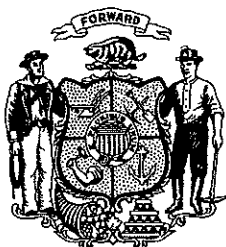


State of Wisconsin

SENATE CHAIR
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Joint Committee on Finance

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Howard Marklein
Representative Mark Born

Date: May 13, 2022

Re: 14-Day Passive Review Approval – DHS

Pursuant to s. 20.940(3)(a)2, Stats., attached is a 14-day passive review request from the Department of Health Services, received on May 13, 2022.

Please review the material and notify **Senator Marklein** or **Representative Born** no later than **Thursday, June 2, 2022**, if you have any concerns about the request or if you would like the Committee to meet formally to consider it.

Also, please contact us if you need further information.

Attachments

HM:MB:jm



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

May 13, 2022

MAY 13 2022
St. Finance

The Honorable Howard L. Marklein, Senate Co-Chair
Joint Committee on Finance
Room 316 East
State Capitol
P.O. Box 7882
Madison, WI 53707

The Honorable Mark Born, Assembly Co-Chair
Joint Committee on Finance
Room 308 East
State Capitol
P.O. Box 8952
Madison, WI 53708

Dear Senator Marklein and Representative Born:

2021 Act 58, the 2021-23 Biennial Budget, authorizes the Department to submit an 1115 demonstration waiver to the federal Centers for Medicare and Medicaid Services (CMS) to extend Medicaid coverage for pregnant women to 90 days postpartum.

Pursuant to s. 20.940(3)(a)2., created by 2017 Act 370, and consistent with prior guidance, I am submitting the 1115 waiver to the committee for 14-day passive review. Once the Committee has completed its review, the Department will submit the waiver to CMS for approval.

On February 16, 2022, I submitted to the Committee an implementation plan for development and submission of the waiver. The plan summarized the timeline for the waiver development, which included a federally required 30-day public notice and comment period, a 60-day notification and consultation period with tribes, consultation with the Medicaid Advisory Committee, as well as time to consider input from these consultations in the final waiver document.

Section 20.940(3)(a)1. of Wisconsin statutes requires the Department to submit the waiver to CMS within 90 days after submitting the implementation plan to the Committee, but also allows the Department to request from the Committee a 90-day extension of this deadline. With this letter, I request a 90-day extension to provide you sufficient time to review the waiver document.

Please contact me with any questions.

Sincerely,

Handwritten signature of Karen E. Timberlake.

Karen E. Timberlake
Secretary-designee

Wisconsin Department of Health Services

Wisconsin Postpartum Coverage 1115 Waiver

Section 1115 Demonstration Waiver Application

May 13, 2022



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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1.0 Introduction

As required by 2021 Wisconsin Act 58, the Wisconsin Department of Health Services (DHS) is seeking a five-year Medicaid 1115 research and demonstration waiver. Our goal is to improve postpartum morbidity and mortality of birthing people in the state by extending access to quality care and by ensuring continuity of care and care coordination during the postpartum period. The waiver will allow the state to extend postpartum Medicaid coverage from 60 days to 90 days or three months, which effectively provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

2.0 Background

Wisconsin Medicaid has long prioritized coverage of pregnant people and now finances more than four in ten births in the state. Currently, pregnancy-related Medicaid coverage lasts through 60 days postpartum. An infant is eligible for Medicaid for the first year after birth under federal law. Those who qualify for Medicaid based on pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth, and delivery services.

Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level. Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends. Birthing people whose household income is below 100% of the FPL may retain eligibility following pregnancy, as either a parent or a childless adult (if they are not a parent of a child in the household). Unless eligible under other Medicaid provisions, birthing people above that level are no longer eligible for coverage. They are disenrolled from the program after 60 days, causing disruptions to care.

The postpartum period is a critically important, yet often neglected, time in the health of the birthing person and baby. Pregnancy-related medical conditions, chronic health conditions, and even death can occur in the months following birth or the end of pregnancy. According to the 2017 Annual Wisconsin Birth and Infant Mortality Report, 41% of birthing people had one or more medical risk factors that put them at higher risk for pregnancy complications or poor birth outcomes. Pregnancy-related medical and chronic health conditions left untreated can have serious consequences if the birthing person cannot care for themselves and their baby.

Racial disparities in the health of birthing people and their babies are also of particular concern. In Wisconsin, a Black birthing person is five times more likely to die of birthing mortality than a white birthing person. Nationally, Black, American Indian, and Alaska Native birthing people are two to three times more likely to die from pregnancy-related causes than non-Hispanic white birthing people. Extending Medicaid coverage during the postpartum period is emerging as a critical strategy to address disparities in morbidity and mortality of birthing people.

3.0 Demonstration Objectives and Summary

3.1 Project Objectives of the Waiver

Wisconsin is committed to implementing policies that result in high-quality health coverage and care for our citizens. Wisconsin's overall goals for the Medicaid program are to:

- Ensure that Wisconsin residents with limited financial resources have access to health coverage.
- Improve lives through high-value programs and services that increase wellbeing and promote independence.
- Provide responsible stewardship of taxpayer resources.

The goals sought by this waiver are to:

- Reduce the morbidity and mortality of birthing people for Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.

3.2 Demonstration Project Overview

This waiver is prompted by 2021 Wisconsin Act 58, which requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month after 90 days postpartum. The relevant statutory language of 2021 Wisconsin Act 58 reads in pertinent part:

SECTION 234. 49.471 (6) (L) of the statutes is created to read: 49.471 (6) (L) The department shall request from the federal department of health and human services approval of a state plan amendment or a waiver of federal law to implement subs. (6) (b) and (7) (b) 1. and ss. 49.46 (1) (a) 1m. and (j) and 49.47 (4) (ag) 2.

SECTION 235. 49.471 (7) (b) 1. of the statutes is amended to read: 49.471 (7) (b) 1. A pregnant woman whose family income exceeds 300 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the applicable income limit under sub. (4) (a) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the 90th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family.

This waiver would increase the postpartum coverage period from 60 days to 90 days after the last day of pregnancy, providing an additional month of coverage for birthing people whose household income is above 100% of the FPL. The legislation does not impact or modify any components of the state’s current Medicaid or CHIP programs.

3.3 Demonstration Population

The proposal to extend postpartum coverage from 60 days to 90 days or three months will only be implemented for the eligibility groups included in the following table. The eligible populations will have incomes up to 300% of FPL.

Table 3.3: Eligible Populations

Eligibility Group Name	CFR and Social Security Act Citations
Qualified Pregnant Women and Children	42 CFR § 435.116 SSA § 1902(a)(10)(A)(i)(III) SSA § 1905(n)
Mandatory Poverty Level Pregnant Women	SSA § 1902(a)(10)(A)(i)(IV) SSA § 1902(l)(1)(A)
Optional Poverty Level Related Pregnancy – Women & Infants	SSA § 1902(a)(10)(A)(ii)(IX) SSA § 1902(l)(2)

3.4 Determining and Maintaining Eligibility

3.4.1 Determining Eligibility

Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends. The proposal extends existing postpartum coverage from 60 days to 90 days or three months (i.e., by an additional thirty days or one month). This extension has no material impact on eligibility determinations.

Individuals enrolled in other forms of Medicaid that are not listed in the table above are not eligible for this proposed extension. They will maintain their current coverage and will not transition into pregnancy-related coverage.

3.4.2 Maintaining Eligibility

To promote the continuity of postpartum care, a participant who is deemed eligible, according to the eligibility groups listed in Table 3.3, will maintain coverage for the duration of the 90 days or three-month postpartum period. After the three-month postpartum period, an eligibility redetermination will be made as per 42 CFR 435.916(a). If an individual qualifies for full Medicaid benefits as part of a separate eligibility group, they will maintain coverage.

3.5 Geography and Timeframe

DHS seeks a five-year demonstration approval period and intends to implement the demonstration statewide as soon as possible after CMS approval. This timeframe includes sufficient time to communicate with members the changes under the waiver and for the state to prepare and implement operational and administrative changes.

3.5.1 Transition Period

In the interest of equity, DHS will extend a “transition period” to eligible people whose 60-day postpartum benefits prior to this demonstration would have expired. Eligible people will be permitted to seamlessly benefit from the extended postpartum coverage under this demonstration and maintain coverage for the duration of the 90-day or three-month postpartum period.

3.5.2 Enrollment Transitions

Individuals will seamlessly transition into this waiver exactly as they did previously under the 60-day postpartum benefit period; the substantive change is simply an extended postpartum benefit period. All birthing people covered by this proposed extension will transition after the extended 90 days or three-month postpartum benefit period to the appropriate Medicaid program, if eligible, based on their current eligibility.

3.5.3 Retroactive Enrollment

There is no change to the state’s current retroactive coverage policy. New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted. Eligibility may be determined for up to three months prior to the month of application upon the applicant’s request.

3.6 Delivery System and Payment Rates for Services

3.6.1 Managed Care Delivery System

The state will utilize a managed care delivery system to provide services to all members eligible for this proposed extension, except for individuals who are either prohibited from joining a health maintenance organization (HMO) or those exempt from joining an HMO and choose not to do so.

The state currently contracts with multiple HMOs, which were selected through a certification process for any willing managed care organization. The state does not intend to amend its existing contracts with its HMOs to implement the provisions of this 1115 demonstration waiver. The state believes the existing HMO infrastructure has adequate capacity to handle the proposed extension of the postpartum period. If capacity issues arise, the state will reassess its contracting strategy in a timely fashion.

3.6.2 Health Plan Selection

HMO assignment/selection will follow the same process used outside this waiver. Members who do not already belong to an HMO upon entry into the program will be automatically enrolled into

an HMO. Members will then have a 90-day window to switch to a different plan if they choose before being locked into their assigned plan until their anniversary date the following year.

3.6.3 Payment Rates for Service

The capitation rate-setting methodology for this demonstration will be the same methodology used to set rates for the current Medicaid populations and will comply with all federal rate-setting requirements and guidance. Rate cell determinations will be aligned with the respective age cohort in the BadgerCare Plus rate cell.

3.7 Implementation of Demonstration

The state intends to implement the demonstration as soon as possible after CMS approval. This rollout must include sufficient time for the state to prepare and implement operational and administrative changes and communicate with members the changes under the waiver.

3.7.1 Notification

The state will develop and deploy an appropriate communications strategy to inform current BadgerCare Plus enrollees and members in the “transition period” cohort. Pending approval of this demonstration, DHS intends to provide notice as soon as reasonably practicable.

Communications will also target HMOs, pertinent organizations, hospitals, providers, and lactation service professionals, through provider-specific messages. Additional communications to all pertinent organizations will be conducted via email. Because members will transition seamlessly into this augmented period after 60-days of postpartum coverage, no additional enrollments will be required.

4.0 Requested Waivers and Expenditure Authorities

4.1 Title XIX Waivers

Wisconsin seeks waiver of the following requirements of the Title XIX of the Social Security Act necessary to implement Wisconsin’s 1115 demonstration:

- 1. Definition of Pregnant Woman: SSA § 1905(n)/42 CFR § 435.4**
 - Necessary to redefine “qualified pregnant woman or child” (SSA) and “pregnant women” (CFR) to augment the baseline postpartum period from 60 days to 90 days.
- 2. Extended Eligibility and Continuous Eligibility: SSA § 1902(e)(5) and (6)/42 CFR § 435.170(b) and (c)**
 - Necessary to extend both eligibility and continuous eligibility for newly defined “pregnant women or child” and “pregnant woman” from 60 days to 90 days.
- 3. Suspended Renewals Until End of Postpartum Period: 42 CFR § 435.916(a)**
 - Necessary to ensure continuity of coverage for newly defined “pregnant woman” until after the augmented postpartum period ends, i.e., the last day of the month in which the 90th day after the last day of a person’s pregnancy falls.

4.2 Expenditure Authorities

Under this demonstration, the state also requests expenditure authority for birthing people up to 300% of the FPL for the extended one-month postpartum coverage period, which is not otherwise included under § 1903 of the SSA. These expenditures shall be regarded for the demonstration as matchable expenditures under the state's Medicaid Title XIX state plan.

5.0 Demonstration Financing and Budget Neutrality

Federal policy requires Section 1115 Waiver demonstrations to be budget neutral to the federal government. This means that a demonstration should not cost the federal government more than what would have otherwise been spent without it. Determination of federal budget neutrality for a Section 1115 demonstration application must follow a unique process distinct from federal and state budgeting and health plan rate setting. The processes, methods, and calculations required to demonstrate federal budget neutrality only exist for that express purpose. Therefore, the budget neutrality model shown here should not be construed as a substitute for budgeting and rate setting or imply any guarantee of any specific payment.

To ensure budget neutrality for each federal fiscal year of this five-year demonstration, Wisconsin will continue to use a historical per-member per-month (PMPM) methodology specific to the postpartum coverage population (i.e., pregnant women, children, and infants eligibility groups listed in Table 2.1). This calculation has been established in the context of current federal and state law and with appropriate, analytically sound baselines and adjustments. The demonstration will measure the financial impact on the program.

5.1 Enrollment

Table 5.1.1 summarizes enrollment estimates for the postpartum coverage population. The population figures are the actual enrollment for each historical year to establish the enrollment trend. Enrollment reflects the state's estimates for those who would continue Medicaid coverage for the extended one month. The enrollment estimates were based on the number of member months for the current postpartum coverage for the waiver population during state fiscal years (SFY) 2015 to 2019.

Table 5.1.1: Historical Average Monthly Enrollment (Based on Member Months) by SFY

2015	2016	2017	2018	2019
28,161	27,874	27,381	26,776	26,227
Trend	-1.0%	-1.8%	-2.2%	-2.0%
5-year average trend				-1.8%

Table 5.1.2 summarizes estimated enrollment and eligible member months for each demonstration year by applying the average enrollment trend for the hypothetical historical population of -1.8%.

Table 5.1.2: Estimated Enrollment by Demonstration Year

Demonstration Year (DY)	Eligible Member Months (Annual)	Average Monthly Enrollment
DY1	24,426	2,036
DY2	23,995	2,000
DY3	23,572	1,964
DY4	23,157	1,930
DY5	22,748	1,896

5.2 Expenditures Per Member Month (PMPM)

Wisconsin calculated the PMPM based on the historical average of expenditures from SFY 2015 – SFY 2019. There are currently seven unique medical status codes for the existing population that route to the various rate cell codes for managed care. These also inform the fee-for-service population that currently includes pregnant women and the 60-day postpartum coverage, which varies by managed care entity and region. Individuals in the extended one-month postpartum coverage will remain in these rate cohorts during coverage.

Table 5.2.1: Historical Average PMPM by SFY

SFY	2015	2016	2017	2018	2019
PMPM	\$ 291.58	\$ 287.25	\$ 303.50	\$ 313.45	\$ 313.67

Based on the observed historical trend in Wisconsin, experience in other states, and review of national inflation for 2021, the state is applying a 3.2% annual trend rate the SFY 2019 average PMPM to develop the projected demonstration year PMPMs (Table 5.4).

Table 5.2.2: Estimated PMPM for Waiver by Demonstration Year

DY1	DY2	DY3	DY4	DY5
\$355.25	\$366.47	\$378.06	\$390.01	\$402.33

5.3 Retroactive Coverage

Since most individuals receiving the postpartum care extended coverage also delivered their baby while enrolled in Medicaid, the estimates do not include any prior quarter costs. Prior period costs are reflected in the managed care rate development.

5.4 Premiums and Copays

There are no premiums or copays for this population, so there are no adjustments reflected in the PMPM.

6.0 Evaluation Design

The following table presents an overview of the goals sought by the waiver, along with their respective hypotheses and metrics to evaluate.

Table 6.1: Goals, Hypotheses, and Metrics

Goal	Hypothesis	Metrics
Reduce morbidity and mortality of birthing people for Medicaid members in Wisconsin.	Extending eligibility for pregnant birthing people from 60 days to 90 days or three months postpartum will reduce morbidity and mortality of birthing people for Medicaid members in Wisconsin by providing continued health maintenance organization (HMO) care coordination and continuity in provider networks at a medically vulnerable time.	Rates of postpartum morbidity and mortality of birthing people year-over-year. Number of birthing people who access services pre-intervention (five-year baseline with postpartum coverage of 60 days) vs. post-intervention (postpartum coverage of 90 days). Postpartum visit rates pre vs. post.
Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.	Targeting specific populations to extend Medicaid benefits will support the financial sustainability of the Medicaid program.	Total cost of health services per population capita pre- and post-intervention vs. the national average.

A detailed evaluation design will be developed for review and approval by CMS. The evaluator will use relevant data from the BadgerCare Plus program and its managed care organizations.

This may include eligibility, enrollment, claims, payment, encounter/utilization, chart reviews, and other administrative data. The evaluator may also conduct surveys and focus groups of beneficiaries and providers and other original data collection, as appropriate.

Both interim and final evaluations will be conducted to help inform the state, CMS, stakeholders, and the general public about the performance of the demonstration. All evaluation reports will be made public and posted on the DHS website.

7.0 Public Involvement and Public Comment

7.1 Public Notice Requirements

DHS has complied with the public notice requirements in *42 C.F.R. 431.408*. The following describes the actions taken by DHS to ensure the public was informed and had the opportunity to provide meaningful input on the proposed waiver.

7.1.1 Public Notice

On April 4, 2022, DHS published the abbreviated notice in the Wisconsin Administrative Register:

https://docs.legis.wisconsin.gov/code/register/2022/796A1/register/public_notices/public_notice_section_1115_postpartum_coverage_waiver/public_notice_section_1115_postpartum_coverage_waiver

Additionally, DHS employed several other modes of communication to inform the public of the abbreviated notice:

- Email to ForwardHealth Community Partners, for a total of 9,356 recipients notified.
- Posting in different forums, including:
 - DHS BadgerCare Plus waiver webpage
 - 1 W. Wilson Street (DHS Building)
 - ForwardHealth Community Partners Announcement

Copies of the abbreviated and full public notice are available starting on page 32.

The 30-day public comment period began on April 6, 2022, and ended on May 6, 2022.

7.1.2 Webpage

DHS created a public webpage that includes the public notice, the public input process, scheduled public hearings, the draft waiver application, and a link to the Medicaid.gov webpage on Section 1115 demonstrations.

The original website address DHS had planned to use was www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm. This URL appeared in the public

notices. When the page was built, www.dhs.wisconsin.gov/medicaid/waiver-postpartum.htm was the final URL that was used. The reason for the change was to be able to create consistent URLs for current and future waiver initiatives in the format of [www.dhs.wisconsin.gov/medicaid/waiver-\[shortwaivervname\].htm](http://www.dhs.wisconsin.gov/medicaid/waiver-[shortwaivervname].htm). The final URL is currently being used in correspondence and notices. The original URL was set up to redirect someone to the final URL if they followed that link. Finally, if someone enters the term “postpartum” in the DHS website search field, the second result returned goes to [Section 1115 Postpartum Coverage Demonstration Waiver](#).

Additionally, DHS provided presentations in English, Spanish, and Hmong, which are posted on the webpage, to further provide the public with clarity on the proposed waiver. The webpage is updated as the waiver process moves forward.

7.1.3 Public Hearings

As required by Section 1115 of the Social Security Act, DHS conducted two public hearings on the dates listed below.

Due to the public health concerns related to the COVID-19 pandemic, the state did not conduct in-person meetings as part of the public notice process for this waiver application. CMS has the discretion to exempt the state from completing any aspect of the public notice process. This includes exemption from conducting any public notice when the state demonstrates to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency, that directly threatens human lives that warrant an exception to the normal public notice process. Accordingly, the state used two webinars instead of in-person hearings.

Wednesday, April 13, 2022, from 10:00 a.m. to 12:00 p.m.

- <https://dhs.wi.zoomgov.com/j/1616690151>
- <https://publicmeetings.wi.gov/view/018a924a-8974-4e4c-8087-6f7dae672f14/1>

Wednesday, April 20, 2022, from 10:00 a.m. to 12:00 p.m.

- <https://https://dhs.wi.zoomgov.com/j/1610547719>
- <https://publicmeetings.wi.gov/view/bb54db6b-b239-4c69-ac27-301e86100cd6/1>

Each of the two public hearings followed the same format, beginning with an overview of the waiver proposal, followed by an opportunity to ask DHS staff who attended the hearing questions about the proposal, and finally a collection of oral public comment. The hearing was recorded and entered into the record all verbal comments presented during each of the public hearings. Individuals requiring special accommodations, including auxiliary communicative aids and services during these meetings were offered the opportunity to request such accommodations in advance of the meeting.

The public notice and the webpage announced that the public could review the official waiver request and provide comments for a 30-day period, as well as through written or verbal statements made at the public hearing webinars listed below. Comments from the two public hearings relevant to this waiver request are included in the summary of public comments, which is included in this application and starts on page 73. A copy of the presentation provided during the public hearings is also available on the webpage and is included in this application and starts on page 41.

7.1.4 Tribal Consultation

Following 42 C.F.R. 431.408, DHS consulted with representatives of the federally recognized tribes located in Wisconsin during the regularly scheduled Wisconsin DHS/Tribal Health Directors meeting. That meeting was held on May 11, 2022, from 10 a.m. to 12 p.m. Due to COVID-19, that meeting was conducted by webinar rather than in-person. Tribal notice was sent to tribal government leadership on March 15, 2022. Copies of the notices sent start on page 143. A copy of the Tribal Health Director meeting agenda is included and starts on page 115. A copy of the presentation as provided during the consultation is included and starts on page 117. A comment summary is provided in the following subsection.

7.1.5 Availability of Waiver Materials and Comment Mechanisms

The webpage and public notice state clearly that a copy of the waiver amendment document, including the final waiver amendment application once complete, could be obtained from DHS at no charge by downloading the documents from www.dhs.wisconsin.gov/medicaid/waiver-postpartum.htm or by contacting DHS via USPS mail, telephone, fax, or email. The webpage and public notice further explained that public comments were welcome and were accepted for 30 days (from April 6, 2022, through May 6, 2022). Written comments on the changes could be sent via fax, email, or USPS mail to the Division of Medicaid Services. The fax number listed was 608-266-1096, and the email address was dhspostpartumcoverage1115waiver@dhs.wisconsin.gov

7.1.6 Public Comment Availability

Following the public comment period, all written and oral comments were cataloged and organized. DHS reviewed all comments and appreciates the public input from Wisconsin residents and interested organizations.

In total, DHS received sixty-seven (67) comments through email, one (1) comment through USPS mail, one (1) comment through fax, six (6) comments at the two public hearings, and one (1) comment at tribal consultation, for a total of seventy-six (76) comments. One (1) comment was provided at both the public hearing and through email. Fourteen (14) comments received through email were formal letters from organizations. As stated in public hearings and documents, DHS gave all comments received through the various mechanisms the same consideration.

A collection of the comments received through the various modes are available on the waiver webpage for public view. The subsection that follows provides a summary of comments received

from all comment mechanisms, and the response from DHS, where indicated. In the final subsection of Section 7, DHS provides an indication of any modifications that have been made to the waiver application as a result of the public comments.

7.1.7 Summary of Public Comments

All of the comments, except for four, were in support of the waiver.

While still supporting the waiver, several commenters recommended that DHS extend the duration of coverage from the proposed three months to twelve months. These commenters suggested that a longer duration would align with the passage of the American Rescue Plan Act (ARPA) to provide 12-months of continuous Medicaid and CHIP coverage for pregnant and postpartum individuals, align with the recommendations of some healthcare organizations and further support the healthcare of new postpartum people. **DHS Response:** The authorizing legislation 2021 Wisconsin Act 58 authorizes Medicaid coverage for postpartum people for a period of three months following the date a pregnancy ends. This legislation does not allow for a duration of twelve months

Several commenters agreed that extending postpartum coverage to ninety days will positively impact health outcomes for postpartum people, support families, and begin to address racial health disparities.

Several commenters agreed that continuity of postpartum health care coverage is important in managing pregnancy-related complications and chronic disease, and in providing access to mental health and substance use disorder treatment, breastfeeding support, family planning services, and prescription drugs.

Several commenters agreed that extending the Medicaid postpartum coverage period will support the sustainability of the Medicaid program in Wisconsin by increasing utilization of preventive care and reducing the likelihood of inpatient hospital admissions and emergency room visits.

Some commenters observed that parental enrollment in Medicaid is associated with improved child health outcomes because children are more likely to have continued Medicaid enrollment and receive well-child visits and needed medical care.

One commenter observed that extending the Medicaid postpartum coverage period will help ensure continuous coverage for both postpartum person and baby, thereby improving care coordination for the postpartum person and baby and creating administrative efficiencies for the state at redetermination.

One commenter at the public hearing observed that Indian Health Service (IHS) clinics are less likely to receive full reimbursement for postpartum visits that occur after 60 days, and that many new postpartum individuals miss their follow-up appointment at 6 weeks and have to reschedule after their Medicaid coverage ends at 60 days. The commenter also noted that these visits are often rescheduled to Primary Care Providers (PCPs) rather than to obstetrics and gynecology (OB/GYN) specialists.

One commenter observed that an extension to 90 days will support continuity of coverage by giving postpartum individuals more time to transition to other insurance programs or other forms of Medicaid.

Some commenters are concerned that if CMS approves a 90-day coverage waiver, a new precedent will be set for states across the U.S. in lieu of pursuing a full year of coverage. However, they also recognize that 30 days of extended coverage would increase completion of care plans and reduce the burden of uncompensated care for clinics across Wisconsin. In light of these realities, they neither support nor oppose the waiver.

One comment in opposition to the waiver opposed publicly-funded healthcare for pregnant and postpartum people for any duration.

One comment opposed the waiver because the duration of coverage under the waiver does not align with the recent passage of the American Rescue Plan Act (ARPA) to provide 12-months of continuous Medicaid and CHIP coverage for pregnant and postpartum individuals.

