Recent Studies of High-Risk Pregnancy and Diabetes in Texas Medicaid

Milliman Reports Commissioned by the Episcopal Health Foundation

Stoddard Davenport & Bridget Darby April 6, 2025



Background

Episcopal Health Foundation commissioned Milliman to produce two reports describing the population demographic characteristics, economics, and healthcare experience of two priority populations in Texas Medicaid.

- Type 2 diabetes and associated risk factors
- High-risk pregnancy

Milliman previously published a report on the non-medical drivers of health in Texas Medicaid that touched on these topics as well.



Methods

Data

- Administrative health claims data provided by Houston-area MCOs between 2019-2021
- CMS Transformed Medicaid Statistical Information System (T-MSIS). Contains detailed administrative claims, managed care encounters, and enrollment records for all patients covered by Medicaid and the Children's Health Insurance Program (CHIP).

Condition identification

- Used a combination of ICD10-CM diagnostic codes and demographic criteria.
 - Diabetes risk factors include: prediabetes, obesity (which we considered both with and without prediabetes), history of gestational diabetes
 - High risk pregnancies are defined by:
 - Maternal age less than 16 years old or greater than 34 years old.
 - Presence of diagnoses for preeclampsia, high blood pressure, diabetes or placental complications (e.g., placenta accreta or placenta previa) during pregnancy.
 - Presence of diagnoses for mental or behavioral health conditions or substance use disorders during pregnancy.





Diabetes



Background

Diabetes and prediabetes are highly prevalent.

- In 2021, nearly 38% of the adult population in US had prediabetes.
- And over 14.7% of the adult population had type 2 diabetes.

People with diabetes are at risk for developing:

- eye disease,
- nerve damage,
- kidney disease,
- and cardiovascular disease.

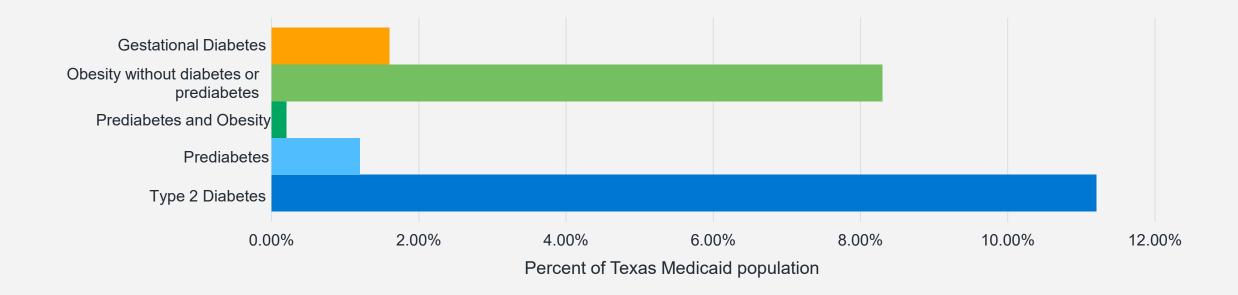
Diabetes is also associated with higher healthcare costs.





Disease Prevalence

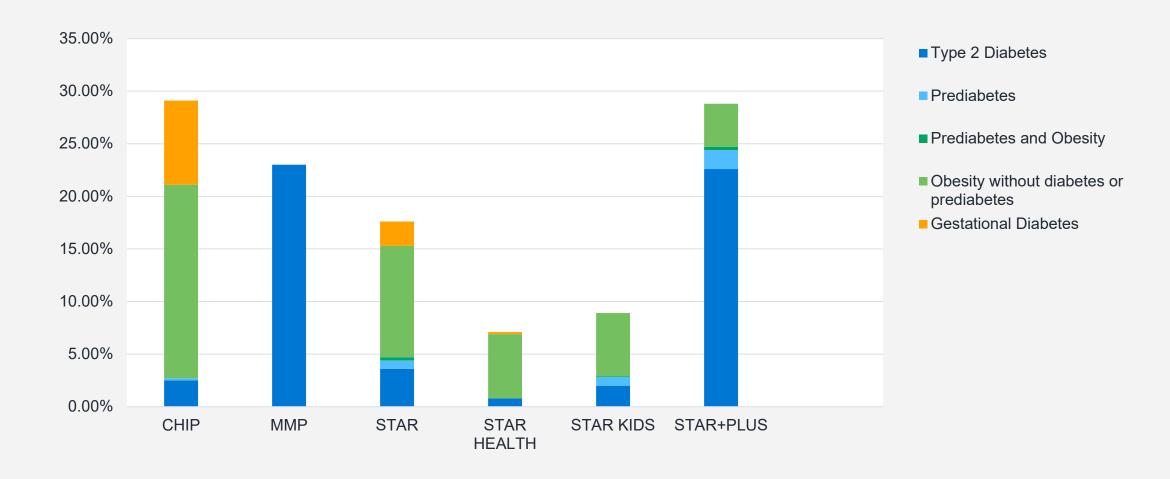
Percent of Texas Medicaid population, 2021





