



## Medicaid Monday: New Moms Still High-Risk for Medicaid Churn

### Description

By Jessica Lynch

As the public health emergency winds down, millions risk losing Medicaid coverage, not because they no longer qualify but because they get caught in the redetermination process once continuous coverage ends. However, one population faces continual risk for interrupted coverage — pregnant Texas women. When a member loses their Medicaid benefits and then re-enrolls within a short period of time, it is referred to as churn, and it is particularly common in states that have not expanded Medicaid coverage for postpartum women.

**In Texas, [new data suggests](#) almost 90% of Texas women whose pregnancies were covered by Medicaid found themselves uninsured during some point in the first year after their deliveries.**

In the 12 states that have not expanded Medicaid (Texas included), [women remain at higher risk of losing coverage after childbirth](#), resulting in adverse health outcomes compounded by churn. Postpartum women [report](#) experiencing acute and ongoing conditions, undiagnosed concerns, pregnancy and reproductive health, mental health, and weight/lifestyle concerns. Financial hardships and health insurance churn make accessing

care for these new moms nearly impossible. This is particularly concerning in Texas, given that [disparities persist in maternal mortality among low-income women of color](#).

Texas moms deserve coverage that is comprehensive and includes increased access to prenatal care and education. As a result, more expectant moms receive prenatal care and education — and receive it earlier — helping Texas mothers deliver healthier babies. Prior to Medicaid managed care, Texas Medicaid operated under a fee-for-service system in which less than 15% of women received timely prenatal care. Today, because of managed care, [90% of expecting mothers in Medicaid receive timely prenatal care](#). Texas Medicaid also connects at-risk pregnant mothers with special doctors, support systems, and highly trained individuals in their local community who can help these moms make the healthiest choices for themselves and their babies.

Texas has taken steps to improve access to timely prenatal care and postpartum care for low-income women. [SB 750](#) (86R) directed the improvement of data on maternal health and causes of death. It also established Healthy Texas Women Plus, which covers some health services (including screening and treatment for hypertension, postpartum depression, and substance use disorders) for postpartum women with low incomes (200% above the federal poverty level, or \$36,620 for a family of 2) in the 12 months after childbirth. Most recently, [HB 133](#) (87R) extended Medicaid coverage for women by 4 months to allow for a total of 6 months of postpartum coverage. On Thursday, the House Human Services Committee will [hold a hearing](#) on a number of Medicaid issues including the implementation of HB 133.

**However, six months postpartum, [77% of women on Texas Medicaid become uninsured](#) and only 16% remain enrolled in the program for a full 12 months.** This is alarming because [13% of women report a negative change in their health](#) at either the 6- or 12-month mark. Without health insurance, commonly reported conditions from postpartum women like diabetes, hypertension, and heart disease ( [which rank highest in maternal deaths in Texas](#)

) that were identified while mothers had health insurance often go untreated when that coverage is no longer available to them. As a result of this churn, potentially preventable complications can and do occur.

Every Texan deserves access to affordable, comprehensive health care coverage — regardless of their income, health status, or pre-existing conditions. For women, coverage plays a critical role in making health care affordable and accessible. Women with health care coverage are more likely to obtain needed preventive, primary, and specialty care services and have better access to new advances in women’s health. Conversely, when compared to women with insurance, [uninsured women are less likely to have a regular doctor](#), leading to a reduction of vital preventive services such as mammograms, [Pap tests](#) , and regular blood pressure checks.

**Unfortunately, [Texas also has an uninsured rate of 22% among women ages 19 to 64](#) — the highest in the country.**

Healthy women lead to healthier mothers and children. In fact, [research concludes](#) that **extending coverage improves health outcomes**. The American College of Obstetricians and Gynecologists and its physician partners also [recommend](#) extending coverage.

An important way to improve maternal health is to ensure access to health care coverage post-delivery. Texas [Medicaid currently covers more than 50% of births](#) in Texas. Providing Medicaid access to low-income mothers for a longer period also promotes continuity and access to preventive services such as contraception and intrapartum care. **Texas should provide full coverage for women on Medicaid a full 12 months post-delivery to improve maternal health and ensure healthier babies.**

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