



Advancing Health Equity for Children and Adults with a Critical Tool: Medicaid and Children's Health Insurance Program Continuous Coverage

Kelly Whitener and Matthew Snider

Key Takeaways:

- Latino children disproportionately receive their health coverage through Medicaid or CHIP. Together, these programs provide coverage for more than one-third (37.6 percent) of all children, but more than half (52.1 percent) of Latino children.
- Adopting Medicaid and CHIP policies that remove barriers to participation and reduce gaps in coverage would narrow inequities in health coverage and access for Latino children.
- 12-month continuous coverage advances health equity by promoting continuity of treatment for low-income children who experience disproportionate rates of health disparities.
- Additionally, research shows that continuous eligibility policies significantly improve the continuity of children's enrollment in Medicaid and are cost-effective.
- Without policies like 12-month continuous eligibility in place, higher COVID-19 case rates and lower vaccination rates could lead to even longer-term inequities in access to care.



Introduction

The COVID-19 pandemic underscores the need for universal access to health care and exposes the ways that systemic racism diminishes access to both coverage and care.¹ Maintaining affordable health coverage is essential to both reduce transmission of the virus and ensure that those impacted by COVID-19 have access to vaccinations and treatment now and in the future.

While health inequities are leading to disproportionate suffering among Latinos² and other communities of color, policymakers have an opportunity to learn from, and correct for, this failure. More specifically, policies that support continuous coverage for low- and moderate-income children covered by Medicaid and CHIP are an essential tool for minimizing disruptions in care and promoting health equity.

The Time is Now to Guarantee Continuous Coverage for Children and Adults

Since January 2020, the Secretary of Health and Human Services (HHS) has declared a COVID-19-related public health emergency (PHE), which was recently extended to January 16, 2022, and may be extended again. During the PHE, the federal government is paying an additional 6.2 percentage points for state Medicaid costs.

In exchange for this additional federal money, states may not disenroll those who were enrolled as of March 18, 2020 or were subsequently enrolled.³ This “disenrollment freeze” has ensured continuous coverage for nearly all Medicaid beneficiaries. Yet the unwinding of this policy at the end of the PHE could lead to thousands of eligible beneficiaries losing health insurance.⁴

Adopting 12 months of continuous eligibility for all children in Medicaid would help to mitigate potential coverage losses

at the end of the PHE.⁵ In addition to possible state action, Congress has considered various bills in recent years that would provide for 12 months of continuous coverage for children in Medicaid and CHIP.⁶ The measure is also included in the House Reconciliation bill currently being considered in Congress.

As explained below, it is also important that adults with Medicaid have continuous coverage. Under current law, states may adopt 12-month continuous eligibility for adults. However, they must do so through a more burdensome waiver process, which only two states have done to date. To encourage more states to implement 12-month continuous eligibility for adults, Congress should update the Medicaid statute to give states the option to adopt this policy through a simpler process.

Policy Recommendations



Continuous eligibility for all children in Medicaid/CHIP



State Plan Amendment (SPA) option for continuous eligibility for adults in Medicaid

Health Coverage is Critical to Children’s Healthy Development, Yet Latino Children Lag Behind

Children with health coverage are more likely to show improved health, lower rates of disability, higher educational attainment, and greater financial security in adulthood.⁷ Unfortunately, following decades of progress, children’s coverage trends are now going in the wrong direction. After reaching a low of 4.7 percent in 2016, the uninsured rate for all children rose to 5.7 percent by 2019.⁸

Moreover, Latino children have long had higher uninsured rates than non-Latino children, but between 2017 and 2019 this gap started to widen further and the uninsured rate for Latino children rose from 7.9 percent to 9.2 percent, which was the largest increase in the uninsured rate for any racial or ethnic group.⁹



Medicaid and CHIP provide critical support for working Latino families.

Medicaid and CHIP Policies that Remove Barriers to Participation would Narrow Inequities for Latino Children

Although Latinos have a higher labor force participation than the general population, many Latino families still struggle to cover basic needs due to factors such as insufficient wage growth and the lack of affordable employer-sponsored insurance.¹⁰ Medicaid and CHIP are therefore critical supports for working Latino families.

