



EXECUTIVE SUMMARY

The Indiana Pregnancy Promise Program (IPPP) aims to connect women to prenatal, postpartum, and mental health care, including opioid use disorder (OUD) treatment, during the prenatal period and for up to 12 months after pregnancy. This evaluation had two primary objectives: (1) to construct a matched comparison cohort of Medicaid-enrolled women with an OUD who did not participate in the program, and (2) to assess the health outcomes and costs associated with IPPP participation.

Using Medicaid claims and enrollment data, the task order team used a 1:1 propensity score match to identify 647 matched pairs of IPPP participants with a corresponding mother in the non-participant cohort with a live birth between January 2021 and September 2023 and an opioid use disorder diagnosis prior to delivery. The participants were matched using a combination of demographic, socioeconomic, clinical, and pregnancy-related variables.

Using Medicaid claims data to compare outcomes and costs between the matched groups, several key indicators of the success of the Indiana Pregnancy Promise Program were identified.

- **Evidence of Improved Continuity of Medicaid Enrollment** – Among IPPP participants compared to the comparison cohort, Medicaid enrollment was higher at each time point: 99.7% vs. 98.6% at 90 days postpartum, 99.5% vs. 96.9% at 180 days, and 97.9% vs. 95.3% at one year postpartum
- **Increased Frequency of Postpartum Care** – At both 90 days (58.6% vs 47.6%, $p < 0.0001$) and 120 days (59.0% vs 48.4%, $p = 0.0003$), IPPP participants received more postpartum care than the comparison cohort
- **Increased Wraparound Support** – IPPP participants had more frequent documentation of social determinants (Z-codes) related to housing instability and food insecurity
- **Higher Mental Health and Substance Use Disorder Outpatient Utilization** – IPPP participants had higher rates of outpatient visits for mental health or substance use disorder within 90 days postpartum (62.6% vs 53.5%, $p = 0.0012$) and one year postpartum (82.2% vs 71.5%, $p = 0.0001$)
- **Increased Diabetes Screening** – IPPP participants had higher rates of Diabetes screening at 90 days (29.2% vs 21.9%, $p = 0.0032$) and one year postpartum (64.0% vs 55.2%, $p = 0.0071$)
- **Higher Rates of OUD Treatment** – IPPP participants had higher rates of OUD diagnosis one year postpartum (84.8% vs 77.1%, $p = 0.0032$), which suggests these individuals are more likely to be engaged in OUD treatments
- **Improved Child Vaccination Schedule Adherence** – Children born to IPPP participants were more likely to be on schedule for vaccinations (42.4% vs 36.4%, $p = 0.0399$)
- **Increased Outpatient Utilization for Children** – Children born to IPPP participants had higher costs associated with outpatient care, which includes well-child visits that deliver important preventative care such as vaccinations and anticipatory guidance
- **Medicaid Cost Neutrality** – Improved outcomes and utilization among IPPP mothers and children did not significantly increase Medicaid costs

Overall, IPPP demonstrates strong potential to enhance access to critical maternal and behavioral health services without significantly increasing Medicaid costs. These findings support the value of continued investment in comprehensive, supportive care models for pregnant and postpartum women with OUD.

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The IPPP would like to acknowledge the Medicaid Managed Health Plans - Anthem, CareSource, MDwise, and MHS partners who are aligned in the mission to improve outcomes for mothers and infants in Indiana. We would also like to acknowledge the many mothers, infants, and families across Indiana affected by the opioid epidemic who courageously demonstrate resilience in the pursuit of overcoming adversity, and in doing so, inspire hope for others.