

MEDICAID COVERAGE AMONG
WOMEN WHO RECENTLY GAVE
BIRTH IN WYOMING BEFORE,
DURING, AND AFTER
PREGNANCY
(WYOMING PRAMS, 2016-2020)



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INTRODUCTION

The purpose of this brief is to describe trends in insurance coverage and Medicaid enrollment before pregnancy, during pregnancy, and after pregnancy among Wyoming women who recently gave birth using data from the 2016-2019 Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a surveillance system administered by the Centers for Disease Control and Prevention in collaboration with state health departments aimed at collecting data on the experience, attitudes, and behaviors of women before, during, and after their pregnancies. Women typically respond to the survey about 3-6 months after giving birth. This survey includes a question about the respondent's health insurance status (insured or uninsured), including source of health insurance, before pregnancy, during pregnancy, and after pregnancy at the time of the survey. Potential sources of insurance women can report to have include: private insurance (through an employer, a partner's employer, or the employer of parents); Medicaid; Indian Health Services; Kid Care (CHIP); insurance obtained through the healthcare exchange; TRICARE or other military healthcare; or another source.

Prior to the COVID-19 public health emergency declared in January, 2020, pregnant women in Wyoming who qualified for the Medicaid assistance program for pregnant women were eligible for Medicaid coverage during pregnancy and delivery, and up to 60 days after delivery. After 60 days, a woman would qualify for pregnancy planning services under the Pregnant by Choice program but for other health services would need to re-apply for Medicaid under general criteria or obtain insurance through another provider [1]. However, under the Families First Coronavirus Response Act (FFCRA), enacted in March, 2020, all states were mandated to extend coverage to enrollees until the public health emergency (PHE) expired. Due to this mandate, many Wyoming women enrolled in Medicaid during their pregnancy who would have no longer qualified for Medicaid insurance 60 days after giving birth had the potential to receive extended Medicaid coverage later into the post-pregnancy period. This report examines insurance coverage for women in Wyoming before the public health emergency (2016-2019); a future report will examine insurance coverage in this population during the COVID-19 public health emergency.

KEY FINDINGS

Pre-Public Health Emergency Insurance Environment Before, During, and After Pregnancy (2016-2019)

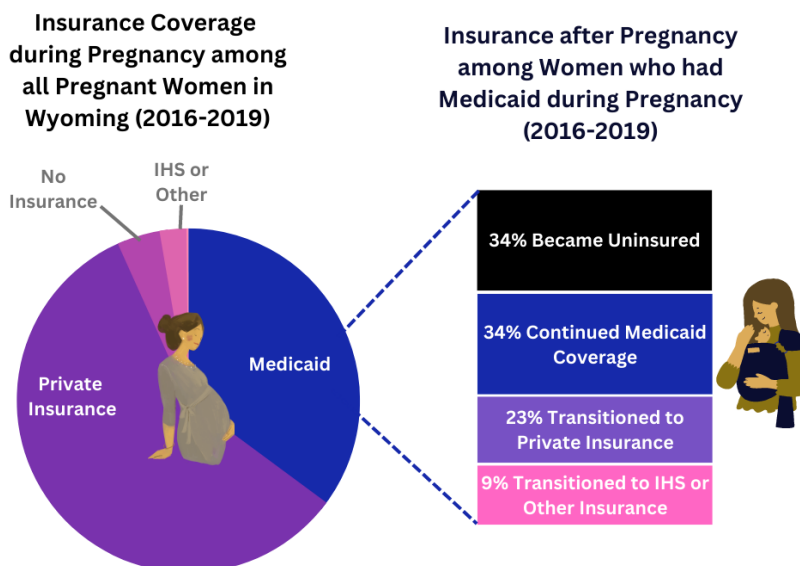
During 2016-2019, prior to the COVID-19 emergency health order, 37% (n=9561) of new moms in Wyoming reported receiving insurance coverage through Medicaid during their pregnancy, though only 14% (n=3719) reported having Medicaid before pregnancy and 18% (n=4701) after pregnancy. In all three time periods, the majority of women reported having private insurance from an employer, a partner's employer, or parents' employer, with smaller numbers of women reporting having other sources for insurance (see **Table 1**).

Table 1: Insurance type for Wyoming women 2016-2019 based on PRAMS data. Respondents to the PRAMS survey may mark more than one option if they receive insurance coverage from multiple sources. Other sources of insurance include CHIP, TRICARE or other Military Insurance or other.