Latino children disproportionately receive their health coverage through Medicaid or CHIP. **Together, these programs provide coverage for more than one-third (37.6 percent) of all children, but more than half (52.1 percent) of Latino children.**

The data also show that states with lower Medicaid and CHIP participation rates overall have higher rates of uninsurance for Latino children.¹¹

For these reasons, adopting Medicaid and CHIP policies that remove barriers to participation and reduce gaps in coverage would narrow inequities in health coverage and access for Latino children. The sections below describe how state policy decisions impact access, particularly for Latino children, as well as how policies to improve continuous coverage for Latino children can advance health equity.

State Policy Decisions Have a Major Impact on Access to Coverage

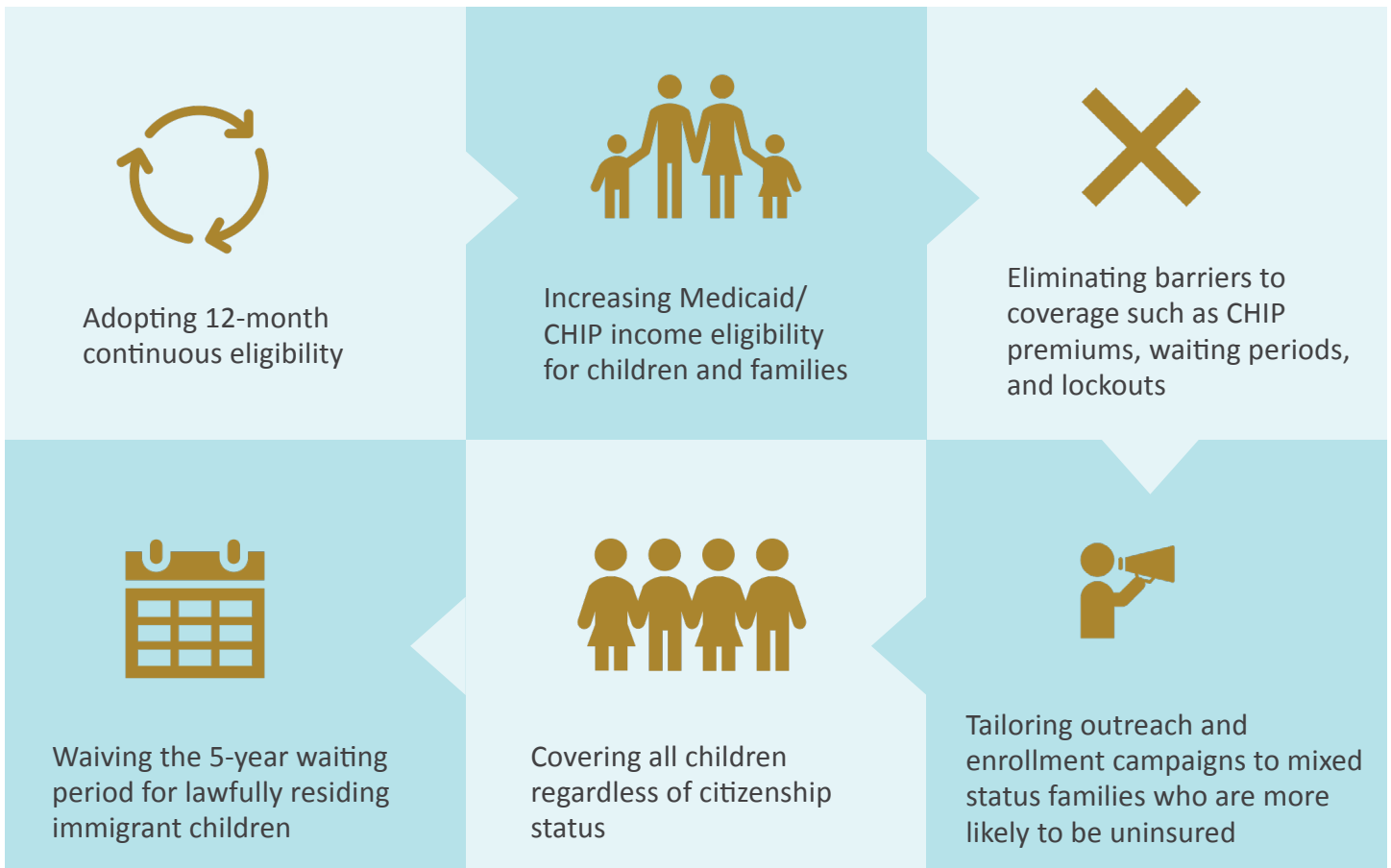
There are many strategies that states could use to reduce coverage inequities for Latino children (see Figure 1). **A key strategy is to adopt 12-month continuous eligibility which allows states to cover children for a full year without interruption.**

