

Gaps in Coverage for Pregnant Women and New Mothers in HUSKY A (Medicaid)

Council on Medical Assistance Program Oversight
November 9, 2012

Overview

- HUSKY eligibility during and after pregnancy
- Notices and procedures for renewal
- Findings based on analyses of HUSKY A enrollment data
- Recommendations for HUSKY Program
- Implications for coordinating coverage with HIE beginning October 2013

Importance of Care Before and Between Pregnancies

- Health insurance is key to access to care
- Important interventions include:
 - Family planning counseling and care
 - Nutritional counseling and supplementation
 - Diagnosis and treatment of chronic conditions and infections
 - Oral health care
 - Treatment of substance abuse, smoking
 - Diagnosis and treatment of maternal depression

HUSKY Eligibility: Pregnancy

- **Pregnant women** with family income <250% FPL (pregnant woman counts as 2)

OR

- **Pregnant parents** of children in the HUSKY Program, with family income <185% FPL

OR

- **Pregnant adolescents** in the HUSKY Program, with family income <185% FPL

HUSKY Eligibility: New Mothers

- **Family or child coverage**, with annual renewal (not tied to pregnancy)

OR

- **Pregnancy coverage** until 60 days postpartum, with transition to family or child coverage if:
 - Family income is less than 185% FPL
 - Mother provides information on non-custodial parent, if applicable

HUSKY Eligibility: Immigrant Women

- **Legal permanent residents** in low income families are eligible for coverage during pregnancy, even if in the US less than 5 years
- **Undocumented immigrants** are not eligible during or after pregnancy (only for coverage of labor and delivery)
- In 2008-10 (study period), **adult parents** who were recent legal permanent residents were eligible for state-funded HUSKY coverage

End of Pregnancy Coverage

- Hospital notifies DSS Central Office of baby's birth
- DSS Central Office notifies DSS case worker in the district office
- Case worker manually switches mother to postpartum coverage group, a process that triggers mailing of notices
- Coverage ends at 60 days postpartum

Reasons New Mothers May Lose Coverage After the Birth

- Over-income?
- Moved out of state?
- Obtained other coverage?
- Failed to complete renewal?
- Failed to meet child support requirements?
- Confused by notice(s) and renewal process?

Notice Sent to Women at End of Pregnancy Coverage

“Your Medical assistance will be discontinued on [date].
We are taking action for the following reason(s):

**YOU DIDN'T PROVE YOU ARE PREGNANT, OR HAVEN'T
BEEN PREGNANT LONG ENOUGH, OR YOU FAILED TO
VERIFY YOUR DUE DATE.**

Policy Reference: 2520.05, 8520.40, 8540.15.”

Source: Excerpt from notice obtained by Connecticut Voices
from the Connecticut Department of Social Services.



Purpose of This Study

- To describe coverage continuity for pregnant women and new mothers
- To investigate the association between Medicaid coverage group and loss of coverage in the postpartum period

