

Medicaid Coverage Among Women in Wyoming Before, During, and After Pregnancy

Wyoming PRAMS, 2016-2022

February 28, 2025



Wyoming
Department
of Health



PUBLIC
HEALTH
DIVISION



CHRONIC DISEASE &
MATERNAL CHILD
HEALTH EPIDEMIOLOGY



Executive Summary

Prior to the COVID-19 public health emergency (PHE), Wyoming women who qualified for the Medicaid assistance program were eligible for Medicaid coverage during pregnancy and delivery and up to 60 days after delivery. Due to the PHE, all states extended Medicaid coverage to enrollees from up to 60 days after delivery to until the COVID-19 PHE expired. An examination of the Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey found that during the PHE, fewer women reported being uninsured postpartum compared with prior to the PHE. Furthermore, this difference was seen for almost every group of women based on age, race, ethnicity, marital status of the mother and income category. Fewer women with reported postpartum depression also reported being uninsured postpartum during the PHE.

Introduction

This report uses data from the Pregnancy Risk Assessment Monitoring System (PRAMS) to compare insurance coverage among recently pregnant women before the COVID-19 Public Health Emergency (PHE) (2016-2019) versus during the PHE (2020-2022). Specifically, we compared differences in insurance types held by women before, during, and after pregnancy with a focus on Medicaid coverage. 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 experiences, attitudes, and behaviors of women before, during, and after their pregnancies. Women typically respond to the survey about 3-6 months after giving birth. The survey includes a question about the respondent's health insurance status (insured or uninsured), including the source of health insurance, before pregnancy, during pregnancy, and after pregnancy at the time of the survey. Potential sources of insurance women can report include: private insurance (through an employer, a partner's employer, the employer of parents, or the healthcare exchange); Medicaid; Kid Care or Children's Health Insurance Program (CHIP); Indian Health Services (IHS); TRICARE or other military healthcare; or another source. This report builds upon a previous report, released in April 2023, which focused on PRAMS data from 2016-2019.¹

Prior to the COVID-19 PHE, Wyoming women 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 could qualify for pregnancy planning services under

¹ Since our previous report, we have updated insurance categories to account for the fact that PRAMS respondents may report more than one source of health insurance. For the purposes of this follow-up report, we created a hierarchy of insurance types reported in the following order: private insurance; Medicaid or CHIP; other insurance, not including IHS (such as military insurance); IHS; or no insurance reported. Unlike our previous report, in which respondents may have been represented in more than one insurance category, respondents in this report are represented in only one insurance category. Due to this change in categorization, there may be some slight discrepancies between our prior and current reports.





the Pregnant by Choice program but would need to re-apply for Medicaid under general criteria or obtain insurance through another provider for other health services. However, under the Families First Coronavirus Response Act (FFCRA), enacted in March 2020, all states were mandated to extend coverage to enrollees until the COVID-19 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. Continuous enrollment was discontinued nationally on March 31, 2023, which would have resulted in recently pregnant women once again losing Medicaid coverage at 60 days postpartum. However, in March 2023, House Bill 4 was passed by Wyoming's state legislature and signed by Governor Gordon, extending Medicaid eligibility to twelve months postpartum for those enrolled in Medicaid during pregnancy beginning July 1, 2023. This report will examine insurance coverage before, during, and after pregnancy among Wyoming women before the COVID-19 PHE (2016-2019) versus during the PHE (2020-2022) and postpartum experiences among women who had Medicaid during their pregnancy.

