

MCO NMDOH Learning Collaborative April 11th Webinar

The MCO NMDOH Learning Collaborative is a collaboration between the Episcopal Health Foundation (EHF), Michael and Susan Dell Foundation, the Texas Association of Health Plans, Texas Association of Community Health Plans and the Health and Human Services Commission and is currently in its sixth year.

On April 11, 2025, the Learning Collaborative hosted a webinar and invited Milliman to present on two recent reports commissioned by EHF 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.

In FY2021, Milliman estimates that in Texas the 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.

For the pregnant population in the Texas Medicaid program, Milliman found that **37% of pregnancies in STAR program were high-risk in 2021** and high-risk pregnancies were **1.3x more costly than non-high-risk pregnancies**. The report also found that postpartum behavioral healthcare utilization is low relative to need.

Additional key takeaways from the presentation include:

- 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.

Following Milliman's presentation Molina provided their thoughts on the findings and discussed their approach to addressing maternal health outcomes through their maternal-child dyad case management "mommy program". Overall health plans continue to mention the importance of both twelve months post-partum coverage and the addition of doulas and CHWs as providers of case management as new tools to help address maternal health outcomes. The Learning Collaborative will continue to discuss how health plans can improve maternal health outcomes and address the high costs of the diabetes population in future meetings.

See the attached slides and recording of the webinar for more details and to hear the conversation.

