

MILLIMAN REPORT

High-risk pregnancies in Texas Medicaid

Prevalence of maternal health risk factors and analysis of
perinatal healthcare use and costs

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Executive summary

The Episcopal Health Foundation (EHF) commissioned Milliman to study the demographic and clinical characteristics, as well as healthcare utilization and costs, among those with high-risk pregnancies in the Texas Medicaid population. This study extends a 2023 report by Milliman also commissioned by the EHF, expanding to include statewide data, a focus on associated risk factors, and postpartum healthcare use patterns.

The United States has the highest maternal mortality rate among high-income nations, with over 80% of these deaths deemed preventable.¹ Pregnancy-related mortality in the U.S. has risen significantly, from 7.2 per 100,000 live births in 1987 to 24.9 per 100,000 in 2020, exacerbated in part by the COVID-19 pandemic.² Leading causes in the U.S. include mental health conditions, cardiovascular issues, infections, and hemorrhage.³

In Texas, the pregnancy-related mortality rate was 23.1 deaths per 100,000 live births in 2020.⁴ Recent initiatives in Texas to enhance maternal health outcomes include the 2023 expansion of Medicaid coverage to 12 months postpartum through HB 12, and the 2023 authorization for Medicaid to provide case management services for nonmedical needs through the passage of HB 1575.⁵ State programs like TexasAIM and Healthy Texas Women aim to improve maternal health outcomes through quality improvement initiatives and extended healthcare services.⁶

To better understand the prevalence of high-risk pregnancies and risk factors known to contribute to poor maternal health outcomes among the Texas Medicaid population, we completed an analysis of healthcare claims and enrollment data for Texas Medicaid managed care plans from 2019 to 2021. For this analysis, we identified individuals with high-risk pregnancies and describe their demographics and healthcare cost experience. A pregnancy was defined as high-risk if any of the following criteria are met:

- Maternal age is less than 16 years old or greater than 34 years old.
- Diagnoses of preeclampsia, high blood pressure, diabetes or placental complications (e.g., placenta accreta or placenta previa) are present during pregnancy.
- Diagnoses of mental or behavioral health conditions or substance use disorders are present during pregnancy.

We relied on data provided by several managed care organizations (MCOs) in the Harris and Jefferson service delivery areas (SDAs) as well as the Transformed Medicaid Statistical Information System (T-MSIS) maintained by the Centers for Medicare and Medicaid Services (CMS). The Harris and Jefferson SDAs included about 27% of Texas Medicaid beneficiaries in 2021, and T-MSIS includes data for all Texas Medicaid beneficiaries.⁷ Key findings from our analysis include the following:

- **Prevalence of high-risk pregnancies:**
 - Between 2019 and 2021, 31% to 37% of pregnancies in the Texas STAR program were classified as high-risk.
 - Mental health conditions or substance use disorders were present in 13% to 17% of high-risk pregnancies.
- **Healthcare costs for high-risk pregnancies:**
 - Healthcare costs for high-risk pregnancies were approximately 1.3 times higher than for non-high-risk pregnancies, averaging \$11,322 and \$12,289 per pregnancy in the Jefferson and Harris SDAs, respectively.
 - Costs for high-risk pregnancies are higher still among those experiencing other chronic health conditions as well, ranging between 1.15 and 1.50 times higher than the average across all high-risk pregnancies (depending on the condition).
 - High-risk pregnancies with diabetes were between 1.8 to 2.0 times higher than non-high-risk pregnancies and between 1.4 to 1.6 times higher than high-risk pregnancies without diabetes.
 - Costs for high-risk pregnancies are also higher among those experiencing mental health or substance use disorders, ranging from 1.3 to 1.4 times higher (depending on the condition) than non-high-risk pregnancies.
 - C-section deliveries, pregnancy-related hospitalizations (other than deliveries), and emergency department visits were the primary cost drivers for differences in costs between high-risk and non-high-risk pregnancies.
 - Costs for specialty behavioral health services were a relatively small fraction of overall healthcare costs across all cohorts studied.
- **Postpartum Medicaid coverage and healthcare use:**

- Prior to the 2020 COVID-19 Public Health Emergency (PHE), about 15% of Medicaid STAR beneficiaries continued to be enrolled in Medicaid through 12 months postpartum.
- Prohibitions on Medicaid disenrollment during the PHE increased the percentage that continued to be enrolled for at least 12 months postpartum to 78% in 2021.
- While the PHE has since ended, Texas passed legislation in 2023 that extends postpartum Medicaid eligibility through 12 months post-delivery.
- Among those with diagnosed mental health conditions or substance use disorders, only 25% of those in Harris SDA and 19% of those in Jefferson SDA received any specialty behavioral health services within 12 months of delivery.

Introduction

The Episcopal Health Foundation (EHF) engaged Milliman to complete a study of high-risk pregnancies in the Texas Medicaid population. For this study, we focused on the demographic and clinical characteristics of this group, as well as their healthcare use and cost patterns. This study is intended to be an extension of a Milliman report commissioned by the EHF in 2023 that reported on cost drivers for certain high-risk Medicaid populations in the greater Houston area, including maternal health.⁸ In this report, we expand our analysis to include high-risk pregnancies across the entire state and provide greater detail on the characteristics and healthcare experience of this population. This report also examines the types of postpartum services used within the Medicaid managed care population in the 12 months following delivery.

MATERNAL HEALTH IN THE UNITED STATES

The United States has the highest rate of maternal deaths relative to other high-income countries, and it is estimated that over 80% of these deaths are preventable.^{9,10} The Centers for Disease Control and Prevention (CDC) began tracking pregnancy-related deaths using the Pregnancy Mortality Surveillance System in 1987. The pregnancy-related mortality ratio (deaths occurring during pregnancy and up to 365 days postpartum) has steadily increased from 7.2 deaths per 100,000 live births in 1987 to 17.6 pregnancy-related deaths per 100,000 live births in 2019.¹¹ The pregnancy-related mortality rate sharply increased to 24.9 deaths per 100,000 live births in 2020 in part due to COVID-19. In contrast, Canada had a pregnancy-related mortality rate of 8.4 in 2020, Germany had a pregnancy-related mortality rate of 3.5 in 2021, and Japan had a pregnancy-related mortality rate of 3.4 in 2021.¹²

In 2020, consequences of mental health conditions, including deaths due to suicide and overdose or poisoning related to substance use disorders, were the leading contributor of pregnancy-related deaths in the United States, accounting for 22.5% of deaths.¹³ This was followed by cardiovascular conditions (16.6%), infections including COVID-19 (16.4%), and hemorrhage (11.2%).¹⁴

Mortality and morbidity rates vary widely among sociodemographic groups in the United States. Pregnancy-related mortality rates are three times higher among Black women and American Indian and Alaska Native (AIAN) women than white women.¹⁵ Black, Hispanic, AIAN and Native Hawaiian and Pacific Islander women are also more likely to have risk factors, such as pre-term birth and delayed prenatal care, as compared to white women.¹⁶

STATE OF MATERNAL HEALTH IN TEXAS

Texas also reports maternal mortality rates at the state level.¹⁷ The pregnancy-related mortality rate in Texas was 23.1 deaths per 100,000 live births in 2020 (19.3 per 100,000 if excluding deaths related to COVID-19 diagnosis), an increase from 16.7 deaths per 100,000 live births in 2019.¹⁸

In 2019, a review of a set of maternal deaths found that 44% were pregnancy-related, with six underlying causes accounting for 79% of these deaths: obstetric hemorrhage (25%), mental health conditions (17%), non-cerebral thrombotic embolism (12%), injury (10%), cardiovascular conditions (8%) and infection (8%).¹⁹ In 2020, a similar review found that 42% of deaths were pregnancy-related, with the leading underlying causes being infections (25%), cardiovascular conditions (14%), obstetric hemorrhage (14%), non-cerebral thrombotic embolism (11%), cerebrovascular accident not secondary to hypertensive disorders of pregnancy (7%), and mental health conditions (7%).²⁰

RECENT POLICY CHANGES AND PROGRAMS TO ADDRESS MATERNAL HEALTH IN TEXAS

In June 2023, the Texas legislature passed HB 12, which extended postpartum Medicaid and CHIP coverage to 12 months. Texas also passed HB 1575, which allows Medicaid to cover the identification and case management of nonmedical factors that may impact health outcomes.²¹

The DSHS Maternal and Child Health Services Title V Block Grant of the Social Security Act is a federal-state funding partnership that funds many programs and services related to maternal and pediatric populations.²² In 2021, Texas received \$35,146,148 in Title V Block Grant funds.²³ These funds have been used to support direct services, such as prenatal care, population-based supports like newborn screening and breastfeeding support, and other state-wide initiatives.²⁴

The TexasAIM program is a partnership between DSHS, the Alliance for Innovation on Maternal Health (AIM), the Texas Collaborative for Healthy Mothers and Babies (TCHMB), the Texas Hospital Association, and the Preeclampsia Foundation. The purpose of TexasAIM is to support birthing hospitals with quality improvement changes that will lead to improved maternal health outcomes. TexasAIM helps hospitals implement a series of best practices related to obstetric hemorrhage, opioid use disorder, and severe hypertension.²⁵

Healthy Texas Women offers no-cost women's health and family planning services to uninsured, eligible women in Texas.²⁶ Pregnant women are not eligible for Healthy Texas Women, but some preconception health services are covered. Additionally, Healthy Texas Women Plus offers services for up to 12 months postpartum, including postpartum depression screening and treatment, treatment of cardiovascular conditions, and treatment for substance use disorders.

The Texas Collaborative for Healthy Mothers and Babies (TCHMB) is a perinatal quality improvement collaborative housed within the University of Texas (UT) Health System and funded by UT and DSHS.²⁷ TCHMB includes over 115 partners across Texas who collaborate on initiatives aimed at improving maternal and infant health.

The Maternal Opioid Misuse (MOM) Model is a pilot funded by the Center for Medicare and Medicaid Innovation (CMMI) that supports state-driven programs aimed at improving the integration of maternal health, behavioral health, and opioid use disorder treatment. The model provides care coordination to reduce barriers to care. The pilot is running from 2020 to 2025. According to CMMI, the three goals of the MOM model are to:²⁸

- Improve quality of care and reduce costs for pregnant and postpartum women with OUD as well as their infants
- Expand access, service-delivery capacity, and infrastructure based on state-specific needs
- Create sustainable coverage and payment strategies that support ongoing coordination and integration of care.