One comment suggested that since DHS does not have authority to extend coverage to 12 months, DHS should do everything within its authority to support pregnant and postpartum people, such as incentivize managed care organizations to partner with community-based doulas by reimbursing them at a 1.25 rate, such as one state does with community health workers, or provide medically-tailored meals to people diagnosed with gestational diabetes, such as another state provides.

7.1.8 Tribal Government Comment Summary

Comments received during the Tribal Consultation at the quarterly Tribal Health Directors meeting on May 11, 2022, along with comments received throughout the 30-day public comment period from Tribal Governments, are summarized below.

Tribal Government Comment Summary: One Tribal Health Director at the Tribal Health Directors meeting on May 11, 2022, expressed their full support for the waiver, noting that they see it as an expansion of Medicaid and that it will be good for Tribes. This member made a formal motion to the Tribal Health Directors to support the waiver, which was approved by quorum.

7.2 Consideration of Public Comments in Final Waiver

DHS appreciates the public's input on the Section 1115 waiver. Based on the comments received, both written and those given through oral testimony, and due to the authorizing legislation needed to submit the waiver, DHS does not propose making any changes to the waiver.

8.0 Demonstration Administration

Wisconsin's point of contact for this demonstration waiver is as follows:

- Name and title: Lisa Olson, Medicaid Director
- Phone: 608-266-5151
- Email: lisaa.olson@dhs.wisconsin.gov

FY 2019

Postpartum Expansion Analysis

	2015	2016	2017	2018	2019 5 Years	
Total Expenditures	\$ 16,422,393	\$ 16,013,076	\$ 16,620,233	\$ 16,785,406	\$ 16,453,251	\$ 82,294,358
Member Months (1st 60 days)	56,322	55,747	54,761	53,551	52,454	272,835
Waiver Member Months	28,161	27,874	27,381	26,776	26,227	136,418
PMPPM	\$ 291.58	\$ 287.25	\$ 303.50	\$ 313.45	\$ 313.67	\$ 301.63
Trends						Average
Total Expenditures	-2.5%	3.8%	1.0%	-2.0%	-2.0%	0.0%
Member Months	-1.0%	-1.8%	-2.2%	-2.0%	-2.0%	-1.8%
PMPPM All Members	-1.5%	5.7%	3.3%	0.1%	0.1%	1.8%

Trend	Base Year 2019	Years of Aging	Trend	DY 01	DY 01 Ramp Up	Waiver Trend
Member Months (61-90 days)	26,227	4	-1.8%	24,426	1	-1.8%
PMPPM Cost	\$ 313.67	4	1.8%	\$ 337.43		
Observations of Other States			3.0%			
Medicare Economic Index- 2021			1.4%			
BLS Consumer Price Index Feb 2022			6.4%			
Average	\$ 313.67	4	3.2%	\$ 355.25	1	3.2%

Extended Postpartum without Waiver	DY01	DY02	DY03	DY04	DY05	Total
Pop Type: Hypothetical	24,426	23,995	23,572	23,157	22,748	WOW
Member Months (61-90 days)	\$ 355.25	\$ 366.47	\$ 378.06	\$ 390.01	\$ 402.33	
PMPPM Cost	\$ 8,677,163	\$ 8,793,601	\$ 8,911,602	\$ 9,031,186	\$ 9,152,375	\$ 44,565,927
Total Expenditure						

Extended Postpartum With Waiver	DY01	DY02	DY03	DY04	DY05	Total
Pop Type: Hypothetical	24,426	23,995	23,572	23,157	22,748	WW
Member Months (61-90 days)	\$ 355.25	\$ 366.47	\$ 378.06	\$ 390.01	\$ 402.33	
PMPPM Cost	\$ 8,677,163	\$ 8,793,601	\$ 8,911,602	\$ 9,031,186	\$ 9,152,375	\$ 44,565,927
Total Expenditure						

Hypotheticals Variance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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2015

Medical St	Med Stat Description	Members
9A	Preg non-qualifying immigrant, >200-300%	47
9C	Preg woman, >200-300%	729
9D	Preg minor, >200-300%	28
9E	EE for preg woman, > 200-300%	27
9M	Preg woman, ded, >300%	12
AB	preg woman, >100-200%, BC+ SP	4511
BA	preg woman, up to 100%, BC+ SP	22894
BS	pregnant immigrant, to 200%, BC+ SP	2323
BV	EE, preg wmn, to 200%, amb prenatal	511
BX	pregnant inmate, to 200%, BC+ SP	31

2016

Medical St	Med Stat Description	Members
9A	Preg non-qualifying immigrant, >200-300%	41
9B	Preg inmate, >200-300%	1
9C	Preg woman, >200-300%	785
9D	Preg minor, >200-300%	18
9E	EE for preg woman, > 200-300%	20
9M	Preg woman, ded, >300%	15
AB	preg woman, >100-200%, BC+ SP	4603
BA	preg woman, up to 100%, BC+ SP	22470
BS	pregnant immigrant, to 200%, BC+ SP	2239
BV	EE, preg wmn, to 200%, amb prenatal	426
BX	pregnant inmate, to 200%, BC+ SP	33

2017

Medical St	Med Stat Description	Members
9A	Preg non-qualifying immigrant, >200-300%	37
9B	Preg inmate, >200-300%	1
9C	Preg woman, >200-300%	796
9D	Preg minor, >200-300%	20
9E	EE for preg woman, > 200-300%	37
9M	Preg woman, ded, >300%	10
AB	preg woman, >100-200%, BC+ SP	4609
BA	preg woman, up to 100%, BC+ SP	21993
BS	pregnant immigrant, to 200%, BC+ SP	1993
BV	EE, preg wmn, to 200%, amb prenatal	393
BX	pregnant inmate, to 200%, BC+ SP	35

2018

Medical St	Med Stat Description	Members
9A	Preg non-qualifying immigrant, >200-300%	55
9C	Preg woman, >200-300%	884
9D	Preg minor, >200-300%	17
9E	EE for preg woman, > 200-300%	28
9M	Preg woman, ded, >300%	9
AB	preg woman, >100-200%, BC+ SP	4747
BA	preg woman, up to 100%, BC+ SP	21162
BS	pregnant immigrant, to 200%, BC+ SP	1809
BV	EE, preg wmn, to 200%, amb prenatal	381
BX	pregnant inmate, to 200%, BC+ SP	31

2019

Medical St	Med Stat Description	Members
9A	Preg non-qualifying immigrant, >200-300%	59
9B	Preg inmate, >200-300%	1
9C	Preg woman, >200-300%	894
9D	Preg minor, >200-300%	18
9E	EE for preg woman, > 200-300%	20
9M	Preg woman, ded, >300%	11
AB	preg woman, >100-200%, BC+ SP	4828
BA	preg woman, up to 100%, BC+ SP	20516
BS	pregnant immigrant, to 200%, BC+ SP	1752
BV	EE, preg wmn, to 200%, amb prenatal	371
BX	pregnant inmate, to 200%, BC+ SP	53

Category	8713		8714		8715		8716		8717		8718		8719		8720		Total
	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	Cashload	Modified PMPM	
Prog Wm FFS SP - 800	\$ 1,133.17	533	\$ 1,387.77	602	\$ 1,240.08	638	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Prog Wm FFS SP - T-19	\$ 871.40	405	\$ 1,185.78	445	\$ 1,240.08	520	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Prog Wm FFS SP - T-21	\$ 1,178.00	533	\$ 1,387.77	602	\$ 1,240.08	638	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Prog Wm HMO SP - 800	\$ 1,245.00	533	\$ 1,387.77	602	\$ 1,240.08	638	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Prog Wm HMO SP - T-19	\$ 1,055.00	504	\$ 1,387.77	602	\$ 1,240.08	638	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Prog Wm HMO SP - T-21	\$ 210.77	217	\$ 1,387.77	602	\$ 1,240.08	638	\$ 1,410.05	433	\$ 1,305.95	487	\$ 1,288.52	331	\$ 1,402.23	307	\$ 1,402.23	470	\$ 1,402.23
Total (weighted average)	\$ 8,557.77	3,235.33	\$ 11,600.00	4,141.00	\$ 9,663.50	4,141.00	\$ 11,600.00	4,141.00	\$ 9,663.50	4,141.00	\$ 11,600.00	4,141.00	\$ 9,663.50	4,141.00	\$ 11,600.00	4,141.00	\$ 9,663.50

Total member months Prog Wm (including interruption and postpartum)

Wisconsin Department of Health Services

Wisconsin Postpartum Coverage 1115 Waiver

DRAFT - Section 1115 Demonstration Waiver Application

April 6, 2022

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1.0 Introduction

As required by 2021 Wisconsin Act 58, the Wisconsin Department of Health Services (DHS) is seeking a five-year Medicaid 1115 research and demonstration waiver. Our goal is to improve postpartum morbidity and mortality of birthing people in the state by extending access to quality care and by ensuring continuity of care and care coordination during the postpartum period. The waiver will allow the state to extend postpartum Medicaid coverage from 60 days to 90 days or three months, which effectively provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

2.0 Background

Wisconsin Medicaid has long prioritized coverage of pregnant people and now finances more than four in ten births in the state. Currently, pregnancy-related Medicaid coverage lasts through 60 days postpartum. An infant is eligible for Medicaid for the first year after birth under federal law. Those who qualify for Medicaid based on pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth, and delivery services.

Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level. Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends. Birthing people whose household income is below 100% of the FPL may retain eligibility following pregnancy, as either a parent or a childless adult (if they are not a parent of a child in the household). Unless eligible under other Medicaid provisions, birthing people above that level are no longer eligible for coverage. They are disenrolled from the program after 60 days, causing disruptions to care and access to coverage.

The postpartum period is a critically important, yet often neglected, time in the health of the birthing person and baby. Pregnancy-related medical conditions, chronic health conditions, and even death can occur in the months following birth or the end of pregnancy. According to the 2017 Annual Wisconsin Birth and Infant Mortality Report, 41% of birthing people had one or more medical risk factors that put them at higher risk for pregnancy complications or poor birth outcomes. Pregnancy-related medical and chronic health conditions left untreated can have serious consequences if the birthing person cannot care for themselves and their baby.

Racial disparities in the health of birthing people and their babies are also of particular concern. In Wisconsin, a Black birthing person is five times more likely to die of birthing mortality than a white birthing person. Nationally, Black, American Indian, and Alaska Native birthing people are two to three times more likely to die from pregnancy-related causes than non-Hispanic white birthing people. Extending Medicaid coverage during the postpartum period is emerging as a critical strategy to address disparities in morbidity and mortality of birthing people.

3.0 Demonstration Objectives and Summary

3.1 Project Objectives of the Waiver

Wisconsin is committed to implementing policies that result in high-quality health coverage for our citizens, leveraging the state's tradition of strong health outcomes, innovation, and high-quality health care to do so. Wisconsin's overall goals for the Medicaid program are to:

- Ensure that Wisconsin residents with limited financial resources have access to health coverage.
- Improve lives through high-value programs and services that increase wellbeing and promote independence.
- Provide responsible stewardship of taxpayer resources.

The goals sought by this waiver are to:

- Reduce the morbidity and mortality of birthing people for Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.

3.2 Demonstration Project Overview

This waiver is prompted by 2021 Wisconsin Act 58, which requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month after 90 days postpartum. The relevant statutory language of 2021 Wisconsin Act 58 reads in pertinent part:

SECTION 234. 49.471 (6) (L) of the statutes is created to read: 49.471 (6) (L)
The department shall request from the federal department of health and human services approval of a state plan amendment or a waiver of federal law to implement subs. (6) (b) and (7) (b) 1. and ss. 49.46 (1) (a) 1m. and (j) and 49.47 (4) (ag) 2.

SECTION 235. 49.471 (7) (b) 1. of the statutes is amended to read: 49.471 (7) (b)
1. A pregnant woman whose family income exceeds 300 percent of the poverty line may become eligible for coverage under this section if the difference between the pregnant woman's family income and the applicable income limit under sub. (4) (a) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day or, if approved by the federal government, the 90th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family.

This waiver would increase the postpartum coverage period from 60 days to 90 days after the last day of pregnancy, providing an additional month of coverage for birthing people whose household income is above 100% of the FPL. The legislation does not impact or modify any components of the state’s current Medicaid or CHIP programs.

3.3 Demonstration Population

The proposal to extend postpartum coverage from 60 days to 90 days or three months will only be implemented for the eligibility groups included in the following table. The eligible populations will have incomes up to, but not exceeding, 300% of FPL.

Table 3.3: Eligible Populations

Eligibility Group Name	CFR and Social Security Act Citations
Qualified Pregnant Women and Children	42 CFR § 435.116 SSA § 1902(a)(10)(A)(i)(III) SSA § 1905(n)
Mandatory Poverty Level Pregnant Women	SSA § 1902(a)(10)(A)(i)(IV) SSA § 1902(l)(1)(A)
Optional Poverty Level Related Pregnancy – Women & Infants	SSA § 1902(a)(10)(A)(ii)(IX) SSA § 1902(l)(2)

3.4 Determining and Maintaining Eligibility

3.4.1 Determining Eligibility

Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends. The proposal extends existing postpartum coverage from 60 days to 90 days or three months (i.e., by an additional thirty days or one month). This extension has no material impact on eligibility determinations.

Individuals on other forms of Medicaid that are not listed in the table above are not eligible for this proposed extension. They will maintain their current coverage and will not transition into pregnancy-related coverage.

3.4.2 Maintaining Eligibility

To promote the continuity of postpartum care, a participant who is deemed eligible, according to the eligibility groups listed in Table 3.3, will maintain coverage for the duration of the 90 days or three-month postpartum period. After the three-month postpartum period, an eligibility redetermination will be made as per 42 CFR 435.916(a). If an individual qualifies for full Medicaid benefits as part of a separate eligibility group, the transition will automatically occur.

3.5 Geography and Timeframe

DHS seeks a five-year demonstration approval period and intends to implement the demonstration statewide as soon as possible after CMS approval. This timeframe includes sufficient time to communicate with members the changes under the waiver and for the state to prepare and implement operational and administrative changes.

3.5.1 Transition Period

In the interest of equity, DHS will extend a “transition period” to eligible people whose 60-day postpartum benefits prior to this demonstration would have expired. Eligible people will be permitted to seamlessly benefit from the extended postpartum coverage under this demonstration and maintain coverage for the duration of the 90-day or three-month postpartum period.

3.5.2 Enrollment Transitions

Individuals will seamlessly transition into this waiver exactly as they did previously under the 60-day postpartum benefit period; the substantive change is simply an extended postpartum benefit period. All birthing people covered by this proposed extension will transition after the extended 90 days or three-month postpartum benefit period to the appropriate Medicaid program, if eligible, based on their current eligibility; this transition will take place automatically.

3.5.3 Retroactive Enrollment

There is no change to the state’s current retroactive coverage policy. New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted. Eligibility will be determined for up to three months prior to the month of application upon the applicant’s request.

3.6 Delivery System and Payment Rates for Services

3.6.1 Managed Care Delivery System

The state will utilize a managed care delivery system to provide services to all members eligible for this proposed extension, except for individuals who are either prohibited from joining a health maintenance organization (HMO) or those exempt from joining an HMO and choose not to do so.

The state currently contracts with multiple HMOs, which were selected through a certification process for any willing managed care organization. The state does not intend to amend its existing contracts with its HMOs to implement the provisions of this 1115 demonstration waiver. The state believes the existing HMO infrastructure has adequate capacity to handle the proposed extension of the postpartum period. If capacity issues arise, the state will reassess its contracting strategy in a timely fashion.

3.6.2 Health Plan Selection

HMO assignment/selection will follow the same process used outside this waiver. Members who do not already belong to an HMO upon entry into the program will be automatically enrolled into

an HMO. Members will then have a 90-day window to switch to a different plan if they choose before being locked into their assigned plan until their anniversary date the following year.

3.6.3 Payment Rates for Service

The capitation rate-setting methodology for this demonstration will be the same methodology used to set rates for the current Medicaid populations and will comply with all federal rate-setting requirements and guidance. Rate cell determinations will be aligned with the respective age cohort in the BadgerCare Plus rate cell.

3.7 Implementation of Demonstration

The state intends to implement the demonstration as soon as possible after CMS approval. This rollout must include sufficient time for the state to prepare and implement operational and administrative changes and communicate with members the changes under the waiver.

3.7.1 Notification

The state will develop and deploy an appropriate communications strategy to inform current BadgerCare Plus enrollees and members in the “transition period” cohort. Pending approval of this demonstration, DHS intends to provide notice as soon as reasonably practicable.

Communications will also target HMOs, pertinent organizations, hospitals, providers, and lactation service professionals, through provider-specific messages. Additional communications to all pertinent organizations will be conducted via email. Because members will transition seamlessly into this augmented period after 60-days of postpartum coverage, no additional enrollments will be required.

4.0 Requested Waivers and Expenditure Authorities

4.1 Title XIX Waivers

Wisconsin seeks waiver of the following requirements of the Title XIX of the Social Security Act necessary to implement Wisconsin’s 1115 demonstration:

- 1. Definition of Pregnant Woman: SSA § 1905(n)/42 CFR § 435.4**
 - Necessary to redefine “qualified pregnant woman or child” (SSA) and “pregnant women” (CFR) to augment the baseline postpartum period from 60 days to 90 days.
- 2. Extended Eligibility and Continuous Eligibility: SSA § 1902(e)(5) and (6)/42 CFR § 435.170(b) and (c)**
 - Necessary to extend both eligibility and continuous eligibility for newly defined “pregnant women or child” and “pregnant woman” from 60 days to 90 days.
- 3. Suspended Renewals Until End of Postpartum Period: 42 CFR § 435.916(a)**
 - Necessary to ensure continuity of coverage for newly defined “pregnant woman” until after the augmented postpartum period ends, i.e., the last day of the month in which the 90th day after the last day of a person’s pregnancy falls.

4.2 Expenditure Authorities

Under this demonstration, the state also requests expenditure authority for birthing people up to 300% of the FPL for the extended one-month postpartum coverage period, which is not otherwise included under § 1903 of the SSA. These expenditures shall be regarded for the demonstration as matchable expenditures under the state’s Medicaid Title XIX state plan.

5.0 Demonstration Financing and Budget Neutrality

Federal policy requires Section 1115 Waiver demonstrations to be budget neutral to the federal government. This means that a demonstration should not cost the federal government more than what would have otherwise been spent without it. Determination of federal budget neutrality for a Section 1115 demonstration application must follow a unique process distinct from federal and state budgeting and health plan rate setting. The processes, methods, and calculations required to demonstrate federal budget neutrality only exist for that express purpose. Therefore, the budget neutrality model shown here should not be construed as a substitute for budgeting and rate setting or imply any guarantee of any specific payment.

To ensure budget neutrality for each federal fiscal year of this five-year demonstration, Wisconsin will continue to use a historical per-member per-month (PMPM) methodology specific to the postpartum coverage population (i.e., pregnant women, children, and infants eligibility groups listed in Table 2.1). This calculation has been established in the context of current federal and state law and with appropriate, analytically sound baselines and adjustments. The demonstration will measure the financial impact on the program.

5.1 Enrollment

Table 5.1.1 summarizes enrollment estimates for the postpartum coverage population. The population figures are the actual enrollment for each historical year to establish the enrollment trend. Enrollment reflects the state’s estimates for those who would continue Medicaid coverage for the extended one month. The enrollment estimates were based on the number of member months for the current postpartum coverage for the waiver population during state fiscal years (SFY) 2015 to 2019.

Table 5.1.1: Historical Average Monthly Enrollment (Based on Member Months) by SFY

2015	2016	2017	2018	2019
28,161	27,874	27,381	26,776	26,227
Trend	-1.0%	-1.8%	-2.2%	-2.0%
5-year average trend				-1.8%

Table 5.1.2 summarizes estimated enrollment and eligible member months for each demonstration year by applying the average enrollment trend for the hypothetical historical population of -1.8%.

Table 5.1.2: Estimated Enrollment by Demonstration Year

Demonstration Year (DY)	Eligible Member Months (Annual)	Average Monthly Enrollment
DY1	24,426	2,036
DY2	23,995	2,000
DY3	23,572	1,964
DY4	23,157	1,930
DY5	22,748	1,896

5.2 Expenditures Per Member Month (PMPM)

Wisconsin calculated the PMPM based on the historical average of expenditures from SFY 2015 – SFY 2019. There are currently seven unique medical status codes for the existing population that route to the various rate cell codes for managed care. These also inform the fee-for-service population that currently includes pregnant women and the 60-day postpartum coverage, which varies by managed care entity and region. Individuals in the extended one-month postpartum coverage will remain in these rate cohorts during coverage.

Table 5.2.1: Historical Average PMPM by SFY

SFY	2015	2016	2017	2018	2019
PMPM	\$ 291.58	\$ 287.25	\$ 303.50	\$ 313.45	\$ 313.67

Based on the observed historical trend in Wisconsin, experience in other states, and review of national inflation for 2021, the state is applying a 3.2% annual trend rate the SFY 2019 average PMPM to develop the projected demonstration year PMPMs (Table 5.4).

Table 5.2.2: Estimated PMPM for Waiver by Demonstration Year

DY1	DY2	DY3	DY4	DY5
\$355.25	\$366.47	\$378.06	\$390.01	\$402.33

5.3 Retroactive Coverage

Since most individuals receiving the postpartum care extended coverage also delivered their baby while enrolled in Medicaid, the estimates do not include any prior quarter costs. Prior period costs are reflected in the managed care rate development.

5.4 Premiums and Copays

There are no premiums or copays for this population, so there are no adjustments reflected in the PMPM.

6.0 Evaluation Design

The following table presents an overview of the goals sought by the waiver, along with their respective hypotheses and metrics to evaluate.

Table 6.1: Goals, Hypotheses, and Metrics

Goal	Hypothesis	Metrics
Reduce morbidity and mortality of birthing people for Medicaid members in Wisconsin.	Extending eligibility for pregnant birthing people from 60 days to 90 days or three months postpartum will reduce morbidity and mortality of birthing people for Medicaid members in Wisconsin by providing continued health maintenance organization (HMO) care coordination and continuity in provider networks at a medically vulnerable time.	Rates of postpartum morbidity and mortality of birthing people year-over-year. Number of birthing people who access services pre-intervention (five-year baseline with postpartum coverage of 60 days) vs. post-intervention (postpartum coverage of 90 days). Postpartum visit rates pre vs. post.
Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.	Targeting specific populations to extend Medicaid benefits will support the financial sustainability of the Medicaid program.	Total cost of health services per population capita pre- and post-intervention vs. the national average.

A detailed evaluation design will be developed for review and approval by CMS. The evaluator will use relevant data from the BadgerCare Plus program and its managed care organizations.

This may include eligibility, enrollment, claims, payment, encounter/utilization, chart reviews, and other administrative data. The evaluator may also conduct surveys and focus groups of beneficiaries and providers and other original data collection, as appropriate.

Both interim and final evaluations will be conducted to help inform the state, CMS, stakeholders, and the general public about the performance of the demonstration. All evaluation reports will be made public and posted on the DHS website.

7.0 Public Involvement and Public Comment

This section is reserved for completion following the public comment process on this draft application. Following the public comment period, this section will describe the state's public comment process (including public notice, website, and public meetings) and the comments received through the various means offered.

7.1 Public Notice Requirements

Providing information and obtaining input on changes from the public is of high importance for DHS as we prepare to submit the waiver request. DHS will comply with the public notice requirements in *42 C.F.R. 431.408*.

7.1.1 Public Comment Period

DHS will initiate the required 30-day public comment period.

By law, individuals and organizations will have the opportunity to review the official waiver application and provide comments for 30 days, starting on April 6, 2022, and ending on May 6, 2022. Individuals and organizations may also provide comments through written or verbal statements during public hearings (see below).

The state will provide a comprehensive list of the comments received during the 30-day period to CMS, and a summary of the state's responses that note how/if the state incorporated the feedback. This information will be included in the final waiver request submitted to CMS on or around May 15, 2022, and available on the DHS website.

7.1.2 Public Hearings

As required by Section 1115 of the Social Security Act, DHS will conduct two public hearings on the dates listed below.

Due to the public health concerns related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver application. CMS has the discretion to exempt the state from completing any aspect of the public notice process. This includes exemption from conducting any public notice when the state demonstrates to CMS the existence of unforeseen circumstances, such as the COVID-19 public health

emergency, that directly threatens human lives that warrant an exception to the normal public notice process. Accordingly, the state will use two webinars instead of in-person hearings.

Public Hearing 1: Wednesday, April 13, 2022, from 10:00 a.m. to 12:00 p.m.

Public Hearing 2: Wednesday, April 20, 2022, from 10:00 a.m. to 12:00 p.m.

7.1.3 Tribal Consultation

DHS will conduct tribal consultation according to the established process at least 60 days before submitting the waiver demonstration application.

7.1.4 Waiver Materials and Comment Mechanisms

Waiver materials, including the full public notice, and comment mechanisms, will be available on the DHS website at www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm.

The final waiver application, once complete, may be obtained from DHS at no charge by downloading the documents from the DHS website at www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm or by contacting Bailey Dvorak:

- Mail:

Bailey Dvorak, Division of Medicaid Services
Re: Postpartum 1115 Waiver
PO Box 309
Madison, WI 53707-0309

- Phone: 608-266-5210
- Fax: 608-266-3205
- Email: bailey.dvorak@dhs.wisconsin.gov

7.1.5 Written Comments

Written comments on the proposed changes are welcome and will be accepted from April 6, 2022, until May 6, 2022. Written comments may be sent to the Division of Medicaid Services at:

- Fax: 608-266-1096
- Email: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov
- Mail:

Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309

8.0 Demonstration Administration

Wisconsin's point of contact for this demonstration waiver is as follows:

- Name and title: Lisa Olson, Medicaid Director
- Phone: 608-266-5151
- Email: lisaa.olson@dhs.wisconsin.gov

Wisconsin Department of Health Services Section 1115 Postpartum Coverage Waiver

Overview

The Department of Health Services (DHS) intends to submit an application to the Centers for Medicare and Medicaid Services (CMS) on or around May 15, 2022, requesting a five-year Medicaid 1115 Research and Demonstration Waiver as required by 2021 Wisconsin Act 58. The waiver will allow the state to extend postpartum Medicaid coverage from 60 days to 90 days or three months, effectively providing an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL). DHS must obtain approval from CMS before this change can take effect.