Adoption of 12-month continuous eligibility allows a state to keep children enrolled in coverage even if their family experiences a temporary change in income between renewals.¹² States can adopt this policy for children through a straightforward amendment to their Medicaid and CHIP state plans (known as a “State Plan Amendment” or SPA).¹³

Federal law requires states to use annual renewal periods for most populations, including children, but there is no federal requirement to provide 12 months of continuous coverage today.¹⁴ Twenty-four states have adopted 12-month continuous eligibility for children in Medicaid, plus 26 of 35 separate CHIP programs.¹⁵ The policies work: children living in these states are less likely to be uninsured and to have a gap in coverage in the previous year.¹⁶

In the remaining states without such policies, children frequently lose coverage between annual renewals, for a variety of reasons. One common cause for loss of coverage is periodic data checks.

Figure 1. Strategies States Could Use to Reduce Coverage Inequities for Latino Children



In 30 states, agencies conduct periodic data matches by checking state databases for changes that could impact eligibility.¹⁷ If a data check shows an income discrepancy, the state sends a letter to the family – often with a tight, ten-day response deadline – requesting paystubs or other paperwork to verify ongoing eligibility. Sometimes the state’s data is out-of-date, due to lags in data reporting, but unless the family responds right away with all the right documents, the child will lose coverage even if the state’s data does not reflect the family’s current eligibility or income (see Figure 2).

In contrast, a policy of 12-month continuous eligibility guarantees a full year of coverage (even if income fluctuates) unless the family requests disenrollment or moves out of the state, or the child reaches adulthood.

“Families do not receive the renewal notices on time. They do not understand the information on the notices. Their [online] account gets closed, and they cannot get back in. Sometimes they cannot get into the system prior to the deadline, [and when] they need to enroll/renew online, the website is not user friendly.”

– Belisa Urbina, Founder and Executive Director, Ser Familia, UnidosUS Affiliate

Figure 2. How Data Checks Lead to Loss of Coverage for Families

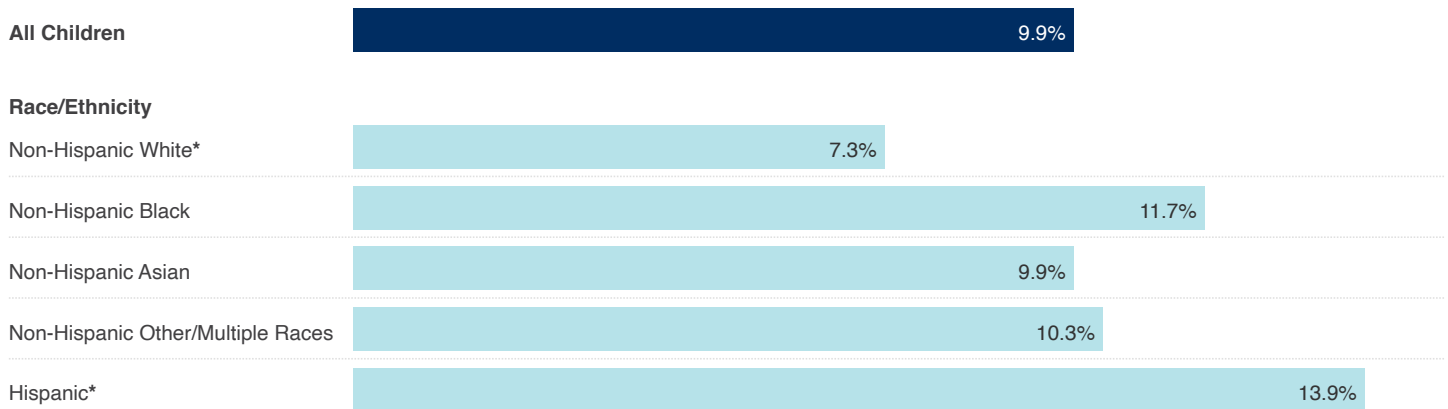


Latino Children are More Likely to Experience Harmful Gaps in Coverage, and Continuous Coverage Policies Can Close these Gaps