In Texas, the MOM model was implemented within a single health system, Harris Health System's Ben Taub Hospital in Houston. The program leverages co-located multi-disciplinary teams and offers peer recovery services, care coordination, specialist visits with maternal fetal medicine, addiction medicine psychiatric care and psychologists, specialized care for OUD treatment, and specialized care during labor and delivery and for newborns. A person must be pregnant and have Texas Medicaid to qualify.²⁹

Characteristics and cost drivers for individuals with high-risk pregnancies

EHF requested an analysis comparing the characteristics and healthcare experiences of individuals with high-risk pregnancies in Texas covered by the Texas Medicaid managed care program, STAR, which covers low-income children, pregnant women, and families. We completed a study based on data provided by several MCOs in the Harris and Jefferson service delivery areas (SDAs), as well as for the entire statewide Medicaid population using data from the Transformed Medicaid Statistical Information System (T-MSIS). The intent of this analysis is to provide a reference for how the demographics of these patients compare to individuals with standard pregnancies (those not meeting the criteria for high-risk as defined below) in STAR, and to illustrate differences in the healthcare experience of each cohort. This includes details on the unique experiences of individuals belonging to different socioeconomic groups or clinical conditions that may be informative as maternal health programs are considered. This analysis is a follow-up to a 2023 Milliman report, which focused on approaches to nonmedical drivers of health within various states' Medicaid programs and described the cost drivers and prevalence of nonmedical drivers of health on claims for target populations within Texas Medicaid, including high-risk pregnant individuals in STAR.³⁰

For this analysis, we define a pregnancy as high-risk if any of the following criteria are met:

- Maternal age is less than 16 years old or greater than 34 years old.
- Diagnoses of preeclampsia, high blood pressure, diabetes or placental complications (e.g., placenta accreta or placenta previa) are present during pregnancy.
- Diagnoses of mental or behavioral health conditions or substance use disorders are present during pregnancy.

We defined the pregnancy period as the nine months of pregnancy leading to a delivery through two months postpartum.

In this report, we provide results for the Medicaid managed care population enrolled in STAR, both statewide and separately for the Harris and Jefferson SDAs. Statewide prevalence results are based on an analysis of T-MSIS, a CMS dataset that includes data for the entire Texas Medicaid and CHIP population. Direct costs of healthcare services are only reported for the Harris and Jefferson SDAs, as the T-MSIS data do not include cost information for the managed care population.

Results that are specific to Harris and Jefferson SDAs are based on data submitted directly by several MCOs and are provided to give an example of how costs vary between one large urban area (Harris) and one rural area (Jefferson). Note that comparisons between these areas have not been adjusted for differences in underlying demographics or healthcare risks. Differences between crude rates for the two areas are not caused by rural versus urban dynamics alone, but instead are reflective of all characteristics that are different between the two areas. Note that our criteria for identifying high-risk pregnancies was expanded in this report (compared to our 2023 report) to include placental conditions in order to align with risk factors identified in other Texas reports. Therefore, results for high-risk pregnancies may not be directly comparable between both reports.

This analysis is not intended to calculate or project any specific financial impacts for any particular intervention, and is instead intended to describe the backdrop over which any such program would operate. Additionally, this analysis is not meant to suggest that pregnancy-specific conditions alone explain the entirety of the variation observed between cohorts. Other demographic and clinical differences also contribute to differences between cohorts.

PREVALENCE OF SELECT PREGNANCY RISK FACTORS

Within the Texas STAR population, 31% to 37% of pregnancies were considered high-risk between 2019 to 2021. Figure 1 shows a breakout of conditions making up the high-risk cohorts in the STAR program. Mental health conditions and substance disorders were the largest contributor to the high-risk pregnancy category, followed by preeclampsia and placental conditions. Note that it is possible for members to have more than one high-risk condition.

Prevalence rates for the Harris and Jefferson SDAs can be found in Appendix A.

FIGURE 1: PERCENT OF PREGNANCIES IN THE STAR PROGRAM IMPACTED BY SELECT CONDITIONS, BY YEAR

YEAR	TOTAL PREGNANCIES	HIGH-RISK	PREECLAMPSIA	HIGH BLOOD PRESSURE	DIABETES	MH/SUD CONDITIONS	PLACENTAL CONDITIONS
2019	136,906	31%	8%	2%	2%	13%	5%
2020	135,432	35%	9%	2%	2%	16%	6%
2021	137,814	37%	9%	2%	2%	17%	6%

We also examined the prevalence of high-risk pregnancies and select risk factors by race and ethnicity as shown in Figure 2. There are disparities in the prevalence rates for each condition across race and ethnicity. In 2021, Black, non-Hispanic, American Indian and Alaska Native, non-Hispanic (AIAN), and Hawaiian/Pacific Islander individuals had the highest rates of preeclampsia, while White, non-Hispanic, AIAN, non-Hispanic and Multi-racial, non-Hispanic individuals had the highest rate of MH/SUD.

FIGURE 2: PERCENT OF PREGNANCIES IN THE STAR PROGRAM IMPACTED BY SELECT CONDITIONS, BY RACE/ETHNICITY, 2021

RACE / ETHNICITY	TOTAL PREGNANCIES	HIGH RISK	PRE-ECLAMPSIA	HIGH BLOOD PRESSURE	DIABETES	MH/SUD CONDITIONS	PLACENTAL CONDITIONS
White, non-Hispanic	28,536	46%	8%	2%	1%	29%	6%
Black, non-Hispanic	23,187	42%	12%	4%	2%	19%	6%
Asian, non-Hispanic	2,007	37%	6%	1%	2%	5%	6%
American Indian and Alaska Native, non-Hispanic	312	46%	10%	3%	2%	25%	4%
Hawaiian/Pacific Islander	225	36%	10%	3%	4%	11%	8%
Multiracial, non-Hispanic	1,325	41%	8%	3%	1%	25%	6%

Hispanic, all races	77,364	32%	9%	2%	2%	12%	5%
Other, non-Hispanic	-	n/a	n/a	n/a	n/a	n/a	n/a
Null/Missing	4,718	44%	10%	3%	2%	23%	6%

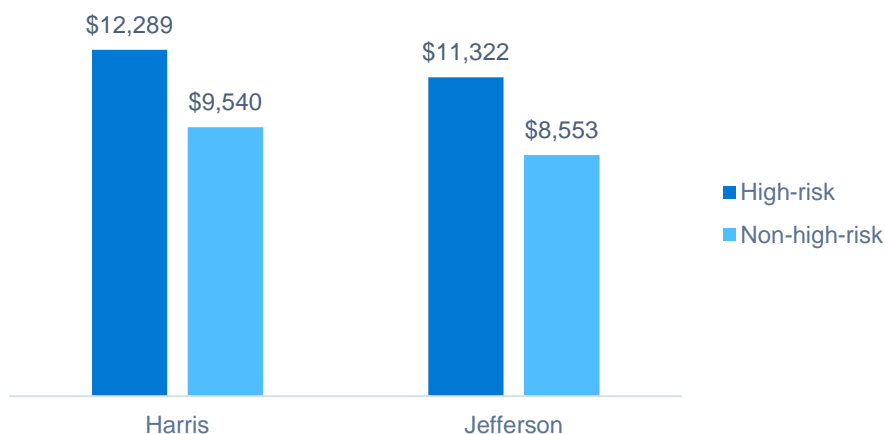
We also compared the prevalence of various healthcare conditions between those with high- and low-risk pregnancies in STAR. Those with high-risk pregnancies were found to have higher rates of most studied chronic conditions than those with low-risk pregnancies. Overall, cardiovascular, endocrine, and metabolic disorders were 8% to 15% more common among those with high-risk pregnancies than among those with low-risk pregnancies (depending on the specific condition). See Appendix B for detailed results of the prevalence of non-maternity-related healthcare conditions by year and geography.

HEALTHCARE COSTS

Because cost information was not available in the data we relied on for statewide results, all results in this section are representative of the populations covered by several MCOs in the Harris and Jefferson SDAs. Prices for healthcare services and other factors typically vary geographically, and as such these results for the entire state may differ than those presented here.

As shown in Figure 3, costs per pregnancy averaged 1.3 times higher for high-risk pregnancies than non-high-risk pregnancies (\$12,289 versus \$9,540 in Harris SDA, and \$11,322 versus \$8,553 in Jefferson SDA). On average, costs were higher in Harris SDA than Jefferson SDA. Note that these costs are inclusive of the entire nine month pregnancy period through two months postpartum.

FIGURE 3: HIGH-RISK VS. NON-HIGH-RISK PREGNANCY COSTS PER PREGNANCY BY SDA, 2021



A breakdown of costs by detailed healthcare service category is provided in Appendix C. The distribution of costs by category are generally consistent with what was reported in the 2023 Milliman authored report. Across all years, we found that:

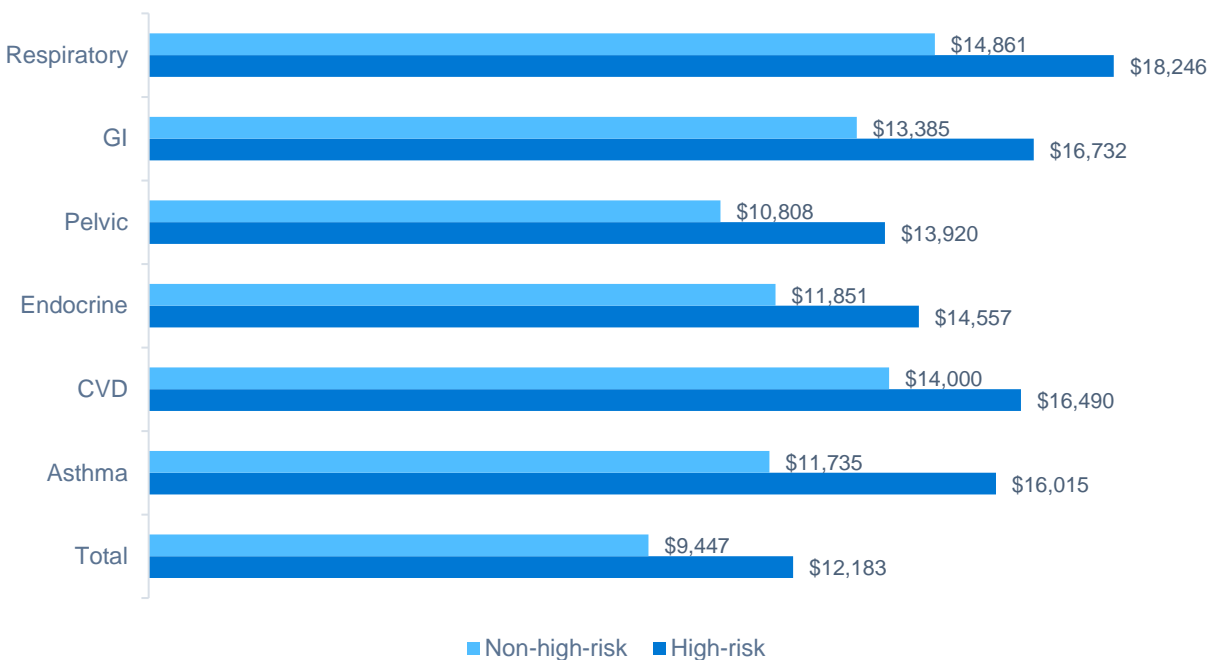
- C-section deliveries were the main driver of cost differences between high-risk and non-high-risk deliveries.
- Costs for lab and radiology services are typically higher for high-risk pregnancies.
- Jefferson SDA saw an increase in costs for outpatient facility care.

