



FIRST 5 CENTER FOR
CHILDREN'S POLICY



Continuous Coverage for the First Years of Life

COVID Public Health Emergency Response and Beyond

Consistent access to health care helps California's young children grow up safe, healthy, and ready to succeed in school and life. The first years in a person's life present a unique opportunity to set them up for healthy outcomes. Ninety percent of brain development occurs during the first five years, a time when the American Academy of Pediatrics recommends children receive 14 well-child visits to administer critical preventive care like immunizations and track developmental milestones.^{1 2} However, gaps in coverage disrupt young children's care and can lead to children missing vital well-child visits and the chance to catch developmental concerns early.

Cycling on and off health insurance coverage—or churning—is disruptive to continuity of health care, and is especially problematic for young children.³ Studies have shown that children who are uninsured for even short periods have reduced access to care and report more unmet health care needs than those with continuous coverage.⁴ In addition, churn disrupts a family's relationship with a pediatric health care home, an important source of consistent support particularly before children enter school. The COVID pandemic has disrupted families' use of well-child visits, creating a dire situation for vulnerable children. The State should act to reverse the lack of access to preventive health care services among vulnerable young children, which has been exacerbated by the public health emergency, by extending continuous eligibility for the first five years of life.

Medi-Cal's Already Low Rates of Children's Preventive Care. A 2018 audit of Medi-Cal children's primary care showed preventive care utilization for 1-year olds was as low as 39% and for 2-year olds, a dismal 24%.⁵ A more recent DHCS preventive care report found only 25% of children under age 3 in Medi-Cal managed care received necessary developmental screenings and only 26% received all their recommended well-child visits in the first 15 months of life.⁶

Reducing churn would improve Medi-Cal health plans' ability to provide all of the preventive services children are entitled to under federal law. Health plans with continuously enrolled children are better able to ensure they receive preventive care and meet quality metrics. Churn also increases unnecessary administrative costs for providers, health navigators, and counties (such as the costs associated with new presumptive eligibility screens, preparing new applications, and determining eligibility), as well as health care costs as people cycle back onto coverage after a gap.⁷

Pediatric Care During the Pandemic Has Not Rebounded. During the current COVID pandemic, primary care dropped significantly and pediatric care in particular has not yet returned to pre-pandemic utilization levels.⁸ Vaccinations dropped off by 40 percent in

¹ <https://brightfutures.aap.org/families/Pages/Well-Child-Visits.aspx>

² <https://developingchild.harvard.edu>

³ <https://www.communitycatalyst.org/resources/publications/churn-toolkit>

⁴ [https://www.academicpedsjnl.net/article/S1876-2859\(15\)00061-3/pdf](https://www.academicpedsjnl.net/article/S1876-2859(15)00061-3/pdf)

⁵ California State Auditor, 2018-111 "Millions of Children in Medi-Cal are Not Receiving Preventive Health Services."

⁶ Medi-Cal Preventive Care Utilization Report, DHCS 2020.

⁷ <https://www.jstor.org/stable/pdf/resrep25608.pdf>

⁸ Commonwealth Fund, 2020.

April and are just now starting to stabilize.⁹ That means far fewer children received their necessary well-child visits, and it will take time for children to catch up on vaccinations and screenings missed over the last year. Children who experience gaps in their health coverage will fall even further behind.

Continuous Coverage is the Foundation of Continuity of Care. Gaps in coverage, particularly in a child's early years, contribute to the historic and pandemic-related low rates of primary care for children. Conversely, ensuring continuous coverage—allowing children to keep their coverage without administrative renewals—can significantly contribute to improving continuity of care for young children. Continuous coverage reduces the risk of insurance disruptions due to procedural reasons like difficulties completing renewal processes and providing necessary documentation to stay enrolled.¹⁰ California adopted the federal option to provide 12-months of continuous eligibility in Medicaid for children in 2000,¹¹ which includes infants for their first year of life and then annual renewals up to age 18. Recent research finds that 12-month continuous coverage for children reduces the share of children experiencing gaps in coverage, increases those accessing preventive care, and reduces the share with unmet medical needs.¹²

Despite the 12-month eligibility that is available for young children in California, coverage lapses in the subsequent years in a child's life are still disruptive given the level of engagement families should be having with their child's health care home. A 2019 California survey shows that about 61,000 young children with Medi-Cal (ages 1-5) have had a gap in their coverage within the year.¹³ An older report (2006) examining Medi-Cal children's enrollment found 62% of Medi-Cal children remain covered after their annual renewal and only 50% remain continuously covered in Medi-Cal after 21 months of coverage.¹⁴