Demonstration Population

The waiver will extend the postpartum coverage period from 60 days to 90 days postpartum for eligible birthing people whose household income is above 100% but not exceeding 300% of FPL. The waiver will only be implemented for the following eligibility groups:

- Qualified Pregnant Women and Children – 42 CFR § 435.116, SSA § 1902(a)(10)(A)(i)(III), SSA § 1905(n)
- Mandatory Poverty Level Pregnant Women — SSA § 1902(a)(10)(A)(i)(IV), SSA § 1902(l)(1)(A)
- Optional Poverty Level Related Pregnancy – Women & Infants - SSA § 1902(a)(10)(A)(ii)(IX), SSA § 1902(l)(2)

Eligibility

Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends. This extension has no material impact on eligibility determinations.

Public Comment

Providing information and obtaining input on changes from the public is of high importance for the state as we prepare to submit the request. By law, you have the opportunity to review the official waiver application and to provide comments for 30 days, starting April 6, 2022, and ending May 6, 2022. You may also provide comments through written or verbal statements during public hearings (see below). Public comments will be included in the waiver request submitted to CMS on or around May 15, 2022, and will be available on DHS's website at the address listed below.

Public Hearings

Due to the public health concerns related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver application.

CMS has the discretion to exempt the state from completing any aspect of the public notice process. Exemption reasons include demonstration by the state to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency, that directly threaten human lives and warrant an exception to the normal public notice process. Accordingly, the state will hold two webinars instead of in-person hearings.

- **April 13, 2022, 10:00 a.m. – 12:00 p.m.**
 - Join online:
<https://dhs.wi.zoomgov.com/j/1616690151>
 - Join by phone:
 - Toll-Free: 844-708-2568
 - 669-254-5252
 - 646-828-7666
 - 669-216-1590
 - 551-285-1373
 - Webinar ID: 161 669 0151

- **April 20, 2022, 10:00 a.m. – 12:00 p.m.**
 - Join online:
<https://dhs.wi.zoomgov.com/j/1610547719>
 - Join by phone:
 - Toll-Free: 844-708-2568
 - 669-254-5252
 - 646-828-7666
 - 669-216-1590
 - 551-285-1373
 - Webinar ID: 161 054 7719

Copies of Waiver Documents

Copies of waiver documents, including the full public notice (to be posted on April 6, 2022), and the final waiver application once complete, may be obtained from DHS at no charge. by downloading the documents at www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm or by contacting Bailey Dvorak at:

Mail: Bailey Dvorak
Division of Medicaid Services
P.O. Box 309
Madison, WI 53707-0309

Phone: 608-267-5210
Fax: 608-266-3205, Attn: Bailey Dvorak
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Written Comments

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Mail: Department of Health Services
Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
P.O. Box 309
Madison, WI 53707-0309

Fax: 608-266-1096

Email: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov

PUBLIC NOTICE
Wisconsin Department of Health Services
Section 1115 Postpartum Coverage Waiver

I. Overview

Under federal law, the State of Wisconsin Department of Health Services (DHS) must notify the public of its intent to submit to the Centers for Medicare & Medicaid Services (CMS) any new 1115 demonstration waiver project, extension, or amendment of any previously approved demonstration waiver project, or ending of any previously approved expiring demonstration waiver project, and must provide an appropriate public comment period before submitting to CMS the new, extended, or amended 1115 demonstration waiver application.

This notice serves to meet these federal requirements and to notify the public that, as required by 2021 Wisconsin Act 58, the State of Wisconsin intends to submit a request to CMS on or around May 15, 2022, to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month 90 days after the last day of pregnancy. DHS seeks a five-year demonstration approval period and intends to implement the demonstration statewide as soon as possible after CMS approval. You can review the official waiver request and provide comments for the next 30 days (see below), as well as provide written or verbal statements at the required public hearings.

Due to the public health concerns related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver application. CMS has the discretion to exempt the state from completing any aspect of the public notice process. Exemption reasons include demonstration by the state to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency, that directly threaten human lives and warrant an exception to the normal public notice process. Accordingly, the state will hold two webinars in place of in-person hearings.

- **April 13, 2022, 10:00 a.m. – 12:00 p.m.**
 - Join online:
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 - 551-285-1373
 - Webinar ID: 161 054 7719

Comments will be considered to determine if changes should be made to the waiver request but will not impact proposed or enacted state and federal law. In addition, all public comments will be communicated to HHS as part of the final waiver application.

Accessibility

English

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or an alternate format, you may request assistance to participate by contacting Bailey Dvorak at 608-267-5210. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número 608-267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Bailey Dvorak ntawm 608-267-5210. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnuv ua ntej qhov hauj lwm ntawd.

II. Background

Wisconsin Medicaid has long prioritized coverage of pregnant people and now finances more than four in ten births in the state. Currently, pregnancy-related Medicaid coverage lasts through 60 days postpartum. An infant is eligible for Medicaid for the first year after birth under federal law. Those who qualify for Medicaid based on pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth, and delivery services.

Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level (FPL). Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends. Birthing people whose household income is below 100% of the FPL may retain eligibility following pregnancy, as either a parent or a childless adult (if they are not a parent of a child in the household). Unless eligible under other Medicaid provisions, birthing people above that level are no longer eligible for coverage. They are disenrolled from the program after 60 days, causing disruptions to care and access to coverage.

The postpartum period is a critically important, yet often neglected, time in the health of the birthing person and baby. Pregnancy-related medical conditions, chronic health conditions, and even death can occur in the months following birth or the end of pregnancy. According to the 2017 Annual Wisconsin Birth and Infant Mortality Report (available to download at www.dhs.wisconsin.gov/publications/p01161-19.pdf), 41% of birthing people had one or more medical risk factors that put them at higher risk for pregnancy complications or poor birth outcomes. Pregnancy-related medical and chronic health conditions left untreated can have serious consequences if the birthing person cannot care for themselves and their baby.

Section 1115 of the Social Security Act provides the Secretary of HHS broad authority to authorize experimental or pilot research and demonstration projects, which are likely to promote the objectives of the Medicaid statute. Flexibility under section 1115 is sufficiently broad to allow states to test substantially new ideas of policy merit.

Racial disparities in the health of birthing people and their babies are of particular concern. In Wisconsin, a Black birthing person is five times more likely to die of birthing mortality than a white birthing person. Nationally, Black, American Indian, and Alaska Native birthing people are two to three times more likely to die from pregnancy-related causes than non-Hispanic white birthing people. Extending Medicaid coverage during the postpartum period is emerging as a critical strategy to address disparities in morbidity and mortality of birthing people.

III. Project Goals

Wisconsin is committed to implementing policies that result in high-quality health coverage for our citizens, leveraging the state's tradition of strong health outcomes, innovation, and high-quality health care to do so. Wisconsin's overall goals for the Medicaid program are to:

- Ensure that Wisconsin residents with limited financial resources have access to health coverage.
- Improve lives through high-value programs and services that increase well-being and promote independence.
- Provide responsible stewardship of taxpayer resources.

The goals sought by this waiver are to:

- Reduce the morbidity and mortality of birthing people for Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.

IV. Project Description

This waiver is prompted by 2021 Wisconsin Act 58, which requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month after 90 days postpartum. This waiver would increase the postpartum coverage period from 60 days to 90 days or three months after the last day of pregnancy, providing an additional month of coverage for birthing people whose household income is above 100% of the FPL.

The legislation does not impact or modify any components of the state's current Medicaid or CHIP programs.

V. Demonstration Population, Eligibility, and Enrollment

Outlined below are the current Medicaid eligibility and coverage standards for pregnant and birthing people that describe the specific proposed changes sought for this demonstration population through this waiver request.

Current Program: Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level. Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends. Birthing people whose household income is below 100% of the FPL may retain eligibility following pregnancy, as either a parent or a childless adult (if they are not a parent of a child in the household). Unless eligible under other Medicaid provisions, birthing people above that level are no longer eligible for coverage. They are disenrolled from the program after 60 days.

Waiver Proposal: This waiver would extend postpartum Medicaid coverage from 60 days to 90 days or three months, which effectively provides an additional month of coverage for birthing people whose household income is above 100% of FPL but not exceeding 300% of FPL.

Demonstration Population: The waiver will only be implemented for the following eligibility groups:

- Qualified Pregnant Women and Children – 42 CFR § 435.116, SSA § 1902(a)(10)(A)(i)(III), SSA § 1905(n)
- Mandatory Poverty Level Pregnant Women – SSA § 1902(a)(10)(A)(i)(IV), SSA § 1902(l)(1)(A)
- Optional Poverty Level Related Pregnancy – Women & Infants - SSA § 1902(a)(10)(A)(ii)(IX), SSA § 1902(l)(2)

Eligibility: Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends. The proposal extends existing postpartum coverage from 60 days to 90 days or three months (i.e., by an additional thirty days or one month). This extension has no material impact on eligibility determinations.

Individuals on other forms of Medicaid that are not listed in the table above are not eligible for this proposed extension. They will maintain their current coverage and will not transition into pregnancy-related coverage.

To promote the continuity of postpartum care, a participant who is deemed eligible, according to the eligibility groups listed in Table 3.3, will maintain coverage for the duration of the 90 days or three-month postpartum period. After the three-month postpartum period, an eligibility redetermination will be made as per *42 CFR 435.916(a)*. If an individual qualifies for full Medicaid benefits as part of a separate eligibility group, the transition will automatically occur.

Enrollment: Individuals will seamlessly transition into this waiver exactly as they did previously under the 60-day postpartum benefit period; the substantive change is simply an extended postpartum benefit period. All birthing people covered by this proposed extension will transition after the extended 90 days or three-month postpartum benefit period to the appropriate Medicaid program, based on their current eligibility; this transition will take place automatically.

DHS will extend a “transition period” to eligible people whose 60-day postpartum benefits prior to this demonstration would have expired. Eligible people will be permitted to seamlessly benefit from the extended postpartum coverage under this demonstration and maintain coverage for the duration of the 90-day or three-month postpartum period.

There is no change to the state’s current retroactive coverage policy. New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted. Eligibility will be determined for up to three months before the month of application upon the applicant’s request.

VI. Delivery System and Payment Rates for Services

Managed Care Delivery System: The state will utilize a managed care delivery system to provide services to all members eligible for this proposed extension, except for individuals who are either prohibited from joining a health maintenance organization (HMO) or those exempt from joining an HMO and choose not to do so.

The state currently contracts with multiple HMOs, which were selected through a certification process for any willing managed care organization. The state does not intend to amend its existing contracts with its HMOs to implement the provisions of this 1115 demonstration waiver.

HMO assignment/selection will follow the same process used outside this waiver. Members who do not already belong to an HMO upon entry into the program will be automatically enrolled into an HMO. Members will then have a 90-day window to switch to a different plan if they choose before being locked into their assigned plan until their anniversary date the following year.

Payment Rates for Services: The capitation rate-setting methodology for this demonstration will be the same methodology used to set rates for the current Medicaid populations and will comply with all federal rate-setting requirements and guidance. Rate cell determinations will be aligned with the respective age cohort in the BadgerCare Plus rate cell.

VII. Implementation

DHS seeks a five-year demonstration approval period and intends to implement the demonstration as soon as possible after CMS approval. This rollout must include sufficient time for the state to prepare and implement operational and administrative changes and communicate with members the changes under the waiver.

Notification: The state will develop and deploy an appropriate communications strategy to inform current BadgerCare Plus enrollees and members in the “transition period” cohort. Pending approval of this demonstration, DHS intends to provide notice as soon as reasonably practicable.

Communications will also target HMOs, pertinent organizations, hospitals, providers, and lactation service professionals, through provider-specific messages. Additional communications to all pertinent organizations will be conducted via email. Because members will transition seamlessly into this augmented period after 60 days of postpartum coverage, no additional enrollments will be required.

VIII. Budget and Cost-Effectiveness Analysis

Approach to Ensuring Federal Budget Neutrality

Federal policy requires Section 1115 Waiver demonstrations to be budget neutral to the federal government. This means that a demonstration should not cost the federal government more than what would have otherwise been spent without it. Determination of federal budget neutrality for a Section 1115 demonstration application must follow a unique process distinct from federal and state budgeting and health plan rate setting. The processes, methods, and calculations required to demonstrate federal budget neutrality only exist for that express purpose. Therefore, the budget neutrality model shown here should not be construed as a substitute for budgeting and rate setting or imply any guarantee of any specific payment.

To ensure budget neutrality for each federal fiscal year of this five-year demonstration, Wisconsin will continue to use a historical per-member per-month (PMPM) methodology specific to the postpartum coverage population (i.e., pregnant women, children, and infants eligibility groups listed in Table 2.1). This calculation has been established in the context of current federal and state law and with appropriate, analytically sound baselines and adjustments. The demonstration will measure the financial impact on the program.

IX. Evaluation Design

The first goal of the waiver is to reduce morbidity and mortality of birthing people for Medicaid members in Wisconsin. The respective hypothesis is that extending eligibility for pregnant birthing people from 60 days to 90 days or three months postpartum will reduce morbidity and mortality of birthing people for Medicaid members by providing continued health maintenance organization (HMO) care coordination and continuity in provider networks at a medically vulnerable time. Metrics to evaluate this hypothesis include:

- Rates of postpartum morbidity and mortality of birthing people year-over-year.
- Number of birthing people who access services pre-intervention (five-year baseline with postpartum coverage of 60 days) vs. post-intervention (postpartum coverage of 90 days).
- Postpartum visit rates pre vs. post.

The second goal of the waiver is to support the long-term fiscal sustainability of the Medicaid program in Wisconsin. The respective hypothesis is that targeting specific populations to extend Medicaid benefits will support the financial sustainability of the Medicaid program. Metrics to evaluate this hypothesis include:

- Total cost of health services per population capita pre- and post-intervention vs. the national average.

A detailed evaluation design will be developed for review and approval by CMS. The evaluator will use relevant data from the BadgerCare Plus program and its managed care organizations. This may include eligibility, enrollment, claims, payment, encounter/utilization, chart reviews, and other administrative data. The evaluator may also conduct surveys and focus groups of beneficiaries and providers and other original data collection, as appropriate.

Both interim and final evaluations will be conducted to help inform the state, CMS, stakeholders, and the general public about the performance of the demonstration. All evaluation reports will be made public and posted on the DHS website.

X. Specific Waiver and Expenditure Authorities

Wisconsin seeks waiver of the following requirements of the Social Security Act necessary to implement Wisconsin's 1115 Demonstration:

- 1. Definition of Pregnant Woman: SSA § 1905(n)/42 CFR § 435.4**
 - Necessary to redefine "qualified pregnant woman or child" (SSA) and "pregnant women" (CFR) to augment the baseline postpartum period from 60 days to 90 days.
- 2. Extended Eligibility and Continuous Eligibility: SSA § 1902(e)(5) and (6)/42 CFR § 435.170(b) and (c)**
 - Necessary to extend both eligibility and continuous eligibility for newly defined "pregnant women or child" and "pregnant woman" from 60 days to 90 days.

3. Suspended Renewals Until End of Postpartum Period: 42 CFR § 435.916(a)

- Necessary to ensure continuity of coverage for newly defined “pregnant woman” until after the augmented postpartum period ends, i.e., the last day of the month in which the 90th day after the last day of a person’s pregnancy falls.

Under this demonstration, the state also requests expenditure authority for birthing people up to 300% of the FPL for the extended one-month postpartum coverage period, which is not otherwise included under § 1903 of the SSA. These expenditures shall be regarded for the demonstration as matchable expenditures under the state’s Medicaid Title XIX state plan.

XI. Copies of Demonstration Project Waiver Documents

Copies of waiver documents, including the final waiver application once complete, may be obtained from DHS at no charge by downloading the documents at www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm or by contacting Bailey Dvorak at:

Bailey Dvorak
Division of Medicaid Services
PO Box 309
Madison, WI 53707-0309

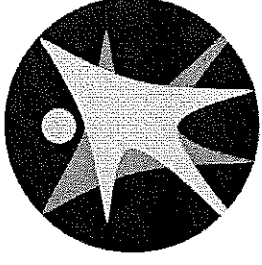
Phone: 608-267-5201
Fax: 608-266-3205, Attn: Bailey Dvorak
Email: bailey.dvorak@dhs.wisconsin.gov

XII. Written Comments

Written comments on the proposed changes are welcome and will be accepted from April 6, 2022, until May 6, 2022. Written comments may be sent to:

Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309
Fax: 608-266-1096
Email: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov

Public comments will be included in the waiver request submitted to CMS on or around May 15, 2022, and will be available on the DHS website at www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm.



Section 1115 Postpartum Coverage Waiver

Public Hearing

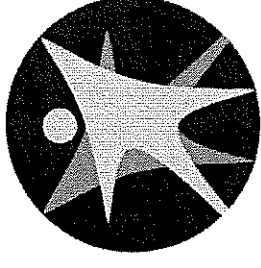
April 13, 2022

April 20, 2022

Join the Public Hearing

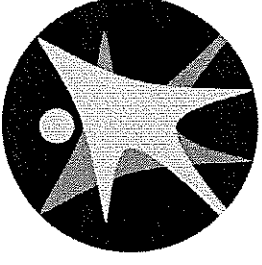
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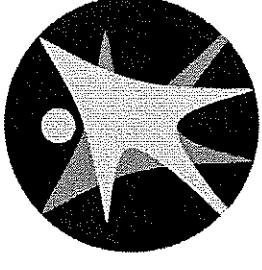
Join the Public Hearing

April 20, 2022

10:00 a.m. – 12:00 p.m.

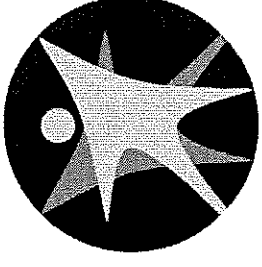
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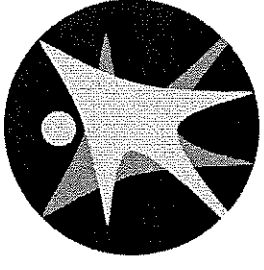
Special Considerations Due to the COVID-19 Pandemic

- Due to the public health concerns related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver amendment application.
- The Centers for Medicare and Medicaid Services (CMS) has discretion to exempt the state from completing any aspect of the public notice process, including exemption from conducting any public notice when the state demonstrates to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency that directly threatens human lives that warrant an exception to the normal public notice process.
- Accordingly, the state will use two webinars instead of in-person hearings.



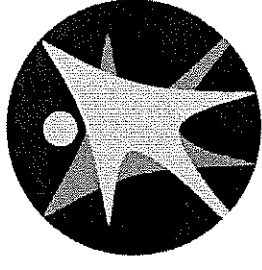
Presentation Outline

- Purpose of Hearing
- Background
- Waiver Project Objectives
- Overview of Waiver Proposal
- Budget Neutrality
- Timeline
- Comments



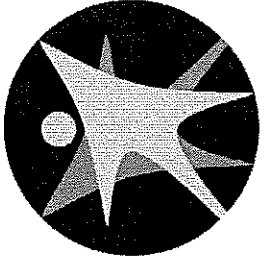
Purpose of the Hearing

- Thank you for your attendance today.
- The purpose of this hearing is to gather comments from the public on the proposed Postpartum Coverage Section 1115 Demonstration Waiver.
- At the end of this presentation, you may ask questions and/or provide your comments.
- Please hold all comments until that time.



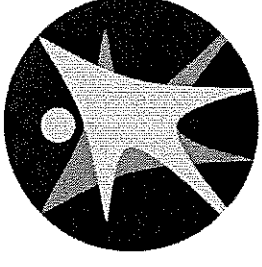
Current Medicaid Postpartum Coverage

- Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level.
- Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends.
- Those who qualify for Medicaid based on pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth, and delivery services.



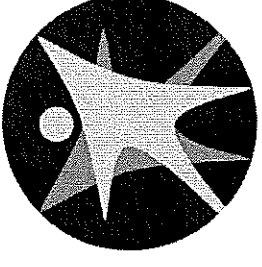
Current Medicaid Postpartum Coverage

- Individuals whose household income is below 100% of the FPL may retain eligibility following pregnancy.
- Unless eligible under other Medicaid provisions, individuals whose household incomes are above 100% FPL are no longer eligible for coverage.
- They are dis-enrolled from the program after 60 days.



2021 Wisconsin Act 58

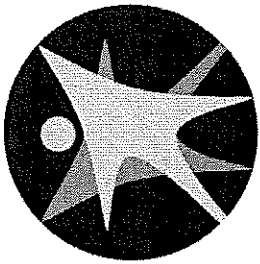
- This waiver is prompted by 2021 Wisconsin Act 58.
- Requires DHS to request federal approval to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month after 90 days postpartum.
- The legislation does not impact or modify any components of the state's current Medicaid or CHIP programs.



Waiver Objectives

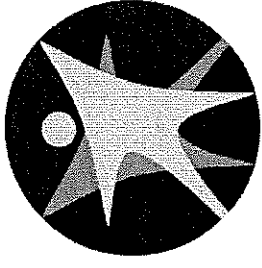
The goals sought by this waiver are to:

- Reduce the morbidity and mortality of eligible Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.



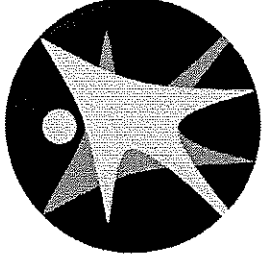
Waiver Amendment Overview

This waiver increases the postpartum coverage period from 60 days to 90 days after the last day of pregnancy, providing an additional month of coverage for individuals whose household income is above 100% of the FPL but does not exceed 300% (not including the 5% income disregard).



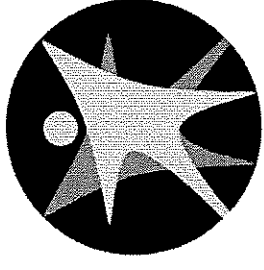
Demonstration Population

Eligibility Group Name	CFR and Social Security Act Citations
Qualified Pregnant Women and Children	42 CFR § 435.116 SSA § 1902(a)(10)(A)(i)(III) SSA § 1905(n)
Mandatory Poverty Level Pregnant Women	SSA § 1902(a)(10)(A)(i)(IV) SSA § 1902(I)(1)(A)
Optional Poverty Level Related Pregnancy – Women & Infants	SSA § 1902(a)(10)(A)(ii)(IX) SSA § 1902(I)(2)



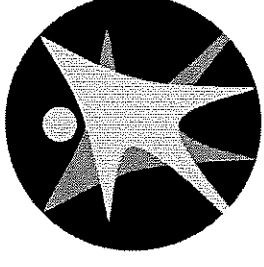
Determining Eligibility

- Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends.
- This extension has no material impact on eligibility determinations.
- Individuals who are not enrolled in BadgerCare Plus as a pregnant person are not eligible for this proposed extension.



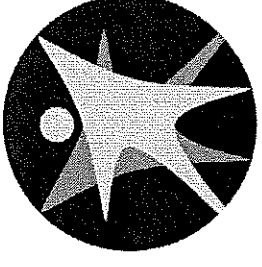
Maintaining Eligibility

- Participants who are deemed eligible for postpartum coverage will maintain coverage for the duration of the three-month postpartum period.
- After the three-month postpartum period, an eligibility redetermination will be made.
- If an individual qualifies for full Medicaid benefits as part of a separate eligibility group, the transition will automatically occur.



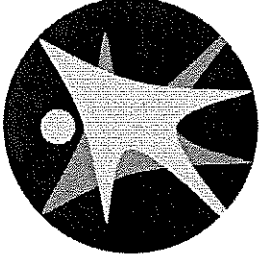
Transition Period

- DHS will extend a “transition period” to eligible people whose 60-day postpartum benefits prior to this demonstration would have expired.
- Eligible people will be permitted to seamlessly benefit from the extended postpartum coverage and maintain coverage for the duration of the 90-day period.



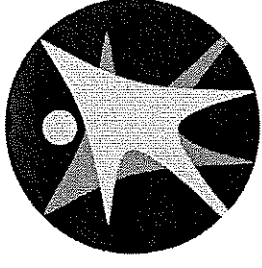
Enrollment Transitions

- Individuals will seamlessly transition into this extended benefit exactly as they did previously under the 60-day postpartum benefit period.
- After the extended three-month postpartum benefit period, all birthing people covered by this proposed extension will transition to the appropriate Medicaid program, if eligible, based on their current eligibility.
- This transition will take place automatically.



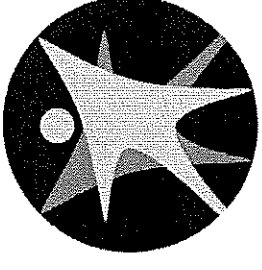
Retroactive Enrollment

- There is no change to the state's current retroactive coverage policy.
- New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted.
- Eligibility will be determined for up to three months prior to the month of application upon the applicant's request.



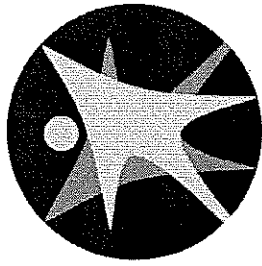
Managed Care Delivery System

- The state will utilize a managed care delivery system to provide services to all members eligible for this proposed extension.
- The state does not intend to amend its existing contracts with its HMOs to implement the provisions of this 1115 demonstration waiver.



Health Plan Selection

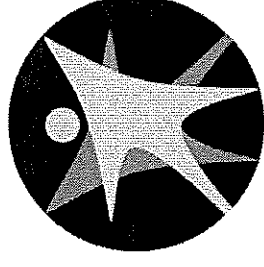
- HMO assignment/selection will follow the same process used outside this waiver.
- Members who do not already belong to an HMO upon entry into the program will be automatically enrolled into an HMO.
- Members will then have a 90-day window to switch to a different plan if they choose before being locked into their assigned plan until their anniversary date the following year.