Costs by chronic condition

We also examined differences in average costs per pregnancy among those with a range of different chronic health conditions (in broad groupings using the Agency for Health Research and Quality [AHRQ] Clinical Classifications Software [CCS] codes). In 2021, we found that average costs per pregnancy were highest for those with respiratory conditions or cardiovascular disease, both among those with high-risk pregnancies and non-high-risk pregnancies. The difference in costs for patients with these conditions was driven by a range of healthcare services. Figure 4

provides average costs per pregnancy for those with chronic health conditions (grouped into CCS categories), separately for those in the high-risk and non-high-risk groups. A breakdown of costs by detailed healthcare service category for those with a range of chronic conditions can be found in Appendix C.

FIGURE 4: AVERAGE COST PER PREGNANCY BY BROAD CHRONIC HEALTH CONDITIONS, HIGH-RISK VS. NON-HIGH-RISK PREGNANCIES, 2021



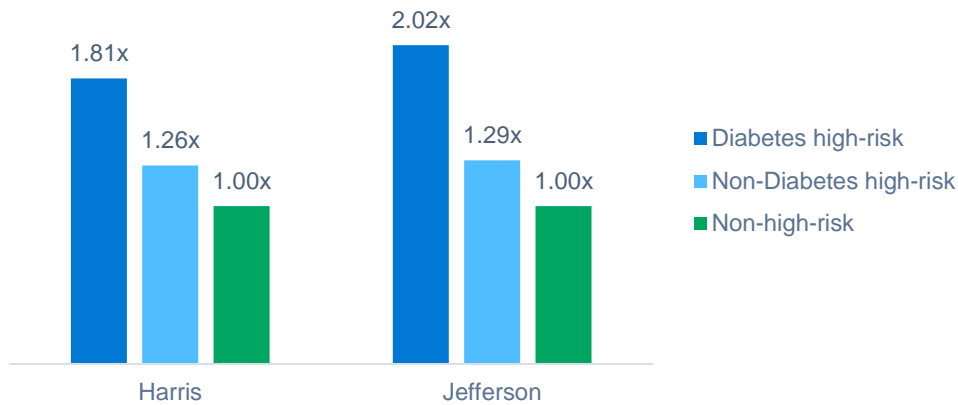
Average costs per pregnancy were higher in Harris SDA than in Jefferson SDA for all studied conditions and both pregnancy risk groups. A breakdown of detailed costs per pregnancy by detailed healthcare service category and chronic condition can be found in Appendix C.

Costs for those with diabetes

Diabetes was categorized as a high-risk condition in our analysis. As shown in Figure 5, costs per pregnancy for high-risk pregnancies among those with diabetes were higher than costs among those with high-risk pregnancies without diabetes. In 2021, average costs per pregnancy for those in the high-risk group with diabetes were about \$17,200 in Harris SDA and \$17,300 in Jefferson SDA. Costs per pregnancy for these groups were about 1.8 times higher than for non-high-risk pregnancies in Harris SDA and 2.0 times higher in Jefferson SDA.

The main driver between these costs included costs related to C-section deliveries, outpatient medical, and laboratory, radiology and pathology services. See appendix D for a breakdown of costs per pregnancy by broad healthcare service category for high-risk pregnancies with and without diabetes, relative to non-high-risk pregnancies.

FIGURE 5: RATIO OF COSTS PER PREGNANCY FOR HIGH-RISK PREGNANCIES WITH OR WITHOUT DIABETES COMPARED TO NON-HIGH-RISK PREGNANCIES, BY SDA, 2021

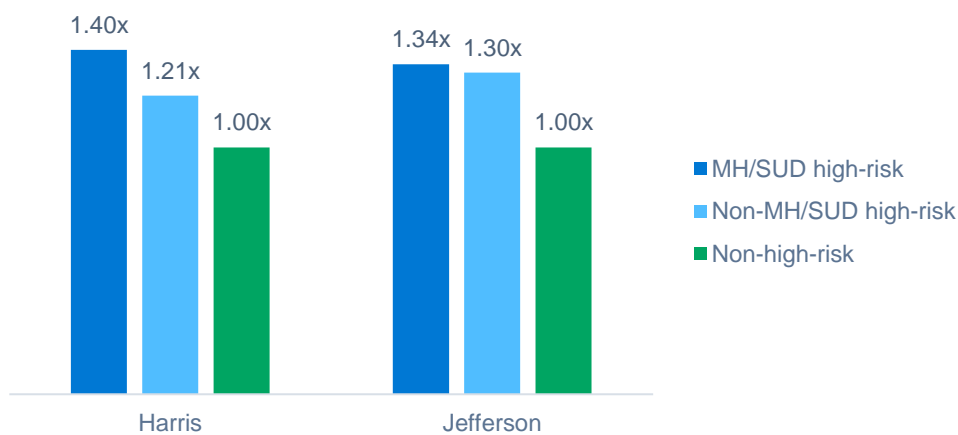


Costs for those with mental health conditions and substance use disorders

Figure 6 illustrates the differences in costs per pregnancy for high-risk pregnancies among those with mental health conditions and substance use disorders (MH/SUD) compared to non-high-risk pregnancies, separately by SDA. In 2021, average costs per pregnancy for those in the high-risk group with MH/SUD conditions were about \$13,300 in Harris SDA and \$11,400 in Jefferson SDA. Costs per pregnancy for these groups were about 1.4 times higher than for non-high-risk pregnancies in Harris SDA and 1.3 times higher in Jefferson SDA.

The main driver of differences in costs between these groups was spending on services for physical health rather than behavioral health. Prior Milliman studies have found that in general, individuals with behavioral health conditions tend to have higher overall healthcare costs than those without, and that the costs for behavioral health treatment represent a small percentage of overall costs.³¹ See appendix D for a breakdown of costs per pregnancy by broad healthcare service category for high-risk pregnancies with and without MH/SUD conditions, relative to non-high-risk pregnancies.

FIGURE 6: RATIO OF COSTS PER PREGNANCY FOR HIGH-RISK PREGNANCIES WITH OR WITHOUT MH/SUD DIAGNOSES COMPARED TO NON-HIGH-RISK PREGNANCIES, BY SDA, 2021

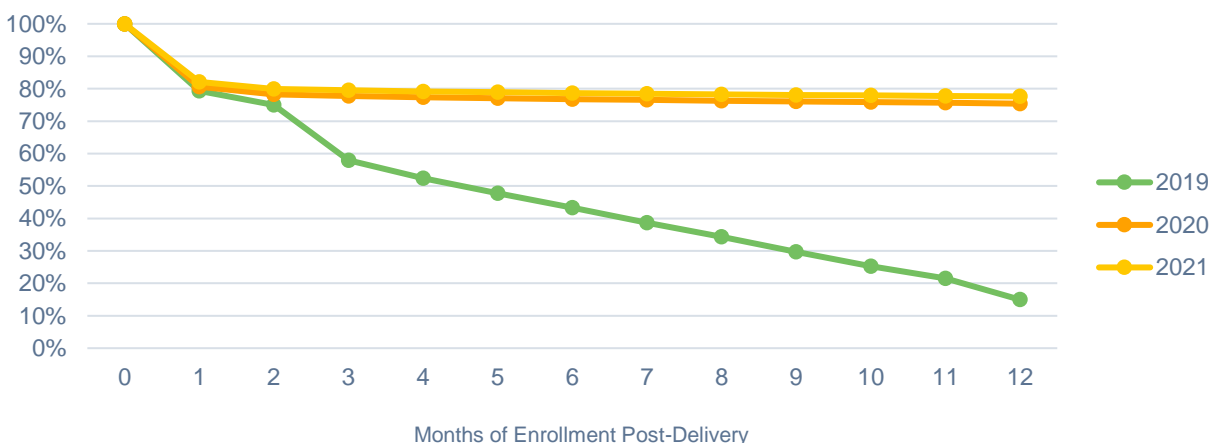


POSTPARTUM MEDICAID COVERAGE

In June of 2023, the Texas legislature passed HB 12, which extended Medicaid coverage through 12 months postpartum.³² Prior to the passage of HB 12, Texas Medicaid extended Medicaid coverage in response to the COVID-19 Public Health Emergency (PHE).

We examined the duration of Medicaid enrollment after delivery across the state of Texas and found patterns that were generally consistent with these developments. In all three years from 2019 to 2021, around 20% of individuals were no longer covered by Medicaid after one month postpartum. The reasons for this initial drop in enrollment were not immediately obvious. The impact of the prohibition of involuntary Medicaid disenrollments during the PHE can be immediately seen starting in 2020. As shown in Figure 7, prior to the 2020 PHE, state-wide Medicaid STAR enrollment dropped steadily every month throughout the year, with a higher rate of disenrollment within the three months after delivery, consistent with Medicaid eligibility expiring 60 days post-delivery. Note that not all individuals lost Medicaid coverage immediately after passing 60 days post-delivery because some qualified for Medicaid under other eligibility criteria not involving pregnancy, and would have therefore continued to remain eligible despite the 60-day cutoff for those eligible due to pregnancy. In 2020 and 2021, enrollment also fell substantially in the first month after delivery but then remained relatively stable through 12 months post-delivery. Future analysis using enrollment data after June 2023 will be needed to evaluate the impact of the passage of HB 12 on post-delivery enrollment.