Diabetes is most prevalent in STAR+PLUS and MMP

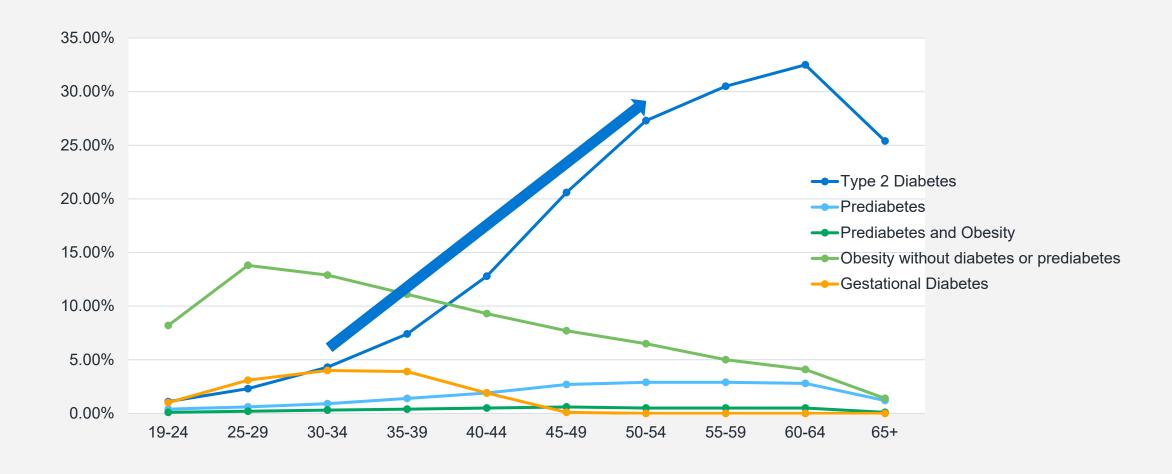
Disease Prevalence by Medicaid Program, 2021, Total Medicaid Population





Diabetes prevalence increases with age

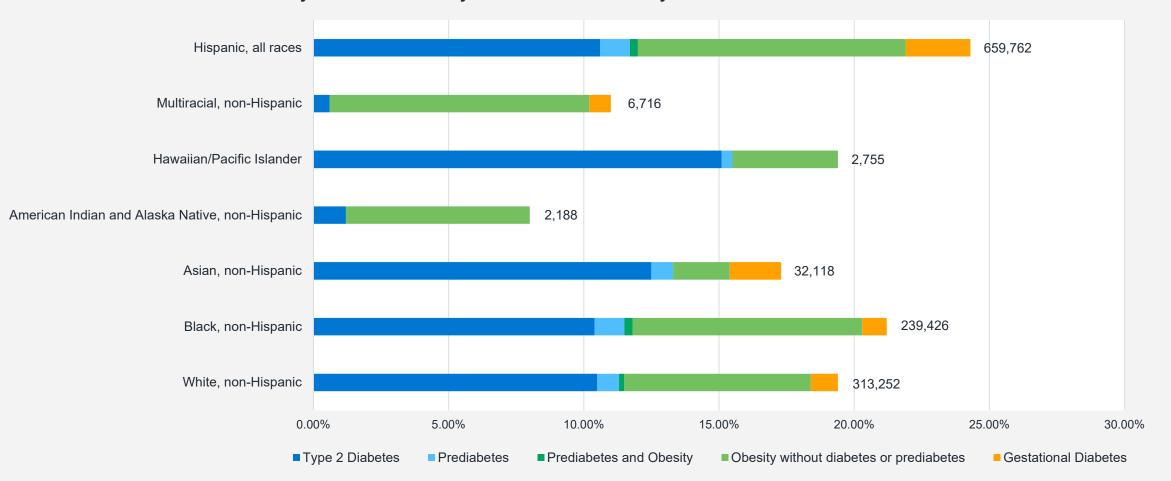
Disease Prevalence by Age, 2021, Adults Only





