

Medicaid-paid Maternity and Infant Services for Washington Births, 2014-2021

FEE FOR SERVICE + PAYMENTS TO CONTRACTED MANAGED CARE PLANS (PREMIUMS, ENHANCEMENTS, ETC)

Type of Service	CY 2014				CY 2015				CY 2016				CY 2017			
	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client
MATERNITY SERVICES																
Prior to Initial Assessment																
Outpatient	39,101	92.6%	\$ 282	\$ 34	39,025	91.4%	\$ 400	\$ 263	39,368	90.7%	\$ 402	\$ 295	37,870	91.1%	\$ 482	\$ 321
Inpatient	1	0.0%	125	125	4	0.0%	4,248	4,401	6	0.0%	8,166	4,191	8	0.0%	7,215	7,873
Prenatal Visits; OB Services	34,335	81.3%	1,378	821	30,953	72.5%	1,425	820	27,935	64.3%	1,505	836	21,090	50.7%	1,723	1,048
Maternity Support Services +	23,459	55.5%	312	212	22,773	53.4%	295	205	21,811	50.2%	284	193	19,525	47.0%	290	200
Prior to Delivery +																
Outpatient	39,788	94.2%	1,915	1,894	40,467	94.8%	1,977	1,984	41,160	94.8%	1,843	1,807	39,634	95.4%	1,845	1,790
Inpatient	1,008	2.4%	10,071	4,200	894	2.1%	10,641	5,219	870	2.0%	11,644	5,406	758	1.8%	12,247	6,366
Delivery	36,606	86.6%	5,752	6,028	38,544	90.3%	5,766	5,936	39,274	90.4%	6,690	7,247	37,908	91.2%	6,891	7,247
Postpartum +																
Outpatient	24,227	57.3%	727	484	23,686	55.5%	755	483	22,176	51.1%	748	460	19,975	48.1%	777	479
Inpatient	143	0.3%	7,342	5,250	150	0.4%	9,975	6,229	166	0.4%	7,661	5,305	172	0.4%	8,862	6,005
Unknown																
Outpatient	40,385	95.6%	561	631	40,761	95.5%	550	613	41,524	95.6%	545	562	39,818	95.8%	537	509
Inpatient	18	0.0%	7,381	6,173	26	0.1%	9,050	7,977	33	0.1%	9,380	7,346	24	0.1%	8,965	7,074
TOTAL	42,248	100.0%	\$ 9,389	\$ 9,460	42,676	100.0%	\$ 9,689	\$ 9,571	43,425	100.0%	\$ 10,304	\$ 10,418	41,566	100.0%	\$ 10,511	\$ 10,302
INFANT SERVICES (Liveborn Infants)																
During the first year of life (timespan may vary)*																
Infant Case Management +	9,924	24.3%	112	80	10,384	25.2%	111	80	9,659	23.1%	109	60	9,417	23.3%	111	60
TOTAL INFANT CARE	40,804	100.0%	\$ 6,698	\$ 5,023	41,288	100.0%	\$ 7,003	\$ 5,443	41,886	100.0%	\$ 7,311	\$ 6,336	40,424	100.0%	\$ 7,820	\$ 7,135

The total number of clients (N) includes individuals who received Medicaid-paid maternity care claims/encounters or individuals who were enrolled in a state-contracted capitated managed care plan for at least three of the last six months before delivery. The actual services received by managed care enrollees may be unknown. **Average payment per client (Ave \$/Client):** Total Medicaid-paid dollars for each type of service divided by the number of clients with a payment for that type of service. **Median payment per client (Med. \$/Client):** Median Medicaid-paid dollars for each 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 people enrolled in managed care plans include delivery case rates paid to plans. Costs include Federally-Qualified Health Centers/Rural Health Clinics enhancements for managed care clients. Costs are assigned based on first service date.

+ Maternity Support Services (MSS) and Infant Case Management (ICM) costs are also included in prenatal, postpartum, and infant costs. Costs for MSS/ICM do not include additional facility costs.