FIGURE 7: PERCENT OF MEMBERS IN STAR THAT REMAIN ENROLLED IN MEDICAID POSTPARTUM, BY YEAR, STATEWIDE



POSTPARTUM BEHAVIORAL HEALTH CONDITIONS AND USE OF BEHAVIORAL HEALTH SERVICES

As previously discussed, mental health is a leading contributor to maternal mortality in Texas and nationally. To address this issue, there has been increased focus on postpartum mental health. For example, Texas passed legislation in 2019 that established requirements for Medicaid managed care organizations to work with Healthy Texas Women providers to create a postpartum depression treatment program for women enrolled in the Healthy Texas Women program.³³

Following delivery in 2021, we found that 23% of members in Harris SDA and 35% of members in Jefferson SDA had a behavioral health diagnosis. Of individuals with a post-partum behavioral health diagnosis, we found that about 25% in Harris SDA and 19% in Jefferson SDA received a specialty behavioral health service within a year of delivery. Prevalence rates and treatment rates were similar in 2020, with 23% and 32% of individuals having a postpartum diagnosis and 27% and 23% of diagnosed individuals receiving services in Harris and Jefferson SDAs, respectively. The low percentage of individuals with a behavioral health condition that received specialty treatment indicates a significant gap in care.

Conclusion

This report provides insights into the healthcare experience of those with high-risk pregnancies in the Texas Medicaid population. We found that a significant proportion of those in the Medicaid STAR program experience high-risk pregnancies, and that healthcare costs for deliveries are 1.3 times higher for high-risk pregnancies than for non-high-risk pregnancies. Those with high-risk pregnancies also tend to experience higher rates of other chronic health conditions. We estimated that high-risk pregnancies with comorbid conditions may be up to 2.0 times more costly than high-risk pregnancies without comorbid conditions.

Mental health conditions are the leading contributor to mortality and morbidity during the perinatal period, as seen in Figure 1, and access to behavioral health services both during and after pregnancy remain critical issues. We found that a relatively low proportion of those with MH/SUD conditions used specialty behavioral health services within a year postpartum. The costs of these services represent a small fraction of the overall costs for high-risk pregnancies involving MH/SUD conditions. Access to behavioral health services is a challenge across the country, including provider shortages and the affordability of services.³⁴

Postpartum depression and anxiety are treatable conditions. Increased screening for postpartum depression has been identified as an important strategy for improving treatment and health outcomes. A community needs assessment conducted by the Health Resources and Services Administration (HRSA) in 2021 found that in Texas, 74.1% of White women, 83.6% of Black women, and 81.3% of Hispanic women with postpartum depression symptoms were screened for postpartum depression.³⁵

Texas currently has several programs and policies targeting the postpartum period, including initiatives focused on access to behavioral health services within the Medicaid population. These initiatives include extending Medicaid eligibility through 12 months post-delivery, the TexasAIM program, Maternal Opioid Misuse Model, and the Healthy Texas Women program.

Ultimately, the success of efforts to improve the health outcomes for individuals with high-risk pregnancies in Texas and reduce the associated costs to the Texas Medicaid program will depend on the ability to identify and implement effective interventions that engage those most at need.

Data and methodology

The measures for this report were constructed using two key data sources. The first of these sources was the CMS Transformed Medicaid Statistical Information System (T-MSIS), which contains detailed administrative claims, managed care encounters, and enrollment records for all patients covered by Medicaid and Children’s Health Insurance Program (CHIP). We used data for all patients covered by Medicaid programs across the state of Texas during calendar years 2019 to 2021 for this analysis. T-MSIS does not include costs for managed care claims in Texas. As such, we relied on data provided by several MCOs in the Harris and Jefferson SDAs for any cost estimates.

We also used membership data, as well as detailed medical and pharmacy claims data for calendar years 2019 to 2021, from five of the MCOs offering Medicaid coverage in the Harris and Jefferson SDAs. We did not include any adjustment for incurred but not reported (IBNR) claims, as there was enough runout for the data to be considered complete for the time periods examined in this analysis. The MCOs included data for all their covered Medicaid populations. The authors would like to thank Community Health Choice, Molina Health Plan, Superior Health Plan, Texas Children’s Health Plan, and United Healthcare for contributing data for this analysis.

We identified pregnancies by first finding a delivery claim. The pregnancy period that we examined included up to nine months prior to the delivery date and two months post-delivery. Figure 8 shows the criteria used to identify deliveries.

FIGURE 8: IDENTIFICATION OF DELIVERIES

CODE TYPE	CODES
APR DRG	539, 540, 541, 542, 560
MSDRG	765, 766, 767, 768, 774, 775, 783 784 785, 786, 787, 788, 796, 797, 798, 805, 806, 807
HPCS	59400, 59409, 59410, 59510, 59514, 59515, 59610 59612 59614, 59618, 59620, 59622
REVENUE CODE	0720, 0721, 0722

We defined high-risk pregnancies as those in which the MCO member is younger than 16 or older than 34, or has been diagnosed with diabetes, high blood pressure, preeclampsia, behavioral health, or placental conditions. Figure 9 shows the diagnosis codes we used to define these conditions.

FIGURE 9: IDENTIFICATION OF HIGH-RISK CONDITIONS

CONDITION	DIAGNOSIS CODES
PREECLAMPSIA	O14.00 - O14.15, O14.90 - O14.95 and O11.1 – O11.9
HIGH BLOOD PRESSURE	I10 - I16
DIABETES	E08 - E13
BEHAVIORAL HEALTH	F01 – F99
PLACENTAL	O43.2, O43.891 - O43.899, O43.9, O44.00 – O44.20, O44.30, and O45

The Texas Medicaid program also considers pregnant beneficiaries who have had a previous preterm birth to be high-risk and provides MCOs with a list of its members who meet this criteria. We did not have access to this list, and thus did not use this criterion for our analysis. We would also be understating high-risk pregnancies if any of those conditions are present but have not been diagnosed in a medical setting.

We identified chronic conditions of interest using Clinical Classifications Software (CCS) codes, where these codes were assigned to diagnosis codes using the mapping developed by the Agency for Healthcare Research and Quality (AHRQ). The table in Figure 10 shows the CCS codes we used to define these chronic conditions.

FIGURE 10: IDENTIFICATION OF CHRONIC CONDITIONS

CONDITION	CCS CODES
ASTHMA	128
CVD	96, 97, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, and 118
ENDOCRINE OR METABOLIC DISORDER	51, 53, 55, and 58
FEMALE PELVIC ORGAN DISORDERS	168, 169, 170, 171, 172, and 175
GI DISORDERS	138, 139, 140, 141, 144, 145, 146, 147, 148, 149, 153, 154, and 155
LUNG & RESPIRATORY DISEASE	130, 131, 132, 133, and 134

The post-delivery period represents the 12 months following a delivery. To determine post-delivery enrollment, we counted the number of months a member was enrolled in the year after their delivery. We determined post-delivery behavioral health utilization by identifying members with at least one behavioral health diagnosis in this period, where behavioral health is defined using diagnosis codes F01 to F99. A 12-month post-delivery period in 2020 and 2021 only included MCOs for which we had a complete year of claims in 2021 and 2022. Two of the MCOs provided a full year of claims through 2022.

We defined behavioral health specialty treatment as services that are specific to behavioral health or that are provided by behavioral health professionals, including inpatient hospital admissions with a diagnosis-related group (DRG) related to behavioral health, admissions to residential facilities for mental health or substance use disorders, partial hospitalization, or intensive outpatients programs, as well as professional visits and services that are specific to behavioral health, excluding diagnostic and evaluation services provided as part of routine preventative screenings.

Caveats and limitations

This report was commissioned by the Episcopal Health Foundation and is intended to highlight the prevalence and healthcare costs of high-risk pregnancies in the Texas Medicaid population. It may not be appropriate for and should not be used for other purposes. This report does not represent conclusive recommendations regarding any specific interventions or strategies. Milliman does not intend to benefit or create a legal duty to any other recipient of this work.

Milliman relied on detailed claim data from third parties to conduct this analysis. We have not audited or verified these data but have reviewed them for reasonability. If the underlying data are inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

Evaluating or validating any purported savings or improvements in outcomes from external studies was beyond the scope of our engagement. We encourage readers to review our references in full.

Appendix A

FIGURE 11: HIGH RISK PREGNANCIES IN STAR, HARRIS SDA

YEAR	HIGH-RISK	PREECLAMPSIA	HBP	DIABETES	MH/SUD	PLACENTAL	TOTAL PREGNANCIES
2019	34%	9%	2%	2%	15%	4%	19,526
2020	36%	11%	2%	2%	14%	5%	19,675
2021	38%	12%	2%	2%	16%	5%	17,517

FIGURE 12: HIGH RISK PREGNANCIES IN STAR, JEFFERSON SDA

YEAR	HIGH-RISK	PREECLAMPSIA	HBP	DIABETES	MH/SUD	PLACENTAL	TOTAL PREGNANCIES
2019	36%	6%	2%	2%	19%	6%	2,639
2020	40%	8%	2%	2%	24%	7%	2,519
2021	41%	9%	3%	2%	25%	9%	1,994

Appendix B

FIGURE 13: PREVALENCE OF COMORBID CONDITIONS AMONG STAR PREGNANCIES, STATEWIDE

CCS CATEGORY	CALENDAR YEAR 2019		CALENDAR YEAR 2020		CALENDAR YEAR 2021	
	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK
Alcohol use disorder	1.0%	0.1%	1.0%	0.1%	0.9%	0.1%
Anemia	27.0%	23.7%	27.6%	25.0%	29.7%	27.0%
Arthritis	0.5%	0.2%	0.5%	0.2%	0.5%	0.2%
Asthma	7.6%	4.7%	8.5%	5.5%	9.0%	5.7%
Cancer	4.7%	3.9%	5.3%	4.8%	5.1%	4.5%
Cystic fibrosis	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Chronic kidney disease	0.3%	0.1%	0.4%	0.1%	0.4%	0.1%
Chronic obstructive pulmonary disorder	0.9%	0.4%	0.8%	0.4%	0.6%	0.3%
Cardiovascular diseases	18.3%	9.3%	20.0%	10.6%	21.2%	11.7%
Endocrine or metabolic disorders	30.0%	20.5%	33.0%	23.5%	32.6%	24.3%
Female pelvic organ disorders	36.0%	31.6%	45.3%	42.3%	45.8%	43.5%
Gastrointestinal disorders	17.0%	12.6%	17.8%	13.5%	18.2%	13.8%
Hepatitis	1.0%	0.3%	0.9%	0.3%	0.9%	0.3%
Human immunodeficiency virus	0.4%	0.2%	0.4%	0.3%	0.4%	0.3%
Immune disorders	0.5%	0.2%	0.5%	0.2%	0.5%	0.3%
Liver diseases	2.1%	1.4%	2.3%	1.4%	2.5%	1.7%
Lung & respiratory diseases	13.3%	8.3%	15.9%	10.4%	16.3%	11.0%
Neurological diseases	2.0%	0.8%	2.2%	0.8%	2.1%	0.9%
Other blood-related diseases	3.9%	2.7%	4.5%	3.2%	4.6%	3.2%
Other joint disorders	15.0%	10.3%	15.5%	10.6%	16.8%	12.2%
Other kidney diseases	0.5%	0.1%	0.6%	0.1%	0.7%	0.2%
Pancreatic disorders	0.3%	0.2%	0.3%	0.2%	0.3%	0.3%
Sickle cell anemia	0.9%	0.7%	1.0%	0.8%	1.0%	0.8%
Sexually transmitted infections	3.6%	3.3%	4.6%	4.3%	4.6%	4.1%
Thyroid disorders	4.4%	2.5%	4.8%	3.0%	4.8%	3.0%