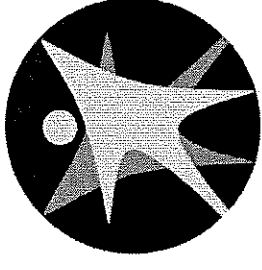
Payment Rates for Services

- The capitation rate-setting methodology for this demonstration will be the same methodology used to set rates for the current Medicaid populations.
- Payment rates will comply with all federal rate-setting requirements and guidance.

Implementation

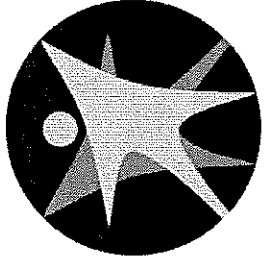


- The state intends to implement the demonstration as soon as possible after CMS approval.
- This rollout must include sufficient time for the state to prepare and implement operational and administrative changes and communicate with members the changes under the waiver.



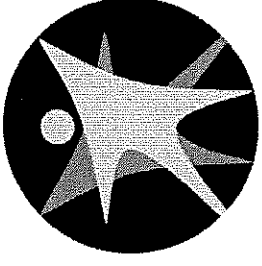
Notification

- The state will develop and deploy an appropriate communications strategy to inform current BadgerCare Plus enrollees and members in the “transition period” group.
- Communications will also target HMOs, pertinent organizations, hospitals, providers, and lactation service professionals, through provider-specific messages.
- Additional communications to all pertinent organizations will be conducted via email.



Budget Neutrality

- Federal policy requires Section 1115 demonstration waivers be budget neutral to the federal government.
- Wisconsin will continue to use a per-member per-month (PMPM) methodology specific to the postpartum coverage population to determine and achieve budget neutrality.
- The demonstration will measure the financial impact to the program.

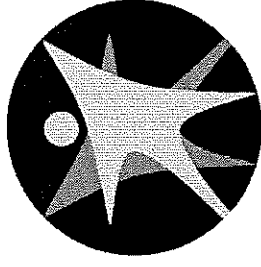


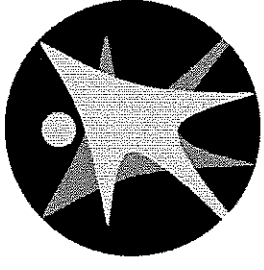
Timeline

Major Milestone	Date
Tribal Notice	March 15, 2022
Public Notice & Draft Waiver Application Posted to DHS Website	April 6, 2022
Public Hearings	April 13, 2022 April 20, 2022
Tribal Consultation	May 10, 2022
Public Comment Period	April 6, 2022 – May 6, 2022
Final Waiver Amendment Application Submitted to CMS	May 15, 2022
CMS Approval	TBD
Implementation	As soon as possible after CMS approval

Waiver Materials

Waiver materials, including the full public notice, and comment mechanisms, are available on the DHS website: www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm.

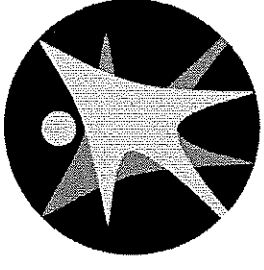




Providing Comments

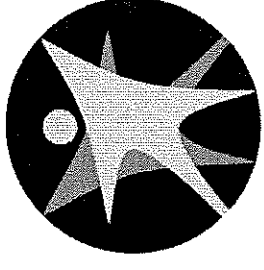
- At the conclusion of this presentation, we will provide instructions on how you can provide your comments orally and in writing on the webinar today.
- Comments may be mailed to:

Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309



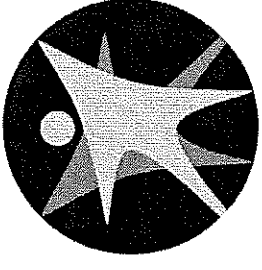
Comments

- You can also email your comments to DHS: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov
- Comments may also be faxed to 608-266-1096; attn: Bailey Dvorak.
- Comments will be collected through the end of the public comment period on May 6, 2022.
- All comments that are properly submitted will be given equal weight regardless of the method in which they are submitted.



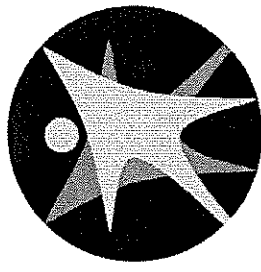
Language Assistance

- This presentation will be posted in English, Spanish, and Hmong at: www.dhs.wisconsin.gov/dms/postpartum1115waiver.htm.
- If you would like to see this presentation in another language, email DHSDMSSPAPublicFeedback@dhs.wisconsin.gov.



Language Assistance

- **ATTENTION:** Language assistance services, free of charge, are available to you. Call 1-800-362-3002.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-362-3002.
- **LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-362-3002.
- **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-362-3002.
- **注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-362-3002。
- **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-362-3002.
- **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-362-3002 번으로 전화해 주십시오.
- **ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-362-3002 पर कॉल करें।



Language Assistance

- هاتفنا لصماو ليكم ملحوظة: إذا كنت تتحدثا بشكرا للغة، فإن خدماتنا لتلمساعدا للغوية تتوافر لك بالمجان! اتصل برقم 1-800-362-3002 (رقم)
- ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ອາມໃຫ້ທ່ານ. ໂທສ 1-800-362-3002.
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-362-3002.
- Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helfft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-362-3002.
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-362-3002.
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-362-3002.
- KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-362-3002.
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-362-3002.

Number	Submission Date and Time	Comment	Method	Attachment
1151	4/6/2022 15:34	I think that Medicaid Section 1115 demonstration project to extend the duration of postpartum coverage to the last day of the month 90 days after the last day of pregnancy should be passed.	Email	N/A
1152	4/6/2022 16:30	Are immigrant women covered under the BadgerCare Prenatal Program, specifically undocumented immigrants, included in this extension?	Email	N/A
1153	4/7/2022 13:27	I am writing you to inform you that, as a retired healthcare professional and RN Case Manager, in the best interest of providing care to mothers postpartum for 90 days should have been the norm from the beginning. I support extending healthcare coverage for Medicaid recipients postpartum to 90 days.	Email	N/A
1154	4/7/2022 13:28	I wholeheartedly support the extension of Medicaid benefits for postpartum women! This is a no-brainer initiative to improve health outcomes for mother and baby in the critical postpartum time. As an RN, anything we can do to provide assistance for the most vulnerable of our citizens is obvious benefit not only to those receiving the assistance, but serves to create a healthier community overall. Children are fragile despite all the talk about 'resilience' - they are affected for life by events that happen from infancy and childhood. Adverse childhood events or ACEs are well-known to healthcare providers and research and evidence-based practices demonstrate the need for support of parents and children to prevent ACEs and life-long health issues. Money spent for the well-being of the mother and infant will be major savings in the long term as the infant grows into a healthy adult.	Email	N/A
1155	4/7/2022 16:24	The postpartum period should be extended at least to the 90 day period for the monitoring of both mother and child for possible complications to the mother, i.e. infection, post partum depression, and general well being, in the child for assessment of well being and any problems in bonding, failure to thrive, tongue tie, defects, etc. -Mother of 2 and an RN	Email	N/A
1156	4/7/2022 18:04	I believe this is the right thing to do. It's important that the Mother and Child have this care.	Email	N/A
1157	4/8/2022 8:25	I am a certified nurse-midwife (CNM) at Sixteenth Street Community Healthcare Centers, and also a member of Wisconsin's MMRT. I write in support of the proposal to extend Medicaid coverage from 60 to 90 days postpartum. Many of our patients have Medicaid only for pregnancy. This is problematic, because not infrequently health problems are identified that need ongoing care. Here are a few examples of patients who haven't had appropriate care due to lack of coverage. 1. Women who require removal of gall bladder (cholecystectomy) and the timing of surgery is made based on when she will have insurance vs when would actually be ideal for her health 2. Women who need ongoing mental health care for postpartum depression, but are not able to access care. 3. Women who can't get a postpartum tubal ligation because they give birth at a hospital that doesn't allow it, and they have no access to it after their hospitalization 4. Women who have problems such as hypertension, diabetes, and thyroid problems identified in pregnancy, but can't have them addressed postpartum because they run out of coverage. 5. Women who struggle with mental health and drug addiction problems, and lose access to therapy and medications postpartum. While 90 days won't solve the problem completely, it is an improvement. Women will have healthier babies and pregnancies if they have access to care not just when they are pregnant.	Email	N/A
1158	4/8/2022 9:31	I am writing as an OBGYN physician in support of extension of Medicaid coverage for postpartum patients. As faculty at the Medical College of Wisconsin, I support legislation that extends healthcare access during the postpartum period and ensures continuity of care. We know that improving access to care for postpartum patients will improve health outcomes for women and children in the state of Wisconsin.	Email	N/A
1159	4/8/2022 9:32	As a newly retired nurse previously working in a MCO, I support extending Medicaid coverage for all but particularly for postpartum women. I participated in a team that reviewed high risk birth outcomes. We found that many women do not follow up due to a variety of social issues or if they are able to follow up, the limitations of coverage make check ups a once and done appointment. Extending this coverage would not only make follow up easier but it would also promote increased health outcomes for our underserved community. Increased health outcomes actually reduce costs as potential for undesired complications can be prevented. And as we all know, an ounce of prevention is worth a pound of cure.	Email	N/A
1160	4/8/2022 9:56	I am an OB GYN faculty in the department of Obstetrics and Gynecology and a member of Milwaukee's Fetal and Infant Mortality. I strongly support the extension of Medicaid coverage during the postpartum period. It is well accepted that one strategy to improve birth outcome in our community is to ensure individuals have access to quality reproductive health care, including postpartum care. This expansion of coverage is an important step toward a delivering more equitable health care services.	Email	N/A

1161 4/8/2022 10:05 Email N/A

I am writing to you as a practicing Maternal Fetal Medicine Specialist at the Medical College of Wisconsin and as a physician who takes care of high risk pregnant and postpartum patients. Despite advances in obstetrical care, the United States still trails the developed world in its maternal mortality rate. While the rate of maternal mortality has fallen in most developed nations, it is rising here. In a 2015 study, the United States had the highest maternal mortality rate at 26.4 deaths for every 100,000 live births, followed by the United Kingdom at 9.2 deaths for every 100,000 live births. That translates into 2 to 3 women dying each day in the United States at a time that should be one of the happiest in their lives and the lives of their families. Currently, Medicaid coverage ends for many new mothers 60 days after giving birth, leaving them without insurance during a critical and vulnerable time. Data from the CDC indicate that about 33 percent of pregnancy-related deaths occur during the time between seven days to one year following childbirth, and greater than one-third of those deaths occur 43-365 days postpartum. Closing the postpartum coverage gap will ensure that the 43 percent of pregnant people covered by Medicaid at the time of their child's birth can receive treatment for the many physical and behavioral health issues that have been shown to cause maternal deaths in the postpartum period. I urge you to extend Medicaid Coverage to one year postpartum in the state of Wisconsin.

1162 4/8/2022 10:23 Email N/A

I am writing to you as a practicing Obstetrician Gynecologist at the Medical College of Wisconsin and as a physician who takes care of pregnant and postpartum patients. The United States is the richest nation in the world. We have here an opportunity to make a big difference in people's lives with a small investment in pregnant women and new moms and babies that has the potential to lay the foundation for a healthy future for many children. I urge you to extend Medicaid Coverage to one year postpartum in the state of Wisconsin. Any increase, even to 90 days, will be valuable. Currently, Medicaid coverage ends for many new mothers 60 days after giving birth, leaving them without insurance during a critical and vulnerable time. Data from the CDC indicate that about 33 percent of pregnancy-related deaths occur during the time between seven days to one year following childbirth, and greater than one-third of those deaths occur 43-365 days postpartum. Closing the postpartum coverage gap will ensure that the 43 percent of pregnant people covered by Medicaid at the time of their child's birth can receive treatment for the many physical and behavioral health issues that have been shown to cause maternal deaths in the postpartum period. Despite advances in obstetrical care, the United States still trails the developed world in its maternal mortality rate. While the rate of maternal mortality has fallen in most developed nations, it is rising here. In a 2015 study, the United States had the highest maternal mortality rate at 26.4 deaths for every 100,000 live births, followed by the United Kingdom at 9.2 deaths for every 100,000 live births. That translates into 2 to 3 women dying each day in the United States at a time that should be one of the happiest in their lives and the lives of their families. I am confident that the team responsible for making this positive change will have the welfare of this vulnerable population in mind when the final decision is made.

1163 4/10/2022 11:22 Email N/A

No I do not think they should e given more time. Our parents worked for every thing they got. Why should the government pay them to have children. As a new mother who is on BadgerCare I would greatly appreciate the extension of the postpartum coverage from 60 to 90 days. Due to complications from my son's delivery that require special care for myself joint with the fact that many clinics and specialists are booked out well past 2 months' time - it would be medically necessary to have the additional time coverage so I can get the care I need. From physical therapy to meeting with an IBCLC - these are medical professionals that mothers need to have the time to schedule and see. 60 days often isn't enough time when available appointments are booked out by more than two months.

1164 4/11/2022 12:01 Email N/A

I am writing in support of extension of Medicaid coverage for postpartum patients. As an obstetrician/gynecologist in Green Bay, I support legislation that extends healthcare access during the postpartum period and ensures continuity of care. We know that improving access to care for postpartum patients will improve health outcomes for women and children in the state of Wisconsin and save lives.

1165 4/11/2022 12:58 Email N/A

I fully support extending Medicaid coverage for postpartum individuals from 60 to 90 days.

1166 4/13/2022 9:10 Email N/A

1167 4/13/2022 11:54 Email and Public Hearing N/A

I am a community-based doula, lactation counselor and student midwife serving Dane and Milwaukee counties. My work takes me intimately inside the lives of pregnant people and their families, forming highly personal bonds during their pregnancy to birth and often throughout the extended postpartum period. With more than a decade of providing direct care in the homes of clients, by their side in the clinic and hospital settings, my vantage point has greatly grown to adapt to the needs of the clients I serve, who represent Black/ African American and Indigenous women. On a national level, the rate of Black women in the United States who die from complications related to pregnancy or childbirth is two to three times higher than that of White women. Against that backdrop, our state of Wisconsin has the worst record in the nation for black infant mortality, and maternal mortality for Black mothers is five times higher than for White mothers; right here in our home state we are ground zero for this fight. In my practice, I have personally seen first-hand how a pregnancy related health complication can linger far beyond the current 60-day standard. I know that it is very likely that the 90-day extension will still miss people trying to access care- but without insurance coverage, will not. There is a misperception among many that pre-eclampsia is cured by inducing birth, and while we are thankful for the life-saving measure that this intervention is, it is well documented that the effects of postpartum preeclampsia may not present symptoms until 6 weeks after delivery and may not be fully resolved at 12 weeks. With gestational diabetes, even if the condition goes away after the baby is born, half of all women or birthing people will develop type 2 diabetes later. Perinatal mood disorders, which includes postpartum depression and postpartum anxiety disorders are already distressing for patients as they attempt to fulfill their roles as new parents, returns to their work or study. Without medical coverage that ensures that they get the treatment that their conditions require, a full 12 months is vital to avoid worsening their conditions and potentially destabilizing their families. My testimony here today is in support of this extension, with a call to action that includes establishing the 12-month postpartum marker as a goal for DHS and legislators in our state. Doing so positions Wisconsin as a responder to the crisis of death rates for Black African American residents by adding protection and potentially saving lives with a critical continuity of care. Newborn Wisconsinites deserve healthy, thriving families to go home to, we can do it. I urge the decision makers to submit this proposal to the federal government for immediate approval. Power to the Pregnant People!

As a perinatal professional for thirty years and a Research Fellow at the university who studies birth outcomes, I am a supporter for extending Medicaid Coverage. The extension of coverage will allow us to catch more mental health issues in new parents; encourage greater contraceptive use, which lengthens the interconception interval leading to better maternal health; and allow coverage for complications from labor and birth that are not discernible at the time of delivery. Some perineal injuries are not discernible until some healing has occurred, and then specialists are necessary to return the person to optimum health. Many times these people suffer because they no longer have coverage to go to a cosmetic surgeon for complex wound repairs or pelvic floor physical therapists to treat continence issues and pelvic pain. This can lead to lifelong suffering. As a Certified Sexuality Educator and researcher, this is one of my areas of expertise. If I can be on any help in offering expert testimony on any of these things, let me know. For now, just know I am a citizen who supports the extension of Medicaid coverage.

1168 4/14/2022 12:17 Email N/A

I am writing as a Maternal Fetal Medicine physician in support of extension of Medicaid coverage for postpartum patients. As faculty at the Medical College of Wisconsin, I support legislation that extends healthcare access during the postpartum period and ensures continuity of care. We know that improving access to care for postpartum patients will improve health outcomes for women and children in the state of Wisconsin.

1169 4/14/2022 17:15 Email N/A

I am writing to you today to support the waiver to increase Medicaid coverage to 90 days instead of 60 days. I work in my community of Dane County as a Licensed Midwife providing maternity care to 90% of Medicaid clients. Increasing Medicaid coverage to 90 days helps provide care during an increasingly vulnerable time in women's lives in the United States. According to the Center on Budget and Policy Priorities, the rate at which women are dying during pregnancy or within 12 months of the last day of pregnancy has gone up in the past 25 years. Increasing Medicaid coverage to 90 days increases access to preventative services that address physical, mental, reproductive, and behavioral health needs and helps reduce disruption in postpartum care coverage. The American Journal of Obstetrics and Gynecology cited two studies in their July 2017 issue stating more than half of pregnancy-related deaths occur after delivery: 40% occur 1 to 42 days postpartum and 11.7% occur from 43 to 365 days postpartum; more than half of these deaths is considered preventable. Increasing Medicaid coverage to 90 days could decrease infant mortality and help reduce racial and ethnic infant death disparities. The 2018 American Journal of Public Health issue stated that infant mortality fell by 50% more in expansion states (365-day expansion) than non-expansion states AND disparities in infant mortality rates along racial lines fell in those same expansion states. Some of the clients I have cared for have been increasingly overwhelmed by the physical and emotional changes after birth and are unable to keep their 6-week appointment before their coverage ends. Many of the clients I have cared for are still in need of pelvic floor support, lactation support, and mental health support well after 60 days. Medicaid expansion to 90 days allows the most vulnerable people in our community a larger window to stabilize and access care. Thank you for your work to expand Medicaid coverage.

1170 4/19/2022 11:43 Email N/A

1171	4/19/2022 13:59	<p>I am requesting that postpartum Medicaid coverage for eligible persons be extended 60-90 days. This extension was included in the Governor's budget, but has been removed by the Legislature. This extension is supported by professional health organizations and will save lives in WI and the US. More mothers are dying during the postpartum period of one year. In addition to other medical conditions, many women have new, chronic illnesses during and after pregnancy, as well as postpartum depression, anxiety, and substance use disorder that require ongoing access to medical care. This coverage is imperative to their health.</p> <p>I am writing to urge you to support extending Medicaid coverage for postpartum patients from 60 to 90 days. DHS is required to have public hearings (last hearing is Wed 4/20) and accept comments from the public to extend postpartum Medicaid. Extending postpartum Medicaid to 12 months is recommended by professional organizations. This will save lives and in WI and the US, more mothers are dying in the postpartum period of 1 year. Gov. Evers included it in his budget, but the Legislature removed this from their budget. Even women who do not experience complications during or after pregnancy or labor are likely to need medical support and possibly intervention after 60 days following labor. However, many women develop new chronic illnesses during and after pregnancy as well as postpartum depression, anxiety and substance use disorder that require ongoing access to medical care. If we want to make sure that the children of Wisconsin are growing up healthy, then we need to support the health and wellbeing of their mothers.</p> <p>The Medical College of Wisconsin (MCW) supports the Wisconsin Department of Health Service's Wisconsin Postpartum Coverage 11115 Waiver to extend postpartum Medicaid coverage from 60 days to 90 days, as required by 2021 Wisconsin Act 58. Please find MCW's memo in support of the waiver application, written by Amy Domeyer-Klenske, MD, Assistant Professor and Patient Safety and Quality Officer for MCW's Department of Obstetrics and Gynecology.</p>	Email	N/A
1172	4/19/2022 14:12	<p>i am calling for the extension of Medicaid to 90 days postpartum. As a Mom of three girls, I will never forget the necessity of good caretaking after delivery. It is vital to mothers and children. Extending postpartum Medicaid to 12 months is recommended by professional organizations. This will save lives and in WI and the US. More mothers are dying in the postpartum period of 1 year. Many women have new chronic illnesses during and after pregnancy as well as postpartum depression, anxiety and substance use disorder that require ongoing access to medical care. Please extend Medicare coverage postpartum. It is a necessity and the only humane thing to do.</p>	Email	N/A
1173	4/19/2022 15:16	<p>I work for the community health center as the prenatal care coordinator. I was excited to hear about this new extended postpartum care. I work with primarily Native American women. We have a contract with a ob providers to come here and see women prenatally and postpartum which is a huge advantage that I know many tribal communities do not have. So we are thankful for that. But in my experience here I've found it, and I know overall everybody knows that postpartum care is currently fragmented. It's not ongoing it's not, you know, individualized for mom so definitely in our state we need to focus more on, you know, switching up postpartum care and this is a good step moving forward is to provide that additional 90 days. What I see in my clients is tasks stressed turns to baby, they're here for a well child checks at three weeks. Two weeks, and two months. And in the midst of all the other responsibilities they often forget about themselves and miss that postpartum exam. I was told, if they miss it with by, there's a certain timeline say six weeks or the 60 days, then the reimbursement is not as much for our facility to receive like a full reimbursement, and prenatal care up to delivery and then postpartum. So that's a financial burden for us here as a IHS, tribal facility. And also, due to increase responsibilities as moms, you know can forget. So the additional time I think would help them come back to be able to see that will be provider because once they're out of that timeline. Then they are often referred to as a primary care provider, not necessarily the op. So then the focus is more just on healthy adult versus that postpartum mom's needs. The additional time would increase this access to the OB provider who knows more about postpartum issues, which is important and it also would be more time to get them screened and referred for mental health services. I also see that as a need that we need to increase the amount of screening we do on moms. So, the increased time benefits. Mom, baby family and community. So I am in full support of the extended postpartum eligibility.</p>	Email	N/A
1174	4/19/2022 15:21			N/A
1175	4/19/2022 16:24			N/A
1176	4/20/2022 10:19	<p>I am just a member of the public but I also do work with the March of Dimes on a volunteer basis, I was Ambassador mom for that group, wanted to bring to light that myself. And because my child was born extremely prematurely. We were in the queue for the entire 60 day postpartum period. Once my child was born because we were, like I said, in patient in the nick you for that entire 60 days so the extension of this would mean so much, and give opportunities to moms, to really seek that care outside of that experience. I myself battle with mental health issues and would have loved to have someone say hey you know all baby stuff aside, how're you doing, and asked those important questions so I've been fortunate enough to speak at the Capitol with some representatives, and share my story a little bit further. But this would mean the world to so many Medicaid recipients that I feel even going through that process kind of get left behind. So I just wanted to thank you for considering this and continuing on postpartum care for a full year would make me what has given me the opportunity to not have to sacrifice so much and such vulnerable time and be able to care for myself and my family in a way that was much more well adjusted and prepared so thank you so much for bringing this to light and I think this is a great first step.</p>	Public Hearing	N/A
1177	4/20/2022 10:22			N/A

I am the maternal child health manager at access community health centers, here in Madison, and we serve a lot of people who live right at or below the poverty level. And it is our mission to improve the health of people who don't have access to care, generally, and we see a lot of people postpartum that like as other people have mentioned that kind of fall by the wayside because they lose their insurance, and six weeks. This is such a vulnerable time for them with their new baby, and there's lots of things that can develop obviously after the six weeks, including anxiety and depression lactation issues. We know that breastfeeding is really important for both baby and mom's health. And we do provide lactation care in our clinic. But if they aren't covered then they won't you know be coming to the clinic or a lot of women don't come to their postpartum visit because they're afraid that it won't be covered. So it's hard to get people even to comment on other things that happen are pelvic floor dysfunction, other musculoskeletal issues which might require physical therapy and follow up. And then, women may not be ready to discuss contraception it six weeks, and it would be nice for them to have extra time to follow up on that issue as well. So those are just a few things that extra 30 days could help cover. As you know, the year postpartum is a special vulnerable time for both mom and baby so that obviously would be even better but even 30 more days would make a huge significance and it would follow the typical maternity leave as well which is 90 days. And ideally, insurance should cover you know correspond with their maternal leave.

N/A

Public Hearing

I am from the Wisconsin Primary Care Association. We just want to share our extreme appreciation for your continued dedication for the full year of the postpartum coverage, as was indicated by another speaker this morning. I represent the Association of the 17 federally qualified health centers in the state, also known as community health center so they provide care for folks, regardless of their insurance status or ability to pay about 60% of them are Medicaid and released so we work with you all the time and appreciate the continued partnership. And we are excited about the momentum on extending coverage. We're a little bit torn as to whether this 30 day extension will stifle any of the momentum on the full year of coverage. But we know that DHS and Medicaid and the governor's office has been advocating for that full year of coverage all along and, and for folks regardless of their documentation status. We know that every little bit of additional care helps people in reaching their full potential. So, just want to thank you for that continued effort for the full year of coverage.