Diabetes is more prevalent for those of Asian descent compared to other races or ethnicities

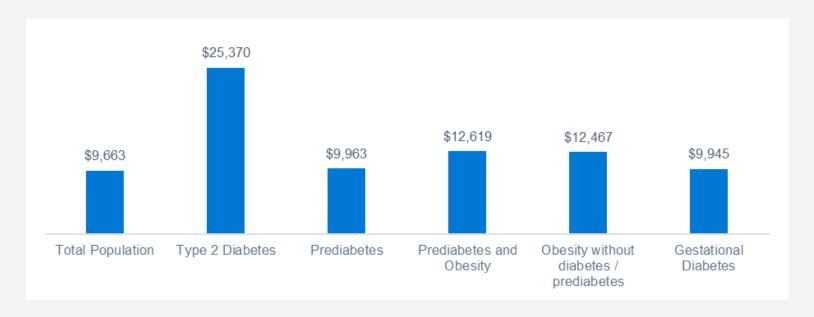
Disease Prevalence by Race/Ethnicity, 2021, Adults Only





Healthcare costs for individuals with diabetes are high

Average Annual Costs per Adult Member By Condition, 2021

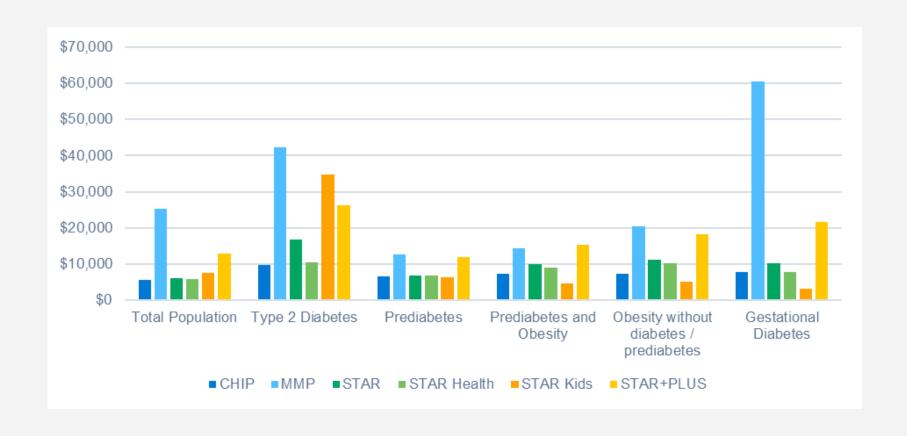


- **2.63x** more than total population per year
- **2.54x** more than population with prediabetes
- **2.03x** more than population with obesity



Healthcare costs highest for STAR+PLUS and MMP

Average Annual Cost Per Member by Condition and Medicaid Program, 2021





Higher costs in diabetes population driven by inpatient and outpatient medical services

Distribution of costs by major service category for select conditions, Adults only, 2021

	Allowed costs PMPM				Costs relative to total population		
	Total population	Prediabetes	Obesity	Type 2 Diabetes	Prediabetes	Obesity	Type 2 Diabetes
Inpatient - Medical	\$333.80	\$243.51	\$662.82	\$1,032.10	0.73x	1.99x	3.09x
Inpatient - BH	\$4.66	\$5.43	\$10.67	\$10.42	1.17x	2.29x	2.24x
Outpatient - Medical	\$114.35	\$175.63	\$286.46	\$320.34	1.54x	2.51x	2.80x
ER visits	\$34.53	\$39.73	\$75.93	\$60.05	1.15x	2.20x	1.74x
Outpatient - BH	\$0.55	\$1.09	\$0.91	\$0.69	1.99x	1.67x	1.27x
Prof - Medical	\$115.61	\$148.08	\$264.76	\$228.55	1.28x	2.29x	1.98x
Prof - BH	\$2.88	\$6.53	\$5.03	\$3.16	2.27x	1.75x	1.10x
Other	\$196.06	\$204.36	\$175.33	\$454.18	1.04x	0.89x	2.32x
Additional Benefits	\$2.78	\$5.87	\$2.63	\$4.71	2.11x	0.94x	1.69x
Total Medical	\$805.22	\$830.23	\$1,484.53	\$2,114.20	1.03x	1.84x	2.63x



Estimating total cost of diabetes to Texas Medicaid

In FY2021, we estimate that total healthcare costs for individuals with diabetes was between \$6.2 billion and \$8.1 billion including both state and federal payments.