Key Findings

Insurance Coverage among Wyoming Women Before, During, and After Pregnancy

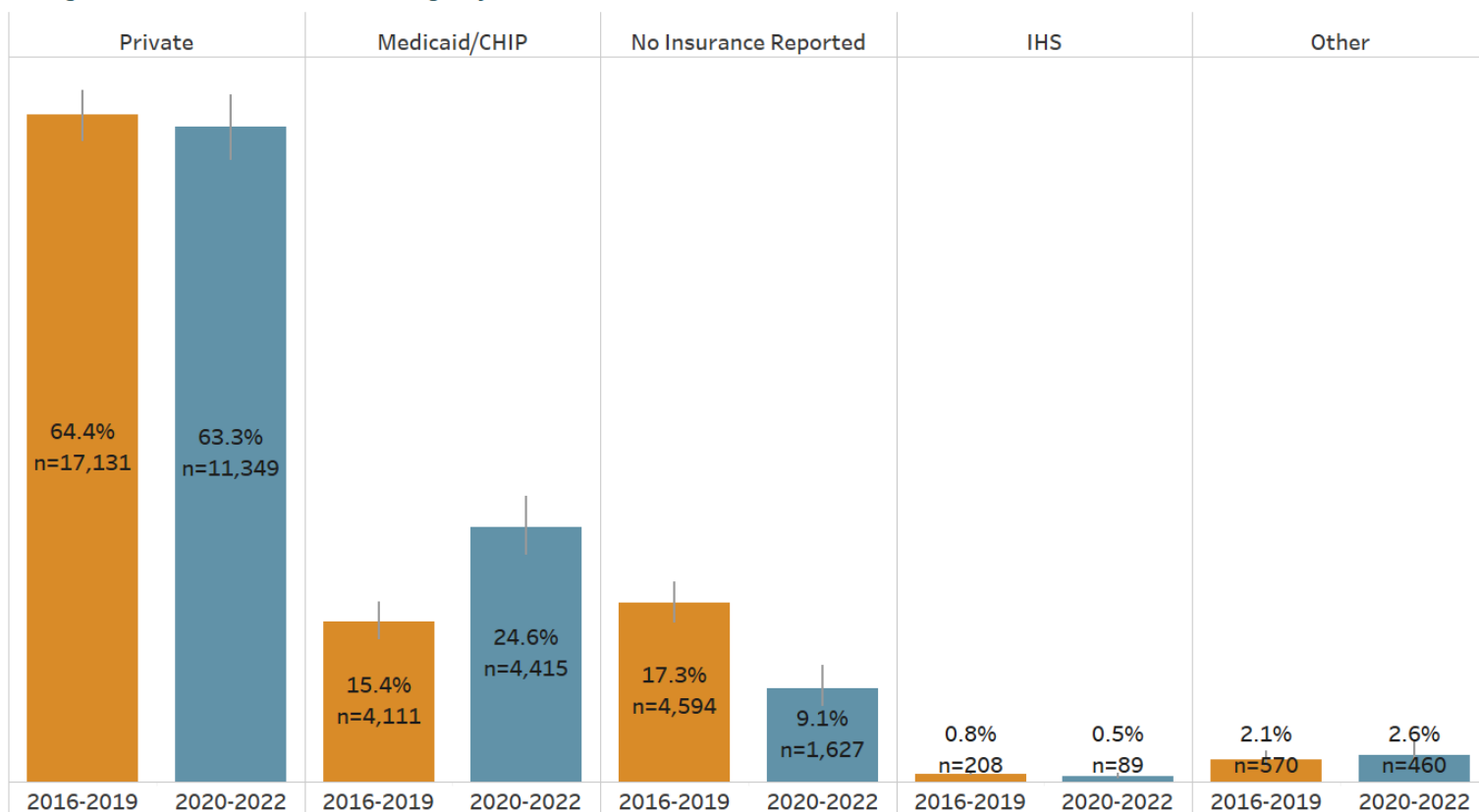
Among women who gave birth in Wyoming from 2016-2019, 29% (n=7429) reported receiving insurance coverage through Medicaid during their pregnancy, though only 12% (n=3258) reported having Medicaid before pregnancy and 15% (n=4111) after pregnancy. Among those who gave birth from 2020-2022, 25% (n=4328) reported having Medicaid during pregnancy, while 12% (n=2172) reported having Medicaid prior to pregnancy and 25% (n=4415) reported having Medicaid after pregnancy. The number of new moms who reported having Medicaid after pregnancy was significantly higher among those who gave birth from 2020-2022 compared to 2016-2019, and the number of new moms who reported having no insurance after pregnancy significantly declined from 17% (n=4594) in 2016-2019 to 9% (n=1627) in 2020-2022.

Both before and during the public health emergency, the majority of women reported having private insurance, with smaller numbers of women reporting having other sources of insurance (see **Appendix Table 1**). Other than Medicaid, there were no significant changes in coverage rates of other types of insurance between the two time periods.





