 830	29,438	99.8%	\$ 861
Inpatient	**	**	3,913	7,193	24.4%	1,376
Neonatal/Ped. Critical Care	**	**	683	725	2.5%	5,484
TOTAL INFANT CARE	780	100.0%	\$ 842	29,492	100.0%	\$ 1,329

* **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 for that type of service. Capitated payments made to managed care plans are categorized as outpatient services and are reflected in total maternity care services. Delivery costs for women enrolled in managed care plans include delivery case rates paid to plans. Costs include FQHC/RHC enhancements for managed care clients. 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.