

Kentucky Extends Medicaid to One-Year Postpartum

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BACKGROUND

Medicaid covers many services, including those necessary during pregnancy and the postpartum period. These include prenatal care, postpartum office visits, lactation services, inpatient and outpatient hospital services, behavioral health and substance use treatment, family planning, preventive health, case management, and more.¹

Medicaid eligibility is based primarily on income, using the federal poverty level (FPL) as a standard baseline for establishing eligibility limits. FPL is a measure of income under which an individual or household is determined to be living in poverty.² These limits are adjusted based on household size. Federal Medicaid policy requires states to provide pregnancy-related coverage up to 60 days postpartum for women whose household incomes are up to 138% FPL, or \$20,385 a year for a single adult (\$31,781 for a family of three).³ Some states are more generous with their income eligibility. For example, Iowa, the most generous state, covers pregnant women with incomes up to 380% of the FPL.⁴ Pregnant women in Kentucky are eligible at incomes up to 200% of the FPL, or \$33,975 for a single adult.⁵

In some states, non-pregnant adults are also eligible for Medicaid, but income eligibility may be at lower levels than for pregnant adults. In states that expanded Medicaid under the Patient Protection and Affordable Care Act (ACA), Medicaid must cover non-disabled adults if their income is up to 138% of the FPL (\$20,385/yr.). Some states that have not expanded Medicaid under the ACA still choose to provide coverage for adults at lower FPL thresholds, though they may only be eligible if they have dependent children.^{6,7}

The difference in income eligibility for pregnant versus non-pregnant adults means that some women lose Medicaid coverage at 60 days postpartum when the eligibility criteria change. For example, under the current Kentucky Medicaid policy, a single woman who is pregnant is eligible for coverage up to 60 days postpartum at 200% of the FPL. After 60 days postpartum, she only remains eligible for coverage if her income is under 138% of the FPL. Because of this eligibility “gap”, many pregnant women lose coverage at 60 days postpartum. Nationally, it is estimated that more than 20% of women with pregnancy-related Medicaid lose insurance coverage within six months after giving birth due to changes in income eligibility. This rate increases to more than 37% of women in states that did not expand Medicaid under the ACA.⁸

While pregnancy-related Medicaid is traditionally limited to 60 days postpartum, many states are moving towards extending coverage for up to one year postpartum. This extension is facilitated by the passage of the federal [American Rescue Plan Act of 2021](#) that made it possible for states to use federal matching funds to extend Medicaid coverage from 60 days to 12 months postpartum through a state plan amendment.⁹ Under the law, these extensions are available to states for up to five years and end March 31, 2027.¹⁰ As of May 2022, 38 states, including Kentucky, had approved or pending state action to extend postpartum Medicaid coverage. Nine of the twelve states that have not expanded Medicaid under the ACA (AL, FL, GA, KS, NC, SC, TN, TX, WI) have pending or adopted state action to extend coverage, though not all extend for a full year.¹¹

WHAT'S HAPPENING IN KENTUCKY?

On April 20, 2022, Governor Andy Beshear signed [SB178](#), which extends Kentucky's Medicaid coverage for pregnant women from 60 days to 12 months postpartum and directs the Kentucky Cabinet for Health

and Family Services (CHFS) to seek federal approval for this change. This means that pregnant and postpartum women up to 200% FPL will remain covered by Medicaid for up to one year after giving birth.¹² After one year postpartum, women can maintain Medicaid coverage if they meet the traditional eligibility criteria with household income at or below 138% FPL. Otherwise, they will no longer be eligible for, and will lose, Medicaid coverage. It is important to note that SB178 makes Medicaid extension to one year postpartum permanent in Kentucky and not subject to expiration in March 2027.

Kentucky Medicaid Coverage Eligibility Limits Under Traditional vs. Postpartum Extension

Income eligibility for a one-person household	Traditional Pregnancy Coverage		Extension Coverage
	Pregnancy and up to 60 days postpartum	Beyond 60 days postpartum	Up to 1 year postpartum
Up to 138% FPL (\$20,385/yr.)	X	X	X
Up to 200% FPL (\$33,975/yr.)	X	-	X
Over 200% FPL (>\$33,975/yr.)	-	-	-

