

Medicaid Section 1115 waivers allow states to be more flexible in paying for healthcare services to citizens, often waiving government-mandated requirements. In September 2010 the Louisiana 1115 Medicaid waiver was approved, and the Greater New Orleans Community Health Connection program was created. In June 2012, the interpregnancy component was added as a requirement. The waiver ensures that eligible adults can access outpatient primary care services.

### Investing in Healthy Mothers Saves Healthcare Treatment Costs

Investing in healthy families early improves health outcomes and creates savings in healthcare treatment costs.

- Nearly 14.7 percent of all births in Louisiana are preterm births, well above the national average of 12.2 percent, resulting in increased adverse health effects and mortality. The infant mortality rate is 9.7 deaths per 1,000 live births, significantly higher than the national average of 6.8.
- The strongest indicator for preterm birth and low birth weight is prior preterm birth or low birth weight born to the same mother.
- Medicaid covers approximately 7,000 premature births each year in Louisiana. With an average cost of \$33,000 for premature infants in the state, there is potential to reduce the current cost of \$200 million annually.

#### Goal

The waiver aims to increase the capacity of primary care for low-income, high-risk women of child-bearing age. The ultimate goal is to improve overall health and birth outcomes for women and thus reduce the cost burden of adverse birth outcomes financed by Medicaid.

### How Did Louisiana Expand Their Medicaid Waiver?

The \$100 million, three-year Primary Care Access Stabilization Grant (PCASG) was approved by the Center for Medicare and Medicaid Services (CMS) in 2007 to restore outpatient primary care services disrupted by Hurricanes Katrina and Rita. When the PCASG funds were terminated, the Louisiana Department of Health and Hospitals submitted a proposal for the Medicaid waiver, which was approved by CMS. Unless otherwise specified the waiver will be effective until December 31, 2013.

### Eligibility and Participation

Uninsured adults between the ages of 19 and 64 are eligible for coverage under the waiver if they earn less than 200 percent of the federal poverty line. Women with a recent Medicaid-funded birth with adverse health outcomes, such as low birth weight, preterm birth, infant with extended stay in neonatal care, or fetal loss, are eligible for more comprehensive care. Significant benefits of the waiver include:

- Defining an individual interconception care plan and providing healthcare services.
- Helping women achieve their desired reproductive life plan (desired time between pregnancies and child spacing).
- Providing case management to support the care plan.

### Why Is the Waiver Important?

- Interconception care is important to reduce risk factors that may affect a future pregnancy. A variety of interconception interventions have been shown to reduce risks.
- With Medicaid coverage ending 60 days postpartum, the state must expand coverage to provide healthcare and interconception case management to ensure women become healthy.
- Without the waiver, many women would otherwise not receive preventive care to reduce their risk of poor birth outcomes.

**Resources:**

Centers for Disease Control and Prevention. "Births: Final Data for 2009." *National Vital Statistics Report*, vol. 60, no. 1, 2011.

Centers for Disease Control and Prevention. "Infant Mortality Statistics From the 2007 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Report*, vol. 59, no. 6, 2011.

Department of Health and Hospitals. "Greater New Orleans Community Health Connection Waiver. Bureau of Health Services Financing, 2011.

Gee, R. "Improving Birth Outcomes in Louisiana," Louisiana Department of Health and Hospitals, 2011.

Greenstein, BD. "Investing in Our Next Generation." *Healthcare Journal of New Orleans*. May 2012.

Louisiana Public Health Institute. "Infant Mortality." 2012. Available at <http://www.lphi.org/home2/section/11/infant-mortality>. Accessed April 1, 2012.