



April 22, 2022

Department of Health Services  
Division of Medicaid Services  
Attn: Wisconsin 1115 Postpartum Coverage Waiver  
Submitted to: [dhspostpartumcoverage1115waiver@dhs.wisconsin.gov](mailto:dhspostpartumcoverage1115waiver@dhs.wisconsin.gov)

The Wisconsin Association of Health Plans is the voice of 12 community-based health plans that provide health insurance coverage in every county of the state to government programs, employers, and individuals. Association member health plans serve around 286,000 BadgerCare Plus and SSI enrollees in 71 counties.

The Association appreciates the opportunity to provide comment on the Department of Health Services' (DHS) draft Section 1115 Waiver application to extend postpartum Medicaid coverage from 60 days to 90 days.

The postpartum period is critical for a new mother and her infant, setting the stage for long-term health and well-being. Continuous health coverage during the postpartum period facilitates access to necessary care well after the date of delivery.

Postpartum visits are crucial for assessing recovery from pregnancy and childbirth, especially when a patient has experienced pregnancy-related complications. Postpartum visits also provide an opportunity to address health issues that impact postpartum morbidity and mortality, such as: chronic health conditions like diabetes and hypertension; mental health status, including postpartum depression; and tobacco and other substance use. These services, as well as other postpartum services like nutrition counseling and breastfeeding support, have implications for the health of both the mother and her infant.

More than half of pregnancy-related deaths occur postpartum and 10% of pregnancy-related deaths occur between 43 days (approximately six weeks) and one year after delivery.<sup>i</sup> There are significant racial disparities in pregnancy-related deaths – in Wisconsin, pregnancy-related deaths among Black women are 5 times higher than among white women.<sup>ii</sup> There are also geographic disparities in maternal outcomes, with rural residents having 9% greater probability of severe maternal morbidity and mortality compared to urban residents.<sup>iii</sup>

A recent study found that 22% of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum.<sup>iv</sup> A different study found that almost one-third of women who lost Medicaid coverage and became uninsured in the postpartum period were obese before their pregnancy and 18% reported either gestational diabetes or pregnancy-related hypertension – all of which are conditions that require ongoing monitoring and care after giving birth.<sup>v</sup> In addition, one-third of new moms who lost Medicaid coverage were recovering from a cesarean section and just over one-quarter reported being depressed sometimes, often, or always in the months after giving birth.<sup>vi</sup>

Transitions in health coverage are associated with disruptions in physician care and medication adherence, increased emergency department use, and worsening self-reported quality of care and health status.<sup>vii</sup> Even when an individual remains insured and there is no gap in coverage,

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they are more likely to have changed doctors and have more trouble getting appointments with primary care and specialist providers, and more likely to go to the emergency department because they could not obtain an outpatient appointment.<sup>viii</sup> Becoming ineligible for Medicaid during the postpartum period presents risks and disruption for patients.

To date, 13 states have extended Medicaid postpartum coverage to 12 months after delivery and 14 more states are planning to do so. The Wisconsin Association of Health Plans supports extending the length of Medicaid postpartum coverage and views the 30-day extension authorized under 2021 Wisconsin Act 58 as an important first step to improving postpartum care and outcomes for Medicaid enrollees. The Association encourages Wisconsin policymakers to evaluate a further extension of the length of Medicaid postpartum coverage.

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<sup>i</sup> Centers for Disease Control and Prevention (CDC). *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. May 10, 2019. Available at: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>.

<sup>ii</sup> Wisconsin Department of Health Services. *Maternal Mortality and Morbidity*. Accessed on April 21, 2022. Available at: <https://www.dhs.wisconsin.gov/mch/maternal-mortality-and-morbidity.htm>.

<sup>iii</sup> Kozhimannil, K.B. et al. *Rural-Urban Differences In Severe Maternal Morbidity And Mortality In The US, 2007–15*. December 2019. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00805?journalCode=hlthaff>.

<sup>iv</sup> Johnston, E. et al. *Post-ACA, More Than One-Third Of Women With Prenatal Medicaid Remained Uninsured Before Or After Pregnancy*. April 2021. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01678#B18>.

<sup>v</sup> McMorrow, S. et al. *Uninsured New Mothers' Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage*. May 2020. Available at: <https://www.urban.org/research/publication/uninsured-new-mothers-health-and-health-care-challenges-highlight-benefits-increasing-postpartum-medicare-coverage>.

<sup>vi</sup> Ibid.

<sup>vii</sup> Sommers, B.D. et al. *Insurance Churning Rates For Low-Income Adults Under Health Reform: Lower Than Expected But Still Harmful For Many*. October 2016. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455>.

<sup>viii</sup> Ibid.