A recent analysis of Medicaid/CHIP enrollment data found that rates of churn – when beneficiaries lose coverage and re-enroll within a year – are higher for Black and Latino beneficiaries compared to non-Hispanic White beneficiaries.¹⁸ Furthermore, when the enrollment rates were analyzed in light of the range of state policies, researchers found that there were lower rates of churn in states with 12 months of continuous coverage.¹⁹ Looking specifically at children, about 10 percent of all children experience a gap in coverage at some point during a year or are uninsured for the whole year, compared to about 14 percent of Latino children and just over 7 percent of non-Hispanic White children (see Figure 3).²⁰

More than half of Latino children live in just five states: Arizona, California, Florida, New York, and Texas. Yet Medicaid and CHIP continuous eligibility policies in these states vary widely. California and New York have adopted 12-month continuous eligibility for all children, Texas and Florida have done so for a small subset of children, and Arizona has not adopted continuous eligibility for any children.²¹ More than 1.5 million Latino children who are currently enrolled in Medicaid and CHIP in Arizona, Florida, and Texas could benefit from adoption of 12-month continuous eligibility.²²

Figure 3. Children Who Are Uninsured for All or Part of a Year by Race and Ethnicity



Source: Georgetown University Center for Children and Families analysis of Agency for Healthcare Research and Quality 2018-2019 Medical Expenditure Panel Survey data. *Estimate is significantly different from the "All Kids" uninsured rate at the 0.10 level.

Income Instability Impacts Eligibility, Creating Coverage Gaps for Latinos

Families with low and moderate incomes are more likely to experience income instability throughout the year, and this is especially true for Latino families. The Pew Charitable Trusts found that 45 percent of Latino families experience income volatility (defined as a change in monthly income of 25 percent or more).²³ These income fluctuations can stem from changes in work such as an increase or decrease in hours or shifts and seasonal work or from changes in household makeup such as a child becoming an adult.

The following example demonstrates how temporary fluctuations in income that lead to loss of health coverage can exacerbate financial strain on families. Imagine a Latino family with two children: one parent may work in construction, while the other parent works part-time as a housekeeper.²⁴ Seasonal fluctuation in the construction industry leads the family's income to increase during the busier summer months.²⁵ This temporary increase in income may make the family appear ineligible on a periodic data check, causing the children to lose their health insurance, while their overall income on an annual basis would render them eligible. During this gap in coverage, the family would have to pay 100 percent of the costs of any needed medical services out of pocket.

In addition to being more likely to experience income fluctuations, Latino families may also be more likely to lose coverage due to frequent eligibility reviews compared to other groups given the broader immigration policy and political context. While nearly all Latino children are citizens, almost half live in mixed-status families in which at least one parent is a noncitizen.²⁶ More frequent eligibility reviews could produce greater anxiety for a mixed status family already wary of enrolling. Research shows that the changes to public charge rules during the Trump Administration, among other immigration-related policy changes and anti-immigrant rhetoric, created a chilling effect, leading eligible families to avoid public programs such as Medicaid out of fear and confusion.²⁷

Moreover, a large share of adults in the U.S. have low health literacy, defined as the degree to which individuals have the capacity to obtain, process, and understand basic health

information and services needed to make appropriate health decisions.²⁸ Low health literacy makes it more difficult to participate in the health care system and maintain good health. Families with lower incomes, racial and ethnic minorities, and immigrants and refugees are all more likely to have low health literacy.²⁹ Hispanics and individuals enrolled in public health insurance programs are especially at risk, leaving many Latino children vulnerable at this intersection due to factors entirely beyond their control.³⁰ This is compounded by language access issues, which are ubiquitous despite requirements for states to provide language assistance services.³¹ The health care system can help by reducing the demands placed on individuals, providing culturally competent care, and ensuring that system defaults provide support for continuing care, rather than burdening families.³²

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Continuous Coverage Policies Have Clear Benefits for Adults As Well

Under current law, states may only offer 12 months of continuous eligibility to adults by requesting a waiver from the Centers for Medicare & Medicaid Services (CMS) through a section 1115 demonstration project. The section 1115 approach involves a more onerous application and public comment process than the SPA process that permits policy changes on continuous coverage that apply to children.

