

Births to Women Enrolled in Emergency Medicaid at the Time of Delivery with Prenatal Care Provided in North Carolina Public Health Departments

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In 1996, national welfare reform reduced immigrants' eligibility for publicly funded services such as Medicaid. Restrictions were placed on using federal Medicaid funds for some legal immigrants and for all illegal immigrants except for emergency services. For pregnancy-related services, Medicaid reimbursement is now provided for delivery but not for prenatal care. Additional federal funds for prenatal care have not been forthcoming over the past 10 years. Many states, including North Carolina, have not extended coverage beyond federal provisions.¹

Along with the growth of the Hispanic population in North Carolina, there has been a very large increase in the number of emergency Medicaid births, defined as births where Medicaid pays for the delivery but does not pay for prenatal care. For many of these emergency Medicaid births, prenatal care is provided in local public health department maternity clinics with limited reimbursement from Medicaid. This report documents the increase in emergency Medicaid births in North

Carolina where prenatal care was provided by public health departments.

While the growth in the number of Hispanic births has contributed strongly to an increase in the number of emergency Medicaid births, it should not be concluded that the large majority of Hispanic births in North Carolina are emergency Medicaid. Out of 19,512 Hispanic live births in 2005, 10,134 or 52 percent were emergency Medicaid. These 10,134 Hispanic emergency Medicaid births represented 93 percent of the 10,899 total emergency Medicaid births in North Carolina in 2005.

Live births where prenatal care was provided in a local health department increased from approximately 24,000 in 1990 to 26,000 in 2005. Among these births, the number of emergency Medicaid births increased from 101 in 1990 to 6,013 in 2005 (see Figure 1), or from less than 1 percent to nearly one-fourth of all health department births. Of the 6,013 emergency Medicaid births in 2005, 5,612 (93%) were to Hispanic women, according to the ethnicity indicator on the birth certificate. In addition to the 6,013 births paid for by emergency Medicaid in 2005, there were 16,315 health department births where Medicaid paid for the delivery and prenatal care, and 3,365 births where



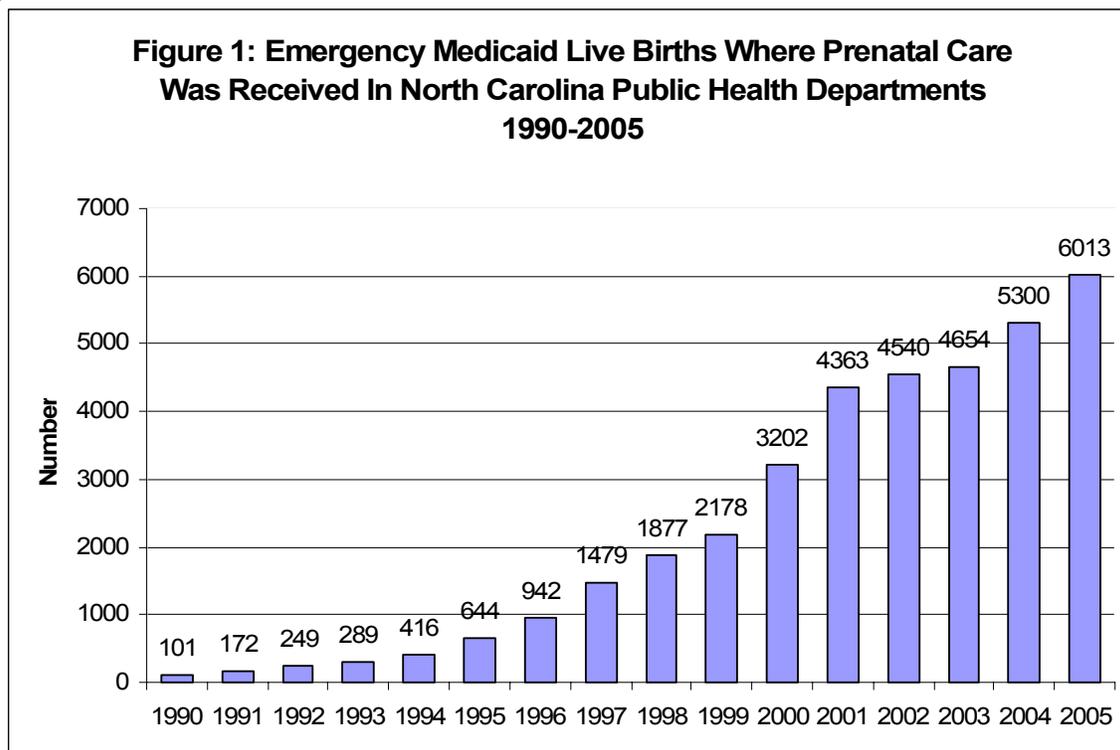
Medicaid did not pay for prenatal care or the delivery.

The counts of emergency Medicaid births shown in Figure 1 are based on live birth files to which health department prenatal care records and Medicaid delivery records have been matched. The matching rate is considerably less than 100 percent using mother’s name and date of birth, especially for Hispanics.² So the actual numbers of emergency Medicaid live births in North Carolina are higher than those shown in this report.

It is very difficult to translate the number of emergency Medicaid births into a dollar amount of uncompensated prenatal care provided by North Carolina public health departments. Though the prenatal care for these births is generally not covered by Medicaid, some women who have their deliveries paid for by emergency Medicaid are “presumptively eligible” for the first month or two of their prenatal care and therefore the health

department would receive some early payments for prenatal care from Medicaid. In addition, local health departments receive funds from the Division of Public Health to pay for some of their clinical services, including prenatal care, not covered by Medicaid. Also, local health departments may charge patients a fee for prenatal care on a sliding scale.

The numbers of emergency Medicaid births shown in Figure 1 will be lower than the total health department emergency Medicaid prenatal care caseload in the year, since only those patients delivering in each year are included in Figure 1. The impact of emergency Medicaid births on health departments varies considerably. Among the 2005 deliveries, for 15 health departments more than 40 percent of the women enrolled in their prenatal clinic received emergency Medicaid at delivery. In contrast, for 51 health departments less than 20 percent of the women enrolled in their prenatal clinic received emergency Medicaid.



In summary, the number of women receiving prenatal care in North Carolina local health departments and enrolled in emergency Medicaid for delivery is large and increasing. This suggests that the amount of uncompensated prenatal care provided by local health departments is also on the rise. Health departments are not the only providers in the state who supply prenatal safety net services. In addition to the 6,013 births paid for by emergency Medicaid where prenatal care was provided in local health departments, there were 4,886 other emergency Medicaid births in 2005. The total of 10,899 emergency Medicaid live births in North Carolina in 2005 represents 8.9 percent of all live births in the state.

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