FIGURE 14: PREVALENCE OF COMORBID CONDITIONS AMONG STAR PREGNANCIES, HARRIS SDA

CCS CATEGORY	CALENDAR YEAR 2019		CALENDAR YEAR 2020		CALENDAR YEAR 2021	
	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK
Alcohol use disorder	1.0%	0.1%	1.0%	0.1%	1.1%	0.1%
Anemia	33.6%	29.2%	35.0%	31.2%	36.3%	32.7%
Arthritis	0.7%	0.3%	0.6%	0.3%	0.6%	0.3%
Asthma	9.6%	5.7%	10.1%	6.2%	10.2%	6.3%
Cancer	5.7%	4.6%	6.4%	5.6%	6.6%	4.8%
Cystic fibrosis	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%
Chronic kidney disease	0.5%	0.1%	0.4%	0.1%	0.4%	0.1%
Chronic obstructive pulmonary disorder	1.1%	0.6%	0.8%	0.3%	0.4%	0.3%
Cardiovascular diseases	26.4%	12.8%	27.7%	14.3%	29.0%	14.7%
Endocrine or metabolic disorders	42.3%	27.6%	46.5%	31.3%	47.6%	33.7%
Female pelvic organ disorders	44.2%	36.0%	46.3%	40.6%	47.6%	42.6%
Gastrointestinal disorders	24.8%	16.8%	23.2%	15.5%	24.6%	17.1%
Hepatitis	1.1%	0.3%	0.9%	0.4%	1.0%	0.4%
Human immunodeficiency virus	0.6%	0.3%	0.6%	0.4%	0.6%	0.4%
Immune disorders	0.9%	0.6%	0.8%	0.3%	0.7%	0.4%
Liver diseases	3.5%	2.2%	3.4%	2.2%	4.0%	2.2%
Lung & respiratory diseases	18.9%	11.3%	19.0%	12.5%	19.5%	12.9%
Neurological diseases	2.8%	1.0%	2.7%	0.9%	2.1%	1.0%
Other blood-related diseases	6.6%	3.9%	6.9%	3.8%	6.8%	4.3%
Other joint disorders	20.9%	13.4%	20.0%	13.5%	21.0%	15.2%
Other kidney diseases	0.8%	0.2%	0.6%	0.1%	1.0%	0.3%
Pancreatic disorders	0.3%	0.2%	0.2%	0.3%	0.3%	0.3%
Sickle cell anemia	2.0%	1.4%	2.0%	1.4%	1.8%	1.4%
Sexually transmitted infections	3.9%	4.1%	5.4%	4.8%	6.1%	4.6%
Thyroid disorders	5.0%	2.6%	5.3%	2.9%	5.0%	3.2%

FIGURE 15: PREVALENCE OF COMORBID CONDITIONS AMONG STAR PREGNANCIES, JEFFERSON SDA

CCS CATEGORY	CALENDAR YEAR 2019		CALENDAR YEAR 2020		CALENDAR YEAR 2021	
	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK	HIGH-RISK	NON-HIGH-RISK
Alcohol use disorder	0.6%	0.3%	0.6%	0.1%	1.1%	0.1%
Anemia	26.7%	21.5%	26.0%	21.4%	25.9%	24.3%
Arthritis	0.7%	0.2%	0.6%	0.2%	0.4%	0.2%
Asthma	8.9%	5.4%	9.1%	4.8%	11.0%	5.4%
Cancer	7.2%	5.5%	7.1%	6.3%	9.2%	4.9%
Cystic fibrosis	0.1%	0.1%	0.1%	0.0%	0.4%	0.1%
Chronic kidney disease	0.1%	0.1%	0.4%	0.1%	0.5%	0.0%
Chronic obstructive pulmonary disorder	2.4%	1.1%	1.2%	0.5%	1.2%	0.6%
Cardiovascular diseases	26.6%	12.7%	26.0%	11.9%	28.2%	13.8%
Endocrine or metabolic disorders	44.6%	33.5%	46.2%	33.6%	45.5%	34.8%
Female pelvic organ disorders	54.0%	44.6%	58.1%	48.1%	58.5%	48.4%
Gastrointestinal disorders	25.3%	17.6%	24.4%	15.8%	24.4%	17.3%
Hepatitis	1.8%	0.7%	2.2%	1.5%	1.7%	1.8%
Human immunodeficiency virus	1.4%	1.8%	2.1%	2.9%	1.5%	1.6%
Immune disorders	0.4%	0.2%	0.7%	0.1%	0.1%	0.3%
Liver diseases	1.9%	2.1%	3.4%	1.5%	2.4%	1.8%
Lung & respiratory diseases	19.6%	11.5%	21.0%	10.3%	18.7%	13.0%
Neurological diseases	2.2%	0.9%	3.3%	0.8%	3.9%	0.9%
Other blood-related diseases	6.7%	4.1%	6.0%	3.5%	5.7%	3.9%
Other joint disorders	23.0%	18.7%	23.5%	14.9%	24.8%	18.7%
Other kidney diseases	0.2%	0.3%	0.7%	0.1%	0.4%	0.4%
Pancreatic disorders	0.3%	0.3%	0.2%	0.3%	0.6%	0.3%
Sickle cell anemia	2.0%	1.2%	1.7%	1.0%	1.7%	1.1%
Sexually transmitted infections	5.6%	5.9%	8.6%	8.2%	9.2%	8.1%
Thyroid disorders	5.4%	3.6%	5.7%	2.8%	6.7%	4.4%

Appendix C

FIGURE 16: AVERAGE HEALTHCARE COSTS PER HIGH-RISK PREGNANCY BY COMORBID CONDITIONS, HARRIS AND JEFFERSON SDAS

SERVICE CATEGORY	OVERALL	WITH ASTHMA	WITH CVD	WITH ENDOCRINE DISORDERS	WITH PELVIC DISORDERS	WITH GI DISORDERS	WITH RESPIRATORY DISEASES
CALENDAR YEAR 2019							
ED visits and ambulance services	\$983.95	\$1,901.74	\$1,715.07	\$1,287.95	\$1,367.05	\$1,676.20	\$1,981.94
Inpatient - medical	\$72.26	\$83.29	\$188.89	\$143.97	\$95.12	\$196.22	\$231.93
Inpatient - psychiatric	\$2.78	\$8.77	\$5.17	\$4.04	\$0.48	\$5.34	\$8.12
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laboratory / radiology / pathology	\$1,427.43	\$1,666.95	\$1,917.42	\$1,790.98	\$1,903.16	\$1,819.78	\$1,974.22
Maternity - cesarean delivery	\$1,867.71	\$2,374.35	\$2,380.39	\$2,327.64	\$2,152.55	\$2,484.54	\$2,359.44
Maternity - non-delivery	\$500.66	\$897.47	\$1,085.28	\$809.58	\$666.05	\$915.49	\$1,174.55
Maternity - normal delivery	\$1,281.28	\$1,423.13	\$1,261.57	\$1,297.17	\$1,276.91	\$1,302.53	\$1,294.77
Other	\$78.61	\$58.72	\$153.57	\$129.20	\$114.97	\$152.65	\$95.04
Outpatient - medical	\$487.91	\$600.66	\$764.45	\$752.01	\$616.96	\$728.94	\$733.30
Outpatient - psychiatric	\$1.29	\$8.64	\$0.24	\$0.83	\$1.92	\$1.51	\$0.47
Outpatient - substance use disorders	\$1.14	\$1.69	\$0.21	\$1.25	\$1.54	\$2.14	\$0.84
Prescription / office-administered drugs	\$111.61	\$130.49	\$158.79	\$162.86	\$157.56	\$191.82	\$143.02
Professional - medical	\$1,702.45	\$1,997.98	\$2,075.23	\$1,956.59	\$1,929.21	\$2,004.70	\$2,116.86
Professional - psychiatric	\$5.16	\$9.77	\$5.91	\$5.29	\$6.25	\$4.78	\$9.09
Professional - substance use disorders	\$1.00	\$2.64	\$0.74	\$0.97	\$0.94	\$1.50	\$1.05
Additional benefits	\$0.90	\$0.40	\$0.78	\$1.18	\$1.03	\$0.95	\$2.25
Total	\$8,526.14	\$11,166.68	\$11,713.70	\$10,671.50	\$10,291.69	\$11,489.09	\$12,126.88
CALENDAR YEAR 2020							
ED visits and ambulance services	\$1,124.13	\$2,002.14	\$2,033.64	\$1,389.83	\$1,532.51	\$2,070.38	\$2,112.52
Inpatient - medical	\$117.38	\$107.46	\$343.80	\$203.69	\$191.76	\$428.80	\$409.74
Inpatient - psychiatric	\$12.69	\$36.58	\$23.31	\$11.02	\$9.80	\$25.23	\$29.49
Inpatient - substance use disorders	\$0.36	\$0.00	\$1.33	\$0.00	\$0.76	\$0.00	\$0.00
Laboratory / radiology / pathology	\$1,540.96	\$1,974.17	\$1,998.01	\$1,837.74	\$1,908.01	\$1,983.98	\$1,980.25
Maternity - cesarean delivery	\$2,706.45	\$2,969.77	\$3,374.29	\$3,277.28	\$2,922.70	\$3,342.43	\$3,260.09
Maternity - non-delivery	\$584.14	\$956.69	\$1,202.65	\$882.39	\$746.53	\$1,242.23	\$1,276.81
Maternity - normal delivery	\$1,927.46	\$2,045.87	\$1,908.73	\$1,830.77	\$1,879.12	\$1,966.70	\$1,881.89
Other	\$110.59	\$164.07	\$174.75	\$173.59	\$174.41	\$224.85	\$166.50
Outpatient - medical	\$548.02	\$788.59	\$863.07	\$842.42	\$674.74	\$915.01	\$845.46
Outpatient - psychiatric	\$1.02	\$4.28	\$2.61	\$1.74	\$1.39	\$2.99	\$3.46
Outpatient - substance use disorders	\$2.42	\$6.81	\$2.44	\$2.54	\$3.23	\$3.75	\$4.70
Prescription / office-administered drugs	\$134.63	\$200.17	\$198.08	\$201.18	\$185.98	\$322.60	\$276.48
Professional - medical	\$1,708.35	\$1,895.20	\$2,099.37	\$1,946.29	\$1,936.68	\$2,040.14	\$2,126.34
Professional - psychiatric	\$15.40	\$35.70	\$16.77	\$15.15	\$13.57	\$18.22	\$22.27
Professional - substance use disorders	\$2.01	\$6.45	\$3.21	\$2.83	\$2.25	\$1.11	\$1.12
Additional benefits	\$6.97	\$29.67	\$11.22	\$7.74	\$7.98	\$1.77	\$16.52
Total	\$10,542.99	\$13,223.61	\$14,257.29	\$12,626.20	\$12,191.43	\$14,590.17	\$14,413.63
CALENDAR YEAR 2021							
ED visits and ambulance services	\$1,230.14	\$2,216.44	\$2,163.23	\$1,584.63	\$1,687.74	\$2,261.05	\$2,616.07
Inpatient - medical	\$182.99	\$881.10	\$553.23	\$379.33	\$262.24	\$633.67	\$788.93
Inpatient - psychiatric	\$13.96	\$29.73	\$12.32	\$21.11	\$5.11	\$34.95	\$29.17
Inpatient - substance use disorders	\$3.48	\$0.00	\$0.00	\$4.08	\$3.96	\$7.87	\$0.00
Laboratory / radiology / pathology	\$1,646.04	\$1,949.36	\$2,057.63	\$1,967.23	\$2,009.04	\$2,140.43	\$2,270.66
Maternity - cesarean delivery	\$3,314.78	\$3,733.76	\$4,292.03	\$3,965.38	\$3,550.82	\$4,277.93	\$4,280.51
Maternity - non-delivery	\$792.68	\$1,432.78	\$1,740.38	\$1,199.86	\$903.28	\$1,501.40	\$2,185.77
Maternity - normal delivery	\$2,548.77	\$2,652.36	\$2,467.73	\$2,388.81	\$2,578.80	\$2,494.58	\$2,682.11
Other	\$105.04	\$166.76	\$176.86	\$163.99	\$161.57	\$230.85	\$193.20
Outpatient - medical	\$556.86	\$770.67	\$793.86	\$791.97	\$704.46	\$870.80	\$779.81
Outpatient - psychiatric	\$2.20	\$7.70	\$4.12	\$1.78	\$1.77	\$5.04	\$5.70
Outpatient - substance use disorders	\$4.55	\$15.44	\$12.23	\$6.98	\$5.18	\$10.86	\$10.06
Prescription / office-administered drugs	\$96.40	\$132.20	\$160.29	\$127.18	\$147.14	\$190.60	\$193.08
Professional - medical	\$1,652.04	\$1,921.55	\$2,016.53	\$1,917.63	\$1,853.93	\$2,020.00	\$2,174.47
Professional - psychiatric	\$25.07	\$96.46	\$32.42	\$25.59	\$31.27	\$41.54	\$30.03
Professional - substance use disorders	\$3.80	\$4.99	\$5.82	\$3.14	\$5.91	\$7.64	\$4.21
Additional benefits	\$4.65	\$3.98	\$1.61	\$8.50	\$7.91	\$3.27	\$2.63
Total	\$12,183.45	\$16,015.29	\$16,490.29	\$14,557.18	\$13,920.13	\$16,732.48	\$18,246.40