The percent of women who reported “no health insurance” after pregnancy significantly declined during the COVID-19 Public Health Emergency



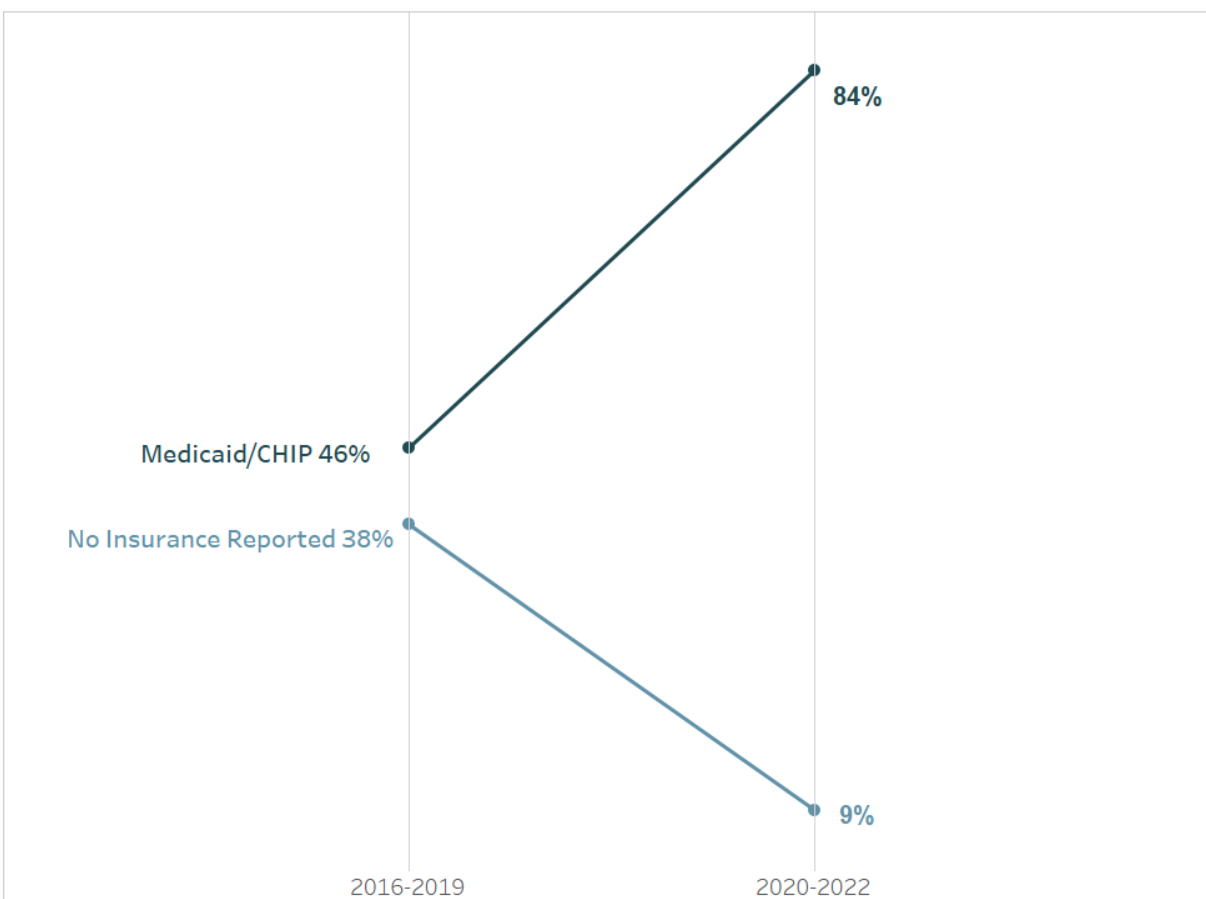
Insurance Coverage after Pregnancy among Women who had Medicaid during Pregnancy

From 2016-2019, out of the population of the 7429 women who reported having Medicaid during their pregnancy, 38% (n=2775) then reported having no insurance after pregnancy, 46% (n=3336) reported having continuous Medicaid after giving birth, and 13% (n=2775) reported transitioning to private health insurance. From 2020-2022, the proportion of new moms who had Medicaid during pregnancy and continued to have Medicaid after pregnancy was significantly higher at 84% (n=3598), and the percentage of new moms who had Medicaid during pregnancy but did not have insurance coverage after pregnancy declined to 9% (n=406). See all reported sources of insurance after pregnancy among women who reported having Medicaid during pregnancy in **Appendix Table 2**.