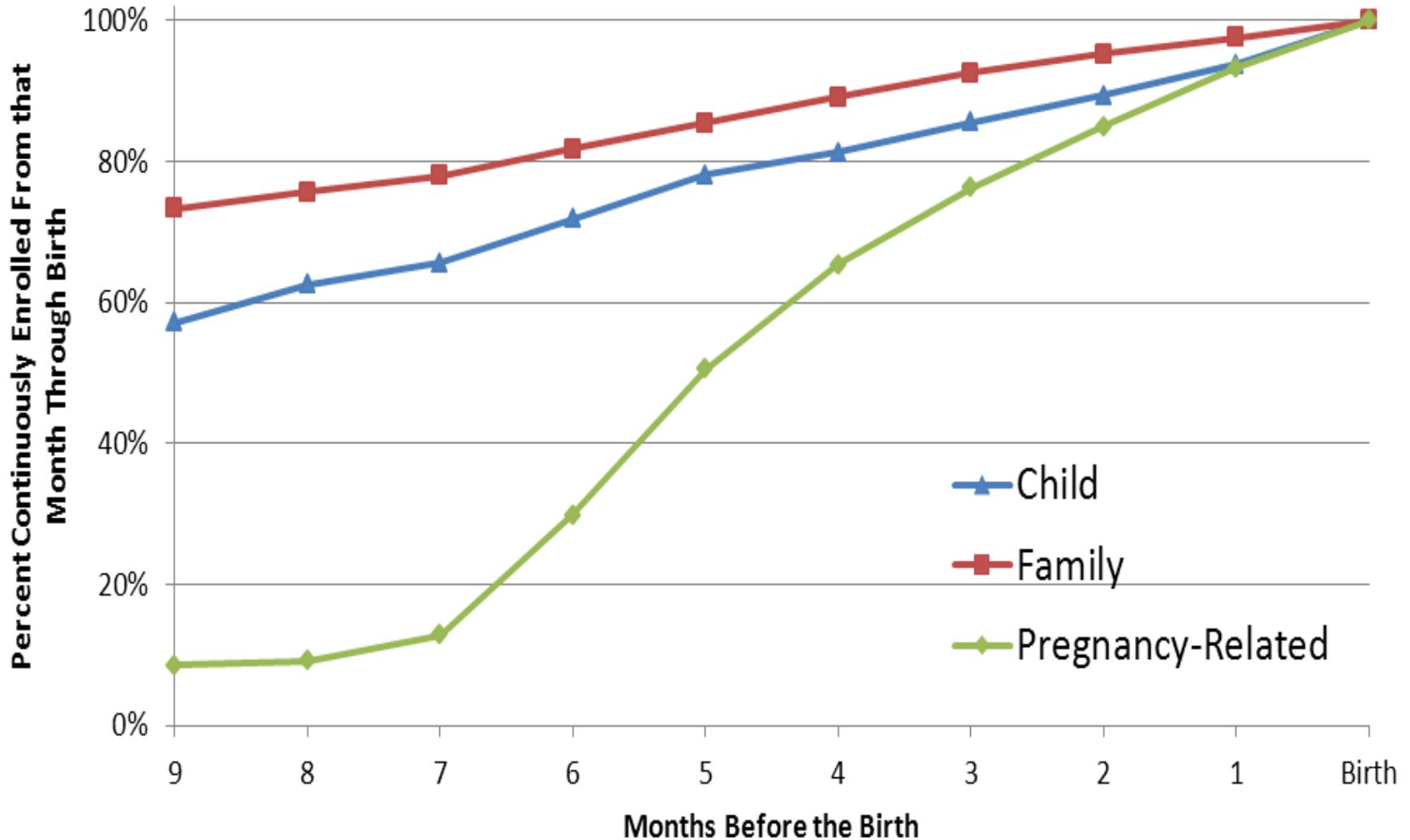
Methods

- Identified mothers who gave birth in 2009 while in HUSKY A, based on linked birth-HUSKY A enrollment records
- Compiled enrollment data longitudinally for the nine months before and nine months after the birth (19-month period)
- Determined which women were enrolled for continuous periods before and after the births

