

### Medicaid Paid Maternal and Infant Services for Washington Births to Medicaid Mothers, 2013-2020

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

Type of Service	2013				2014				2015				2016			
	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client
<b>MATERNAL SERVICES</b>																
<b>Prior to Initial Assessment</b>																
Outpatient	39,205	94.2%	\$ 245	\$ 36	39,101	92.6%	\$ 282	\$ 34	39,025	91.4%	\$ 400	\$ 263	39,368	90.7%	\$ 402	\$ 295
Inpatient	3	0.0%	4,976	5,059	1	0.0%	125	125	4	0.0%	4,248	4,401	6	0.0%	8,166	4,191
<b>Prenatal Visits; OB Services</b>	35,448	85.2%	1,448	857	34,335	81.3%	1,378	821	30,953	72.5%	1,425	820	27,935	64.3%	1,505	836
<b>Maternity Support +</b>	23,369	56.2%	328	225	23,459	55.5%	312	212	22,773	53.4%	295	205	21,811	50.2%	284	193
<b>Prior to Delivery +</b>																
Outpatient	39,413	94.7%	1,987	2,024	39,788	94.2%	1,915	1,894	40,467	94.8%	1,977	1,984	41,160	94.8%	1,843	1,807
Inpatient	1,027	2.5%	9,154	4,187	1,008	2.4%	10,071	4,200	894	2.1%	10,641	5,219	870	2.0%	11,644	5,406
<b>Delivery</b>	37,498	90.1%	5,530	5,865	36,606	86.6%	5,752	6,028	38,544	90.3%	5,766	5,936	39,274	90.4%	6,690	7,247
<b>Postpartum +</b>																
Outpatient	24,614	59.1%	732	509	24,227	57.3%	727	484	23,686	55.5%	755	483	22,176	51.1%	748	460
Inpatient	162	0.4%	6,911	4,157	143	0.3%	7,342	5,250	150	0.4%	9,975	6,229	166	0.4%	7,661	5,305
<b>Unknown</b>																
Outpatient	39,306	94.4%	565	645	40,385	95.6%	561	631	40,761	95.5%	550	613	41,524	95.6%	545	562
Inpatient	23	0.1%	7,444	6,338	18	0.0%	7,381	6,173	26	0.1%	9,050	7,977	33	0.1%	9,380	7,346
<b>TOTAL MATERNAL</b>	41,618	100.0%	\$ 9,552	\$ 9,715	42,248	100.0%	\$ 9,389	\$ 9,460	42,676	100.0%	\$ 9,689	\$ 9,571	43,425	100.0%	\$ 10,304	\$ 10,418
<b>INFANT SERVICES (Liveborn Infants)</b>																
<b>During the first year of life (timespan may vary)*</b>																
<b>Infant Case Management +</b>	9,179	22.5%	116	80	9,924	24.3%	112	80	10,384	25.2%	111	80	9,659	23.1%	109	60
<b>TOTAL INFANT CARE</b>	40,839	100.0%	\$ 7,165	\$ 5,464	40,804	100.0%	\$ 6,698	\$ 5,023	41,288	100.0%	\$ 7,003	\$ 5,443	41,886	100.0%	\$ 7,311	\$ 6,336

The total number of Clients (N) includes women who received Medicaid paid maternity care services and women with at least three or more months of capitation in the six months prior to 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 women enrolled in managed care plans include delivery case rates paid to plans. Costs include FQHC/RHC enhancements for managed care clients. Costs are assigned based on first service date.

+ Maternity Support and Infant Case Management 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	2017				2018				2019				2020			
	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client	(N)	%	Ave. \$/Client	Med. \$/Client
<b>MATERNAL SERVICES</b>																
<b>Prior to Initial Assessment</b>																
Outpatient	37,870	91.1%	\$ 482	\$ 321	36,123	90.9%	\$ 477	\$ 313	34,425	90.0%	\$ 475	\$ 315	33,171	90.1%	\$ 551	\$ 339
Inpatient	8	0.0%	7,215	7,873	5	0.0%	4,706	3,317	5	0.0%	8,749	11,178	3	0.0%	10,293	9,749
<b>Prenatal Visits; OB Services</b>	21,090	50.7%	1,723	1,048	19,442	48.9%	1,918	1,131	18,035	47.2%	1,921	1,098	16,314	44.3%	1,961	1,177
<b>Maternity Support +</b>	19,525	47.0%	290	200	17,583	44.2%	288	200	15,829	41.4%	267	175	14,620	39.7%	235	156
<b>Prior to Delivery +</b>																
Outpatient	39,634	95.4%	1,845	1,790	37,820	95.2%	1,857	1,817	36,388	95.2%	2,012	1,912	35,298	95.9%	2,317	2,137
Inpatient	758	1.8%	12,247	6,366	763	1.9%	13,202	6,349	684	1.8%	14,367	6,718	686	1.9%	13,251	6,730
<b>Delivery</b>	37,908	91.2%	6,891	7,247	36,543	91.9%	6,337	6,583	35,021	91.6%	6,528	6,761	33,871	92.0%	6,666	6,854
<b>Postpartum +</b>																
Outpatient	19,975	48.1%	777	479	18,248	45.9%	835	517	16,539	43.3%	824	490	15,080	41.0%	872	507
Inpatient	172	0.4%	8,862	6,005	173	0.4%	9,909	6,366	148	0.4%	10,032	6,341	139	0.4%	11,215	5,748
<b>Unknown</b>																
Outpatient	39,818	95.8%	537	509	38,113	95.9%	530	524	37,124	97.1%	637	609	36,180	98.3%	723	653
Inpatient	24	0.1%	8,965	7,074	24	0.1%	9,682	6,652	12	0.0%	11,768	9,637	12	0.0%	14,389	10,388
<b>TOTAL MATERNAL</b>	41,566	100.0%	\$ 10,511	\$ 10,302	39,744	100.0%	\$ 10,161	\$ 9,694	38,240	100.0%	\$ 10,502	\$ 10,038	36,813	100.0%	\$ 11,083	\$ 10,441
<b>(Liveborn Infants)</b>																
<b>During the first year of life (timespan may vary)*</b>																
<b>Infant Case Management +</b>	9,417	23.3%	111	60	8,750	22.6%	110	60	8,053	21.5%	99	60	8,167	22.5%	107	60
<b>TOTAL INFANT CARE</b>	40,424	100.0%	\$ 7,820	\$ 7,135	38,740	100.0%	\$ 9,058	\$ 8,502	37,413	100.0%	\$ 10,735	\$ 10,045	36,221	100.0%	\$ 10,807	\$ 10,495

\* **Infant Services** are limited to data available at the FSDB processing date for that cohort; data **may not include a full year of followup**, and followup time limitations may vary slightly. Claim collection timeframes: Claims for births in 2020 are as of December 2021. Claims for births in 2019 are as of January 2021. Claims for births in 2018 are as of August 2019. Claims for births in 2017 are as of February 2019. Claims for births in 2013-2016 are as of August 2018.

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 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.