Fewer Wyoming Women with Medicaid During Pregnancy Lost Insurance After Pregnancy During the COVID-19 Public Health Emergency (2020-2022)



Characteristics of Women Who Reported Being Uninsured after Pregnancy among Women Who Had Medicaid during Pregnancy

As previously reported, certain populations of women who gave birth between 2016 and 2022 and had Medicaid during pregnancy were more likely to report having no insurance after pregnancy. Due to extended Medicaid coverage under the FFCRA, some of these groups who gave birth between 2020 and 2022 had higher rates of Medicaid coverage and lower rates of being uninsured (see **Appendix Table 3**). For example, among women aged 25-34 years who had Medicaid during pregnancy, there was a decline in women uninsured after pregnancy from 42% (n=1364) during 2016-2019 to 10% (n=201) during 2020-2022. Among women who identify as Hispanic/Latino, the percentage of women who reported having Medicaid during pregnancy but no insurance after pregnancy decreased from 63% (n=651) during 2016-2019 to 20% (n=107)





during 2020-2022. For almost every group based on age, race, ethnicity, marital status of the mother, and income category, the percentage of women who had Medicaid or CHIP during pregnancy but reported no insurance after pregnancy was lower in 2020-2022 than in 2016-2019.²

Implications of Extending Medicaid Coverage Beyond 60 Days Postpartum

Wyoming PRAMS data shows that fewer women were uninsured post-partum after Medicaid coverage was extended beyond 60 days postpartum. Before the FFCRA, 38% of women who had Medicaid at delivery reported being uninsured postpartum, compared to only 9% among those who gave birth from 2020-2022. On average, an additional 558 women a year who had Medicaid coverage at delivery were able to stay insured postpartum during the FFCRA. Overall, the proportion of women who reported being uninsured postpartum dropped from 17% (an average of 1149 women per year) among those who gave birth from 2016-2019 to 9% (an average of 542 women per year) among those who gave birth from 2020-2022.

Fewer women with postpartum depression were also shown to be uninsured after Medicaid coverage was extended. From 2016-2019, an average of 97 women per year who had Medicaid coverage at delivery then reported being uninsured after pregnancy also reported postpartum depression. Among those who gave birth from 2020-2022, this number dropped to an average of 9 women per year with reported postpartum depression who lost insurance after having Medicaid coverage during delivery. Overall, the percentage of women with reported postpartum depression and no insurance coverage after pregnancy dropped from 16% (an average of 145 women per year) from 2016-2019 to 7% (an average of 67 women per year) among those who gave birth from 2020-2022.

Wyoming PRAMS also showed that the percentage of women reporting postpartum checkups did not change after Medicaid coverage was extended. Among women who gave birth from 2020-2022, 93% reported having a postpartum checkup, similar to the 92% who gave birth from 2016-2019.

² The one exception to this trend was women with less than an 8th grade level of education attainment. From 2016-2019, 48% (n=61) of these women reported being uninsured after pregnancy, while 51% (n=41) of women in this group reported not having insurance after pregnancy in 2020-2022. This difference was not statistically significant.





Appendices

Wyoming PRAMS estimates are computed using sampling weights. Statistical significance between weighted estimates was established utilizing chi-square tests with a 0.05 significance level. The gray bars in some graphs display the 95% confidence intervals around the estimates. All 'n' values displayed in this report refer to the weighted sample size.

Appendix Table I

Type of insurance before, during, and after pregnancy among women who gave birth – WY PRAMS data, 2016-2022.