N/A

Public Hearing

I am writing today to share my thoughts on WI Act 58 which would extend Medicaid coverage to 90 days postpartum. Postpartum women are at risk for adverse pregnancy related outcomes through 1 year postpartum and it is necessary for WI along with all other states to offer coverage for the full year. I support any extension of the current 60 day coverage but I truly hope we do not stop at only 90 days. I would like to see coverage for the full year, as this would help to reduce our concerning rates of maternal morbidity and mortality. In WI in 2016-2017, 73% of pregnancy-related deaths occurred within the first year postpartum. Additionally mothers enrolled in Medicaid had a disproportionately higher rate of pregnancy related death during that same time frame. When the WI MIMRT reviewed these deaths, 97% were deemed preventable. Some of the top contributing factors identified included access/financial issues and continuity of care. It that same document the team outlines recommendations for improve with a key recommendation to expand Medicaid coverage for "all postpartum people to one year post delivery." Keeping mothers alive and healthy additionally benefits their newborns as well as their entire family. I would be happy to discuss further and provide data to support the year extension. However the CDC "Hear Her" campaign as well as our own WI DHS publications (eg. <https://www.dhs.wisconsin.gov/publications/p03226.pdf>) on the topic do an excellent job of covering the issue along with statements from many professional organizations like ACOG, AWHONN, AAP, AAFP, and SMFM. Please reach out at your convenience if you wish to discuss further. Please help our WI families by saving our mothers!

N/A

Email

4/20/2022 10:25

1178

4/20/2022 10:28

1179

4/20/2022 10:59

1180

1181	4/20/2022 11:25	<p>I am the Co-Chair of the WI Maternal Mortality Review Team (MMRT) and Past Chair of WI American College of Obstetricians and Gynecologists. I also serve on the WI Perinatal Quality Collaborative. (WisPOC) in my experience and review of maternal morbidity and deaths, many women develop chronic or serious medical complications during or after pregnancy that require ongoing medical treatment. If a birthing person develops hypertension, diabetes, cardiomyopathy, depression, anxiety or other complications and loses quality insurance, they cannot access the treatment and medications necessary for health and potentially to save their life. Despite a declining birth rate, we have seen a rise in maternal deaths. We have also seen a rise in postpartum suicides and drug overdoses that could have been prevented! Maternal health impacts infant health and families. I fully support extension of postpartum Medicaid not only to the 90 days that was approved by the state legislator, but to 12 months postpartum!! Access to coverage is critical to reducing pregnancy associated morbidity and mortality. Attached is the WI MMRT Mortality Report for 2016-2017 that was released this month. Key findings include: 497% of pregnancy related deaths were preventable 423% of pregnancy related deaths occurred in the postpartum period •During 2016-2017, Non-Hispanic Black, Non-Hispanic Asian, and Hispanic mother were overrepresented in pregnancy-related deaths • Mental Health Conditions contributed or likely contributed to 67% of the pregnancy-related deaths •85% of all pregnancy-related deaths were due to overdose A KEY RECOMMENDATION IN OUR MMRT REPORT: Access/Financial • Policymakers should expand Medicaid eligibility for all postpartum people to one year post-delivery Extending postpartum coverage is rooted in clinical evidence. • ACOG guidance notes that the postpartum period should be an ongoing process “with services and support tailored to each woman’s individual needs.” This may include physical recovery from birth, an assessment of social and psychological well-being, chronic disease management, and initiation of contraception, among other services. • The CDC defines the postpartum period as extending through 12 months after the end of pregnancy, and data demonstrate that women who have recently given birth have health needs that continue throughout an infant’s first year of life. • Some of the most dangerous pregnancy-related complications –pre-eclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery.</p> <p>Extending postpartum coverage has wide support that continues to grow. • Among the physician community: the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Cardiology, American Osteopathic Association, American Psychiatric Association, and the Society for Maternal-Fetal Medicine.</p> <ul style="list-style-type: none"> • Among other stakeholders: March of Dimes, Black Mamas Matter Alliance, American Hospital Association, Medicaid Health Plans of America, and America’s Health Insurance Plans. 	Email	PDF, PDF
1182	4/21/2022 14:25	<p>Please grant the extension of the Medicaid coverage for birthing persons for 30 extra days after the initial 60 days post delivery to ensure safety for mothers and birthing persons. It is essential to save the lives of new mothers and parents. I have worked as an L&D nurse in Milwaukee for the last 10 years, and I cannot tell you how often women have to return to the hospital after they deliver for various reasons, including many emergencies. Truly, this should be extended to 12 months after birth, but we need EVERY DAY we can get. Do not hesitate, save lives.</p> <p>Why is our maternal mortality the highest in the world among developed countries? Because we do not support our mothers enough in the postpartum period. This is DIRECT ACTION to support our mothers in their most vulnerable time – physically, mentally, and financially. Every little bit counts. Supporting the mother will INDIRECTLY support the baby! 30 more days of coverage is one huge step closer to better maternal health care and maternal AND neonatal outcomes!</p>	Email	N/A
1183	4/21/2022 14:34	<p>Please find attached Nurse-Family Partnership’s comments on the Section 1115 postpartum coverage waiver. Please let me know if you have any questions.</p>	Email	N/A
1184	4/22/2022 8:29	<p>Please see attached for comments from the Wisconsin Association of Health Plans on the draft Section 1115 Waiver application to extend postpartum Medicaid coverage from 60 days to 90 days.</p>	Email	PDF
1185	4/22/2022 11:11	<p>I’m writing today in support of extending postpartum coverage for BadgerCare moms and babies beyond 60 days. While disappointing that our state leadership is not following the the American College of Obstetricians and Gynecologists’ recommendation to extend postpartum coverage to one year after birth, an additional 30 days is still an improvement. I hope to see my elected officials take further action to extend coverage, reflecting this constituent’s desire for our system as a whole to commit to improving health outcomes for the families of the 35% of births covered by BadgerCare.</p>	Email	PDF
1186	4/24/2022 16:23	<p>I am writing to express my support for extending postpartum Medicaid coverage from the current 60 days to 90 days postpartum. I am a nurse and public health professional and have worked with pregnant and postpartum people for over 30 years. I have seen firsthand how devastating the loss of Medicaid coverage at 60 days postpartum has been for families. In addition to pregnancy complications, so many chronic conditions are exacerbated by pregnancy, therefore access to healthcare beyond 60 days after birth is essential. Maternal mortality and severe morbidity rates are rising and alarming, and disproportionately affect women of color. Nearly three quarters of maternal deaths occur during the postpartum period and almost all of these deaths are preventable. Extending postpartum Medicaid to 90 days is an important step in preventing these deaths and reducing health disparities. It is my hope that Wisconsin will continue to work towards extending Medicaid for a full year postpartum.</p>	Email	N/A
1187	4/26/2022 8:50		Email	N/A

I am writing to express my firm support for extending postpartum Medicaid coverage from the current coverage period of 60 days to 90 days postpartum. As a member the Wisconsin Association for Perinatal Care and a perinatal professional in Wisconsin, I have a duty to my patients to advocate for change which removes barriers to high quality perinatal care. An astounding 73% of Wisconsin's pregnancy-related deaths occurred up to one year postpartum, according to the most recent report from Wisconsin's Maternal Mortality Review Team. Among deaths of birthing people enrolled in Medicaid at the time of their death, it is alarming and deeply troubling that 97% of these deaths were preventable. While we need to do much more to address this disparity, extending Medicaid coverage from 60 to 90 days postpartum is a step in the right direction for Wisconsin families.

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1188 4/26/2022 11:30
1189 4/26/2022 11:30
1190 4/26/2022 12:32
1191 4/26/2022 12:40
1192 4/26/2022 13:15
1193 4/26/2022 14:19

Same as comment 1188.
Same as comment 1188.
Same as comment 1188.
Same as comment 1188.
Same as comment 1188.

Regarding the Wisconsin Department of Health Services regarding its request to the Centers for Medicare & Medicaid Services (CMS) to extend postpartum Medicaid coverage from 60 days to 90 days, as authorized by 2021 Wisconsin Act 58: As the Co-founder and Executive Director of Moms Mental Health Initiative in Southeastern, WI, I strongly support extending postpartum Medicaid coverage from the current coverage period of 60 days to 90 days postpartum. Moms Mental Health Initiative is a grassroots peer led organization that helps pregnant and postpartum women navigate perinatal mood and anxiety disorders by sharing information, connecting them to resources and providing peer driven support. Since 2016, we have served over 600 perinatal women in Southeastern, WI who suffer from maternal mental health disorders such as postpartum depression. 1 in 5 women will experience one of these mental health disorders. 75% of those that screen at risk for a perinatal mental health disorder do not receive treatment. Suicide and overdose are the leading causes of death among perinatal women. Untreated maternal mental health disorders can cause long-term negative effects for the mother, baby and family. Furthermore, the monetary cost of not treating these conditions is \$32,000 per mother-infant pair (adding up to \$14 billion nationally) (mmhia.org). Many of these maternal deaths happen well past 60 days postpartum, and moms can suffer anytime from pregnancy to at least 1 year postpartum. We daily see the agony of these conditions which are treatable and deaths due to them are preventable. The obstacles to access the right help can be insurmountable but the addition of losing healthcare benefits after 60 days allows too many women to fall through the cracks. As maternal mental health advocates and as survivors of postpartum depression, anxiety and OCD, we at Moms Mental Health Initiative believe extending coverage will improve the life chances of children and save lives.

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Email

N/A
N/A
N/A

1194 4/26/2022 14:42
1195 4/26/2022 15:28
1196 4/26/2022 17:40

Same as comment 1188.
Please give every consideration to extending Medicaid coverage benefits from current period of 60 days to 90 days postpartum or longer.

1197	4/26/2022 17:40	There are many ways this change will benefit postpartum women. Three diagnoses that come to mind include high blood pressure, depression, and substance use disorder. The striking physiologic changes that occur in the several weeks/months postpartum make these 3 diagnoses particularly important to monitor closely; without close follow up and treatment, severe morbidity and even mortality will increase. I also want to highlight another group of women who will benefit greatly from this change: These are women that need to catch up on treatment for health issues, treatment that she often see pregnant women postpone important medical procedures, tests and treatments during pregnancy so as not to impose risk for her baby, but then miss out on needed health care because the coverage window postpartum is too short. Here are some examples from recent patients: One patient had a new lab finding of kidney disease during first prenatal visit. Kidney biopsy was needed to learn the underlying diagnosis, but she postponed the procedure so as not to put her baby at risk. Then, postpartum, was not able to get in for the procedure within 60 days, so the exact cause of her kidney disease remains unknown and treatment can't be offered without that information. Her kidney disease will progress without treatment and she may then require dialysis. Another patient with an abnormal cardiac valve couldn't get treatment when it was diagnosed during her pregnancy, due to risk to her baby/pregnancy. Postpartum, she couldn't make it to all of her many cardiology visits to be able to have it repaired. She was lost to follow up, and now, 2 years later, has critical heart valve disease due to lack of treatment. If only she had more than just 2 months of coverage postpartum, she likely could have gotten this taken care of before it became critical. Another patient had precancerous findings on pap test in early pregnancy, could not get treatment during pregnancy—again, due to risk to baby, so she postponed her own care—and then unable to make it in time for definitive surgical treatment postpartum. Her risk of progression to full blown cancer is high. Those first 60 days after bringing home a newborn baby are exhausting and shockingly busy. It is difficult to get out of the house for appointments or to be separated from baby for more than a few hours if breastfeeding. It does get easier with time, so extending benefits will make a large difference in the ability of these new mothers to find child care, get support from her network of family/friends and other resources to be able to get herself in for the care she needs. An extension of health care benefits beyond 60 days will provide a huge health benefit to these women. Their selfless actions of taking on personal health risk by delaying care during their pregnancies must not go unrecognized. Please give this important change every consideration, to benefit mothers and families across our state.	Email	N/A
1198	4/26/2022 19:34	Same as comment 1188.	Email	N/A
1199	4/8/2022	I wish to provide comment regarding the proposed change in postpartum coverage for women in with Medicaid coverage. I strongly support this change both as an obstetrician, but also an addictionologist. Women receive coverage for opioid treatment during pregnancy may find themselves cut off from their treatment options and medications upon completion of their Medicaid coverage after delivery. By extending the time limit, more women will have the opportunity to transition to other insurance programs or other forms of Medicaid. From my experiences as a member of the Wisconsin Maternal Mortality Review Committee, I see many variables that put women at risk. The lack of continued healthcare due to lost of funding is a factor in many cases. I strongly urge approval and acceptance of this change in coverage plans for the state of Wisconsin.	USPS Mail	N/A
1200	4/27/2022 8:44	Same as comment 1188.	Email	N/A
1201	4/27/2022 9:21	I have been a registered nurse in Wisconsin for 3 years. This past year, I started a career in public health. I am a home visiting nurse at the City of Milwaukee Health Department in the Prenatal Care Coordination Program (PNCC). I am also a member of The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). I am writing to express my support in DHS submitting a request to extend Medicaid coverage to 90 days postpartum. Ideally, I hope one day that coverage will extend to one year postpartum. As a registered nurse working with pregnant and postpartum people, I am a strong proponent that increasing access to care is fundamental in the effort to decrease maternal morbidity and mortality rates in our state. As part of the PNCC program, I am only able to provide care coordination to my clients until 60 days postpartum. I have frequently experienced that 60 days is a short period of time to finish coordinating care with my clients so that they can receive adequate follow up for postpartum complications as well as referrals to specialists, primary care, family planning, substance abuse services, and mental health services. Postpartum people would benefit from extended Medicaid coverage so that they can receive care for postpartum warning signs as well as postpartum depression, as these can occur up to one year after childbirth. According to the 2016-2017 Wisconsin Maternal Mortality Report, "Most pregnancy-associated deaths occurred post-partum in 2016-17 (75% overall, including pregnancy-related death), with approximately 73% of pregnancy-related death occurring postpartum." This report also concludes that 97% of these pregnancy-related deaths were preventable. One of the most important interventions to prevent maternal deaths is to increase access to care by expanding Medicaid eligibility to one year. 90 days is not long enough, but it is headed in the right direction. I express my support of DHS's request to extend Medicaid coverage in order to promote the health, safety and well-being of birthing people in Wisconsin.	Fax	N/A
1202	4/27/2022 17:22	Same as comment 1188.	Email	N/A
1203	4/28/2022 6:48	Same as comment 1188.	Email	N/A
1204	4/28/2022 8:47	Same as comment 1188.	Email	N/A

1205	4/28/2022 8:58	<p>I am an OB/Gyn at the University of Wisconsin where I have been practicing for almost 10 years. I cannot thank you enough for taking this expansion into consideration. This expansion would be a tremendous benefit to the women of Wisconsin. The postpartum period can be a time of physical, mental, emotional, and emotional challenge for most women. Many women experience complications in their pregnancy, such as preeclampsia and elevated blood pressures, that extend weeks and months into the postpartum period. As a provider, I have cared for many patients over the years who have lost their postpartum Medicaid coverage while they are experiencing medical or emotional complications in the postpartum period. I cannot understate the helplessness and worry for these patients when the loss much of their access to care. Ultimately, this extension will aid women to obtain their necessary care which in turn will improve their health and wellness. This in turn, will impact not only the mother but the health of her baby and family.</p>	Email	N/A
1206	4/28/2022 9:38	<p>I am a clinical psychologist, deeply involved with maternal and infant mental health care for the past 20 years in the state of Wisconsin via direct mental health care provision, teaching and training other mental health providers, and in research related to mental health care access/needs for women suffering from postpartum depression. I am writing to express my strong support for extending postpartum Medicaid coverage from the current coverage period of 60 days to 90 days postpartum. This change is essential to allow women adequate time to heal and attend to their mental health – which in turn is related to the care and development of their infant. While much needs to be done yet to ensure access to health care for all birthing persons before, during and in the postpartum period - this legislation is a step toward creating a greater measure of much needed equity.</p>	Email	N/A
1207	4/28/2022 10:56	<p>Same as comment 1188.</p>	Email	N/A
1208	4/28/2022 15:25	<p>I am a local Wisconsin Obstetrics and Gynecology physician practicing at the University of Wisconsin. I am writing in strong support of expanding postpartum Medicaid coverage to 90 days. Despite the many advances we have made in medicine, maternal morbidity and mortality in the United States lags behind much of the world. Many of the health concerns which arise during pregnancy and postpartum period, such as depression, anxiety, diabetes, hypertension and heart disease worsen in the postpartum period. Unfortunately, 60 days is often not enough time to address these issues, leaving these patients to forgo care for these life altering and sometimes life threatening conditions. For instance, I had a personal patient who developed postpartum depression and postpartum heart failure. Given long wait times for new patients, she was only able to be seen twice with cardiology and once in psychiatry before her insurance coverage ended. These initial consultation visits did not even begin to fully evaluate let alone treat her complex medical conditions. She is now no longer able to afford the care she needs, putting her at increased risk of heart attacks, strokes, heart failure, suicidal ideation, and early death, affecting not only her life but her ability to care for her family. This is sadly only one of many cases in which maternal and truly family health has been sacrificed due to a lack of insurance coverage. I would like to sincerely thank you again for taking the time to address this critical shortcoming in our medical care. I am hopeful that this is the first step towards the goal of expanding coverage to 1 year postpartum as is recommended by both the American College of Obstetrics and Gynecology and the American Medical Association.</p>	Email	N/A
1209	4/28/2022 22:38	<p>Same as comment 1188.</p>	Email	N/A
1210	4/29/2022 8:31	<p>See attached statement from WPHCA.</p>	Email	PDF
1211	4/29/2022 15:50	<p>See AHI Comments regarding the Section 1115 Postpartum Coverage Waiver</p>	Email	PDF
1212	5/2/2022 8:26	<p>Same as comment 1188.</p>	Email	N/A
1213	5/2/2022 8:52	<p>I am writing to contribute to the public comments regarding the expansion of coverage for maternal health. I've provided care to more than 10 thousand families and I know that adding support services, such as traditional health workers, doulas and postpartum care and other home visitors, and access to medical care as needed, is a critical component to fill the gaps in our care system. I have countless stories of lives saved and dollars saved and have worked with families whose state insurance (Netherlands) cover their care even when abroad in the US. It's estimated that in one year alone, 32 billion dollars were spent on preventable complications. Extending access to care into the postpartum time is not only the moral solution, but it's the fiscally responsible one as well.</p>	Email	N/A
1214	5/3/2022 15:25	<p>Please find attached Children's Wisconsin's comment letter in support of the 1115 Waiver requesting approval for extending postpartum coverage.</p>	Email	PDF
1215	5/3/2022 15:35	<p>Same as comment 1188.</p>	Email	N/A
1216	5/4/2022 13:23	<p>Attached is the March of Dimes of Wisconsin comment on the Postpartum Coverage 1115 waiver.</p>	Email	PDF
1217	5/5/2022 7:06	<p>Same as comment 1188.</p>	Email	N/A
1218	5/5/2022 20:48	<p>Attached is the comment from the American College of Obstetricians and Gynecologists - Wisconsin</p>	Email	PDF
1219	5/6/2022 8:59	<p>Attached is the comment from The Wisconsin Alliance for Women's Health</p>	Email	PDF
1220	5/6/2022 8:59	<p>Attached is the comment from the American Heart Association</p>	Email	PDF

Wisconsin faces a maternal health crisis. Maternal morbidity—when birthing individuals are admitted to the ICU, experience a ruptured uterus, a transfusion, or an unplanned hysterectomy—is consistently higher in the state than the national average. And, the pregnancy related mortality ratio for Black Wisconsinites is 5x that for non-Hispanic White residents. Currently, BadgerCare covers prenatal and birthing services for pregnant individuals with incomes up to 306% of the Federal Poverty Level (FPL). However, just sixty days after the end of pregnancy, individuals earning more than 100% FPL (a difference of more than \$47,000/year for a family of three in 2022) lose coverage. According to the Assistant Secretary for Planning and Evaluation roughly 13,000 individuals in Wisconsin fall into this gap every year. Losing coverage— even if just for a short period of time— puts the lives of postpartum people in danger. 73% of pregnancy-related deaths in Wisconsin occur during the postpartum period. Serious conditions such as postpartum hemorrhage can occur up to 12 weeks after birth and postpartum depression can persist for a year after birth and beyond. The American Rescue Plan Act of 2021 gave states the option to extend coverage for 12 months postpartum through a state plan amendment— with a 100 percent federal match. And Wisconsin’s Maternal Mortality Review Commission recommended that policymakers adopt this option. However, instead of taking the necessary (and fully funded) step to support the families of Wisconsin, the state legislature opted to extend postpartum coverage by only thirty days. This extension would be wholly insufficient to support new parents in Wisconsin. Over half of the pregnancy-related deaths in Wisconsin were related to mental health conditions— which, as noted above, most certainly persist beyond 90 days and require sustained treatment. While we recognize that this ridiculous 30 day timeline was mandated by the legislature, we urge the Department to do everything within its authority to support pregnant and postpartum people. For example, the state could incentivize the managed care organizations to partner with community-based doula by reimbursing them at a 1.25 rate as Michigan does with community health workers. The state could also look to New Jersey for inspiration, where the state has requested expenditure authority to provide medically-tailored meals to people diagnosed with gestational diabetes.

1221 5/6/2022 10:20
 1222 5/6/2022 15:52
 1223 5/6/2022 16:20
 1224 5/6/2022 16:48

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Department of Health Services, Division of Medicaid Services
PO Box 309
Madison, Wisconsin 53703-0309

Attn: Wisconsin 1115 Postpartum Coverage Waiver

To Whom it May Concern:

The American College of Obstetricians and Gynecologists – Wisconsin Section is in support of the draft waiver request to the Centers for Medicare & Medicare Services to extend postpartum Medicaid coverage for an additional 30 days, as required under 2021 Wisconsin Act 58. We are encouraged by this first step. We strongly support full 12-month extension. Thirteen states have implemented 12-month extension and 14 more states and DC are in the process of implementation. We look forward to achieving the goal of 12-month extension together.

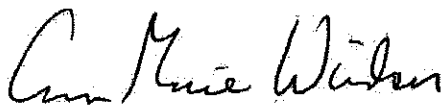
The postpartum period is a medically vulnerable period. Complications during pregnancy, such as eclampsia, infection, or hemorrhage require intensive care, lengthy hospital stays, or hysterectomy; and pregnancy-related complications can surface up to a year after delivery. New parents may also be dealing with postpartum depression or a host of other underlying medical conditions, all while caring for a newborn. The health and wellness of a parent has important implications for a baby's overall health including cognitive and social-emotional development. Disruptions in health care coverage can adversely affect access to medically necessary health care. Continuous health care coverage is important in managing pregnancy related complications, but also to maintain access to mental health treatment, breastfeeding support, chronic disease management, and prescription drugs.

The United States loses 700 lives to pregnancy-related death each year and most of these deaths are preventable. This statistic does not include deaths that result from suicide or substance use disorder, leading causes of maternal death in a growing number of states. In Wisconsin, there were 80 pregnancy-associated deaths in 2016–17, according to an April 2022 Maternal Mortality Review Team (MMRT) report. This means 80 Wisconsin residents lost their lives during pregnancy or within one year of pregnancy, regardless of the cause. The Maternal Mortality Review Team (MMRT) determined that 33 of those deaths were pregnancy-related (41%). Most pregnancy-associated deaths occurred postpartum in 2016–17 (75% overall, including pregnancy-related deaths), with approximately 73% of pregnancy-related deaths occurring postpartum. Extending Medicaid coverage during the postpartum period is a critical strategy to address disparities in maternal morbidity and mortality.

The stark racial inequities in maternal health outcomes have been well documented. Data from the Centers for Disease Control and Prevention's Pregnancy Mortality Surveillance System shows that Black, American-Indian, and Alaska Native women are two to three times more likely to die from a pregnancy-related complication than non-Hispanic White women. Disparities in Wisconsin are in many cases worse than national trends. According to the Department of Health Services, the rate of maternal morbidity in Wisconsin is higher than the national average and Black women in Wisconsin are 1.75 times more likely to experience maternal morbidity. The rate of maternal mortality is lower in Wisconsin than the national average, but the disparity between Black and white women is greater in Wisconsin than the nation at large. A Black woman in Wisconsin is 5 times more likely to die of maternal mortality than a white woman in Wisconsin.

Despite a modern healthcare system, maternal morbidity and mortality in the United States is still a serious public health concern and has considerable short-and long-term individual, family, and societal impacts. Medicaid plays an important role in maternal health. Extending Medicaid coverage during the postpartum period is emerging as a key strategy to address disparities in maternal morbidity and mortality. Extension of Medicaid during the postpartum period will have a positive impact on the rates of maternal morbidity and mortality, begin to address racial, ethnic and geographic health disparities, and ultimately serve to benefit and strengthen families in Wisconsin. In a modern healthcare system, pregnancy-related deaths should never occur.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Ann Marie Winkler". The signature is written in a cursive, flowing style.



American
Heart
Association.

May 6, 2022

Department of Health Services
Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
P.O. Box 309
Madison, WI 53707-0309

Sent via electronic mail to: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov; no hard copy to follow.

RE: Wisconsin 1115 Postpartum Coverage Waiver

To whom it may concern,

The American Heart Association (AHA) appreciates your time and attention and this opportunity to submit comments on the proposed 1115 demonstration waiver to the Centers for Medicare & Medicaid Services (CMS) to extend postpartum Medicaid coverage from 60 days to 90 days, as authorized by 2021 Wisconsin Act 58.

The AHA believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on Medicaid as their primary source of care. Nationally, about 1 in 10 adults with Medicaid coverage are estimated to have some form of CVD, with 6 in 10 having multiple chronic conditions.¹

CVD is the leading cause of maternal mortality in the U.S., accounting for over a third of pregnancy-related deaths.^{2,3} Despite major advances in science and medicine that have reduced pregnancy-related deaths in other countries, the number of overall cardiovascular deaths in the pregnant and postpartum population has continued to increase in the U.S. over the past 20 years.⁴ Multiple studies have shown lack of insurance and inability to pay for care are major barriers to accessing prenatal and postpartum care in the U.S.⁵

For this patient population that is already at a high risk of experiencing CVD, it is especially important pregnant and postpartum Medicaid patients have regular, continuous care during pregnancy and for at least the year following delivery to ensure access to care for the entire postpartum period. Expanding access to Medicaid has been shown to reduce maternal mortality. This outcome is particularly evident among racial and ethnic minorities, who are more likely to have both improved postpartum access to care and improved care between pregnancies.⁶ Extending Medicaid coverage for one year after delivery would provide many benefits to women and their families by covering critical care related to pregnancy, childbirth and breast-feeding, chronic conditions, mental health, and other needs.