To date, only two states have implemented 12-month continuous eligibility for adults.³³ Yet research suggests that adults would benefit from broader implementation of continuous eligibility too.

The Medicaid and CHIP Payment and Access Commission (MACPAC) issued a recommendation in 2013 to allow for 12 months of continuous eligibility for adults through a SPA process, highlighting the benefits for people with chronic conditions such as diabetes and depression.³⁴ Congress should amend the Medicaid statute to permit 12-month continuous coverage for adults through a SPA.

Continuous Coverage Policies Promote Health Equity

As described above, a full year of continuous coverage has many benefits. Medicaid continuous eligibility policies reduce the unmet need for specialty care and lead to more preventive care visits.³⁵ On the other hand, children with interruptions in coverage are more likely to have delayed care, unmet medical needs, and unfilled prescriptions.³⁶ Continuous eligibility is also associated with a 31 percent reduction in the risk of application problems, suggesting that the policy is effective in reducing paperwork barriers.³⁷

Perhaps most importantly, continuous coverage advances health equity by promoting continuity of treatment for low-income children who experience disproportionate rates of health disparities. For example, delayed care and unfilled prescriptions that arise from gaps in insurance coverage can be detrimental to children with chronic conditions such as diabetes and asthma and put all children at greater risk of preventable childhood diseases, such as measles.

Additionally, research shows that continuous eligibility policies significantly improve the continuity of children's enrollment in Medicaid and are cost-effective.³⁸ While keeping more children covered continuously has higher costs because enrollment is higher overall, such spending is also more efficient: research shows that monthly per person costs decrease over time and decrease the most when the coverage period is the longest. For example, in Medicaid, the average monthly cost for a child enrolled for 12 months was \$107, compared to \$163 for a child enrolled for only one month and

\$147 for a child enrolled for only six months (see Figure 4).³⁹ Costs related to continuous eligibility are also reduced by state savings in administrative costs (to repeatedly review eligibility, terminate children, and then re-enroll them) and increased preventive care, which in turn reduces expensive acute and emergency care.

Figure 4. Average Monthly Cost for a Child Enrolled in Medicaid



Access to Equitable Care is Particularly Important for Resilience in a Pandemic

The COVID-19 pandemic has hit Latino communities particularly hard: Latinos are nearly twice as likely to die from the virus and represent approximately one-third of COVID-19 deaths among children.⁴⁰ Moreover, the long-term consequences of infection are still unknown.⁴¹ COVID-19 also led to increased income volatility for many families, with nearly 30 percent of Latinos reporting that they have been furloughed, had their hours reduced, or lost income six months after the pandemic.⁴²

Health coverage is an essential aspect of care in a pandemic, as it may support higher rates of COVID-19 testing, vaccination, and/or treatment for Latino children. While COVID-19 vaccinations are free, uninsured people are less likely to have received the vaccine and proof of insurance is still seen by some Latinos as necessary for access.⁴³ Without policies like 12-month continuous eligibility in place, higher COVID-19 case rates and lower vaccination rates could lead to even longer-term inequities in access to care.

Innovative Approaches to Continuous Coverage

While more innovative approaches have yet to be enacted, some states are considering implementing longer periods of continuous coverage to reduce churn even further.⁴⁴ For example, California, Oregon and Washington are considering multi-year continuous eligibility policies. California and Washington are aiming for five years of continuous coverage for the youngest children, ages 0 to 5. Oregon is also considering five years of continuous coverage, but for children of all ages. Multi-year continuous eligibility would provide stable insurance coverage during critical years of child development and further mitigate the impact on access to coverage and care from small, temporary fluctuations in family income.

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Acknowledgements

The authors thank Alexandra Corcoran, Cathy Hope, Leo Cuello, Melissa McChesney, and Laura MacCleery. Design and layout provided by Oyinade Koyi.

Endnotes

¹ Systemic racism describes a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. “Glossary for Understanding the Dismantling Structural Racism/ Promoting Racial Equity Analysis,” The Aspen Institute, available at <https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>.

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