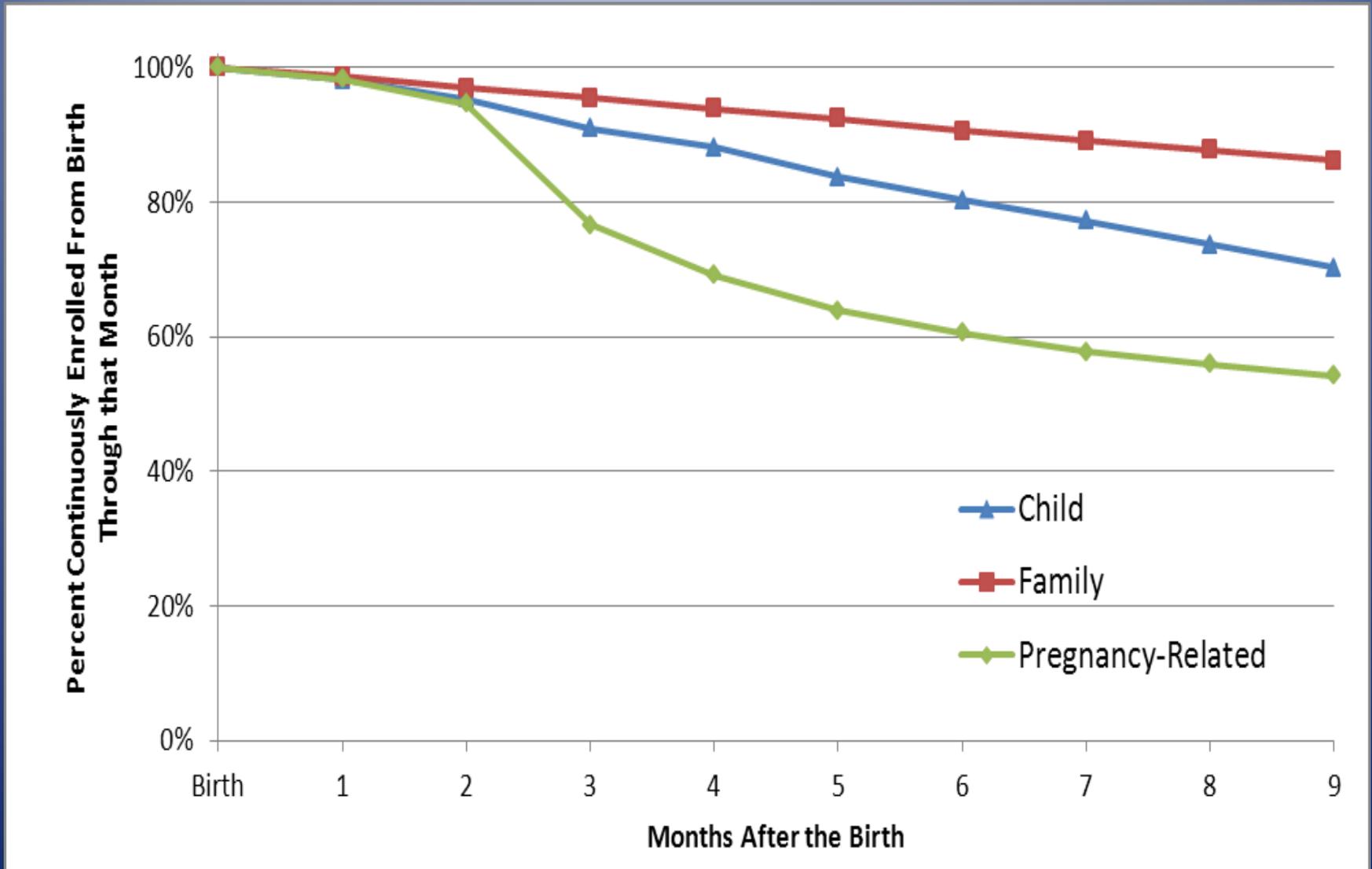
Affect of Coverage Group?

- Grouped mothers by coverage group at the time of the birth:
 - **Family coverage** (pregnant parents, adolescents)
 - **Child coverage** (pregnant adolescents)
 - **Pregnancy-related coverage**
- Checked for continuous enrollment in any coverage group in the 19-month period
- Adjusted for maternal age, race/ethnicity, primary language, education, residence

Results: Coverage Before the Birth



Results: Coverage After the Birth



Results: Risk of Losing Coverage

- New mothers in pregnancy-related coverage groups were **five times** more likely than those in family groups to lose coverage
- On average, new mothers in pregnancy-related coverage groups had **1 to 2 fewer months** coverage than those in family or child groups