Wisconsin's recently-released Maternal Mortality Report lists "...expand[ing] Medicaid eligibility for all postpartum people to one year post-delivery" as its top recommendation to begin addressing preventable death in the pregnant and postpartum population in the state.⁷ The report also found while they only represented about a fourth of births in the state in the time period reviewed, Non-Hispanic Black, Non-Hispanic Asian, and Hispanic

mothers accounted for almost half of pregnancy-related deaths in Wisconsin.⁸ Continuity of care during the postpartum year can help bridge disparities in access and improve health outcomes for both mother and child.

The American Heart Association supports Wisconsin's proposed action to extend coverage for postpartum people for an additional 30 days, increasing to 90 days from the current 60 days; and hopes the state will continue to fight for implementing the full 12-month extension made available under the American Rescue Plan Act. Augmented access to care is critical to identification and treatment of pregnancy-related CVD and other postpartum health and mental health issues—all of which can have multigenerational health impacts on families and communities.

Thank you for working alongside the American Heart Association in support of longer, healthier lives for all.

Sincerely,

Nicole Hudzinski

Nicole Hudzinski
Government Relations Director
American Heart Association
Nicole.hudzinski@heart.org
608-225-4042

¹ Chapel, JM, Ritchey MD, Zhang D, Wang G. Prevalence and medical costs of chronic diseases among adult Medicaid beneficiaries. *AJPM*. 2017; 53(6):S143-S154.

² Centers for Disease Control and Prevention: Reproductive Health, <https://www.cdc.gov/reproductivehealth/index.html>

³ Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

⁴ Creanga AA, Syverson C, Seed K and Callaghan WM. Pregnancy-Related Mortality in the United States, 2011-2013. *Obstet Gynecol*. 2017;130:366-373.

⁵ Phillippi JC. Women's perceptions of access to prenatal care in the United States: a literature review. *J Midwifery Womens Health*. 2009;54(3):219-225. doi:10.1016/j.jmwh.2009.01.002

⁶ Luther JP, Johnson DY, Joynt Maddox KE, Lindley KJ. Reducing cardiovascular maternal mortality by extending Medicaid for postpartum women. *JAHA*. 2021; 10(15):e022040.

⁷ Wisconsin Maternal Mortality Review Team, 2016–17 Wisconsin Maternal Mortality Report. Wisconsin Department of Health Services; April 2022.

⁸ Wisconsin Maternal Mortality Review Team, 2016–17 Wisconsin Maternal Mortality Report. Wisconsin Department of Health Services; April 2022.

To: Bailey Dvorak, Division of Medicaid Services
From: Caty McDermott, Lobbyist – MA Policy
Date: April 29, 2022
Re: Section 1115 Postpartum Coverage Waiver

On behalf of the Alliance of Health Insurers (AHI) we are submitting comments in support of the department's submission of an application to the Centers for Medicare and Medicaid Services (CMS), requesting a five-year Medicaid 1115 Research and Demonstration Waiver to allow the state to extend postpartum Medicaid coverage from 60 days to 90 days for birthing people whose household income is above 100% of the federal poverty level (FPL). While AHI members applaud this initial first step to address maternal outcomes, we support and will continue to urge state policymakers to extend coverage for the full 12 months after delivery.

AHI is a nonprofit state advocacy organization created to preserve and improve upon consumer access to affordable health insurance in Wisconsin, both via the private sector and public programs. AHI members are dedicated to delivering affordable, high-value care to the state's Medicaid population. Currently, AHI members provide managed care to approximately 68 percent of the participants in Wisconsin's Medical Assistance program (including both BadgerCare and SSI program participants).

Maternal mortality and morbidity are key markers of the health care outcomes and in Wisconsin, there continues to be significant racial disparities in maternal health outcomes. According to the Department of Health Services the rate of maternal morbidity in Wisconsin is higher than the national average and Black women in Wisconsin are 1.75 times more likely to experience maternal morbidityⁱ. Many common postpartum conditions that lead to mortality and morbidity require long-term care management, such as cardiovascular diseases, hypertension, and depressionⁱⁱ. Furthermore, data collected from 14 of the U.S. Maternal Mortality Review Committees, found that from 2008-2017, 23.6 percent of pregnancy-related deaths occurred in the later postpartum period (43-365 days post-partum) and across all pregnancy-related deaths, 2 out of 3 were determined to be preventable.ⁱⁱⁱ

As contracted managed care companies, our focus is to delivery healthy outcomes for the state's Medicaid population. Continuity of care is a critical element to drive those outcomes – and leads to better health care cost management for Wisconsin taxpayers. This waiver is the first step for the state to positively impact maternal health, begin to address racial health disparities, and support growing families.

ⁱ Wisconsin Department of Health Services Maternal Mortality and Morbidity

ⁱⁱ Postpartum Coverage Extension in the American Rescue Plan Act of 2021

ⁱⁱⁱ Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017

Additionally, Children's provides home visiting services across the state to support at-risk parents, during a pregnancy through the first five years of the child's life, to reduce the likelihood of child maltreatment and to strengthen family functioning. Visits occur in the home on a frequent basis to provide education on topics like pregnancy, reproductive health, child development, safe sleep and offer guidance on navigating the often complex food and child assistance systems.

Family preservation and support programs address the needs of the family as a whole, delivering services in their homes, neighborhoods and communities to help promote positive development and prevent adverse outcomes. Parents and families gain new competencies, make family-community connections and improve child health, well-being and family functioning. In 2021, Children's served nearly 800 families across the state through home visiting.

In addition, Children's, along with a coalition of several community partners, is implementing the Milwaukee County Healthy Start Program which supports maternal-child health for African American women. As part of the five-year federal grant, Children's and our partners are providing maternal community health navigation services, child birth education classes, group-based parenting classes, ensuring access to maternal care providers, including midwives, as well as providing fatherhood-specific programming and other resources.

For moms and families that we serve in our home visiting, Healthy Start and CCHP programs, having continuous access to Medicaid coverage would enable moms to afford the regular medical care they need. One client came to one of our home visiting programs five months postpartum after delivering a beautiful baby girl, no longer having insurance and having developed a few health issues. She had an intrauterine device (IUD) placed after delivery that had shifted causing severe discomfort and pain. After she delivered her daughter, her vision had declined significantly and she desperately needed an eye exam to ensure she could safely care for and support herself and her daughter. If her Medicaid coverage had been extended further, she wouldn't have to endure these health issues and could have addressed them much sooner.

Thank you for the opportunity to share Children's Wisconsin's support for this waiver that takes a step toward improving maternal and infant health outcomes for families across Wisconsin.

Mark Rakowski
Chief Operations Officer
Children's Community Health Plan
mrakowski@chw.org

Jodi Bloch
Director, State & Local Government Relations
Children's Wisconsin
jbloch@chw.org

Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.



March of Dimes Foundation
Wisconsin Market
1314 South 1st Street #165
Milwaukee, WI 53204

Telephone: 608-729-7802

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The March of Dimes is the nation's leader in maternal and infant health and strongly supports states' work to extend Medicaid coverage during the postpartum period to 12 months, thereby ensuring that mothers retain health insurance during a crucial window. If full, 12-month Medicaid extension occurs in Wisconsin, the state will join a growing bipartisan list of states that are prioritizing the life and health of new mothers and their infants by extending postpartum Medicaid. March of Dimes does not support the current proposed 90-day extension plan up for federal approval; 12 month extension of Medicaid is a more adequate plan to protect mothers and families in Wisconsin.

The empirical facts are stark and unsettling: Women giving birth in the United States are twice as likely to die due to pregnancy related conditions than as women in Canada, and five times likely as women in Germany. In fact, among developed countries, the U.S. has the greatest maternal mortality rate and is the only country where that rate is increasing.

As part of this national crisis, Wisconsin is facing its own objectionable maternal mortality emergency, with the number of maternal deaths in Wisconsin rising over the past 10 years. What is especially alarming is that maternal mortality for non-Hispanic Black mothers is five times the rate for non-Hispanic White mothers – one of the worst statistics in the nation. There are geographic disparities too. When controlled for sociodemographic factors, women living in rural areas face a 9% greater chance of severe maternal morbidity and mortality than urban residents do.

More than half of all maternal deaths in the U.S. occur over 60 days after birth and more than 60% are preventable. Babies born in Wisconsin to women enrolled in Medicaid have health insurance coverage for 12 months, but the new mother can lose her health insurance coverage as soon as 90 days, with this waiver, after delivery, causing many women to become uninsured shortly after giving birth. While some women can successfully transition to other sources of coverage, many are left in the unsafe position of being uninsured shortly after a major medical event. Disruptions in health coverage are associated with adverse health consequences. This is especially true for women in their childbearing years, when a pregnancy means additional medical risks and medical needs. The stakes are high as the care a woman receives during pregnancy and during the postpartum period is critical to the woman's own health, as well as to the health of her newborn. This is why it is important that this 90 day extension is denied and a 12 month extension plan is adopted by Wisconsin Medicaid.

Postpartum care encompasses a range of important health needs; including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning and addressing mental health conditions. The stress of pregnancy may bring on newly diagnosed conditions such as diabetes, hypertension, thyroid disorders, renal disease and significant cardiac conditions that need ongoing medical care. In addition, mental health conditions such as postpartum depression and substance use disorder require ongoing treatment. Yet despite knowing how essential and timely postpartum care is, it is estimated that 11.5% of new mothers lacked health insurance coverage and 20% of uninsured new mothers skipped care because of cost; half worried about not being able to afford medical bills. 90 days of coverage may still not be enough to allow postpartum women to receive the care they desperately need. 12-month Medicaid extension would allow women more time to ensure postpartum care and allow women a longer period to transition to additional healthcare insurance.

It is not just the mothers who are affected when their health needs are not met. There is strong evidence that when well-being is disrupted on either side of the relationship it affects both mother and baby. For example, research studies show that babies whose mothers are depressed show poorer socioemotional and cognitive development, which can affect the infant's growth through toddlerhood, preschool and into the school-aged years. It is not uncommon for healthcare providers working with babies in the neonatal intensive care unit or pediatrician office to be frantically problem solving around the mother's lack of insurance coverage because of the profound impact it has on their baby's health and care.

Under the budget passed in 2021, the Department of Health Services is directed to seek federal approval for a state plan amendment or waiver to extend eligibility to the last day of the month that contains the 90th day following the end of the pregnancy. Eligibility would only be extended if federal approval is granted through the section 1115 waiver. The American Rescue Plan Act of 2021 changed federal Medicaid law to allow states the option on an ongoing basis to extend post-pregnancy coverage to 365 days through a state plan amendment, which would not need federal approval like the section 1115 waiver. The current 1115 waiver request is not recommended by March of Dimes and it should not be supported by the state of Wisconsin as it is not what is recommended federally.

It is projected that extending post-pregnancy coverage to the one year following the end of a pregnancy would increase average monthly Medicaid enrollment by 6150 members and these members qualifying for the extended eligibility are projected to incur costs of approximately \$354 per month on average. The total annualized cost of this increased enrollment is projected to be \$26.1 million with federal refund eligibility. The budget act that extended additional 30 days to 90 days of postpartum coverage is not eligible for any federal funding if it is approved.

As an organization on the front line, March of Dimes sees the societal impact of persistent health disparities for far too many babies and new mothers in Wisconsin.



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Telephone: 608-729-7802

Fortunately, our lawmakers and agencies can take action to address these disparities by denying Wisconsin's request to extend Medicaid to 90 days postpartum and recommend Medicaid extension to 12 months instead. Wisconsin can follow many other states and extend Medicaid coverage to 12 months for new mothers. When women have access to care, they are healthier, their babies are healthier and health care costs go down. March of Dimes enthusiastically embraces all work - like Medicaid extension 12 months postpartum - to help support healthy moms and strong babies.

Sincerely,

Emily Kittell (Maternal and Infant Health Initiatives Manager) and the March of Dimes Wisconsin Board of Directors



TO: Attn: Wisconsin 1115 Postpartum Coverage Waiver
*Department of Health Services
Division of Medicaid Services*

FROM: Amy Domeyer-Klenske, MD
*Assistant Professor
Patient Safety and Quality Officer
Department of Obstetrics and Gynecology
Medical College of Wisconsin*

DATE: April 20, 2022

RE: MCW Supports WI DHS' Section 1115 Postpartum Coverage Demonstration Waiver

The Medical College of Wisconsin supports the Wisconsin Department of Health Service's (DHS) Wisconsin Postpartum Coverage 1115 Waiver to improve postpartum morbidity and mortality of birthing people in the state, allowing Wisconsin to extend postpartum Medicaid coverage from 60 days to 90 days, as required by 2021 Wisconsin Act 58.

We are in an unfortunate moment in our country when maternal death rates are rising. According to the Centers for Disease Control and Prevention (CDC), around 700 pregnancy-related deaths occur in the U.S. each year, and most of these deaths are preventable. In Wisconsin, of pregnancy-related maternal deaths, more than 2 out of 3 occur postpartum. Pregnancy-related mortality among non-Hispanic black mothers is 5 times the rate than for non-Hispanic white mothers. Additionally, many women who survive pregnancy and the postpartum period may experience severe maternal morbidity leading to conditions that require ongoing treatment.

We have the medical knowledge to care for these women, to offer them life-saving treatment in cases of preventable maternal death. We need systems that allow these women to access the necessary care during their vulnerable postpartum period which the CDC defines as 12 months following delivery. Although extending Medicaid coverage to 12 months postpartum is both necessary and ideal, we have an opportunity to make our systems work better for our patients and the mothers of Wisconsin by extending coverage to 90 days.

There are so many examples of how this waiver would benefit the patients we see at MCW and institutions across the state. Some patients come into pregnancy with chronic conditions that increase their risk of morbidity during pregnancy. Our providers care for many women who enter pregnancy with problems like obesity or high blood pressure. Often, high blood pressure worsens during pregnancy and can make the delivery complicated and even frightening for many patients who desperately want to begin their lives as a healthy family. I was so blessed to deliver one of my own patients who was in this situation. Her delivery was beautiful, and I won't ever forget the moment I placed her healthy, crying boy on her chest. For this patient, as well as many others, medical complications began during the

postpartum period. After her delivery my patient required frequent dose adjustments of her blood pressure medications and a safe transfer of care to her primary care physician for ongoing treatment. My patient also suffered from a life-threatening blood clot following delivery, a problem which would require her to be on blood-thinners for the months after delivery.

When our providers see women who lose their coverage when they are newly requiring blood pressure medication or life-saving blood thinners, we worry about what will happen to them, about their risk for heart disease, stroke, and death in the upcoming year and beyond. A change in health insurance coverage – whether that means becoming uninsured, underinsured, or switching to a new plan with a new provider network or out-of-pocket costs – can result in missed appointments and loss of access to needed medications or treatments. Not only is this unsafe for the new mother, but loss of coverage will increase pregnancy-related complications and ultimately healthcare costs. Wisconsin needs a system that allows access to care without coverage disruptions as a new mother's health can rapidly change during the postpartum period. This is what's best for the mother, her new baby, and the healthcare system.

Many women enter pregnancy without chronic conditions, but problems might arise in the pregnancy which require ongoing care. Some may discover new diagnoses during a pregnancy - a woman with an unexpected cancer diagnosis, diabetes, heart failure or severe COVID-19 requiring an unexpected hospitalization and recovery. Some women may newly find pregnancy as an important time to seek treatment for their substance use disorder. These women work hard to overcome addiction that may have plagued them for years and find relief with opioid replacement therapies. Loss of access to this treatment, as outlined in a report released this summer by the Wisconsin MMRC, can be deadly. Half of the postpartum drug overdose deaths in our state occurred at 6-12 months postpartum. These women need access to ongoing substance use resources and treatments that continues through their 12 months postpartum. While our providers have seen women without care access suffer or relapse in their substance use disorders, we have also seen women who have care access through private or other insurance thrive when they continue to access these important therapies. I recall a patient who struggled with addiction and seriously committed to her rehabilitation in her pregnancy. Her access to ongoing care allowed her to become a healthy and supportive mom to her beautiful daughter, she found fulfilling work and is now working towards a healthy second pregnancy. Access to this critical care leads to healthy mothers, but also healthy families.

Postpartum mood disorders such as depression and anxiety are another clear example of the need for 12 months of postpartum coverage, yet the extension to three months is welcome. Time and again, our providers will see women in their 6 weeks postpartum exam who may or may not be experiencing mood concerns. Some require care and medical treatment prior to their 6-week visit, but this often is the beginning of their journey in treating mental health conditions. Our providers have met some women who are reluctant to reach out to a therapist or begin a medication because they don't want to begin a treatment that will be immediately disrupted when their insurance lapses. Sometimes, it isn't until we see a patient back for a subsequent pregnancy that we learn how much she began to struggle with mood disorders after her 6-week visit. Women describe how their mood worsened when they or a partner returned to a job, when they lost the support of a visiting family member. Some women in our state or our country succumb and die due to these illnesses, again, as outlined in a 2018 report from our own MMRC. But for every woman who succumbs, there are countless others who slog through and suffer silently until they can again access care. Postpartum mood disorders do not end at 60-days postpartum, and neither should insurance coverage.

Another common scenario that our providers encounter as obstetrician/gynecologists is women seeking postpartum sterilization procedures or tubal ligations. For many reasons, a woman may determine after a pregnancy that her family is complete. Some women with chronic diseases or health complications during pregnancy may recognize that another pregnancy could be life-threatening and make the choice to prevent future pregnancy so that they can continue to live healthy and productive lives without further exacerbating a chronic condition. Medicaid requires patients to sign a consent form 30 days prior to a sterilization procedure or at least 72 hours prior to a sterilization procedure if she has a preterm delivery. If a woman has not met these requirements, she may not be eligible to have the sterilization procedure she ardently desires. In other scenarios, a patient may deliver at a facility that does not perform these procedures. Other women may experience complications of birth like excessive bleeding or infection that lead our providers to recommend delaying the procedure until after 6 weeks postpartum. Recently, a colleague described to me a case of his patient who couldn't receive her desired sterilization immediately after delivery and was terrified that she would lose her insurance coverage before this procedure could be scheduled and performed. Many women may go home from the hospital to lives that are complicated—finding childcare, returning to work without additional remaining sick time, family or relationship stressors, medical illnesses— and scheduling a short-interval procedure before insurance lapses can be insurmountable. Our patients need the time and space to make these decisions and schedule a procedure that makes the most sense for their lives and their families which would be more feasible if Medicaid coverage were extended to three months postpartum.

There are so many stories to share that illustrate the profound impact this legislation could have for pregnant persons in our state. In my role as Patient Safety and Quality Officer for the Department of OB/Gyn at MCW, I review cases of pregnancy-related morbidity and have seen time and again how important access to care is in getting patients the treatment they need to remain healthy. As physicians, it can be challenging to describe in detail how deeply this would affect our patients given our commitment to patient confidentiality. I certainly have considered my own situation when thinking about the huge benefit access to healthcare has afforded myself and my family, so I will leave you with my own story. In addition to my professional work, I'm a mother of two. I entered my first pregnancy healthy and without any chronic medical conditions. At 34 weeks, I developed severe preeclampsia. I felt something was wrong and communicated with my obstetrician who had me collect lab values which I had drawn before my shift. I was running from room to room seeing patients when my labs resulted and our Midwife pulled me aside to tell me my liver function was severely impaired, my levels 10 times the normal range. I was immediately sent to the hospital where my blood pressure was newly elevated, and I was told we would need to unexpectedly welcome our first son 6 weeks before his planned due date. Thankfully, I delivered a beautiful and healthy boy. I had post-partum follow up to ensure my blood pressure returned to normal and I had the opportunity to later visit with my primary doctor after my 6-week visit to ensure my liver returned to normal. I had the opportunity to learn what this illness meant for my future health risks and use that information to inform additional healthcare decisions. For me, like so many of our patients, this follow up care outside of the 6-week postpartum period was absolutely necessary to ensuring I could continue to live a safe and healthy life as a new mom. It is my firm belief that all my patients, including those receiving Medicaid, receive the same access to care and consultation with their providers that I had in my pregnancy.

In summary, extension of postpartum Medicaid to three months will help ensure the ongoing continuity of care and coverage of chronic or new pregnancy-associated conditions that increase risk of morbidity and mortality. It will help doctors to serve the needs of our recently pregnant patients and prevent

morbidity and mortality at a time when this care is desperately needed. MCW appreciates the work of policymakers in our state to address this critical issue and save patient's lives.

Thank you for your consideration, and please don't hesitate to contact Nathan Berken, MCW's Director of Government Relations at 414-955-8217, or nberken@mcw.edu, if you have any questions or need additional information regarding this testimony.



April 22, 2022

To: Bailey Dvorak, Division of Medicaid Services
From: Jordan Wildermuth, Senior Government Affairs Manager
Re: Section 1115 Postpartum Coverage Waiver

Ms. Dvorak,

On behalf of the National Service Office (NSO) for Nurse-Family Partnership (NFP) and Child First, we write in support of the Agency's intent to submit an application to the Centers for Medicare and Medicaid Services (CMS), requesting a five-year Medicaid 1115 Research and Demonstration Waiver to allow the state to extend postpartum Medicaid coverage from 60 days to 90 days for birthing people whose household income is above 100% of the federal poverty level (FPL). While we support this initial action to help improve maternal health and addressing disparities in outcomes, extending postpartum coverage for an additional 10-month period would have more meaningful results.

According to the 2016–17 Wisconsin Maternal Mortality Report that was released this month, most pregnancy-associated deaths occurred postpartum in 2016–17 (75% overall, including pregnancy-related deaths), with approximately 73% of pregnancy-related deaths occurring postpartum and many of those occurring after the 90-day postpartum period. From this analysis, the Maternal Mortality Review Team identified most often that in order to address this issue, policymakers should expand Medicaid eligibility for all postpartum people to one year post-delivery.

NFP knows that healthy, strong mothers mean healthy, strong babies and children. Extending Medicaid coverage for postpartum women for an additional 10-month period would help women access the care they need to address health concerns well after their pregnancy ends and improve the ability of Medicaid to provide services like home visiting.

The transition to motherhood can be particularly challenging as many are socially isolated or are experiencing severe adversity. These barriers can lead to unsafe gaps in coverage.

Extending Medicaid postpartum coverage:

- **Improves Continuity of Care and Care Coordination.** By extending the Medicaid postpartum coverage new mothers do not have to switch from providers.
- **Aligns Continuous Coverage for both Mother and Baby.** Extending the Medicaid postpartum coverage period ensures continuous coverage for both mother and baby, improving care coordination for the mother-baby dyad and creating administrative efficiencies for the state at redetermination.

- **Improves Maternal Health Outcomes.** Access to health insurance increases access to and use of health care services and improves health outcomes
- **Improves Child Health Outcomes.** Parental enrollment in Medicaid is associated with a higher probability that a child will receive an annual well-child visit.
- **Reduces Medicaid Costs.** Reducing movement in and out of Medicaid lowers average monthly per capita spending in Medicaid, increases utilization of preventive care, reduces the likelihood of inpatient hospital admissions and emergency room visits, and prevents disruption for enrollees, health plans, and providers.

Racial disparities and preventable deaths are the primary drivers for Wisconsin's high maternal mortality and morbidity rates, particularly among Black and American Indian women. As a leading evidence-based program with a proven track record at improving maternal and child health outcomes that empower families, NFP looks for opportunities to be part of the solution. To that end we support extending Medicaid coverage for postpartum women for an additional 90-day period and finding ways to increase the coverage period to 10-months postpartum.

May 6, 2022

VIA ELECTRONIC TRANSMISSION

Medicaid Director Lisa Olson
Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309

**Re: Request for Comments for Wisconsin Postpartum Coverage 1115 Waiver to Extend
Postpartum Coverage to 90 Days**

Dear Director Lisa Olson,

Planned Parenthood of Wisconsin, Inc. (Planned Parenthood) is pleased to submit these comments in response to the Wisconsin Department of Health Services' (DHS) draft Section 1115 Demonstration Waiver application (Demonstration application) to extend Medicaid pregnancy benefits to three months postpartum, published on April 6, 2022.

Planned Parenthood operates 22 health centers in Wisconsin. Collectively, our health centers provide health care and counseling services to more than 50,000 individuals each year. These services include the full range of reproductive health care known to contribute to healthier pregnancies, such as lifesaving cancer screenings, birth control, abortion care, and testing and treatment for sexually transmitted infections (STIs) and HIV/AIDS.

The United States continues to lead other high-income countries in its rates of maternal mortality.¹ Equally alarming is the disproportionate impact the maternal health crisis has on communities of color. Specifically, Black and Indigenous women are more than three times more likely to die from pregnancy-related causes than non-Hispanic white women.² As one of the state's leading providers and advocates for sexual and reproductive health care, Planned Parenthood understands the importance of protecting and expanding access to health care and ensuring every individual has continuous coverage and quality care throughout the course of their lives.

One of the most effective ways to improve outcomes for individuals and their babies is to ensure the

¹ Tanne, Janice H. (2020, November). US lags other rich nations in maternal care. *BMJ*. 2020; 371. doi: <https://doi.org/10.1136/bmj.m4546>

² Centers for Disease Control and Prevention. (2022, April). Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. CDC. Retrieved: <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

continuity of care through coverage expansion or extension. Planned Parenthood submits these comments in support of Wisconsin's draft Demonstration application, which would extend Medicaid's pregnancy coverage from 60 to 90 days postpartum. For three months after childbirth, when individuals are at higher risk for experiencing complications, they would have access to care from the same care teams that have served them throughout their pregnancies and who have the best sense of their health needs and risks. This would have the biggest positive impact on populations most impacted by maternal death in Wisconsin, especially Black people and uninsured individuals who are only temporarily covered through Medicaid during their pregnancies.