FIGURE 17: AVERAGE HEALTHCARE COSTS PER PREGNANCY BY COMORBID CONDITIONS, JEFFERSON SDA, 2021

SERVICE CATEGORY	OVERALL	WITH ASTHMA	WITH CVD	WITH ENDOCRINE DISORDERS	WITH PELVIC DISORDERS	WITH GI DISORDERS	WITH RESPIRATORY DISEASES
HIGH-RISK PREGNANCIES							
ED visits and ambulance services	\$909.14	\$1,459.32	\$1,571.26	\$1,238.35	\$1,129.27	\$1,558.09	\$1,889.27
Inpatient - medical	\$24.80	\$0.00	\$48.07	\$54.55	\$42.38	\$89.78	\$117.00
Inpatient - psychiatric	\$1.85	\$0.00	\$6.57	\$0.00	\$3.16	\$0.00	\$0.00
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laboratory / radiology / pathology	\$1,556.33	\$2,003.07	\$1,955.05	\$1,912.06	\$1,778.51	\$2,077.86	\$2,189.28
Maternity - cesarean delivery	\$3,260.01	\$3,409.56	\$4,145.34	\$3,787.63	\$3,478.51	\$3,835.60	\$3,877.16
Maternity - non-delivery	\$510.39	\$1,281.31	\$1,118.45	\$850.89	\$672.13	\$1,400.41	\$1,637.05
Maternity - normal delivery	\$2,244.59	\$2,514.65	\$2,139.74	\$2,050.52	\$2,105.05	\$2,306.55	\$2,494.91
Other	\$82.45	\$535.29	\$53.55	\$23.55	\$120.09	\$256.40	\$84.88
Outpatient - medical	\$947.44	\$1,103.24	\$1,277.74	\$1,356.60	\$1,148.21	\$1,561.38	\$1,351.29
Outpatient - psychiatric	\$0.06	\$0.00	\$0.00	\$0.13	\$0.00	\$0.24	\$0.00
Outpatient - substance use disorders	\$2.76	\$0.00	\$0.00	\$6.07	\$1.60	\$7.46	\$0.00
Prescription / office-administered drugs	\$101.23	\$122.74	\$150.08	\$124.07	\$128.05	\$158.43	\$140.23
Professional - medical	\$1,657.39	\$1,844.20	\$2,039.29	\$1,938.25	\$1,809.23	\$2,059.18	\$2,123.41
Professional - psychiatric	\$15.94	\$1.26	\$6.77	\$30.55	\$11.03	\$51.86	\$12.30
Professional - substance use disorders	\$7.32	\$8.29	\$4.84	\$7.66	\$8.98	\$13.16	\$4.86
Additional benefits	\$0.32	\$0.00	\$0.34	\$0.70	\$0.54	\$0.91	\$0.51
Total	\$11,322.33	\$14,282.93	\$14,517.45	\$13,382.28	\$12,437.30	\$15,378.22	\$15,922.67
NON-HIGH-RISK PREGNANCIES							
ED visits and ambulance services	\$513.29	\$1,037.55	\$1,199.90	\$703.74	\$685.40	\$988.47	\$1,213.82
Inpatient - medical	\$79.69	\$0.00	\$296.02	\$133.11	\$148.99	\$151.17	\$313.55
Inpatient - psychiatric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Laboratory / radiology / pathology	\$1,032.71	\$1,732.67	\$1,520.20	\$1,243.18	\$1,220.00	\$1,282.69	\$1,415.37
Maternity - cesarean delivery	\$2,361.57	\$2,655.37	\$1,952.91	\$2,954.73	\$2,620.96	\$3,116.48	\$2,394.66
Maternity - non-delivery	\$231.22	\$891.47	\$887.15	\$474.65	\$418.22	\$834.28	\$933.42
Maternity - normal delivery	\$2,389.45	\$3,065.64	\$2,876.61	\$1,907.12	\$2,364.97	\$2,353.69	\$2,564.71
Other	\$8.92	\$6.60	\$9.39	\$7.23	\$9.03	\$8.46	\$9.90
Outpatient - medical	\$541.65	\$1,103.54	\$1,051.20	\$827.29	\$684.86	\$874.56	\$833.88
Outpatient - psychiatric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription / office-administered drugs	\$60.07	\$76.19	\$122.14	\$67.97	\$83.94	\$97.70	\$122.17
Professional - medical	\$1,333.09	\$1,550.86	\$1,651.66	\$1,645.75	\$1,493.17	\$1,568.55	\$1,646.99
Professional - psychiatric	\$0.87	\$1.36	\$0.00	\$1.42	\$1.48	\$2.85	\$0.00
Professional - substance use disorders	\$0.56	\$0.00	\$0.00	\$0.00	\$1.16	\$0.00	\$0.00
Additional benefits	\$0.03	\$0.00	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00
Total	\$8,553.15	\$12,121.26	\$11,567.18	\$9,966.19	\$9,732.27	\$11,278.90	\$11,448.47