Results: Risk Varied by Where the Mother Lived

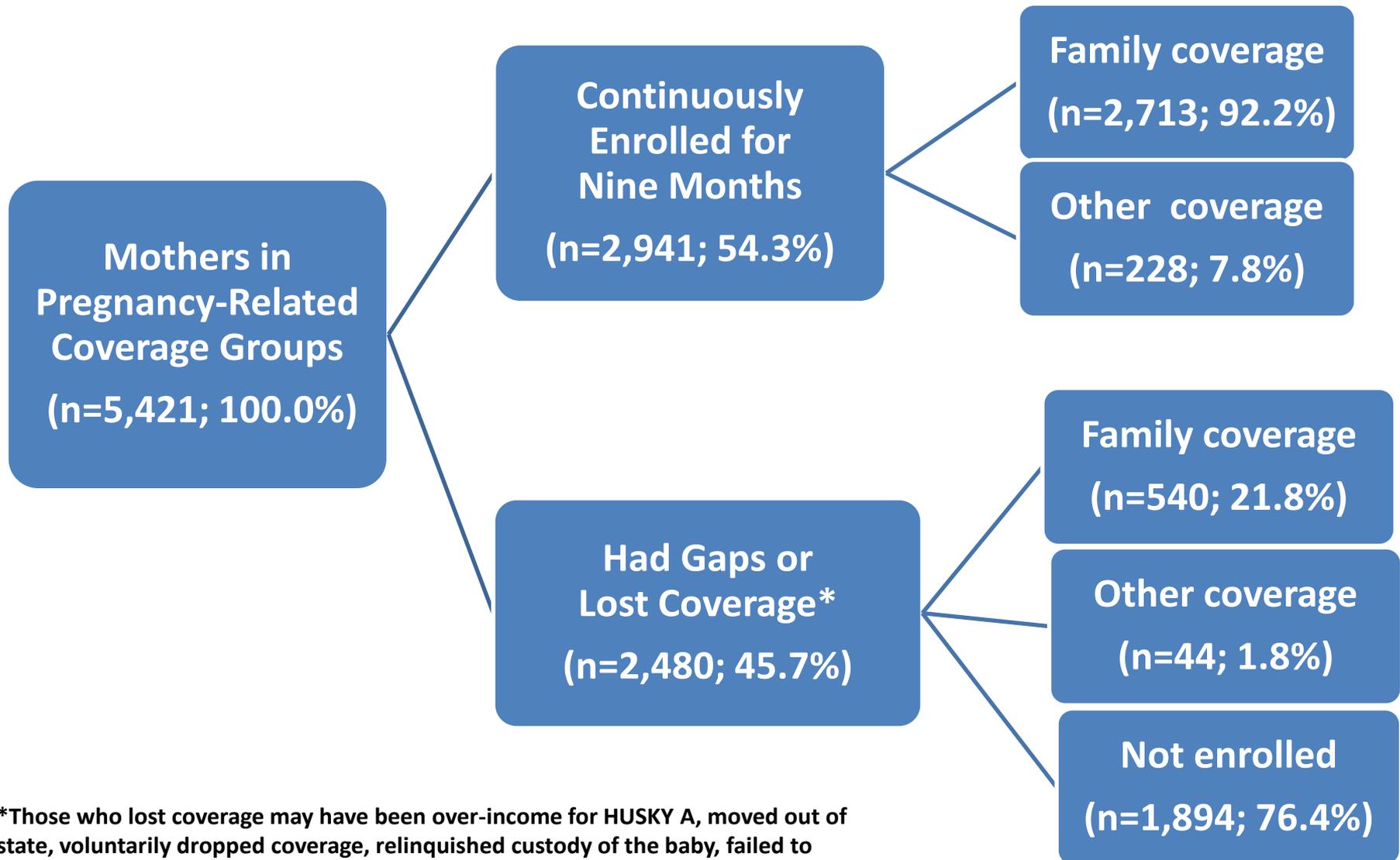


- Mothers living in towns served by DSS offices in **Bridgeport, Danbury and Hartford** were at greater risk for losing coverage
- Availability of community-based application assistance or care management may also affect risk of losing coverage

HUSKY COVERAGE AT BIRTH...