	Medicaid	Private	Indian Health Services (IHS)	Other	Uninsured
Before Pregnancy	13.84% (n=3719)	64.08% (n=17230)	2.42% (n=649)	8.11% (n=2180)	17.13% (n=4602)
During Pregnancy	37.01% (n=9569)	58.94% (n=15849)	2.66% (n=688)	7.69% (n=2067)	4.27% (n=1104)
Postpartum	17.52% (n=4701)	60.38% (n=16235)	2.14% (n=577)	8.32% (n=2237)	17.24% (n=4635)

As depicted in **Figure 1**, out of the population of the 9569 women who reported having Medicaid during their pregnancy from 2016-2019, 34% (n=3165) then reported having no insurance after pregnancy, 34% (n=3157) reported having continuous Medicaid after giving birth, and 23% (n=2179) of these women reported transitioning to private health insurance provided by their employer, their partner’s employer, or their parent’s employer after pregnancy. Other sources of health insurance coverage reported after pregnancy among this group of women who reported having Medicaid coverage during pregnancy included Indian Health Service (5%, n=427), Kid Care (CHIP) (2%, n=215), insurance obtained through the Healthcare Exchange (1%, n=133), TRICARE or other military health care (1%, n=68), or another source (1%, n=68). Figure 1 shows the breakdown in insurance type reported after pregnancy among women who reported having Medicaid during pregnancy, prior to the COVID-19 public health emergency.

Figure 1: This figure depicts insurance status at the time of PRAMS survey for women who reported having Medicaid during pregnancy from 2016-2019. At the time of the survey after pregnancy, 34% of these women became uninsured, while the remaining 66% either continued to have Medicaid or transitioned to another type of insurance (private, other government, etc.).



Characteristics of Women Who Reported Being Uninsured After Pregnancy among Women Who Reported Having Medicaid during Pregnancy (2016-2019)

Wyoming PRAMS data from 2016-2019 demonstrate that certain populations were more at risk for becoming uninsured after pregnancy among women who reported having Medicaid during pregnancy (see **Table 2**). Out of this group, a higher percentage of women aged 30-34 years old (37%, n=579) were uninsured compared to women in other age groups. By race, the population with the highest percent of women who had Medicaid during pregnancy but who reported not having insurance after pregnancy were women of mixed race (73%, n=174). Among Hispanic/Latino survey respondents, 48% (n=715) who reported having Medicaid during pregnancy were uninsured after pregnancy, compared to 29% (n=2444) of Non-Hispanic/Latino Wyoming residents. Additionally, among women who reported having Medicaid during pregnancy, those reporting lower levels of education, were also more likely to report become uninsured after pregnancy, with 41% (n=602) of women with less than a high school degree losing health insurance coverage, compared to 31% (n=1131) of those with a high school degree and only 18% (n=129) of women with a Bachelor's degree.

Table 2: Demographic characteristics of Wyoming residents 2016-2019 based on PRAMS data who reported having no insurance versus having Medicaid after pregnancy among those who reported having Medicaid during pregnancy.

