Changes in Postpartum Medicaid and Insurance Churn Among Prenatal Medicaid Enrollees during the COVID-19 Medicaid Continuous Coverage Requirements

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Research Objective: In response to the COVID-19 public health emergency (PHE), the March 2020 Families First Coronavirus Response Act (FFCRA) included a continuous coverage requirement, instating continuous enrollment for Medicaid recipients regardless of changes in eligibility during the PHE until April 2023. Prior to this, pregnancy Medicaid eligibility ended following 60 days postpartum, after which postpartum people were disenrolled unless they qualified through another Medicaid pathway. As a result, many prenatal Medicaid enrollees experienced postpartum insurance churn, transitioning to either private coverage or becoming uninsured. We aimed to evaluate the impact of the FFCRA on postpartum Medicaid continuity and insurance churn among prenatal Medicaid enrollees.

Study Design: We used 2017-2021 Pregnancy Risk Assessment Monitoring System data, a multi-state survey of individuals with a recent live birth (mean: 4 months postpartum), to examine changes in postpartum Medicaid continuity and insurance churn (transitions to private coverage or uninsurance) associated with the start of the FFCRA. We used interrupted time series regression with a linear birth quarter time trend, a binary indicator for before or during the PHE, and an interaction between the time trend and PHE indicator. The start of the PHE was considered to be occurring in the quarter January-March 2020. Models included covariates for age, education, marital status, parity, race/ethnicity, survey language, rurality, income, survey timing, state, birth quarter, and Medicaid expansion. Newey-West standard errors were used to account for autocorrelation and heteroskedasticity. Multiple-group interrupted time series analysis was used to test for differences by state Medicaid expansion status.

Population Studied: The sample included all respondents age 20 or older with prenatal Medicaid coverage (N=46,201).

Principal Findings: Overall, the start of the FFCRA implementation was associated with an increase in postpartum Medicaid by 7.70 percentage points (pp) (95% CI: 5.14, 10.27) from a pre-PHE baseline level of 63.33%. Implementation of the FFCRA was also associated with an immediate reduction in postpartum insurance churn, with declines in transitions to private coverage by 2.47 pp (95% CI: -4.64, -0.29) from a pre-PHE baseline level of 20.02% and postpartum uninsurance by 4.71 pp (95% CI: -6.54, -2.89) from a pre-PHE baseline level of 15.28%. In both Medicaid expansion and non-expansion states, continuous coverage under the FFCRA was associated with increases in postpartum Medicaid and decreases in uninsurance, with no significant differences in effect size in multiple-group interrupted time series models.

Conclusions: The implementation of continuous coverage requirements under the FFCRA was associated with immediate improvements in Medicaid continuity among prenatal Medicaid recipients and reductions in postpartum insurance churn transitions to private coverage and uninsurance. Similar increases in postpartum Medicaid and decreases in uninsurance were observed in Medicaid expansion and non-expansion states.

Implications for Policy or Practice: Improvements in postpartum Medicaid continuity during the FFCRA suggest that state postpartum Medicaid extensions, currently adopted by over 40 states, will decrease postpartum Medicaid loss. We find postpartum Medicaid retention improvements under the FFCRA in both expansion and non-expansion states, suggesting that pregnancy Medicaid enrollees in both expansion and non-expansion states can benefit from postpartum Medicaid extensions.