This represents about 15.9% to 20.6% of total Medicaid medical benefits spending in FY2021 or about 22.7% to 29.5% of spending for adults.



High-Risk Pregnancy

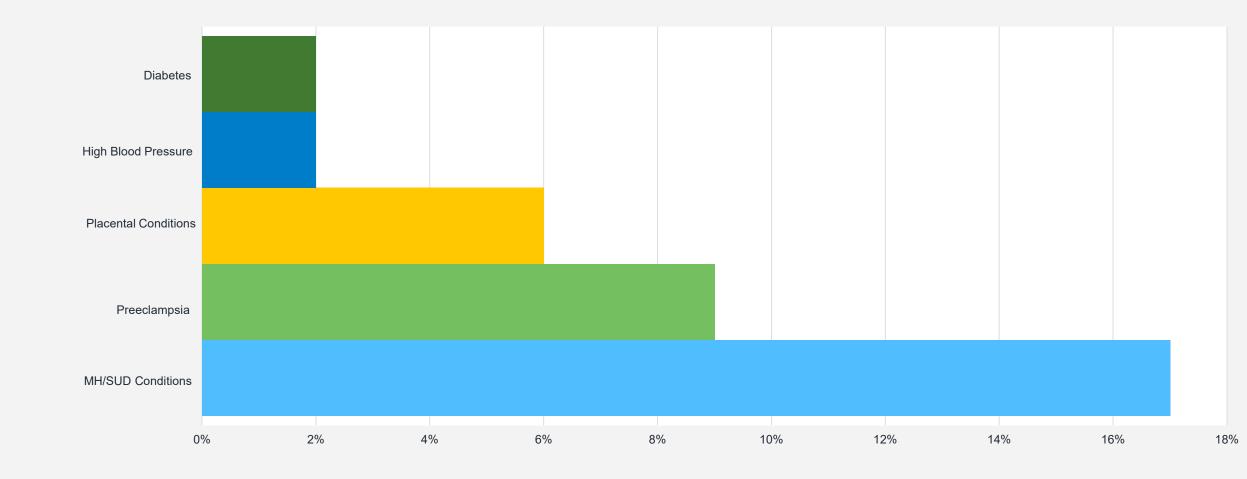


Background

- US has highest rate of maternal mortality among high income countries (24.9 deaths per 100,000 live births in 2020)
 - Leading causes of death in 2020 included: mental health and SUD (22.5%), cardiovascular conditions (16.6%), infections including COVID-19 (16.4%), and hemorrhage (11.2%).
 - Majority (80%) of deaths are preventable
- High-risk pregnancy includes conditions that are associated with higher risk of complications, including increased risk of mortality, during pregnancy or delivery.
 - 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.

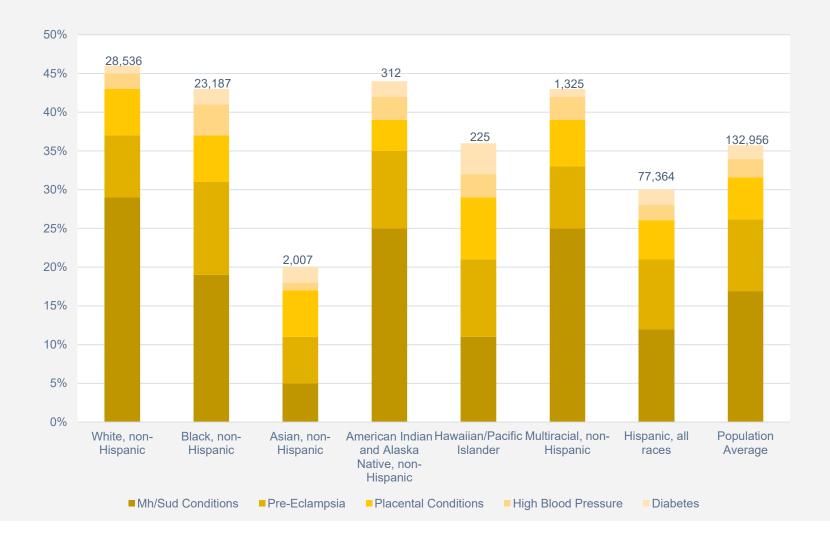


37% of pregnancies in STAR Program were high-risk in 2021





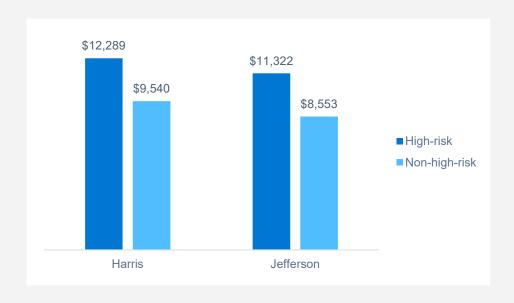
Differences in high-risk conditions by race/ethnicity