Appendix D

FIGURE 18: AVERAGE HEALTHCARE COSTS PER PREGNANCY FOR THOSE WITH AND WITHOUT MH/SUD CONDITIONS, HARRIS SDA

SERVICE CATEGORY	HIGH RISK WITH MH/SUD	HIGH-RISK WITHOUT MH/SUD	NON-HIGH-RISK	DIFF. BTWN HIGH-RISK W/ AND W/O MH/SUD	% OF TOTAL DIFFERENCE
CALENDAR YEAR 2019					
Inpatient - medical	\$99.75	\$45.64	\$34.72	\$54.10	3.3%
Inpatient - psychiatric	\$7.47	\$0.00	\$1.25	\$7.47	0.5%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,548.07	\$1,110.00	\$1,345.77	\$438.07	26.5%
Maternity - cesarean delivery	\$1,761.26	\$1,855.37	\$1,013.02	(\$94.11)	-5.7%
Maternity - non-delivery	\$700.46	\$392.46	\$216.46	\$308.00	18.6%
ED visits and ambulance services	\$1,417.21	\$756.57	\$607.00	\$660.64	39.9%
Outpatient - medical	\$529.89	\$379.76	\$269.76	\$150.13	9.1%
Laboratory / radiology / pathology	\$1,476.32	\$1,430.13	\$990.69	\$46.19	2.8%
Prescription / office-administered drugs	\$118.74	\$95.95	\$55.38	\$22.79	1.4%
Outpatient - psychiatric	\$2.84	\$0.46	\$0.17	\$2.39	0.1%
Outpatient - substance use disorders	\$2.42	\$0.00	\$0.00	\$2.42	0.1%
Professional - medical	\$1,744.29	\$1,677.88	\$1,435.79	\$66.42	4.0%
Professional - psychiatric	\$8.67	\$3.32	\$1.64	\$5.36	0.3%
Professional - substance use disorders	\$1.87	\$0.26	\$0.05	\$1.60	0.1%
Other	\$76.54	\$93.42	\$42.26	(\$16.88)	-1.0%
Additional benefits	\$1.07	\$0.93	\$0.45	\$0.14	0.0%
Total	\$9,496.88	\$7,842.16	\$6,014.40	\$1,654.72	100.0%
CALENDAR YEAR 2020					
Inpatient - medical	\$237.77	\$59.12	\$53.92	\$178.65	8.3%
Inpatient - psychiatric	\$32.09	\$0.60	\$1.45	\$31.49	1.5%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$2,246.08	\$1,776.28	\$2,096.92	\$469.80	21.7%
Maternity - cesarean delivery	\$2,494.34	\$2,805.76	\$1,564.05	(\$311.42)	-14.4%
Maternity - non-delivery	\$768.03	\$485.28	\$292.14	\$282.75	13.1%
ED visits and ambulance services	\$1,652.36	\$814.30	\$688.46	\$838.07	38.8%
Outpatient - medical	\$624.76	\$392.58	\$275.08	\$232.18	10.7%
Laboratory / radiology / pathology	\$1,604.15	\$1,505.06	\$1,077.15	\$99.10	4.6%
Prescription / office-administered drugs	\$193.31	\$81.17	\$56.54	\$112.13	5.2%
Outpatient - psychiatric	\$2.51	\$0.06	\$0.09	\$2.45	0.1%
Outpatient - substance use disorders	\$6.07	\$0.42	\$0.00	\$5.65	0.3%
Professional - medical	\$1,818.75	\$1,624.35	\$1,466.56	\$194.40	9.0%
Professional - psychiatric	\$23.90	\$11.11	\$8.52	\$12.79	0.6%
Professional - substance use disorders	\$3.48	\$0.37	\$0.01	\$3.11	0.1%
Other	\$110.35	\$119.19	\$46.96	(\$8.84)	-0.4%
Additional benefits	\$18.65	\$0.66	\$2.63	\$17.99	0.8%
Total	\$11,836.61	\$9,676.31	\$7,630.48	\$2,160.30	100.0%
CALENDAR YEAR 2021					
Inpatient - medical	\$337.53	\$103.18	\$227.41	\$234.35	13.2%
Inpatient - psychiatric	\$34.47	\$1.49	\$3.93	\$32.98	1.9%
Inpatient - substance use disorders	\$9.23	\$0.00	\$0.00	\$9.23	0.5%
Maternity - normal delivery	\$2,822.58	\$2,412.44	\$2,860.59	\$410.15	23.2%
Maternity - cesarean delivery	\$3,021.83	\$3,541.66	\$2,151.31	(\$519.84)	-29.3%
Maternity - non-delivery	\$1,002.58	\$698.64	\$382.75	\$303.94	17.2%
ED visits and ambulance services	\$1,744.23	\$920.88	\$826.35	\$823.35	46.5%
Outpatient - medical	\$618.37	\$428.45	\$297.52	\$189.92	10.7%
Laboratory / radiology / pathology	\$1,662.18	\$1,653.30	\$1,249.36	\$8.88	0.5%
Prescription / office-administered drugs	\$128.99	\$71.43	\$38.48	\$57.56	3.2%
Outpatient - psychiatric	\$5.75	\$0.04	\$0.00	\$5.71	0.3%
Outpatient - substance use disorders	\$10.95	\$0.22	\$0.32	\$10.74	0.6%
Professional - medical	\$1,732.06	\$1,592.11	\$1,428.27	\$139.94	7.9%
Professional - psychiatric	\$39.26	\$16.60	\$5.76	\$22.67	1.3%
Professional - substance use disorders	\$6.46	\$1.09	\$1.56	\$5.37	0.3%
Other	\$122.48	\$97.04	\$65.27	\$25.43	1.4%
Additional benefits	\$11.44	\$0.58	\$0.99	\$10.86	0.6%
Total	\$13,310.39	\$11,539.16	\$9,539.84	\$1,771.23	100.0%

FIGURE 19: AVERAGE HEALTHCARE COSTS PER PREGNANCY FOR THOSE WITH AND WITHOUT MH/SUD CONDITIONS, JEFFERSON SDA

SERVICE CATEGORY	HIGH RISK WITH MH/SUD	HIGH-RISK WITHOUT MH/SUD	NON-HIGH-RISK	DIFF. BTWN HIGH-RISK W/ AND W/O MH/SUD	% OF TOTAL DIFFERENCE
CALENDAR YEAR 2019					
Inpatient - medical	\$176.62	\$7.92	\$16.84	\$168.70	14.6%
Inpatient - psychiatric	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,283.93	\$1,039.53	\$1,260.32	\$244.39	21.2%
Maternity - cesarean delivery	\$2,290.42	\$2,176.05	\$1,256.93	\$114.37	9.9%
Maternity - non-delivery	\$287.12	\$401.25	\$149.95	(\$114.13)	-9.9%
ED visits and ambulance services	\$739.28	\$441.36	\$359.44	\$297.92	25.8%
Outpatient - medical	\$942.17	\$637.31	\$407.70	\$304.86	26.4%
Laboratory / radiology / pathology	\$1,305.16	\$1,221.10	\$733.34	\$84.05	7.3%
Prescription / office-administered drugs	\$142.92	\$167.48	\$62.76	(\$24.56)	-2.1%
Outpatient - psychiatric	\$0.07	\$0.00	\$0.00	\$0.07	0.0%
Outpatient - substance use disorders	\$3.56	\$0.00	\$0.00	\$3.56	0.3%
Professional - medical	\$1,709.37	\$1,633.24	\$1,427.45	\$76.13	6.6%
Professional - psychiatric	\$3.09	\$0.82	\$0.99	\$2.27	0.2%
Professional - substance use disorders	\$2.57	\$0.00	\$0.00	\$2.57	0.2%
Other	\$21.59	\$26.98	\$20.96	(\$5.39)	-0.5%
Additional benefits	\$0.34	\$0.19	\$0.27	\$0.15	0.0%
Total	\$8,908.19	\$7,753.23	\$5,696.95	\$1,154.96	100.0%
CALENDAR YEAR 2020					
Inpatient - medical	\$21.52	\$23.57	\$12.99	(\$2.06)	-0.2%
Inpatient - psychiatric	\$14.35	\$0.00	\$0.00	\$14.35	1.7%
Inpatient - substance use disorders	\$4.91	\$0.00	\$0.00	\$4.91	0.6%
Maternity - normal delivery	\$1,704.38	\$1,595.05	\$1,938.66	\$109.33	13.2%
Maternity - cesarean delivery	\$3,007.84	\$2,711.84	\$1,902.00	\$296.00	35.9%
Maternity - non-delivery	\$433.68	\$541.91	\$170.42	(\$108.23)	-13.1%
ED visits and ambulance services	\$1,085.84	\$700.35	\$385.09	\$385.49	46.7%
Outpatient - medical	\$1,010.72	\$923.65	\$501.95	\$87.07	10.5%
Laboratory / radiology / pathology	\$1,504.28	\$1,521.05	\$937.71	(\$16.78)	-2.0%
Prescription / office-administered drugs	\$182.35	\$204.16	\$77.98	(\$21.81)	-2.6%
Outpatient - psychiatric	\$1.44	\$0.00	\$0.00	\$1.44	0.2%
Outpatient - substance use disorders	\$0.89	\$0.00	\$0.00	\$0.89	0.1%
Professional - medical	\$1,780.46	\$1,694.78	\$1,483.25	\$85.67	10.4%
Professional - psychiatric	\$13.61	\$3.20	\$1.64	\$10.41	1.3%
Professional - substance use disorders	\$6.64	\$1.77	\$0.32	\$4.86	0.6%
Other	\$64.83	\$91.24	\$12.42	(\$26.41)	-3.2%
Additional benefits	\$0.48	\$0.19	\$0.12	\$0.29	0.0%
Total	\$10,838.20	\$10,012.78	\$7,424.54	\$825.42	100.0%
CALENDAR YEAR 2021					
Inpatient - medical	\$13.96	\$41.14	\$79.69	(\$27.19)	-9.4%
Inpatient - psychiatric	\$3.08	\$0.00	\$0.00	\$3.08	1.1%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$2,356.00	\$2,076.79	\$2,389.45	\$279.21	96.7%
Maternity - cesarean delivery	\$3,027.77	\$3,609.78	\$2,361.57	(\$582.00)	-201.6%
Maternity - non-delivery	\$553.74	\$445.10	\$231.22	\$108.64	37.6%
ED visits and ambulance services	\$1,027.94	\$730.21	\$513.29	\$297.72	103.1%
Outpatient - medical	\$1,049.64	\$793.52	\$541.65	\$256.12	88.7%
Laboratory / radiology / pathology	\$1,494.01	\$1,650.19	\$1,032.71	(\$156.19)	-54.1%
Prescription / office-administered drugs	\$74.22	\$141.92	\$60.07	(\$67.70)	-23.5%
Outpatient - psychiatric	\$0.10	\$0.00	\$0.00	\$0.10	0.0%
Outpatient - substance use disorders	\$4.59	\$0.00	\$0.00	\$4.59	1.6%
Professional - medical	\$1,672.09	\$1,635.24	\$1,333.09	\$36.85	12.8%
Professional - psychiatric	\$26.18	\$0.51	\$0.87	\$25.67	8.9%
Professional - substance use disorders	\$12.18	\$0.00	\$0.56	\$12.18	4.2%
Other	\$121.17	\$24.15	\$8.92	\$97.02	33.6%
Additional benefits	\$0.53	\$0.00	\$0.03	\$0.53	0.2%
Total	\$11,437.19	\$11,148.55	\$8,553.12	\$288.64	100.0%