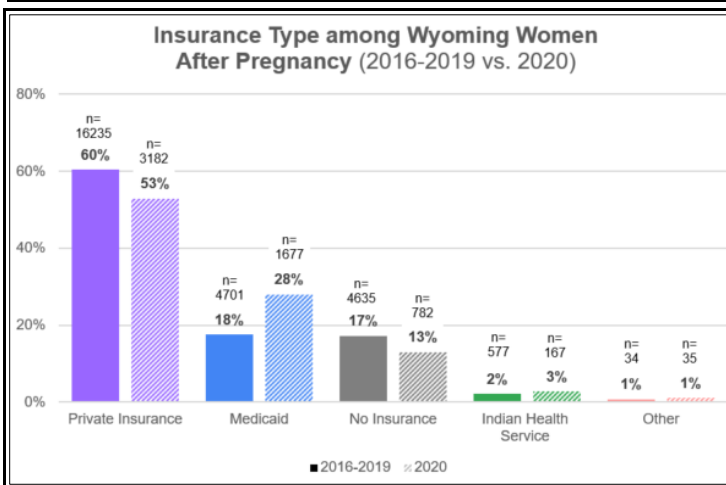
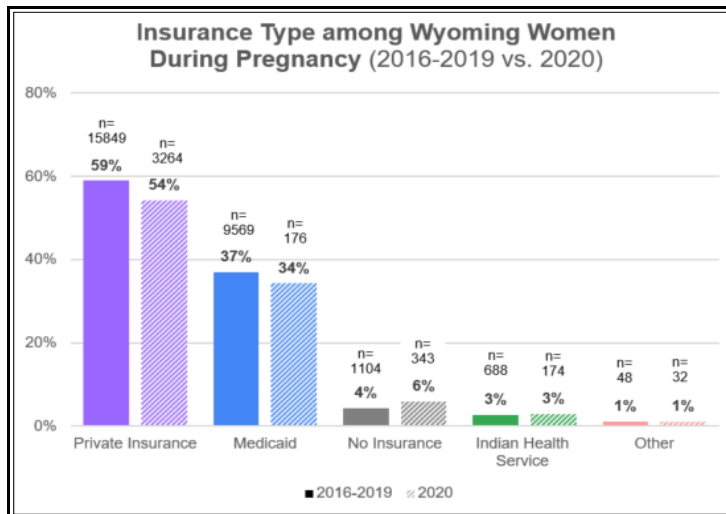
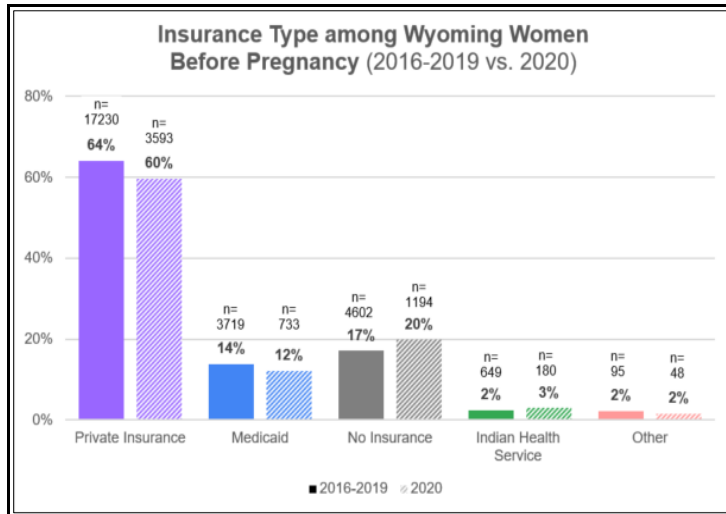
	% of Women Who Continued to Have Medicaid after Pregnancy	% of Women Who Were Uninsured After Pregnancy
Maternal Age		
<=17	52.35% (n=117)	24.16% (n=52)
18-19	30.75% (n=234)	27.3% (n=208)
20-24	29.94% (n=1229)	27.08% (n=1112)
25-29	28.79% (n=831)	35.09% (n=101)
30-34	34.69% (n=537)	37.41% (n=579)
35-39	36.46% (n=185)	32.64% (n=165)
40+	27.30% (n=29)	34.35% (n=36)
Maternal Race		
White	32% (n=2674)	31.13% (n=2601)
Asian/Pacific Islander	14.11% (n=20)	58.11% (n=82)
Black	49.68% (n=46)	22.89% (n=21)
Native American	26.23% (n=182)	11.49% (n=79)
Mixed Race	18.02% (n=43)	73.35% (n=174)
Other	18.88% (n=368)	35.78% (n=132)
Ethnicity		
Hispanic/Latino	23.16% (n=345)	47.91% (n=715)
Non-Hispanic/Latino	31.99% (n=2707)	28.87% (n=2444)
Education		
<=8th Grade	38.80% (n=59)	40.23% (n=61)
Some High School	35.20% (n=519)	40.79% (n=602)
High School Grad/GED	35.23% (n=1265)	31.48% (n=1131)
Some College - No Degree	25.98% (n=784)	29.52% (n=62)
Associated Degree	32.87% (n=303)	28.58% (n=264)
Bachelors Degree	19.70% (n=141)	18.07% (n=129)
Masters Degree or Higher	12.00% (n=16)	65.81% (n=86)

CONSIDERATIONS FOR POSTPARTUM HEALTH INSURANCE COVERAGE

As this report demonstrates, many women (3,165 during 2016-2019, an average of 791 per year), who received Medicaid assistance during pregnancy lost health insurance after pregnancy prior to the COVID-19 public health emergency (2016-2019). This is significant since the CDC reports that from 2008-2017, 24% of pregnancy-related deaths occurred later in the postpartum period (after 43 days) [2]. Access to healthcare in the postpartum period is one way of ensuring the long-term health of a new mother through ensuring continuity of care and early identification and treatment for postpartum complications. According to Wyoming PRAMS data, 24% (n=419) of respondents who had Medicaid during pregnancy but reported not having insurance after pregnancy indicated symptoms of postpartum depression [3]. Lack of insurance may make it difficult for these women in accessing affordable mental health care. Additionally, while 92% (n=1553) of women with Medicaid both during and after pregnancy attended their postpartum visit, only 84% (n=2620) of women who had Medicaid during pregnancy but reported not having insurance after pregnancy attended a postpartum visit. Furthermore, a higher percentage of women who continued to have Medicaid after pregnancy (80%, n=1355) used some type of contraceptive measure after pregnancy compared to women who had Medicaid during pregnancy but did not have insurance after pregnancy (75%, n=2320).

At the time this report was created, an initial comparison of insurance coverage before and during the emergency order showed that overall, fewer women who gave birth in 2020 were uninsured at the time of survey (postpartum) (13%, n=782) compared to the years 2016-2019 (17%, n=4635) (see **Figure 4**). A future report will further examine the impact of the Families First Coronavirus Response Act (FFCRA) public health emergency order on insurance coverage among Wyoming women before, during, and after pregnancy.

Figures 2-4: Insurance coverage and sources before, during, and after pregnancy among Wyoming women who recently gave birth.



CITATIONS

1. Wyoming Department of Health. Wyoming Medicaid: Programs and Eligibility. <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>.
2. Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019.
3. The postpartum depression indicator is calculated through cumulative scores on two questions: “Since your new baby was born, how often have you felt down, depressed, or hopeless? (Response options: always, often, sometimes, rarely, or never)” and “Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed? (Response options: always, often, sometimes, rarely, or never)”.