I. Planned Parenthood supports the proposed Demonstration, which could significantly reduce maternal mortality rates in Wisconsin by providing coverage for thousands of women at a medically critical period after childbirth.

Four in ten Wisconsin births are covered by Medicaid, making it the leading program for maternity services in the state.³ Current Medicaid statute, which requires states to cover pregnancy benefits for eligible individuals for only 60 days following childbirth, has proven to be insufficient. According to studies conducted by the Centers for Disease Control and Prevention (CDC), one-third of all maternal deaths occur between the first week and first year after childbirth.⁴ Black and Indigenous women are most at risk for severe pregnancy-related complications and death compared to the general population, and are more than three times more likely to die from pregnancy-related causes than white women in the United States.⁵ In Wisconsin, the disparity is even more staggering, with Black people being five times more likely to die of pregnancy-related causes compared to white women. While Black births account for only 10% of births in our state, Black women represent 34% of all pregnancy-associated deaths.⁶

The racial disparities in maternal health outcomes have been in large part attributed to structural racism leading to inadequate access to care for communities of color, particularly Black women. While maternal health inequities span across income levels due to structural racism, economic inequalities (*e.g.* higher rates of job insecurity, overrepresentation in lower-wage jobs and overall lower incomes, and higher uninsured rates) in the Black community exacerbate health disparities. Coverage expansion could have an especially positive effect on Black and Latinx women, who are more likely to be uninsured and could have a dual positive impact on Black women who are also more likely to experience negative health impacts related to pregnancy. Wisconsin has an opportunity to reduce maternal mortality, improve maternal health, and reduce racial disparities.

³ Wisconsin Department of Health Services. (2022, April). Wisconsin Postpartum Coverage 1115 Waiver. Wisconsin DHS. Retrieved: <https://www.dhs.wisconsin.gov/medicaid/postpartum-coverage-waiver-draft-application.pdf>

⁴ Centers for Disease Control and Prevention. (2019, May). Vital Signs: Pregnancy-related Deaths. CDC. Retrieved: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

⁵ Centers for Disease Control and Prevention. (2022, April). Working Together to Reduce Black Maternal Mortality. CDC. Retrieved: <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

⁶ Wisconsin Department of Health Services. (2021, July). Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019). Wisconsin DHS. Retrieved: <https://prc.wisc.edu/wp-content/uploads/sites/1127/2021/09/MMR-RMOR-Rep.pdf>

This proposed Demonstration would expand access to care for up to 90 days to pregnant and postpartum women, who would otherwise become uninsured, for potentially a long period of time, and lose access to care. Specifically, the demonstration would cover all pregnant and postpartum women covered under BadgerCare with incomes above 306% of the Federal Poverty Level (FPL) for an additional 30 days following childbirth.

II. Planned Parenthood strongly urges Wisconsin to consider additional federally-funded coverage expansions to improve maternal health outcomes for pregnant and postpartum individuals at highest risk for maternal death.

Wisconsin's decision to extend coverage to three months postpartum marks a gain that could benefit nearly 25,000 Wisconsinites each year.⁷ However, as previously stated, for up to a full year postpartum, individuals are at high risk of pregnancy-related complications that could result in death. The American Rescue Plan Act's (ARPA) state plan amendment (SPA) option gives states the ability to extend Medicaid and Children's Health Insurance Program (CHIP) benefits to 12 months postpartum, limiting coverage disruptions during this critical time.

Moreover, Medicaid expansion under the Affordable Care Act (ACA) would offer coverage for Wisconsin women who would become uninsured once their benefits expire after 90 days. Over a decade of research demonstrates the historic positive impacts Medicaid expansion has had on health outcomes and reducing disparities in states that have adopted it.⁸ This is especially the case for medically underserved populations, such as communities of color, people with low-incomes, and individuals living with chronic illness and disabilities.⁹ Having to navigate the health care system without coverage leads to uninsured individuals being unable to receive essential care, including in the years leading up to pregnancy. It also leads to more expensive pathways to receiving care, such as emergency room utilization – costing states millions of dollars annually. Services such as screenings and treatment for hypertension and diabetes, routine exams, and other preventive services all contribute to healthier outcomes for mothers and their babies. States that have expanded Medicaid since the ACA went into effect have seen a noticeable reduction in their maternal mortality rate.¹⁰

a. The ARPA SPA option provides the greatest opportunity to reduce maternal mortality through expanding access to lifesaving maternity care through 12 months postpartum.

⁷ Wisconsin Department of Health Services. (2022, April). Wisconsin Postpartum Coverage 1115 Waiver. Wisconsin DHS. Retrieved: <https://www.dhs.wisconsin.gov/medicaid/postpartum-coverage-waiver-draft-application.pdf>

⁸ Guth, Madeline, et al. (2020, March). The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020. KFF. Retrieved: <https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/>;

Guth, Madeline, et al. (2020, September). Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care. KFF. Retrieved: <https://www.kff.org/report-section/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care-issue-brief/>

⁹ Ibid.

¹⁰ Eliason, E.L. (2020, February). Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality. Women's Health Issues. May-June 2020;30(3):147-152. doi: 10.1016/j.whi.2020.01.005

While we are fully supportive of Wisconsin's efforts to guarantee comprehensive maternity coverage through three months postpartum, Planned Parenthood encourages the state to go a step further towards offering continuous coverage for pregnant and postpartum enrollees and adopt the SPA option authorized by ARPA.¹¹ The ARPA SPA option represents the best and most comprehensive opportunity to improve maternal health outcomes, particularly for populations at highest risk. Through the ARPA SPA option, for 12 months following pregnancy, individuals would have access to the full scope of maternity benefits offered by their state's Medicaid and CHIP programs. Benefits include routine prenatal and postpartum exams, as well as mental and behavioral services for pregnant and postpartum women living with substance use disorders (SUDs).

According to the latest report released by Wisconsin's Maternal Mortality Review Committee, overdoses from SUDs are a leading cause of death during pregnancy and the postpartum period.¹² Half of the overdose deaths between 2016 and 2019 occurred between six months and 12 months postpartum, which was double than pregnancy-associated non-overdose deaths occurring in the same period.¹³ Under this proposed Demonstration, individuals living with SUDs would no longer be eligible to receive treatment, counseling and other vital services after three months postpartum. For this population, in particular, coverage disruption at any point during the 12 months postpartum often results in preventable deaths. Other risk factors and complications that may surface following three months postpartum could also go undetected and untreated after coverage expires, primarily for uninsured individuals. This includes heart disease, postpartum eclampsia, postpartum depression and other leading causes of death in the year following childbirth.

To make the biggest impact in reducing maternal mortality in our state and improving access to care, we strongly recommend the state legislature to authorize DHS officials to consider selecting the SPA option. Aside from being more comprehensive in scope and duration than this proposal, it could also be the most cost-effective option for the state with no budget neutrality requirements, a guaranteed federal matching rate, and reduced administrative burden, and additional decreases in emergency room utilization among enrollees.

b. Planned Parenthood strongly urges the state to expand Medicaid coverage as intended under the ACA.

Planned Parenthood appreciates Wisconsin's commitment to guaranteeing access to care for more pregnant and postpartum Wisconsinites in need of essential care during and after pregnancy. However, Wisconsin is one of only 12 states that has still refused to expand Medicaid to all adults with incomes up

¹¹ Centers for Medicare and Medicaid Services. (2021, December). SHO#21-007 Re: Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP). CMS. Retrieved: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>

¹² Wisconsin Department of Health Services. (2021, July). Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019). Wisconsin DHS. Retrieved: <https://prc.wisc.edu/wp-content/uploads/sites/1127/2021/09/MMR-RMOR-Repor.pdf>

¹³ Ibid.

to 138% of the FPL. While our state offers coverage to adults aged 19-64 up to 100% of the FPL, individuals from 100-138% of the FPL only qualify for subsidized coverage in the Marketplace, which can still be unaffordable to individuals with low incomes. As a result, individuals from 100-138% of the FPL are likely to be uninsured. Even with subsidies, in 2021, a Wisconsinite making little over 100% FPL could expect to pay more than \$330 each month in premiums.¹⁴ For individuals in need of more coverage, such as older adults and individuals living with preexisting conditions, they could expect to pay nearly \$500 for the least costly Gold plan option. This cost burden deters many residents with low incomes in need of health care from enrolling in plans. An estimated 126,000 Wisconsinites would directly benefit if the state were to expand Medicaid as intended under the ACA.¹⁵ Adding to these benefits, Wisconsin would receive: (1) an enhanced federal matching rate of 90% to cover the newly eligible population, including the population from 0-100% of the FPL that the state currently covers at the regular matching rate; and (2) a 5% increase in its federal matching rate for 2 years after the expansion takes effect.

In addition to extending postpartum coverage, we strongly urge our state legislature to expand coverage for all adults with incomes up to 138% of the FPL. This could dramatically improve the health and wellbeing of populations most at risk for pregnancy-related complications, and reduce coverage disruptions that too often result in barriers to access and in the worst case scenarios, maternal death.

Conclusion

Planned Parenthood supports Wisconsin's efforts to address the maternal mortality crisis in our state, and supports this proposed Demonstration. If approved, thousands of pregnant and postpartum women would have access to care for three months following childbirth, when they are at high risk for pregnancy-related complications. This expansion could make gains towards improving the health outcomes of mothers, infants, their families and communities, while also bringing the state closer to eliminating existing disparities across populations, particularly among communities of color and individuals living with SUDs. We are confident that additional necessary steps will be considered and taken to build on this gain to further improve the lives and wellbeing of Wisconsin mothers and their families.

Thank you for your consideration of our comments,

Mike Murray
Vice President of Governmental Affairs and External Relations
Planned Parenthood of Wisconsin, Inc.
10 E. Doty Street, Suite 205
Madison, WI 53703

¹⁴ Kaiser Family Foundation. (2021, October). Average Marketplace Premiums by Metal Tier, 2018-2022. KFF. Retrieved: <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/>

¹⁵ Health Insurance.org. (2021, December). Wisconsin and the ACA's Medicaid Expansion. Healthinsurance.org. Retrieved: <https://www.healthinsurance.org/medicaid/wisconsin/>

Talking Points: Extending Medicaid Coverage for Pregnant Women Beyond 60 Days Postpartum

(As of March 2022)

THE PROBLEM: The United States is experiencing a maternal health crisis. Unsafe gaps in health insurance coverage, particularly for people on Medicaid, are contributing to poor maternal health outcomes.

THE SOLUTION: Extending Medicaid coverage for postpartum individuals will help ensure new parents have continuous, uninterrupted access to care to address their ongoing health needs, including those unrelated to pregnancy. States should enact a State Plan Amendment to extend Medicaid coverage to 12 months for postpartum individuals.

THE BOTTOM LINE: Moms can't wait. It's time to extend Medicaid coverage for pregnant people to 12 months.

The United States is experiencing a maternal health crisis.

- The United States is the only industrialized nation with a maternal mortality rate that is on the rise, increasing 26 percent between 2000 and 2014. This statistic continues to increase, from a maternal mortality rate of 20.1 in 2019 to 23.8 in 2020.
- Black women and American Indian/Alaska Native women are 2.9 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women.
- More than half of these deaths are preventable.

The postpartum period is a time of vulnerability for new parents.

- The transition from pregnancy to full recovery is when many women experience unmet health needs.
- Nearly 70 percent of women describe at least one physical problem in the first year of the postpartum period.
- Approximately 1 in 9 women experience symptoms of postpartum depression.
- The rate of opioid use during pregnancy more than doubled between 1998 and 2011 – women are more likely to experience relapse and overdose 7-12 months postpartum.

This is especially true for women on Medicaid, many of whom are at risk of losing their health insurance coverage just 60 days after the end of pregnancy.

- Low-income pregnant women can qualify for Medicaid based on their pregnancy status, but federal law limits this coverage to 60 days after the end of pregnancy. Enacted in 2021, the American Rescue Plan Act (ARPA), offers states the option to extend postpartum Medicaid coverage for a full 12 months.
- Once this 60 day coverage ends, many women enter an unsafe period of uninsurance.
- Nearly 1 in 4 women living in states that have not expanded Medicaid under the Affordable Care Act (ACA) and more than 1 in 10 women living in states that have expanded Medicaid under the ACA experience uninsurance between delivery and postpartum.
- Compared to women with private insurance, women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions, putting them at higher risk of maternal morbidity and mortality.

Extending postpartum coverage can help.

- Based on data from the Centers for Disease Control and Prevention (CDC) National Vital Statistics System (NVSS), roughly 29 percent of pregnancy-related deaths occur between 43 and 365 days postpartum.

- This is an underestimate as it does not include pregnancy-associated deaths or deaths to women over the age of 44.
- To help determine the percentage of maternal deaths occurring in the late postpartum period – after many women lose eligibility for Medicaid – we can look to the states.
 - In Illinois, approximately half of pregnancy-associated deaths occur more than two months after pregnancy.
 - In Texas, 31 percent of pregnancy-related deaths occurred more than 60 days postpartum.
 - In West Virginia, 62 percent of all maternal deaths occurred more than 60 days postpartum.
- These numbers are higher for Black women, who represent a large portion of Medicaid beneficiaries.
- Extending coverage would also align the mom's coverage with that of her infant; infants born on Medicaid are guaranteed coverage through the first year of life.

Extending postpartum coverage is rooted in clinical evidence.

- ACOG guidance notes that the postpartum period should be an ongoing process “with services and support tailored to each woman's individual needs.” This may include physical recovery from birth, an assessment of social and psychological well-being, chronic disease management, and initiation of contraception, among other services.
- The CDC defines the postpartum period as extending through 12 months after the end of pregnancy, and data demonstrate that women who have recently given birth have health needs that continue throughout an infant's first year of life.
- Some of the most dangerous pregnancy-related complications –preeclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery.

Extending postpartum coverage is recommended by state Maternal Mortality Review Committees (MMRCs).

- Georgia: “Expand Medicaid coverage to one year postpartum.”
- Illinois: “Illinois should expand Medicaid eligibility for the postpartum period from 60 days to one year after delivery.”
- Texas: “The Task Force recommends extending access to healthcare coverage for 12 months following delivery.”
- Utah: “Extend Medicaid coverage for one year postpartum.”
- Mississippi: “The committee supports medical care and insurance coverage through the first year postpartum to adequately address both chronic and pregnancy-related medical conditions.”

- Alabama: “Medicaid expansion up to one year postpartum and improved reimbursement for providers could improve the healthcare women receive, as a majority of the deaths reviewed occurred 43 to 365 days after the end of pregnancy.”

Extending postpartum coverage has wide support that continues to grow.

- Among the physician community: the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Cardiology, American Osteopathic Association, American Psychiatric Association, and the Society for Maternal-Fetal Medicine.
- Among other stakeholders: March of Dimes, Black Mamas Matter Alliance, American Hospital Association, Medicaid Health Plans of America, and America's Health Insurance Plans.

It's likely to save money.

- In many states, extending postpartum coverage would supplant other publicly-financed health care programs, some of which are more costly to the federal government (i.e. Marketplace subsidies, family planning-only coverage).
- Severe maternal morbidity costs billions of dollars every year. Many of these costs could be avoided if women remain covered under Medicaid and have their conditions addressed before becoming progressively severe.
- Alternative payment models and other value-based payment and delivery system changes are more difficult if women are churning in and out of the system.

And, it's simple.

- Thanks to the 2021 American Rescue Plan Act, states can now enact 12 months of continuous postpartum Medicaid coverage through a State Plan Amendment.
- While this process varies on a state-by-state basis, it is even easier than applying for a Medicaid Section 1115 waiver to extend postpartum coverage.
- The State Plan Amendment option goes into effect on April 1, 2022.

THE BOTTOM LINE: Moms can't wait. It's time to extend Medicaid coverage for pregnant women beyond 60 days postpartum through a State Plan Amendment.

UWHealth

May 6, 2022

Department of Health Services, Division of Medicaid Services
PO Box 309
Madison, Wisconsin 53703-0309

Attn: Wisconsin 1115 Postpartum Coverage Waiver

To Whom it May Concern:

UW Health is home to Wisconsin's #1-ranked hospital and is among the nation's leading academic medical centers, according to US News and World Report. Our health system, in partnership with the UW School of Medicine and Public Health, is committed to supporting patients from all socioeconomic backgrounds through our service, science, scholarship and social responsibility. We are particularly keen to improve the health and well-being of Wisconsin birthing people and babies which is demonstrated by our work as a member of the Dane County Health Council in partnership with the Foundation for Black Women's Wellness, and the innovative Connect Rx project which just recently launched in Wisconsin.

We write today to endorse the Department of Health Services' effort to extend Medicaid post-partum coverage to 90 days from the current 60 days by securing an 1115 research and demonstration waiver. We believe this is a step in the right direction; however, we would like to see coverage extended to one year. In fact, experts in infant and maternal mortality contend Medicaid benefits should be extended up to a year following birth because pregnancy-related medical conditions, chronic health conditions, and even death can occur up to one-year post-partum. As evidence of that fact, the American College of Obstetricians and Gynecologists recommends screening patients for post-partum depression which can occur up to one year after giving birth. It is defined by intense feelings of sadness, anxiety, or despair that prevent new parents from being able to perform daily tasks. These feelings are brought on by changes in hormone levels; a history of depression; emotional factors such as whether the baby was planned/unplanned; fatigue; and lifestyle factors such as support from others, moving to a new city, death of a loved one, etc. Treatment usually involves anti-depressants prescribed by a doctor or APP, combined with talk therapy that needs to be available to the patient for up to a year. If left untreated, post-partum depression can have dire consequences for families as the birthing parent is left unable to adequately care for themselves and their baby.

Furthermore, it is imperative that we find ways to prevent pregnancy-related deaths for all but the need is even more urgent among birthing people of color. According to the Centers for Disease Control and Prevention (CDC), Black, American Indian and Alaska Native women are two to three times more likely to die from pregnancy-related causes than non-Hispanic White women. Sadly, disparities in Wisconsin are in many cases even worse than national trends. A Black woman in Wisconsin is 5 times more likely to die of maternal mortality than a white woman in Wisconsin.

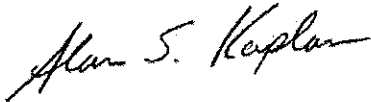
It is alarming that despite advances in modern healthcare and science, the United States ranks among the worst developed nations for maternal care. We must reverse this trend and improve access to postpartum care for families.

We applaud leaders at the Department of Health Services for initiating this important step forward in improving outcomes for Medicaid-covered patients by seeking an 1115 waiver from the federal government. Please know you have the full support of our health system's leadership as you employ this tool to attain the goals outlined in your application.

- Reduce the morbidity and mortality of birthing people for Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.

Thank you for your consideration. Please contact Connie Schulze, Director of Government Affairs at 608/516-2552 if you have any questions regarding this submission.

Sincerely,

A handwritten signature in cursive script that reads "Alan S. Kaplan".

Alan S. Kaplan, MD
CEO

April 22, 2022

Department of Health Services

Division of Medicaid Services

Attn: Wisconsin 1115 Postpartum Coverage Waiver

Submitted to: 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.ⁱ 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.ⁱⁱ 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.ⁱⁱⁱ

A recent study found that 22% of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum.^{iv} 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.^v 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.^{vi}

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.^{vii} Even when an individual remains insured and there is no gap in coverage,

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.^{viii} 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.

ⁱ 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>.

ⁱⁱ 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>.

ⁱⁱⁱ 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>.

^{iv} 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>.

^v 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-medicaid-coverage>.

^{vi} Ibid.

^{vii} 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>.

^{viii} Ibid.

Lisa Olson
Medicaid Director
Division of Medicaid Services
Wisconsin Department of Health Services
P.O. Box 309
Madison, WI 53707

RE: Public Comment Providing Evidence Showing Inadequacy of Proposed 30-Day Extension in Wisconsin's Section 1115 Postpartum Coverage Waiver Application

I am writing on behalf of the Wisconsin Alliance for Women's Health (WAWH) in response to the Wisconsin Department of Health Services' (DHS) solicitation of written comments on its Section 1115 Demonstration Waiver Application to the Centers for Medicaid & Medicare Services (CMS), which requests approval to extend postpartum Medicaid coverage from 60 days to 90 days in Wisconsin as authorized by 2021 Wisconsin Act 58.

At the Wisconsin Alliance for Women's Health (WAWH), our vision is that every woman, at every age and stage of life, can reach her optimal health, safety, and economic security. We aim to achieve this by informing, involving, and inspiring individuals to be effective advocates for policy and systems change.

As Wisconsin's leading women's health policy organization, we are deeply disappointed that this waiver application seeks a mere 30-day extension of postpartum Medicaid coverage. While any extension of coverage during this medically vulnerable time is a step forward, an additional 30 days is woefully inadequate. Health care experts, professionals, and organizations agree: the only extension of postpartum Medicaid coverage proven to support improvements in maternal health outcomes is an extension to *one full year*. We hope our comments serve as a reminder that the lives of Wisconsin women should not hang in the balance of incremental change – especially not amidst a growing maternal health crisis in our state.

Black women continue to experience disproportionately high rates of preventable maternal mortality and morbidity. In fact, Black women in Wisconsin are five times more likely to die from pregnancy-related complications and significantly more likely to suffer from severe maternal morbidities than white women.¹ Even more, research reveals that over two-thirds of all pregnancy-related deaths happen in the postpartum period,² sixty percent of which occur due to preventable or treatable causes.³

¹ Wisconsin Department of Health Services, *2016-17 Wisconsin Maternal Mortality Report* (2022). <https://www.dhs.wisconsin.gov/publications/p03226.pdf>.


² Petersen E, Davis N, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017* (2019). <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

³ *Id.*

Coverage disruptions among those enrolled in Medicaid only magnify these maternal health inequities, as the sudden loss of health insurance – compounded by other societal and systemic barriers – leaves low-income women without access to critical, life-saving postpartum care. With Medicaid paying for seventy seven percent of all Black births in our state, Black women are particularly and disparately impacted by disruptions in postpartum coverage.⁴ And in states where Medicaid hasn't been expanded, continuous coverage is even more restricted. To re-qualify for Medicaid after the prenatal plan ends, a Wisconsin woman must make at or below 100 percent of the Federal Poverty Line (FPL)⁵; a stark contrast to the 306 percent FPL eligibility threshold for the prenatal plan.⁶

If DHS's waiver application is approved, Wisconsin will be the first state in the nation to extend postpartum coverage to just 90 days and to have set this low bar. That's 90 days to recover from childbirth, 90 days to receive follow-up care to complications, 90 days to manage chronic health conditions, and 90 days to address mental health concerns – all while taking care of a newborn. That's why extending postpartum Medicaid coverage to one full year is so important and why we are expressing our concern and disappointment for this inadequate 30-day extension proposal. When Wisconsin has been recognized as the worst in the nation around maternal and health disparities for the last three decades, we must demand meaningful interventions in policies and systems immediately. Extending postpartum Medicaid coverage to one full year is a powerful, proven pathway toward reducing inequities and drastically improve maternal health outcomes in Wisconsin.

Sincerely,



Sara Finger
Executive Director
Wisconsin Alliance for Women's Health

⁴ Tomlin B, McAdams R, Zapata J, et al. *High Black infant mortality in Wisconsin: factors associated with the ongoing racial inequity* (2020). <https://doi.org/10.1038/s41372-020-00906-6>.

See also, Gordon S, Sugar S, Chen L, et al. *Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage* (2021). <https://aspe.hhs.gov/sites/default/files/documents/cf9a715be16234b80054f14e9c9c0d13/medicaid-postpartum-coverage-ib%20.pdf>

⁵ See generally, Wisconsin Department of Health Services, *BadgerCare Plus*. <https://www.dhs.wisconsin.gov/badgercareplus/index.htm>.

⁶ See generally, Wisconsin Department of Health Services, *BadgerCare Plus Prenatal Plan*. <https://www.dhs.wisconsin.gov/badgercareplus/prenatal-plan/index.htm>.

Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309

Submitted via electronic mail to dhspostpartumcoverage1115waiver@dhs.wisconsin.gov

May 14, 2021

Re: Comments in Support of Wisconsin Postpartum Section 1115 Demonstration Waiver Application

To Whom It May Concern:

The Wisconsin Catholic Conference (WCC), the public policy voice of the state's Catholic bishops, supports the Wisconsin Department of Health Services (DHS) in its request for a five-year Medicaid 1115 research and demonstration waiver, which would allow the state to extend postpartum Medicaid coverage from 60 days to 90 days for women whose household income is above 100% of the federal poverty level (FPL).

According to the Centers for Disease Control and Prevention (CDC), an increasing number of pregnant women in the U.S. suffer from serious conditions like diabetes, heart disease, and hypertension.¹ Left untreated, these chronic conditions can endanger women's lives after they give birth. Indeed, over 40 percent of maternal deaths occur postpartum.²

Postpartum women are also at higher risk for depression, which if not properly treated can lead to chronic depressive disorder. Maternal depression has profound effects on children. Research shows that "Children of mothers who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, excessive crying, and delays in language development."³

¹ Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

² Petersen EE, Davis NL, Goodman D, et al. *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. MMWR Morb Mortal Wkly Rep 2019; 68:423–429. [http://dx.doi.org/10.15585/mmwr.mm6818e1external icon](http://dx.doi.org/10.15585/mmwr.mm6818e1external%20icon) (Table 2).

³ Center on the Developing Child at Harvard University (2009). Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8. www.developingchild.harvard.edu.

Postpartum coverage is especially critical for women of color. American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.⁴

Wisconsin Medicaid currently pays for more than four in ten births, a clear indication that there are many vulnerable women and children in our state. For their sake, and that of the common good, everything must be done to ensure that they receive proper care.

This past session, the WCC supported Senate Bill 562, which would have extended postpartum coverage from 60 days to one year. We hope that one day a similar bill will become law, but for now, we strongly support the proposed waiver.