Opportunity—Budget Proposal

Maintain Continuity of Coverage for Young Children after the COVID PHE. Under the current national public health emergency (PHE), all Medi-Cal enrollees have temporary continuous enrollment. The federal PHE has been extended through at least December 2021. In budget year 2021-2022, California will be required to develop a plan to unwind the federal PHE Medicaid flexibilities and coverage protections when the PHE ends.¹⁵ As part of its plan to unwind the PHE Medicaid continuous enrollment requirement, the State 2021-2022 budget should retain the continuous coverage for children until their fifth birthday. Under this proposal, at the end of the PHE, the continuous coverage policy would continue for young children who enrolled in Medi-Cal during the PHE as well as those newly applying. As part of the State's PHE unwinding plan, DHCS would utilize any federal flexibilities offered as part of federal unwinding guidelines and/or other opportunities to maximize federal Medicaid matching funds. Not only will this reasonably stage a smooth transition from PHE practices, continuous coverage for young children will help California effectively respond to Medi-Cal's historically very low preventive care rates for children. This action is important now than ever given evidence that the pandemic has drastically reduced pediatric health care utilization even further.^{16 17 18}

12-Months Continuous Coverage for All Post-partum Medi-Cal Enrollees. After the temporary continuous enrollment during PHE, California should also continue to extend 12-month of coverage for all Medi-Cal postpartum beneficiaries, similar to the 12-month coverage recently extended to those with a maternal mental health condition. (See accompanying PostPartum factsheet). Also, similar to the continuous coverage for young children, this extended coverage would be part of the state's PHE unwinding plan and would leverage the new federal state option. Perinatal insurance churn is common in California, and women may lose Medi-Cal coverage postpartum and be required to transition to Covered California. Many may find Covered California out-of-pocket costs unaffordable or they may have to change providers with a coverage transition, disrupting continuity of care and placing their health at risk.^{19 20}

⁹ <https://www.cms.gov/newsroom/press-releases/cms-issues-urgent-call-action-following-dramatic-decline-care-children-medicare-and-childrens-health>

¹⁰ <https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>

¹¹ <https://www.chcf.org/wp-content/uploads/2017/12/PDF-ChildrensHealthCoverage2012.pdf>

¹² <https://www.cbpp.org/research/health/continuous-coverage-protections-in-families-first-act-prevent-coverage-gaps-by>

¹³ California Health Interview Survey for 2019.

¹⁴ Fairbrother, Gerry, "Stability and Churning in Medi-Cal and Healthy Families", Child Health Policy Center, Cincinnati Children's Hospital Medical Center, 2008

¹⁵ CMS State Health Official Letter on "Planning for the Resumption of Normal State Medicaid... Upon Completion of the COVID-19 PHE", December 2020.

¹⁶ <https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-090.aspx#YourActionsSavesLives>

¹⁷ <https://www.commonwealthfund.org/publications/2020/oct/impact-covid-19-pandemic-outpatient-care-visits-return-prepandemic-levels>

¹⁸ <https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8>

¹⁹ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicare-coverage/>

²⁰ <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



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12-Month Medi-Cal Coverage for Postpartum Women

Updated March 19, 2021

SUMMARY

Under the current national public health emergency (PHE), all Medi-Cal and Medi-Cal Access Program (MCAP) enrollees have temporary continuous enrollment through at least December 2021. In budget year 2021-2022, California will be required to develop a plan to unwind the federal coverage protections for when the PHE ends.

The state's 2021-2022 budget should retain the continuous coverage for postpartum women not only throughout the unwinding process but also for a total of 12 months postpartum after the unwinding period ends.

To accomplish this, DHCS should first use any available federal flexibilities for preserving continuity of care during the unwinding process.

Next, for implementation when the unwinding period is over, California should adopt the state option for 12-month postpartum eligibility that is now available under the American Rescue Plan Act of 2021 signed on March 11, 2021 by President Biden. The option becomes effective April 1, 2022, for both Medi-Cal as well as MCAP, which is funded by CHIP.

Not only will this proposal promote a smooth transition from PHE practices, continuous coverage for postpartum individuals to 12 months after the end of pregnancy will improve maternal and infant health outcomes across the state. This action is more important now than ever given that the pandemic stands to worsen maternal health outcomes and increase racial inequities in maternal health in our state.

PROBLEM

The United States is the only industrialized nation where maternal deaths are on the rise. According to the Centers for Disease Control and Prevention (CDC), most pregnancy-related deaths that occur in the U.S. each year, although rare, are preventable. There are stark racial inequities in maternal mortality. In California, Black women are nearly four times more likely to die from a pregnancy-related complication than non-Hispanic White women.

The COVID-19 pandemic risks exacerbating the maternal health crisis. A recent study from the CDC suggests that pregnant women are at a significantly higher risk for severe outcomes, including death, from COVID-19 than non-pregnant women. In addition, women are more likely than men to have lost their jobs due to the economic and social impacts of COVID—factors that contribute significantly to stress and provoke negative health outcomes before, during and after pregnancy.