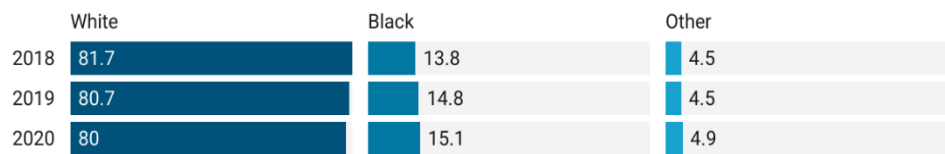
A national study estimated that approximately 10,000 additional Kentucky women would receive 12-month postpartum Medicaid coverage with the extension.¹³ While it is too early to establish causal links between extending Medicaid coverage to one year postpartum and outcomes for women and infants, evidence related to Medicaid expansion under the ACA points toward possible benefits. Studies have found that maternal mortality is lower in states that expanded Medicaid under the ACA compared with those that did not.^{14,15} Positive impacts have been concentrated among non-Hispanic Black women, suggesting that Medicaid expansion could have an impact on decreasing racial disparities in maternal mortality. One study showed greater decreases in maternal mortality when including late maternal deaths (deaths occurring from 43 days to one year postpartum), suggesting that continued access to insurance coverage, and needed healthcare services, may be a significant contributor to decreased mortality.^{16,17}

MEDICAID FINANCES A SIGNIFICANT NUMBER OF BIRTHS IN KENTUCKY

In 2020, Medicaid was the primary payer for nearly 25,000 births in Kentucky, representing approximately 48% of all births in the state.¹⁸ An increasing percentage of Kentucky Medicaid births are to women of color who also are disproportionately impacted by maternal morbidity and mortality.¹⁹

Because Medicaid funds a large portion of births in Kentucky, changes in structure and benefit design can have a significant impact on the health and well-being of women in the postpartum period. In particular, the postpartum extension is expected to

Percentage of Medicaid Births in Kentucky by Race, 2018-2020



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Source: CDC Wonder. Natality, 2016-2020.²⁰

increase continuity of care and expand access to needed services in the postpartum period. Nationally, more than 70% of health care spending in the postpartum period occurs after 90 days, suggesting that important medical services are needed beyond 60 days postpartum.²¹

NEED FOR CONTINUITY OF CARE

In February 2022, CIK published a [report](#) detailing the high rates of maternal mortality in Kentucky and key drivers. Kentucky has one of the highest maternal mortality rates in the country with 40.8 deaths per 100,000 live births, which is almost 2.5 times higher than the national rate.²² Black women are also more than two times as likely to die in the year after childbirth as compared to white women in Kentucky.²³

Nationally, 12% of maternal deaths occur between 42 days and one year postpartum.²⁴ Cardiomyopathy and other cardiovascular conditions are top causes of maternal mortality during that period.²⁵ These conditions are typically manageable with medical treatment and access to specialized care, which is more likely when a person has consistent and affordable health coverage. Black women are disproportionately impacted by maternal mortality and are more likely to be uninsured in the postpartum period.²⁶

In Kentucky, a key driver of preventable maternal mortality during pregnancy and in the postpartum period is accidental overdose and other behavioral health conditions, which persist in the late postpartum period (60 days-1 year postpartum).²⁷ Women enrolled in Medicaid are more likely than women with private insurance to experience stress, abuse, and postpartum depression, conditions which Medicaid coverage in the postpartum period could address.²⁸ Continuity of Medicaid coverage allows women to continue or initiate substance use disorder treatment or other behavioral health treatment after childbirth, and also provides more time for women to transition to parenthood while addressing their own healthcare needs. In general, a lapse in insurance coverage and insurance churn, when individuals lose and regain coverage over a short period of time, may lead to delays in identifying and treating health conditions in the postpartum period.

WHAT'S NEXT?

There are opportunities for targeted outreach to ensure eligible women are enrolled in Medicaid and aware of their benefits package. Research is needed to assess patterns of postpartum Medicaid utilization, and its impact on outcomes for mothers and infants in Kentucky. CHFS and the Kentucky Department of Medicaid Services can leverage ongoing partnerships with university researchers in Kentucky to study the effects of this policy change on women and families and in communities across the state. Examples of research questions that could be explored through this partnership are:

1. What is the impact of postpartum Medicaid extension on utilization of postpartum care among women in Kentucky? What is the impact on utilization of infant health care?
2. How does the extension impact maternal and infant outcomes? This might include, for example, maternal and infant morbidity and mortality, cardiovascular outcomes during pregnancy or in the postpartum period, or substance use prevalence and treatment utilization.
3. What is the impact of the extension on racial and geographic disparities in maternal and infant outcomes? Does postpartum Medicaid expansion disproportionately benefit individuals of one socioeconomic or geographic group versus another?

This kind of evidence will be essential for guiding data-driven decision-making and ensuring access, quality, and continuity of care for women and infants enrolled in Kentucky Medicaid.

CONTACT INFORMATION

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