Sincerely,



Kim Vercauteren
Executive Director

⁴ Centers for Disease Control and Prevention. Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016. <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

April 29, 2022

Lisa Olson
Medicaid Director
Wisconsin Department of Health Services

Attn: Bailey Dvorak

RE: Consideration of an 1115 waiver for post-partum coverage extension to 90 days

Submitted via dbspostpartumcoverage1115waiver@dhs.wisconsin.gov

Dear Director Olson:

The Wisconsin Primary Health Care Association (WPHCA) appreciates the opportunity to provide input regarding the application for an 1115 waiver to extend Medicaid coverage for pregnant women from 60 to 90 days post-partum. WPHCA has consistently supported a full year of coverage for women who qualify for Medicaid due to their pregnancy. The medical, mental health, and additional benefits provided under a full year of post-partum coverage are critical to the overall health of both the beneficiary and her family. WPHCA will continue to advocate for this full year of coverage and appreciates the Administration's continued support for this policy for all Wisconsinites, regardless of documentation status.

WPHCA is concerned that if the Center for Medicare and Medicaid services approves a 90-day coverage waiver, a new precedent will be set for states across the U.S. in lieu of pursuing a full year of coverage. The same also applies for the State of Wisconsin, as WPHCA aims to support continued momentum for legislative action to advance the full year of coverage.

However, as the member association for Wisconsin's Community Health Centers, WPHCA also recognizes that extended Medicaid coverage for women that would otherwise become uninsured may increase completion of care plans or reduce the burden of uncompensated care for clinics across the state.

In light of these realities, WPHCA neither supports nor opposes denial of a 90-day post-partum coverage waiver. Thank you for your consideration.

Sincerely,



Richelle Andrae
Government Relations Specialist
Wisconsin Primary Health Care Association
randrae@wphca.org | (608) 443-2953

WISCONSIN
TRIBAL HEALTH DIRECTORS MEETING AGENDA

May 11, 2022
10am-12:00pm

Web and Teleconference Access Information On the Next Page:

- 10:00 a.m. Welcome and Roll Call
- Tribal Health Director Updates
- Division of Medicaid Services, Lisa Olson, Medicaid Administrator
- Post-Partum Coverage 1115 Waiver, Lisa Olson
 - State Plan Amendments QTR-2, Baily Dvorak
 - ARPA LTC, Curtis Cunningham, Denise Pommer
 - Shared Savings Update, Brandon Watson
 - Provider Enrollment System, Samantha Ninneman and Ann Lamberg
- 11:20 a.m. Division of Public Health-Paula Tran, State Health Officer and Administrator
- 11:30a.m. Great Lakes Inter-Tribal Epidemiology Center Update, German Gonzalez
Great Lake Area Tribal Health Board Update, Will Funmaker
- 11:45 a.m. Bemidji Area Indian Health Services, Dan Frye, BAIHS Director, Tammy King,
Lead Negotiator
- 11:55a.m. Announcements:
- Adjourn

(2022 WTHDA meeting schedule)
2nd Wednesdays

~~January 12, 2022~~
~~March 9, 2022~~
May 11, 2022
July 13, 2022
September 14, 2022
November 9, 2022

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

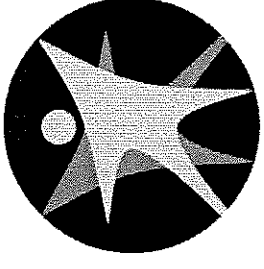
Or call in (audio only)

[+1 608-571-2209,,877352372#](#) United States, Madison

Phone Conference ID: 877 352 372#

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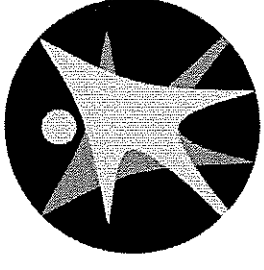


Section 1115 Postpartum Coverage Waiver

Tribal Consultation

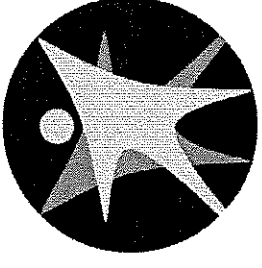
May 11, 2022

Tribal Health Director Meeting



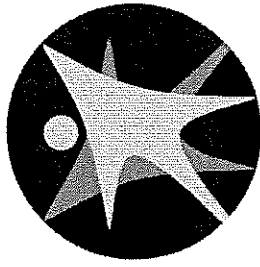
Special Considerations Due to the COVID-19 Pandemic

- Due to the public health concerns related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver application.
- The Centers for Medicare and Medicaid Services (CMS) has discretion to exempt the state from completing any aspect of the public notice process, including exemption from conducting any public notice when the state demonstrates to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency that directly threatens human lives that warrant an exception to the normal public notice process.
- Accordingly, the state will use two webinars instead of in-person hearings.



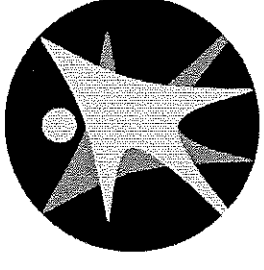
Presentation Outline

- Purpose of Tribal Consultation
- Background
- Waiver Project Objectives
- Overview of Waiver Proposal
- Budget Neutrality
- Timeline
- Comments



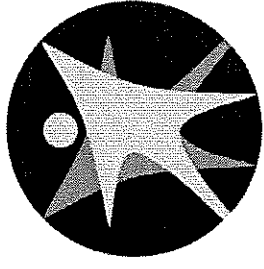
Purpose of Tribal Consultation

- Thank you for your attendance today!
- Tribal consultation is designed to solicit comments and recommendations from Indian Tribal Governments on DHS initiatives such as this 1115 Waiver Amendment.
- Tribal consultation is required under federal law as part of the public comment process for 1115 waiver applications.
- DHS welcomes your feedback and supports ongoing dialogue with Tribes.
- Please let us know if you would like the opportunity for further consultation on this topic.



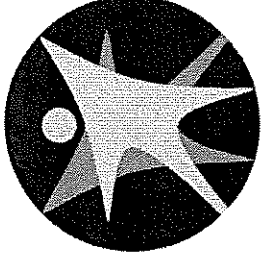
Current Medicaid Postpartum Coverage

- Under current law, the income eligibility threshold for pregnant people is 306% of the federal poverty level.
 - Pregnant people with income over 306% may become eligible for coverage by meeting a deductible, also known as a spend-down.
- Eligibility for coverage ends on the last day of the month when the 60-day postpartum period ends.
- Those who qualify for Medicaid based on pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth, and delivery services.



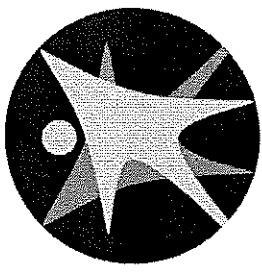
Current Medicaid Postpartum Coverage

- Individuals whose household income is below 100% of the FPL may retain eligibility following pregnancy.
- Unless eligible under other Medicaid provisions, individuals whose household incomes are above 100% FPL are no longer eligible for coverage.
- They are dis-enrolled from the program after 60 days.



2021 Wisconsin Act 58

- This waiver is prompted by 2021 Wisconsin Act 58.
- Requires DHS to request federal approval to extend postpartum eligibility for Medicaid-eligible pregnant people to continue to the last day of the month after 90 days postpartum.
- The legislation does not impact or modify any components of the state's current Medicaid or CHIP programs.



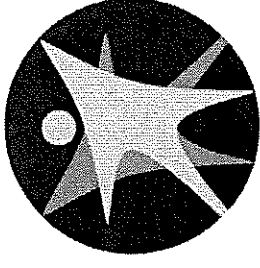
Waiver Objectives

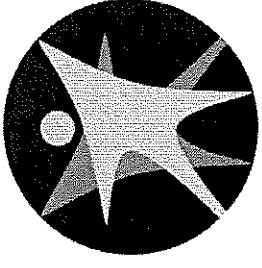
The goals sought by this waiver are to:

- Reduce the morbidity and mortality of eligible Medicaid members in Wisconsin.
- Support the long-term fiscal sustainability of the Medicaid program in Wisconsin.

Waiver Overview

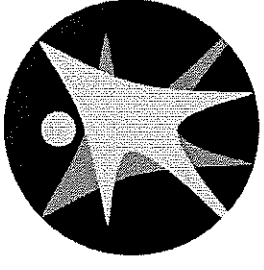
This waiver increases the postpartum coverage period from 60 days to 90 days after the last day of pregnancy.





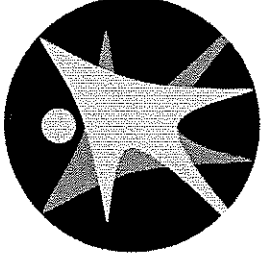
Demonstration Population

Eligibility Group Name	CFR and Social Security Act Citations
Qualified Pregnant Women and Children	42 CFR § 435.116 SSA § 1902(a)(10)(A)(i)(III) SSA § 1905(n)
Mandatory Poverty Level Pregnant Women	SSA § 1902(a)(10)(A)(i)(IV) SSA § 1902(l)(1)(A)
Optional Poverty Level Related Pregnancy – Women & Infants	SSA § 1902(a)(10)(A)(ii)(IX) SSA § 1902(l)(2)



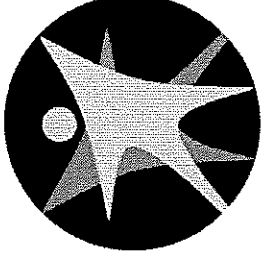
Determining Eligibility

- Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends.
- This extension has no material impact on eligibility determinations.
- Individuals who are not enrolled in BadgerCare Plus as a pregnant person are not eligible for this proposed extension.



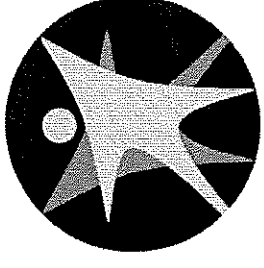
Maintaining Eligibility

- Participants who are deemed eligible for postpartum coverage will maintain coverage for the duration of the three-month postpartum period.
- After the three-month postpartum period, an eligibility redetermination will be made.
- If an individual qualifies for full Medicaid benefits as part of a separate eligibility group, they will maintain coverage.



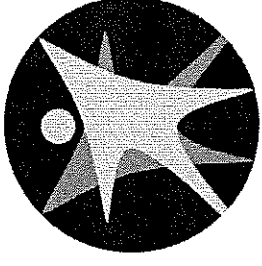
Transition Period

- DHS will extend a “transition period” to eligible people whose 60-day postpartum benefits prior to this demonstration would have expired.
- Eligible people will be permitted to seamlessly benefit from the extended postpartum coverage and maintain coverage for the duration of the 90-day period.



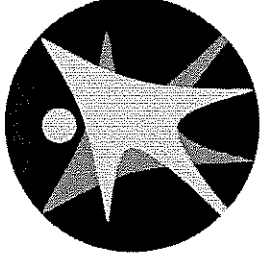
Enrollment Transitions

- Individuals will seamlessly transition into this extended benefit exactly as they did previously under the 60-day postpartum benefit period.
- After the extended three-month postpartum benefit period, all birthing people covered by this proposed extension will transition to the appropriate Medicaid program, if eligible, based on their current eligibility.



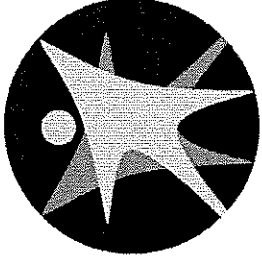
Retroactive Enrollment

- There is no change to the state's current retroactive coverage policy.
- New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted.
- Eligibility may be determined for up to three months prior to the month of application upon the applicant's request.



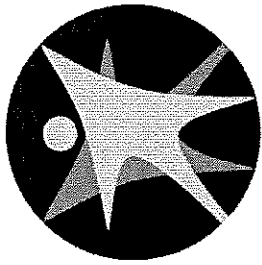
Managed Care Delivery System

- The state will utilize a managed care delivery system to provide services to all members eligible for this proposed extension.
- The state does not intend to amend its existing contracts with its HMOs to implement the provisions of this 1115 demonstration waiver.



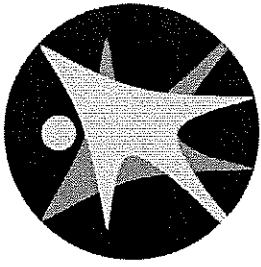
Health Plan Selection

- HMO assignment/selection will follow the same process used outside this waiver.
- Members who do not already belong to an HMO upon entry into the program will be automatically enrolled into an HMO.
- Members will then have a 90-day window to switch to a different plan if they choose before being locked into their assigned plan until their anniversary date the following year.



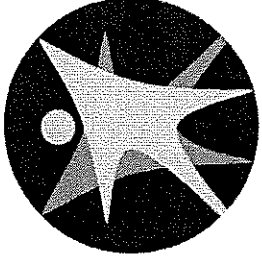
Payment Rates for Services

- The capitation rate-setting methodology for this demonstration will be the same methodology used to set rates for the current Medicaid populations.
- Payment rates will comply with all federal rate-setting requirements and guidance.



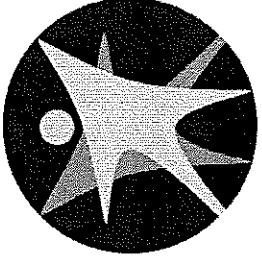
Implementation

- The state intends to implement the demonstration as soon as possible after CMS approval.
- This rollout must include sufficient time for the state to prepare and implement operational and administrative changes and communicate with members the changes under the waiver.



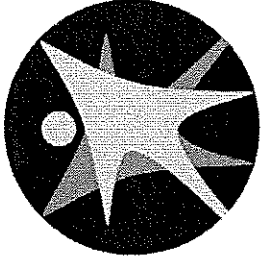
Notification

- The state will develop and deploy an appropriate communications strategy to inform current BadgerCare Plus enrollees and members in the “transition period” group.
- Communications will also target HMOs, pertinent organizations, hospitals, providers, and lactation service professionals, through provider-specific messages.
- Additional communications to all pertinent organizations will be conducted via email.



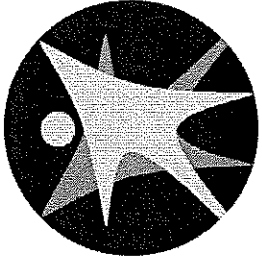
Budget Neutrality

- Federal policy requires Section 1115 demonstration waivers be budget neutral to the federal government.
- Wisconsin will continue to use a per-member per-month (PMPM) methodology specific to the postpartum coverage population to determine and achieve budget neutrality.
- The demonstration will measure the financial impact to the program.



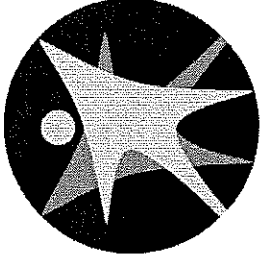
Impact to Tribes

- Since this proposal seeks to extend existing coverage to eligible Medicaid members by 30 days, DHS anticipates that this waiver will have minimal impact to Tribes and Tribal members.



Timeline

Major Milestone	Date
Tribal Notice	March 15, 2022
Public Notice & Draft Waiver Application Posted to DHS Website	April 6, 2022
Public Hearings	April 13, 2022 April 20, 2022
Tribal Consultation	May 10, 2022
Public Comment Period	April 6, 2022 – May 6, 2022
Final Waiver Application Submitted to CMS	May 15, 2022
CMS Approval	TBD
Implementation	As soon as possible after CMS approval



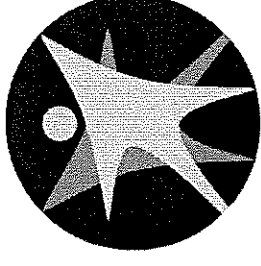
Providing Comments

- Although the public comment period closed on May 6, we will be accepting comments from Tribes until midnight tonight, May 11.
- Email: dhspostpartumcoverage1115waiver@dhs.wisconsin.gov
- Fax: 608-266-1096; attn.: Bailey Dvorak.
- Comments may be mailed to:

Department of Health Services, Division of Medicaid Services
Attn: Wisconsin 1115 Postpartum Coverage Waiver
PO Box 309
Madison, WI 53707-0309

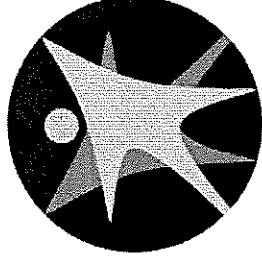
Waiver Materials

Waiver materials are available on the DHS website:
www.dhs.wisconsin.gov/medicaid/waiver-postpartum.htm.



Thank you!

DHS appreciates the opportunity to consult with Tribes in order to help Medicaid better serve the needs of Tribal members in Wisconsin.





March 15, 2022

Michael Wiggins, Jr., Chairman
Bad River Band of Lake Superior Chippewa Indians
PO Box 39
Odanah, WI 54861

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Michael Wiggins, Jr., Chairman:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

2021 Wisconsin Act 58 requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum coverage to the last day of the month 90 days after the last day of pregnancy. This waiver would extend the postpartum coverage period from sixty (60) days after the last day of pregnancy to ninety (90) days after the last day of pregnancy, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the FPL.

DHS must obtain approval from CMS before this change can take effect. Attached to this letter is a document that provides a summary of the provisions included in the waiver application.

We are committed to providing Wisconsin tribes with information about the application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver application and how to submit comments through the following meeting schedule and website:

- The complete amendment application will be posted on the Department's website for comment on or around April 6, 2022. (We will send out an email update to let you know when the application has been posted and to provide a link to the application on our website).
- Representatives from the Department, including myself, the Medicaid Director, will be attending the Wisconsin Tribal Health Director meeting on May 10, 2022 for consultation.
- Public hearings will be held in accordance with federal rules.

Notification: Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver
Page 2
March 15, 2022

Due to the public health emergency related to the COVID-19 pandemic, the state will not be conducting in-person meetings as part of the public notice process for this waiver amendment application. CMS has discretion to exempt the state from completing any aspect of the public notice process, including exemption from conducting any public notice when the state demonstrates to CMS the existence of unforeseen circumstances, such as the COVID-19 public health emergency that directly threatens human lives that warrant an exception to the normal public notice process. Accordingly, the state will use two webinars in lieu of in-person hearings.

DHS anticipates that this amendment will have minimal impact to tribes and tribal members since the waiver seeks to extend existing postpartum coverage to eligible Medicaid members by 30 days.

The Department anticipates submitting the waiver amendment application on or around May 15, 2022. If any additional changes are required to the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver application, the Department will assess the impact of these changes on the waiver submission timeline and inform you accordingly.

The waiver amendment application will be on the agenda for the Wisconsin Tribal Health Director meeting on May 10, 2022, and I look forward to meeting with you at that time to discuss this proposal.

Sincerely,



Lisa Olson
Medicaid Director/Administrator

Enclosures

1. Description of the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Ned Daniels, Chairman
Forest County Potawatomi Community
PO Box 340
Crandon, WI 54520

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Daniels:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Notification: Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

Page 2

March 15, 2022

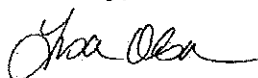
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Lisa Olson
Medicaid Director/Administrator

Enclosures

1. Description of the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Lyle A. Ignace, M.D, Executive Director
Gerald L. Ignace Indian Health Center
930 W. Historic Mitchell Street
Milwaukee, WI 53204

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Dr. Ignace:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Sincerely,



Lisa Olson
Medicaid Director/Administrator

Enclosures

1. Description of the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Marlon WhiteEagle, President
Ho-Chunk Nation
PO Box 667
Black River Falls, WI 54615

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear President WhiteEagle:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

2021 Wisconsin Act 58 requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum coverage to the last day of the month 90 days after the last day of pregnancy. This waiver would extend the postpartum coverage period from sixty (60) days after the last day of pregnancy to ninety (90) days after the last day of pregnancy, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the FPL.

DHS must obtain approval from CMS before this change can take effect. Attached to this letter is a document that provides a summary of the provisions included in the waiver application.

We are committed to providing Wisconsin tribes with information about the application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver application and how to submit comments through the following meeting schedule and website:

- The complete amendment application will be posted on the Department's website for comment on or around April 6, 2022. (We will send out an email update to let you know when the application has been posted and to provide a link to the application on our website).
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Notification: Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

Page 2

March 15, 2022

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DHS anticipates that this amendment will have minimal impact to tribes and tribal members since the waiver seeks to extend existing postpartum coverage to eligible Medicaid members by 30 days.

The Department anticipates submitting the waiver amendment application on or around May 15, 2022. If any additional changes are required to the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver application, the Department will assess the impact of these changes on the waiver submission timeline and inform you accordingly.

The waiver amendment application will be on the agenda for the Wisconsin Tribal Health Director meeting on May 10, 2022, and I look forward to meeting with you at that time to discuss this proposal.

Sincerely,



Lisa Olson
Medicaid Director/Administrator

Enclosures

1. Description of the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Louis Taylor, Chairman
Lac Courte Oreilles Band of Lake Superior Chippewa Indians
13394 W. Trepania Road
Hayward, WI 54843-2186

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Taylor:

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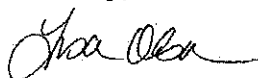
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Medicaid Director/Administrator

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DHS Tribal Affairs Office



March 15, 2022

John Johnson, Sr., President
Lac du Flambeau Band of Lake Superior Chippewa Indians
418 Little Pines
PO Box 67
Lac du Flambeau, WI 54538

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear President Johnson:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Lisa Olson
Medicaid Director/Administrator

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Ron Corn Sr., Interim Chairman
Menominee Indian Tribe of Wisconsin
PO Box 910
Keshena, WI 54135-0910

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Ron Corn Sr.:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Medicaid Director/Administrator

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Tehassi Hill, Chairman
Oneida Nation
PO Box 365
Oneida, WI 54155

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Hill:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Medicaid Director/Administrator

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Christopher Boyd, Chairman
Red Cliff Band of Lake Superior Chippewa
88385 Pike Road, Hwy 13
Bayfield, WI 54814

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Boyd:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Robert Vanzile, Chairman
Sokaogon Chippewa Community
3051 Sand Lake Road
Crandon, WI 54520

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Vanzile:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

William Reynolds, Chairman
St. Croix Chippewa Indians of Wisconsin
24663 Angeline Ave.
Webster, WI 54893

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear Chairman Reynolds:

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cc: Tribal Health Directors
DHS Tribal Affairs Office



March 15, 2022

Shannon Holsey, President
Stockbridge-Munsee Community
N8476 Mo-He-Co-Nuck Road
Bowler, WI 54416

RE: Notification: Application for the Wisconsin Postpartum Coverage Section 1115
Demonstration Waiver

Dear President Holsey:

This letter is to inform you that the State of Wisconsin Department of Health Services (DHS) is preparing an application to the Centers for Medicare and Medicaid Services (CMS) requesting authority for the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

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Description of the Application for the Wisconsin Postpartum Coverage Section 1115 Demonstration Waiver

Introduction

Wisconsin Medicaid has long prioritized coverage of pregnant people and now finances more than four in ten births in the state. Currently, pregnancy-related Medicaid coverage lasts through 60 days postpartum and the infant is eligible for Medicaid for the first year after birth under federal law. Those who qualify for Medicaid on the basis of pregnancy are provided with a wide range of Medicaid benefits, including prenatal care, childbirth and delivery services.

Under current law, the income eligibility threshold for pregnant people is 300% of the federal poverty level, and eligibility for coverage expires at the end of the month in which the 60th day after the last day of the pregnancy falls. Birthing people whose household income is below 100% of the FPL may retain eligibility following pregnancy, as either a parent, or if they are not a parent of a child in the household, as a childless adult. Birthing people above that level, unless eligible under other Medicaid provisions, are no longer eligible for coverage and are dis-enrolled from the program after 60 days, causing disruptions to care and access to coverage.

As required by 2021 Wisconsin Act 58, the Wisconsin Department of Health Services (DHS) is seeking a five-year Medicaid 1115 Research and Demonstration Waiver to improve postpartum morbidity and mortality of birthing people in the State by extending access to quality care and by ensuring continuity of care and care coordination during the postpartum period. The waiver will allow the State to extend postpartum Medicaid coverage from sixty (60) days to ninety (90) days or three months, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the federal poverty level (FPL).

Waiver Overview

This waiver is prompted by 2021 Wisconsin Act 58, which requires DHS to request federal approval of a state Medicaid plan amendment or federal waiver to extend postpartum coverage to the last day of the month 90 days after the last day of pregnancy. This waiver would extend the postpartum coverage period from sixty (60) days after the last day of pregnancy to ninety (90) days after the last day of pregnancy, which in effect provides an additional month of coverage for birthing people whose household income is above 100% of the FPL.

The legislation does not impact or modify any components of the State's current Medicaid or CHIP programs.

Waiver Proposed Policy Changes

The proposal extends existing postpartum coverage from sixty (60) days to ninety (90) days or three months (i.e., by an additional thirty days or one month). The proposal to extend postpartum coverage from sixty (60) days to ninety (90) days or three months will only be implemented for the following eligibility groups:

- Qualified Pregnant Women and Children - 42 CFR § 435.116, SSA § 1902(a)(10)(A)(i)(III), SSA § 1905(n)
- Mandatory Poverty Level Pregnant Women - SSA § 1902(a)(10)(A)(i)(IV), SSA § 1902(l)(1)(A)
- Optional Poverty Level Related Pregnancy – Women & Infants - SSA § 1902(a)(10)(A)(ii)(IX), SSA § 1902(l)(2)

The eligible populations will have incomes up to, but not exceeding, 300% of FPL. Eligibility for the extended postpartum period is determined by the date on which the pregnancy ends. This extension has no material impact on eligibility determinations.

Implementation

DHS plans to implement this waiver as soon as possible after CMS approval. This time period must include sufficient time to communicate with members the changes under the waiver and for the state to prepare and implement operational and administrative changes.