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Type of Service	CY 2018				CY 2019				CY 2020				CY 2021			
	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client
MATERNITY SERVICES																
Prior to Initial Assessment																
Outpatient	36,123	90.9%	\$ 477	\$ 313	34,425	90.0%	\$ 475	\$ 315	33,171	90.1%	\$ 551	\$ 339	32,741	90.2%	\$ 665	\$ 432
Inpatient	5	0.0%	4,706	3,317	5	0.0%	8,749	11,178	3	0.0%	10,293	9,749	4	0.0%	5,367	4,074
Prenatal Visits; OB Services	19,442	48.9%	1,918	1,131	18,035	47.2%	1,921	1,098	16,314	44.3%	1,961	1,177	15,342	42.2%	2,157	1,353
Maternity Support Services +	17,583	44.2%	288	200	15,829	41.4%	267	175	14,620	39.7%	235	156	13,776	37.9%	239	175
Prior to Delivery +																
Outpatient	37,820	95.2%	1,857	1,817	36,388	95.2%	2,012	1,912	35,298	95.9%	2,317	2,137	34,781	95.8%	2,589	2,478
Inpatient	763	1.9%	13,202	6,349	684	1.8%	14,367	6,718	686	1.9%	13,251	6,730	600	1.7%	12,121	6,366
Delivery	36,543	91.9%	6,337	6,583	35,021	91.6%	6,528	6,761	33,871	92.0%	6,666	6,854	33,307	91.7%	6,720	6,877
Postpartum +																
Outpatient	18,248	45.9%	835	517	16,539	43.3%	824	490	15,080	41.0%	872	507	36,032	99.2%	1,155	860
Inpatient	173	0.4%	9,909	6,366	148	0.4%	10,032	6,341	139	0.4%	11,215	5,748	156	0.4%	8,839	6,237
Unknown																
Outpatient	38,113	95.9%	530	524	37,124	97.1%	637	609	36,180	98.3%	723	653	0	0.0%	-	-
Inpatient	24	0.1%	9,682	6,652	12	0.0%	11,768	9,637	12	0.0%	14,389	10,388	12	0.0%	38,259	12,990
TOTAL	39,744	100.0%	\$10,161	\$ 9,694	38,240	100.0%	\$10,502	\$ 10,038	36,813	100.0%	\$11,083	\$ 10,441	36,315	100.0%	\$11,552	\$ 11,029
INFANT SERVICES (Liveborn Infants)																
During the first year of life (timespan may vary)*																
Infant Case Management +	8,750	22.6%	110	60	8,053	21.5%	99	60	8,167	22.5%	107	60	7,713	21.7%	98	60
TOTAL INFANT CARE	38,740	100.0%	\$ 9,058	\$ 8,502	37,413	100.0%	\$10,735	\$ 10,045	36,221	100.0%	\$10,807	\$ 10,495	35,564	100.0%	\$10,303	\$ 10,015

* Infant Services are limited to data available at the First Steps Database (FSDB) processing date for that cohort; data may not include a full year of followup.

Claim follow-up periods vary. Claim collection timeframes: Claims for births in CY 2021 are as of November 2022. Claims for births in CY 2020 are as of December 2021. Claims for births in CY 2019 are as of January 2021. Claims for births in CYs 2014 - 2018 are as of March 2021.

Indicators are used to mark the beginning of prenatal care. Any service which occurs before this is included in **Service Prior to Initial Assessment**. **Services Prior to Delivery**: Outpatient services received after the beginning of prenatal care which are not otherwise classified (typically laboratory and pharmacy claims) are included in this type of service. Inpatient services occurring after the initiation of prenatal care are also included. **Unknown Services**: The services assigned to the parent's Medicaid identification number include services the client and their 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. Due to identification and classification improvements in CY 2021, we were better able to assign outpatient claims to either parent or infant.