...FOLLOWING THE BIRTH

...AT NINE MONTHS



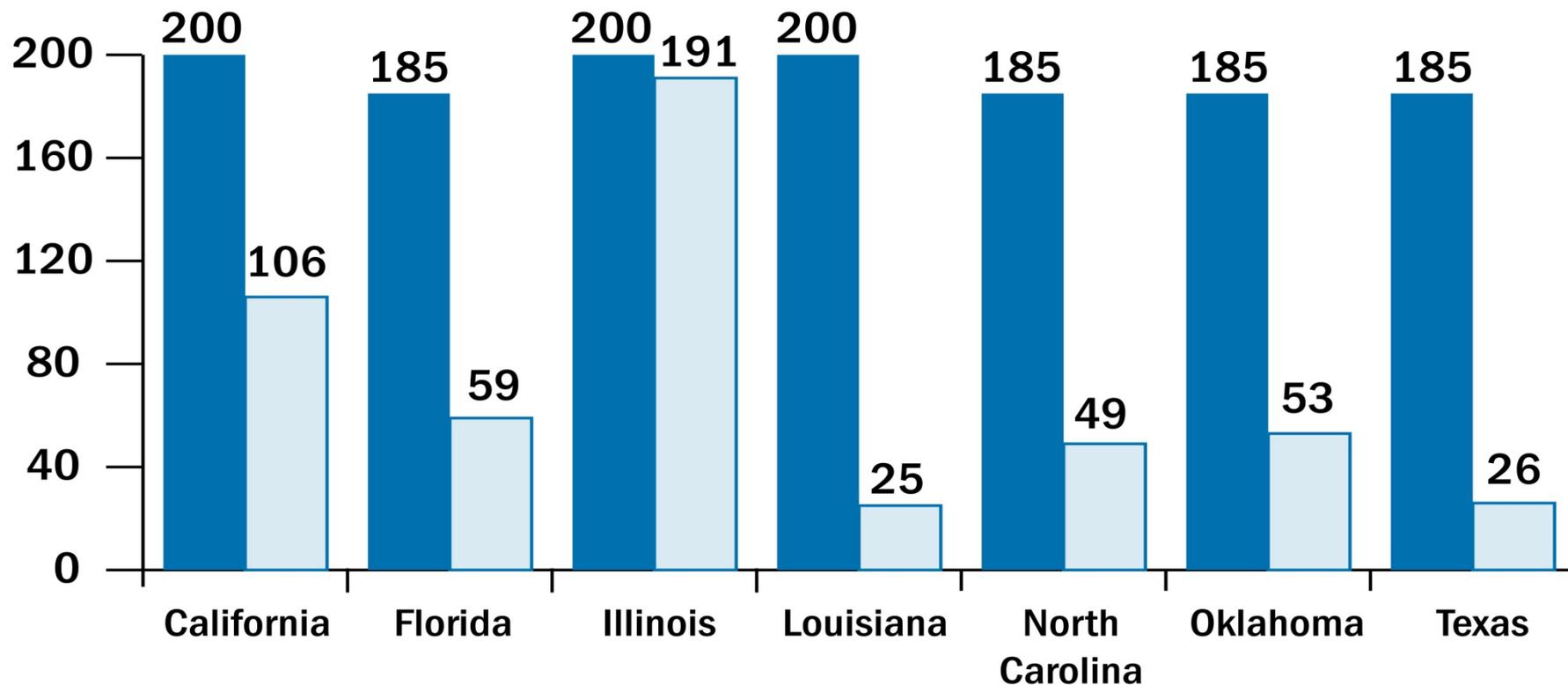
*Those who lost coverage may have been over-income for HUSKY A, moved out of state, voluntarily dropped coverage, relinquished custody of the baby, failed to complete the renewal/redetermination process, or failed to cooperate with child support requirements.

Postpartum Coverage in Other States

Exhibit 1. Medicaid Eligibility Levels for Women Who Are Pregnant or Have Children, Seven Project States, 2011