Insurance Type	Year	Before Pregnancy	During Pregnancy	After Pregnancy
Private Insurance	2016-2019	67.84% (n=18075) 95% CI: 65.42-70.17%	64.65% (n=16592) 95% CI: 62.13-67.09%	64.37% (n=17131) 95% CI: 61.89-66.77%
	2020-2022	69.47% (n=12388) 95% CI: 66.33-72.44%	67.57% (n=11637) 95% CI: 64.36-70.63%	63.26% (n=11349) 95% CI: 60.03-66.39%
Medicaid/CHIP	2016-2019	12.23% (n=3258) 95% CI: 10.65-14.01%	28.95% (n=7429) 95% CI: 26.66-31.35%	15.44% (n=4111) 95% CI: 13.71-17.36%
	2020-2022	12.18% (n=2172) 95% CI: 10.18-14.51%	25.13% (n=4328) 95% CI: 22.34-28.14%	24.61% (n=4415) 95% CI: 21.89-27.55%
Other	2016-2019	1.83% (n=488) 95% CI: 1.28-2.63%	2.09% (n=536) 95% CI: 1.47-2.96%	2.14% (n=570) 95% CI: 1.54-2.98%
	2020-2022	2.45% (n=437) 95% CI: 1.60-3.72%	2.84% (n=490) 95% CI: 1.89-4.26%	2.56% (n=460) 95% CI: 1.67-3.91%
IHS	2016-2019	0.99% (n=264) 95% CI: 0.79-1.25%	0.30%* (n=78) 95% CI: 0.16-0.58%	0.78% (n=208) 95% CI: 0.62-0.99%
	2020-2022	0.70% (n=125) 95% CI: 0.48-1.02%	0.51% (n=88) 95% CI: 0.31-0.86%	0.49% (n=89) 95% CI: 0.30-0.82%
No Insurance Reported	2016-2019	17.10% (n=4557) 95% CI: 15.23-19.15%	4.01% (n=1029) 95% CI: 3.05-5.25%	17.26% (n=4594) 95% CI: 15.35-19.36%
	2020-2022	15.19% (n=2710) 95% CI: 12.91-17.80%	3.94% (n=678) 95% CI: 2.72-5.68%	9.07% (n=1627) 95% CI: 7.25-11.28%





Appendix Table 2

Type of insurance after pregnancy among women who reported having Medicaid or CHIP during pregnancy – WY PRAMS data, 2016-2022.

Insurance Type	2016-2019	2020-2022
Continued Medicaid/CHIP	46.03% (n=3336) 95% CI: 41.20-50.94%	84.09% (n=3598) 95% CI: 78.82-88.24%
No Insurance Reported	38.29% (n=3258) 95% CI: 33.56-43.24%	9.49% (n=406) 95% CI: 6.33-13.98%
Transitioned to Private Insurance	13.17% (n=954) 95% CI: 10.15-16.93%	5.75%* (n=536) 95% CI: 3.36-9.69%
IHS	2.33% (n=169) 95% CI: 0.08-0.42%	0.61%* (n=26) 95% CI: 0.34-1.09%
Other Healthcare Insurance	^	^

* Estimates should be interpreted with caution due to the unweighted sample size being less than 20.

^ Estimates are not reportable due to small unweighted sample sizes (≤ 5).

Appendix Table 3

Type of insurance after pregnancy among women who reported having Medicaid or CHIP during pregnancy, based on age, race, ethnicity, income level, and marital status – WY PRAMS data, 2016-2022

	2016-2019			2020-2022		
	Private Insurance	Medicaid/CHIP	No Insurance Reported	Private Insurance	Medicaid/CHIP	No Insurance Reported
Maternal Age						
15-19	12.26%* (n=95) 95% CI: 5.03-26.93	52.36% (n=407) 95% CI: 37.15-67.14	32.74%* (n=254) 95% CI: 19.81-48.95	^	89.46% (n=302) 95% CI: 71.15-96.69	^
20-24	15.43% (n=424) 95% CI: 10.37-22.35	46.86% (n=1289) 95% CI: 38.82-55.08	35.23% (n=969) 95% CI: 27.69-43.58	7.17%* (n=114) 95% CI: 3.35-14.71	82.19% (n=1305) 95% CI: 72.69-88.89	9.97%* (n=158) 95% CI: 5.16-18.41
25-34	12.12% (n=395) 95% CI: 8.09-17.77	43.53% (n=1419) 95% CI: 36.65-50.68	41.83% (n=1364) 95% CI: 34.88-49.13	5.38%* (n=108) 95% CI: 2.26-12.26	84.04% (n=1690) 95% CI: 75.56-89.97	9.97%* (n=201) 95% CI: 5.46-17.53
35+	^	48.06% (n=221) 95% CI: 31.31-65.27	40.77%* (n=188) 95% CI: 24.76-59.00	0	87.91% (n=301) 95% CI: 70.73-95.63	11.38%* (n=39) 95% CI: 3.90-28.88