High-risk pregnancies were 1.3x more costly than non-high-risk pregnancies

Average costs per high-risk pregnancy for STAR members, 2021

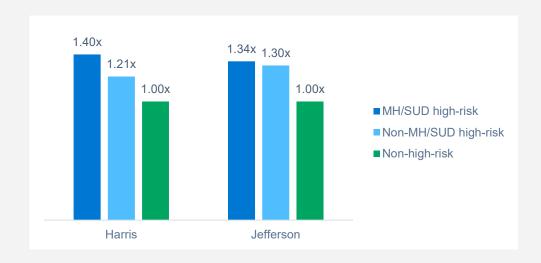


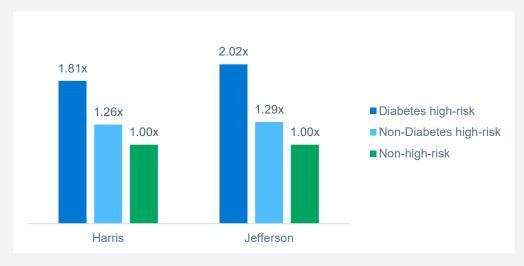
- C-section deliveries were the main driver of cost differences
- Costs for lab and radiology services are typically higher for high-risk pregnancies.



Costs for high-risk pregnancies for those with diabetes or MH/SUD are higher than for pregnancies without these conditions.

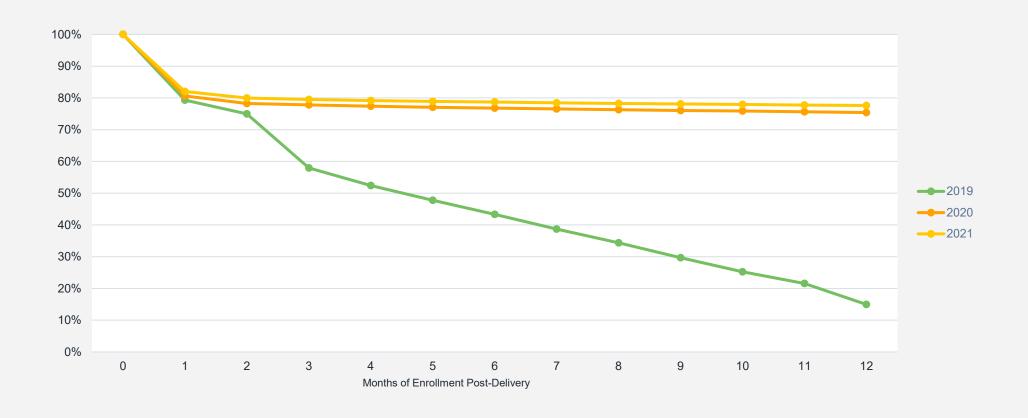
Average costs per high-risk pregnancy by conditions, 2021







Enrollment in STAR through 12-months postpartum increased after the 2020 COVID-19 Public Health Emergency





Postpartum behavioral healthcare utilization is low relative to need

Following delivery 23% members in Harris SDA, 35% members in Jefferson had a BH diagnosis.

Of those with a BH diagnosis, 27% in Harris SDA and 23% in Jefferson SDA received at least one BH related service postpartum.



Key Takeaways

- Health conditions studied are prevalent and have substantial impacts on health outcomes and healthcare costs for Texas Medicaid.
- There are ways to prevent a meaningful portion of diabetes or high-risk pregnancy cases.
- Programs that can effectively reduce the incidence of conditions may be able to generate healthcare cost savings.
- Whether savings will be net of intervention costs depends on the effectiveness of the program, and the costs of implementing it.







Thank you

Stoddard Davenport

stoddard.davenport@milliman.com

Bridget Darby

bridget.darby@milliman.com

Reports available at:

https://www.episcopalhealth.org/wp-content/uploads/2024/11/Milliman-Diabetes-prevalence-and-costs-in-Texas-Medicaid-2024-11-15.pdf

https://www.episcopalhealth.org/wp-content/uploads/2025/02/Milliman-High-risk-pregnancies-in-Texas-Medicaid-February-2025.pdf