



This technical snapshot provides an overview of spending and utilization of prenatal services among Medicaid-enrolled teenagers in the District age 13 to 19 years for calendar years 2011 through 2013. Highlights include:

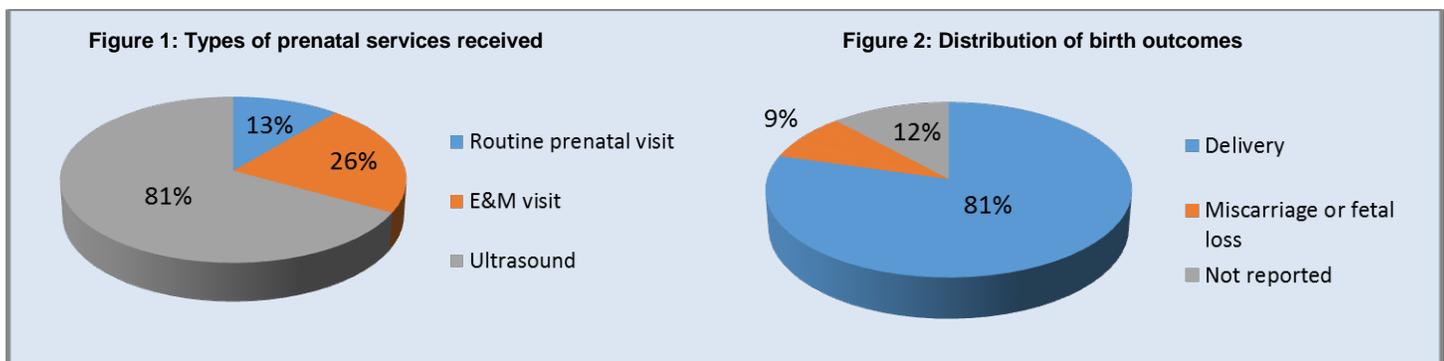
- The number of teens receiving prenatal services dropped from 1,230 in 2011 to 794 in 2013, which corresponded with an overall drop in teen births in the District during that time period.
- The total cost of prenatal and obstetric services, including well-child visits for babies born to teen mothers, was approximately \$3.5 million.

Reports of pregnancies among teens age 15 to 19 years in the District of Columbia have dropped from 1,082 in 2008 to 879 in 2011.ⁱ In May 2014, the District of Columbia Mayor’s Office of Budget and Finance announced that the District would implement a Social Impact Bond (SIB) to finance interventions intended to further reduce teen pregnancy and improve educational outcomes in the District. Under a SIB, investors provide start-up funding for evidence-based social services programs, and are repaid by governments only if predetermined desired outcomes are achieved. In support of the Executive Office of the Mayor and several partner District government agencies, the Division of Analytics and Policy Research (DAPR) at DHCF conducted a preliminary analysis of spending and utilization of prenatal services among teenagers in the District age 13 to 19 years for calendar years 2011 through 2013.

This analysis used a combination of Current Procedural Terminology (CPT) codes and accompanying diagnosis codes developed by the National Committee for Quality Assurance (NCQA) as indicators for receipt of prenatal services. Prenatal services were grouped into categories, including routine prenatal visits, evaluation & management visits, and receipt of ultrasound tests. A total of 3,086 unique Medicaid beneficiaries age 13 to 19 years received prenatal services during this time period. As displayed in Figure 1, 2,489 (81%) of beneficiaries receiving any prenatal services received an ultrasound test. Thirteen percent received a routine prenatal visit, and 26% received an evaluation & management visit.

The DAPR research team then used a comprehensive net of CPT codes and diagnosis codes developed by the Delmarva Foundation to determine birth outcomes among the 3,086 beneficiaries who received prenatal services between 2011 and 2013. Birth outcomes were categorized as healthy deliveries, miscarriage or fetal loss, or not reported. The majority (81%) of births resulted in healthy deliveries, while 9% of births resulted in miscarriage or fetal loss.

Finally, the research team calculated the costs associated with these birth outcomes. For this analysis, mothers with healthy deliveries (n=2,493) were linked to their babies to determine receipt of well-child visits. Deliveries (which included newborn care) accounted for over \$3 million in spending from 2011 to 2013, while fetal loss accounted for approximately \$75,000 in spending. Spending on well-child visits totaled approximately \$450,000.



Data Sources: The data shown here are drawn from claims data in the District’s Medicaid Management Information System (MMIS). The data provided here were compiled by staff in the Division of Analytics and Policy Research, Health Care Policy and Research Administration, DC Department of Health Care Finance. MMIS data were extracted in August 2014. For more information, contact DHCF at 202-442-5988.

ⁱ Government of the District of Columbia, Department of Health, Center for Policy, Planning, and Evaluation, State Center for Health Statistics. Reported Pregnancies and Pregnancy Rates in the District of Columbia, 2007-2011. June 2013. Available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported_Pregnancies_and_Pregnancy_Rates_in_DC_2007_2011.pdf