Maternal Race						
White	14.40% (n=847) 95% CI: 10.87-18.83	46.83% (n=2754) 95% CI: 41.24-52.50	38.50% (n=2264) 95% CI: 33.12-44.18	6.79%* (n=237) 95% CI: 3.88-11.60	83.76% (n=2925) 95% CI: 77.72-88.41	9.38% (n=328) 95% CI: 6.02-14.34
American Indian and Alaska Native	4.22%* (n=26) 95% CI: 2.41-7.27	56.22% (n=349) 95% CI: 50.16-62.11	12.77% (n=79) 95% CI: 9.38-17.16	^	88.41% (n=295) 95% CI: 82.27-92.62	^
Other/Mixed Race	14.95%* (n=82) 95% CI: 6.09-32.28	20.08%* (n=110) 95% CI: 9.25-38.25	64.97% (n=356) 95% CI: 46.40-79.90	0	78.82%* (n=279) 95% CI: 52.15-92.7	^
Ethnicity						
Hispanic/Latino	7.01%* (n=72) 95% CI: 2.59-17.62	28.43% (n=291) 95% CI: 18.17-41.55	63.49% (n=651) 95% CI: 50.13-75.05	^	73.83% (n=398) 95% CI: 53.46-87.39	19.90%* (n=107) 95% CI: 8.62-39.56
Non-Hispanic/Latino	14.49% (n=883) 95% CI: 11.07-18.75	48.11% (n=2931) 95% CI: 42.82-53.44	34.75% (n=2117) 95% CI: 29.76-40.10	5.90%* (n=216) 95% CI: 3.38-10.08	86.08% (n=3150) 95% CI: 80.33-90.06	7.34% (n=269) 95% CI: 4.57-11.57
Marital Status of Mother						
Married	22.40% (n=530) 95% CI: 16.20-30.13	36.00% (n=852) 95% CI: 28.51-44.25	40.35% (n=954) 95% CI: 32.47-48.76	7.29%* (n=106) 95% CI: 3.02-16.56	80.58% (n=1170) 95% CI: 70.36-87.88	11.72%* (n=170) 95% CI: 6.50-20.23
Other	8.70% (n=425) 95% CI: 5.72-13.03	50.89% (n=2485) 95% CI: 44.81-56.93	37.29% (n=1821) 95% CI: 31.49-43.47	4.97%* (n=140) 95% CI: 2.52-9.55	85.89% (n=2428) 95% CI: 79.47-90.54	8.34%* (n=236) 95% CI: 4.78-14.18
Income Category						
0-100%	9.11% (n=454) 95% CI: 6.23-13.14	51.21% (n=2550) 95% CI: 45.29-57.09	36.93% (n=1839) 95% CI: 31.31-42.93	6.28%* (n=151) 95% CI: 3.06-12.44	87.29% (n=2093) 95% CI: 80.37-92.02	5.63%* (n=135) 95% CI: 2.78-11.05
101-200%	22.83% (n=355) 95% CI: 15.06-33.05	36.51% (n=567) 95% CI: 27.24-46.91	37.97% (n=590) 95% CI: 28.39-48.59	^	79.72% (n=855) 95% CI: 67.90-87.96	16.91% (n=181) 95% CI: 9.38-28.57
201-300%	^	^	71.15%* (n=162) 95% CI: 41.68-89.48	^	67.53%* (n=249) 95% CI: 43.28-85.00	21.22%* (n=78) 95% CI: 7.60-46.89
301% +	^	^	^	0	100.00% (n=10)	0
Education						
<12yrs	5.5%* (n=76) 95% CI: 2.13-13.46	44.91% (n=622) 95% CI: 34.37-55.93	46.05% (n=637) 95% CI: 35.17-57.31	^	85.03% (n=684) 95% CI: 71.29-92.85	9.48%* (n=76) 95% CI: 3.72-22.11
12yrs	8.77% (n=238) 95% CI: 5.11-14.63	50.84% (n=1380) 95% CI: 42.65-58.98	38.17% (n=1036) 95% CI: 30.44-46.55	2.61%* (n=42) 95% CI: 0.77-8.53	90.62% (n=1437) 95% CI: 85.05-95.02	5.62%* (n=89) 95% CI: 2.23-12.92
>12yrs	20.83% (n=641) 15.32-27.68	41.1% (n=1264) 34.12-48.46	35.71% (n=1098) 28.91-43.14	8.8%* (n=164) 4.53-16.42	77.9% (n=1451) 68.74-84.97	12.91%* (n=241) 7.65-20.97

* Estimates should be interpreted with caution due to the unweighted sample size being less than 20.

^ Estimates are not reportable due to small unweighted sample sizes (≤5).