Under current federal law, individuals who are eligible for Medi-Cal based on the fact that they are pregnant become ineligible for coverage on the last day of the month in which the 60th day after the end of pregnancy occurs. While some women may successfully transition to Covered California at this time, many cannot afford their share of the premiums or out-of-pocket costs and are left in the untenable position of being uninsured shortly after a major medical event. Those who can manage the costs will lose important continuity of care when their Medi-Cal providers do not participate in the Covered California network that is available in their area.^{1, 2}

Nationally, insurance coverage disruptions are one of many factors that contribute to high rates of maternal mortality among the Medicaid-eligible population. Importantly, half of all uninsured new mothers nationwide report losing Medicaid after pregnancy as the reason they became uninsured. These coverage disruptions also disproportionately affect women of color; nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum and half of Hispanic Spanish-speaking women became uninsured in the postpartum period.

There are major risks to becoming uninsured shortly after experiencing pregnancy. For example, one in seven women experience symptoms of postpartum depression in the year after giving birth, and evidence suggests women with substance use disorder are more likely to experience relapse and overdose seven to 12 months postpartum. A study of maternal suicide in California found the majority of women (83%) died in the late postpartum period, 43-365 days following the end of pregnancy: 36% died between 43 days and 6 months and 47% died more than 6 months postpartum. Among other findings, approximately 85% of women had one or more psychosocial stressors documented near the time of death (e.g., interpersonal conflict with partner, financial hardship, exposure to violence as a child or adult); screening and referral through Medi-Cal's Comprehensive Perinatal Services Program (CPSP) is intended to address such factors. 51% of these maternal suicide cases had a good to strong chance of preventability with missed opportunities to intervene—opportunities that are far more likely to be missed when the woman is dropped from Medi-Cal shortly after the end of a pregnancy.³

Additionally, 18% of women nationally who lost Medicaid coverage and became uninsured in the postpartum period reported either gestational diabetes or pregnancy-related hypertension – both conditions that would benefit from ongoing monitoring and treatment after the end of pregnancy. Medi-Cal spent more than \$210 million in 2011 treating gestational hypertensive disorders.⁴ Moreover,

¹ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

² <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>

³

https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/FactSheetPAMR_2019-01.pdf

⁴ Pourat N, Martinez AE, Jones JM, Gregory KD, Korst L, Kominsk GF. Costs of gestational hypertensive disorders in California: hypertension, preeclampsia, and eclampsia. Los Angeles, CA: UCLA Center for

about one-third of the women who lost 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. Many of these postpartum health risks could be mitigated if women were able to maintain coverage through Medi-Cal.

While California has adopted the Obamacare adult coverage expansion and taken the additional positive step of providing Medi-Cal coverage up to 12 months for women diagnosed with a maternal mental health condition, the reality is all postpartum individuals deserve to be covered and receive the services needed to remain healthy after the end of pregnancy, regardless of condition.

SOLUTION

Continue coverage for all postpartum individuals to one year after the end of pregnancy to improve maternal and infant health outcomes across the state.

Current Opportunity—Budget Proposal

Continue the COVID PHE Continuous Postpartum Coverage Throughout the Unwinding Process. The federal PHE is expected to end December 31, 2021, with an unwinding process beginning in January 2022.⁵ As part of the unwinding plan, the state’s 2021-2022 budget should maintain continuous coverage for all postpartum individuals. Under this proposal, the continuous coverage policy would continue throughout the unwinding process for postpartum individuals already enrolled in Medi-Cal during the PHE as well as those newly applying. As part of the State’s PHE unwinding plan, the Department of Health Care Services would utilize any federal flexibilities offered as part of the federal unwinding guidelines and/or other opportunities to maximize federal matching funds.

This reasonably stages a smooth transition from PHE practices, which is more important now than ever given the impact the pandemic has had on health care utilization for the Medi-Cal: there is much catching up to do for time-sensitive preventive services as well as other urgent health care needs that have been deferred for the past year.

12-Months Continuous Coverage for All Postpartum Enrollees Going Forward. After the temporary continuous enrollment during the PHE, California should continue to provide Medi-Cal postpartum coverage for 12 months for all Medi-Cal mothers under the new state option provided under the American Rescue Plan Act of 2021, effective April 1, 2022

Not only is this approach necessary for maternal and infant health, but it would also allow the state to draw down federal matching funds on an on-going basis for the existing 12-month maternal mental health coverage under Welfare and Institutions Code § 14008.5, which at present is supported solely by state funds. The new federal revenue source would then contribute to supporting 12-month coverage for all postpartum individuals, not just those with a diagnosed maternal mental health condition.

Health Policy Research; October 2013.

<http://healthpolicy.ucla.edu/publications/Documents/PDF/gestationaldisordersreport-oct2013.pdf>.

⁵ CMS State Health Official Letter on “[Planning for the Resumption of Normal State Medicaid...Upon Completion of the COVID-19 PHE](#)”, December 2020.