FIGURE 20: AVERAGE HEALTHCARE COSTS PER PREGNANCY FOR THOSE WITH AND WITHOUT DIABETES, HARRIS SDA

SERVICE CATEGORY	HIGH RISK WITH DIABETES	HIGH-RISK WITHOUT DIABETES	NON-HIGH-RISK	DIFF. BTWN HIGH-RISK W/ AND W/O DIABETES	% OF TOTAL DIFFERENCE
CALENDAR YEAR 2019					
Inpatient - medical	\$105.72	\$66.36	\$34.72	\$39.36	0.9%
Inpatient - psychiatric	\$0.00	\$3.37	\$1.25	(\$3.37)	-0.1%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,142.09	\$1,305.44	\$1,345.77	(\$163.34)	-3.8%
Maternity - cesarean delivery	\$3,082.63	\$1,738.22	\$1,013.02	\$1,344.41	31.7%
Maternity - non-delivery	\$1,155.73	\$484.76	\$216.46	\$670.97	15.8%
ED visits and ambulance services	\$1,310.34	\$1,020.53	\$607.00	\$289.81	6.8%
Outpatient - medical	\$818.30	\$420.70	\$269.76	\$397.59	9.4%
Laboratory / radiology / pathology	\$2,327.42	\$1,396.29	\$990.69	\$931.13	21.9%
Prescription / office-administered drugs	\$135.68	\$103.80	\$55.38	\$31.87	0.8%
Outpatient - psychiatric	\$1.23	\$1.48	\$0.17	(\$0.26)	0.0%
Outpatient - substance use disorders	\$0.00	\$1.09	\$0.00	(\$1.09)	0.0%
Professional - medical	\$2,063.31	\$1,684.33	\$1,435.79	\$378.98	8.9%
Professional - psychiatric	\$0.12	\$5.92	\$1.64	(\$5.81)	-0.1%
Professional - substance use disorders	\$0.00	\$1.00	\$0.05	(\$1.00)	0.0%
Other	\$404.13	\$66.89	\$42.26	\$337.24	7.9%
Additional benefits	\$1.30	\$0.97	\$0.45	\$0.34	0.0%
Total	\$12,547.99	\$8,301.16	\$6,014.40	\$4,246.83	100.0%
CALENDAR YEAR 2020					
Inpatient - medical	\$419.96	\$112.80	\$53.92	\$307.16	5.7%
Inpatient - psychiatric	\$0.00	\$14.15	\$1.45	(\$14.15)	-0.3%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,680.38	\$1,984.00	\$2,096.92	(\$303.62)	-5.6%
Maternity - cesarean delivery	\$4,679.56	\$2,552.76	\$1,564.05	\$2,126.81	39.4%
Maternity - non-delivery	\$1,293.86	\$555.12	\$292.14	\$738.73	13.7%
ED visits and ambulance services	\$1,502.84	\$1,130.10	\$688.46	\$372.74	6.9%
Outpatient - medical	\$947.61	\$456.87	\$275.08	\$490.74	9.1%
Laboratory / radiology / pathology	\$2,452.47	\$1,487.24	\$1,077.15	\$965.23	17.9%
Prescription / office-administered drugs	\$145.68	\$125.19	\$56.54	\$20.49	0.4%
Outpatient - psychiatric	\$0.20	\$1.10	\$0.09	(\$0.91)	0.0%
Outpatient - substance use disorders	\$0.00	\$2.87	\$0.00	(\$2.87)	-0.1%
Professional - medical	\$2,186.39	\$1,671.98	\$1,466.56	\$514.42	9.5%
Professional - psychiatric	\$10.40	\$16.65	\$8.52	(\$6.25)	-0.1%
Professional - substance use disorders	\$0.00	\$1.73	\$0.01	(\$1.73)	0.0%
Other	\$303.48	\$103.66	\$46.96	\$199.82	3.7%
Additional benefits	\$1.52	\$8.33	\$2.63	(\$6.80)	-0.1%
Total	\$15,624.35	\$10,224.54	\$7,630.48	\$5,399.81	100.0%
CALENDAR YEAR 2021					
Inpatient - medical	\$49.82	\$211.88	\$227.41	(\$162.06)	-3.1%
Inpatient - psychiatric	\$0.00	\$16.41	\$3.93	(\$16.41)	-0.3%
Inpatient - substance use disorders	\$0.00	\$4.15	\$0.00	(\$4.15)	-0.1%
Maternity - normal delivery	\$2,170.19	\$2,611.92	\$2,860.59	(\$441.73)	-8.4%
Maternity - cesarean delivery	\$5,663.18	\$3,176.33	\$2,151.31	\$2,486.85	47.3%
Maternity - non-delivery	\$1,368.97	\$793.78	\$382.75	\$575.19	10.9%
ED visits and ambulance services	\$1,562.86	\$1,251.39	\$826.35	\$311.47	5.9%
Outpatient - medical	\$1,141.76	\$469.65	\$297.52	\$672.12	12.8%
Laboratory / radiology / pathology	\$2,437.94	\$1,608.65	\$1,249.36	\$829.29	15.8%
Prescription / office-administered drugs	\$133.92	\$93.44	\$38.48	\$40.48	0.8%
Outpatient - psychiatric	\$0.62	\$2.57	\$0.00	(\$1.95)	0.0%
Outpatient - substance use disorders	\$0.00	\$5.06	\$0.32	(\$5.06)	-0.1%
Professional - medical	\$2,047.21	\$1,626.84	\$1,428.27	\$420.37	8.0%
Professional - psychiatric	\$18.53	\$26.67	\$5.76	(\$8.14)	-0.2%
Professional - substance use disorders	\$0.24	\$3.56	\$1.56	(\$3.32)	-0.1%
Other	\$646.44	\$74.42	\$65.27	\$572.02	10.9%
Additional benefits	\$0.60	\$5.46	\$0.99	(\$4.87)	-0.1%
Total	\$17,242.29	\$11,982.20	\$9,539.84	\$5,260.08	100.0%

FIGURE 21: AVERAGE HEALTHCARE COSTS PER PREGNANCY FOR THOSE WITH AND WITHOUT DIABETES, JEFFERSON SDA

SERVICE CATEGORY	HIGH RISK WITH DIABETES	HIGH-RISK WITHOUT DIABETES	NON-HIGH-RISK	DIFF. BTWN HIGH-RISK W/ AND W/O DIABETES	% OF TOTAL DIFFERENCE
CALENDAR YEAR 2019					
Inpatient - medical	\$1,076.73	\$41.47	\$16.84	\$1,035.26	18.6%
Inpatient - psychiatric	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,209.19	\$1,170.61	\$1,260.32	\$38.58	0.7%
Maternity - cesarean delivery	\$3,382.75	\$2,169.96	\$1,256.93	\$1,212.80	21.8%
Maternity - non-delivery	\$678.35	\$318.72	\$149.95	\$359.63	6.5%
ED visits and ambulance services	\$916.88	\$585.07	\$359.44	\$331.81	6.0%
Outpatient - medical	\$1,379.37	\$769.10	\$407.70	\$610.27	11.0%
Laboratory / radiology / pathology	\$2,292.92	\$1,205.56	\$733.34	\$1,087.36	19.5%
Prescription / office-administered drugs	\$429.97	\$137.59	\$62.76	\$292.38	5.2%
Outpatient - psychiatric	\$0.00	\$0.04	\$0.00	(\$0.04)	0.0%
Outpatient - substance use disorders	\$0.00	\$2.06	\$0.00	(\$2.06)	0.0%
Professional - medical	\$2,113.80	\$1,648.48	\$1,427.45	\$465.32	8.4%
Professional - psychiatric	\$0.00	\$2.18	\$0.99	(\$2.18)	0.0%
Professional - substance use disorders	\$0.00	\$1.49	\$0.00	(\$1.49)	0.0%
Other	\$160.61	\$15.87	\$20.96	\$144.74	2.6%
Additional benefits	\$0.00	\$0.28	\$0.27	(\$0.28)	0.0%
Total	\$13,640.57	\$8,068.48	\$5,696.95	\$5,572.09	100.0%
CALENDAR YEAR 2020					
Inpatient - medical	\$250.39	\$10.75	\$12.99	\$239.65	4.6%
Inpatient - psychiatric	\$0.00	\$8.88	\$0.00	(\$8.88)	-0.2%
Inpatient - substance use disorders	\$0.00	\$3.04	\$0.00	(\$3.04)	-0.1%
Maternity - normal delivery	\$1,470.61	\$1,669.01	\$1,938.66	(\$198.40)	-3.8%
Maternity - cesarean delivery	\$3,946.73	\$2,832.02	\$1,902.00	\$1,114.71	21.4%
Maternity - non-delivery	\$1,313.77	\$435.65	\$170.42	\$878.12	16.8%
ED visits and ambulance services	\$1,296.65	\$908.40	\$385.09	\$388.24	7.4%
Outpatient - medical	\$1,951.67	\$925.14	\$501.95	\$1,026.53	19.7%
Laboratory / radiology / pathology	\$2,215.27	\$1,475.32	\$937.71	\$739.96	14.2%
Prescription / office-administered drugs	\$288.19	\$186.39	\$77.98	\$101.80	2.0%
Outpatient - psychiatric	\$0.00	\$0.89	\$0.00	(\$0.89)	0.0%
Outpatient - substance use disorders	\$0.00	\$0.55	\$0.00	(\$0.55)	0.0%
Professional - medical	\$2,155.62	\$1,724.30	\$1,483.25	\$431.32	8.3%
Professional - psychiatric	\$0.00	\$9.80	\$1.64	(\$9.80)	-0.2%
Professional - substance use disorders	\$0.00	\$4.87	\$0.32	(\$4.87)	-0.1%
Other	\$569.70	\$50.53	\$12.42	\$519.17	10.0%
Additional benefits	\$0.00	\$0.38	\$0.12	(\$0.38)	0.0%
Total	\$15,458.60	\$10,245.92	\$7,424.54	\$5,212.68	100.0%
CALENDAR YEAR 2021					
Inpatient - medical	\$0.00	\$26.06	\$79.69	(\$26.06)	-0.4%
Inpatient - psychiatric	\$0.00	\$1.95	\$0.00	(\$1.95)	0.0%
Inpatient - substance use disorders	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity - normal delivery	\$1,931.55	\$2,260.50	\$2,389.45	(\$328.94)	-5.3%
Maternity - cesarean delivery	\$5,482.68	\$3,147.04	\$2,361.57	\$2,335.64	37.5%
Maternity - non-delivery	\$921.92	\$489.47	\$231.22	\$432.44	6.9%
ED visits and ambulance services	\$871.73	\$911.04	\$513.29	(\$39.31)	-0.6%
Outpatient - medical	\$2,815.44	\$852.50	\$541.65	\$1,962.95	31.5%
Laboratory / radiology / pathology	\$2,612.08	\$1,502.67	\$1,032.71	\$1,109.41	17.8%
Prescription / office-administered drugs	\$282.61	\$92.01	\$60.07	\$190.59	3.1%
Outpatient - psychiatric	\$0.00	\$0.06	\$0.00	(\$0.06)	0.0%
Outpatient - substance use disorders	\$0.00	\$2.90	\$0.00	(\$2.90)	0.0%
Professional - medical	\$2,238.26	\$1,627.86	\$1,333.09	\$610.39	9.8%
Professional - psychiatric	\$2.85	\$16.60	\$0.87	(\$13.75)	-0.2%
Professional - substance use disorders	\$0.00	\$7.69	\$0.56	(\$7.69)	-0.1%
Other	\$95.76	\$81.78	\$8.92	\$13.99	0.2%
Additional benefits	\$0.00	\$0.33	\$0.03	(\$0.33)	0.0%
Total	\$17,254.88	\$11,020.47	\$8,553.12	\$6,234.41	100.0%

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