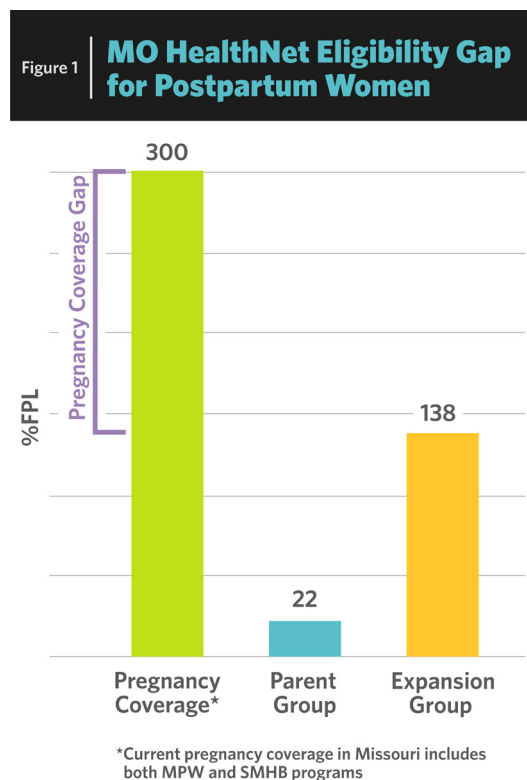


Examining the 12-Month Postpartum Medicaid Coverage Option for Missouri

The American Rescue Plan Act (ARPA) allows states to file a state plan amendment to extend Medicaid coverage for postpartum women to 12 months after birth. Currently, in Missouri, coverage under the MO HealthNet for Pregnant Women^a (MPW) and Show-Me Healthy Babies^b (SMHB) programs ends 60 days postpartum. If Missouri were to extend coverage, women in both programs would qualify for the extension. States that take up the option would be required to provide full Medicaid benefits during pregnancy and through the extended postpartum period. Missouri offers slightly enhanced benefits to pregnant women compared to standard adult coverage and would be required to provide the enhanced package for the duration of the coverage extension. Additionally, states are required to extend their existing continuous coverage requirements through the end of the 12-month period, which allows women to stay enrolled in the program even if they experience changes in income. This new option becomes available on April 1, 2022, and states have five years to take up the option.

If Missouri were to take up the option, 4,500 Missourians would gain access to 12-month continuous postpartum coverage. As of February 2020, 20,970 women were enrolled in MPW and 3,606 were enrolled in SMHB, totaling over 24,000 women who would be newly eligible for continuous postpartum coverage for 12 months.^c With Missouri's decision to expand Medicaid, many of these women would otherwise be eligible for the new adult expansion group. According to state estimates, there are around 4,500 women, however, who have incomes too high for expansion and would lose Medicaid or CHIP coverage 60 days after birth.¹ Extending postpartum coverage for both MPW and SMHB would fill this gap, depicted in Figure 1, and provide all women with coverage after having their baby.

The ARPA option builds off existing efforts in Missouri to extend postpartum coverage for mothers. Missouri has a current 1115 waiver to extend coverage of postpartum treatment of substance use disorders. The program is anticipated to impact around 1,000 women per year, but many women will still lack a path toward long-term postpartum coverage.² Additionally, in 2020, the Missouri General Assembly passed legislation that required the Missouri Department of Social Services (DSS) to submit an 1115 waiver to extend coverage for treatment of postpartum depression, but as of February 2022, the waiver has not yet been submitted. As of December 2021, 26 states have taken bipartisan action to extend their Medicaid program's postpartum coverage,³ indicating that the program is popular nationwide.



^a MO HealthNet for Pregnant Women covers pregnant women with incomes up to 196% FPL.

^b Show-Me Healthy Babies covers unborn children and their mothers with incomes between 196-300% FPL.

^c This analysis does not use current data because of inflated enrollment numbers due to the public health emergency. February 2020 is the most recent data before the COVID-19 pandemic impact.

Medicaid expansion decreases the overall fiscal impact of the option. According to guidance from the Centers on Medicare and Medicaid Services (CMS), states can receive the enhanced federal match rate (90%) for women who would otherwise be eligible for the adult expansion group, even while maintaining continuous coverage under traditional coverage pathways.^d States will then receive the standard match rate for the remaining women (typically 65% for Medicaid and 80% for the Children’s Health Insurance Program (CHIP), though match rates are currently increased due to the public health emergency).^d This means that of the 24,000 Missourians eligible for extended coverage, new costs would mostly be associated with those who have incomes between 138-300% FPL (around 4,500 women).

Further, the long-term savings associated with reduced pregnancy-related complications and other illnesses could offset additional state costs generated by extension. For instance, providing postpartum health insurance could significantly decrease costs associated with complications due to untreated diabetes and perinatal mental health conditions and reduced instances of cardiomyopathy.⁵ Providing women access to health care ensures that health complications are caught and treated early and reduces costs of uncompensated care.⁶ Also, research shows that postpartum coverage would cost less per month than pregnancy coverage, as most women in this category are healthy and require less care than pregnant women. Estimates from other states suggest that postpartum coverage would cost about a third of pregnancy coverage.⁷ A fiscal impact study from Saint Louis University outlines these cost savings in further detail.^e

Additionally, ARPA includes an incentive for those states that had not expanded Medicaid at the time of enactment. As a result, Missouri is expected to receive more than \$1.15 billion in federal dollars over two years after implementing expansion.⁸ State policymakers can take advantage of the influx of federal dollars to free up other state funds necessary to extend postpartum coverage.

Extending postpartum coverage could decrease maternal mortality rates in Missouri. Maternal mortality rates in Missouri are double the national average, with Missouri ranking 44th nationwide.^{9,10} Additionally, Black parents in Missouri are disproportionately impacted, with maternal mortality rates four times those of white parents.¹¹ The postpartum period, often referred to as the fourth trimester, is an important time for the health of new mothers. In fact, in Missouri, more than half of pregnancy-related deaths occur after 43 days postpartum.¹²

Most pregnancy-related mortality is considered preventable. In 2018, the Missouri Pregnancy-Associated Mortality Review determined that 80% of pregnancy-related deaths that year could have been prevented.¹³ Increasing access to postpartum health care is a significant step toward reducing maternal mortality in our state.

Postpartum care is broadly recognized as an ongoing process that may last up to a year and require multiple follow-ups. For women who experienced pregnancy-related complications or those with chronic conditions, such as hypertension or diabetes, this extension of care is particularly important. Additionally, pregnant and postpartum people are at high risk of experiencing suicidality,¹⁴ further underscoring the need for access to care during this time. Research has shown that more than half of women who had Medicaid or CHIP during delivery experienced changes in coverage in the first six months postpartum, likely causing interruptions in care.¹⁵

Missouri has already shown interest in supporting postpartum women with substance use disorders or postpartum depression. With the state moving forward with Medicaid expansion implementation, there is a unique opportunity to align programs and extend postpartum benefits to low-income mothers. The aggregate impact of these policy changes would maximize the positive effects on the overall health of Missouri families.

Endnotes available upon request

^d Full implementation guidance from CMS can be found here: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf> .

^e This fiscal analysis can be found here: <http://ow.ly/myWR50I2I8a>