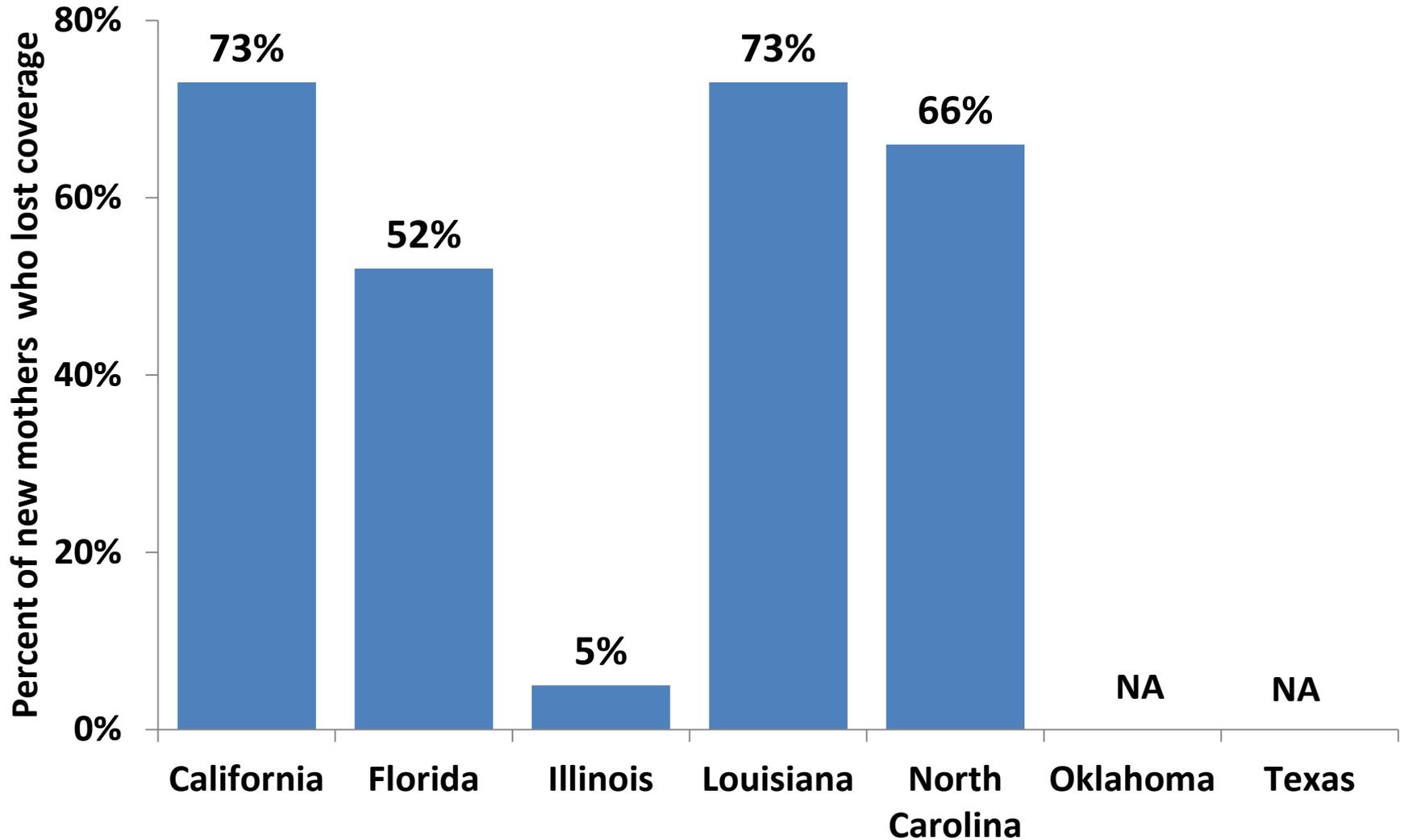
Percent of federal poverty level

■ Eligibility for maternity care □ Eligibility for adults



Source: Henry J. Kaiser Family Foundation, State Health Facts, “Health Insurance Coverage of Women 19–64, States, 2009–2010, U.S. (2010)” (table), available at <http://www.statehealthfacts.org/comparebar.jsp?ind=652&cat=3&sub=178>.

Loss of Coverage Postpartum



Source: Commonwealth Fund, August 2012

Conclusions

- **Some mothers are at risk for losing HUSKY coverage after giving birth**
- **Risk varies by Medicaid coverage group and where mothers live**



Recommendations for DSS

- **Revise notices and procedures** to simplify coverage transitions in the postpartum period
- **Do not issue automatic discontinuances** without a review of eligibility in other coverage groups
- **Ensure that mothers receive information** about Medicaid family planning limited benefits, Charter Oak, and health insurance exchange products if they are over-income for parent coverage

Recommendations for Community-Based Support

- Anticipate the need for coverage renewal after the birth
- Encourage community-based social services, maternity care providers, and pediatricians to assist new mothers who are at risk for gaps or loss of coverage following pregnancy

Implications for Health Reform

- **Goal:** Creation of an integrated, coordinated eligibility management system that ensures seamless transitions between Medicaid, CHIP and health insurance exchange products
- **Plan for transitions:** Personal and family circumstances will lead to coverage transitions for many Medicaid recipients, including new mothers

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