

# Health Insurance Coverage Patterns Before and After Implementation of the Affordable Care Act, New Mexico PRAMS

## Key findings

- Preconception health insurance and postpartum health insurance coverage increased from 2012-2013, the period before implementation of the Affordable Care Act (ACA) to 2015-2016, the period after implementation of the ACA.
- The percentage of women who were uninsured before, during and after pregnancy decreased from before implementation of the ACA to after implementation of the ACA.
- Insurance churning (moving between different insurance plans or between insurance and uninsurance) decreased from before implementation of the ACA to after implementation of the ACA.
- A higher percentage of women had continuous Medicaid coverage after implementation of the ACA than before implementation of the ACA.
- Continuous uninsurance and churning between insurance and uninsurance decreased from 2012-2013 to 2015-2016.

## Introduction

Having no health insurance or experiencing a change in health insurance (insurance churning) is associated with disruptions in receiving preventive health care and treating health conditions. The changes in health insurance can result from changes in employment status, marital status, and Medicaid eligibility that can accompany pregnancy. Many women who are uninsured before pregnancy obtain Medicaid coverage during pregnancy due to higher income eligibility for pregnancy-related Medicaid. Women who are eligible for pregnancy-related Medicaid may become uninsured after 60 days postpartum when that coverage ends. Lack of insurance during the postpartum period can affect the mother's health as well as the health of her infant.

Having health insurance before pregnancy helps ensure that any health problems and conditions are addressed before a woman becomes pregnant. Women who have chronic diseases or conditions including diabetes, hypertension, obesity, sexually transmitted diseases can have poor birth or adverse personal health outcomes if the conditions are unidentified or untreated. Health insurance during pregnancy covers prenatal care services including health care provider counseling, assessment of fetal development and screening for genetic anomalies. Postpartum care includes a physical assessment such as physical recovery from birth and managing chronic conditions, social assessment such as physical or emotional abuse, psychological assessment such as postpartum depression, infant care and feeding and contraception and birth spacing.

Data from the New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS) were used for this report. NM PRAMS is an ongoing public health surveillance system of maternal behaviors and experiences before, during and shortly after pregnancy. NM PRAMS provides information that is representative of NM resident women who have given live birth in NM. The surveillance system is sponsored by the Centers for Disease Control and Prevention (CDC) and the NM Department of Health. PRAMS is New Mexico's best source of representative birth population data.

Preconception coverage is defined as health insurance a woman had during the month before pregnancy. Coverage during pregnancy is defined as health insurance a woman had for prenatal care.

Postpartum coverage is defined as health insurance a woman had at the time of the survey. Health insurance categories were assigned using the same methodology as the CDC report on patterns of health insurance coverage around the time of pregnancy.<sup>1</sup> Women who reported only Indian Health Service for health insurance were included in the uninsured group. Women who reported military insurance were included in the private insurance group.

### Health Insurance Coverage Before and After Implementation of the Affordable Care Act (ACA)

During the month before pregnancy, the percentage of women who had Medicaid increased from 2012-2013 before implementation of the ACA to 2015-2016, after implementation of the ACA (Table 1). The percentage of women who were uninsured decreased from before implementation of the Affordable Care Act to after implementation of the ACA. During the month before pregnancy, 85% of women delivering in 2015-2016 had insurance compared to 72% during 2012-2013.

The percentage of women who had Medicaid or private insurance during pregnancy increased slightly from the period before implementation of the ACA to the period after implementation of the ACA. The percentage of women who were uninsured decreased from the period before implementation of the ACA to the period after implementation of the ACA. During pregnancy, 96% of women had insurance during 2015-2016 compared to 92% during 2012-2013.

The percentage of women who had Medicaid during the postpartum period increased from 2012-2013 to 2015-2016. The percentage of women who were uninsured decreased from 2012-2013 to 2015-2016. The percentage of women with private insurance did not change between the period before and after implementation of the ACA. After pregnancy 89% of women had insurance during 2015-2016 compared to 76% during 2012-2013.

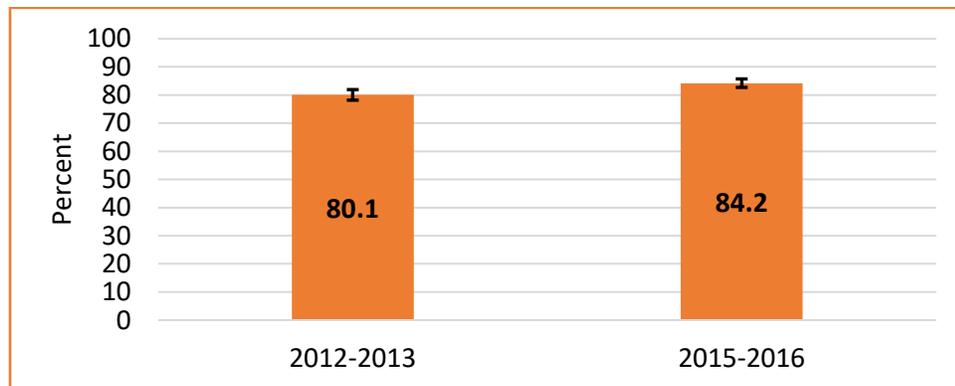
The percentage of women without insurance was highest in the month before conception and lowest during pregnancy.

Table 1. Health Insurance Coverage Before Pregnancy, During Pregnancy and Postpartum, NM PRAMS 2012-2013 and 2015-2016

Insurance Coverage	2012-2013		2015-2016	
	%	95% CI	%	95% CI
<b>Preconception</b>				
Medicaid	28.3	(26.2-30.3)	38.6	(36.7-40.6)
Private/Other	43.3	(41.1-45.5)	45.9	(43.9-47.8)
Uninsured	28.5	(26.5-30.5)	15.5	(14.0-17.0)
<b>During Pregnancy</b>				
Medicaid	52.5	(50.2-54.8)	53.8	(51.8-55.7)
Private/Other	39.6	(37.4-41.8)	41.8	(39.9-43.7)
Uninsured	7.9	(6.7-9.0)	4.4	(3.6-5.3)
<b>Postpartum</b>				
Medicaid	36.1	(33.9-38.4)	52.3	(50.3-54.2)
Private/Other	40.2	(38.0-42.4)	36.9	(35.1-38.8)
Uninsured	23.7	(21.8-25.6)	10.8	(9.6-12.1)

According to NM PRAMS, the percentage of women who received prenatal care increased from the period before ACA to the period after ACA (Figure 1). This could be due to a decrease in women being uninsured from 7.9% during 2012-2013 to 4.4% during 2015-2016 (Table 1). Prenatal care percentages in PRAMS differs from percentages reported from vital records on the NM Indicator-Based Information System. One reason for the difference is that PRAMS is restricted to in-state, resident births, while NM-IBIS reports all resident births, including those occurring out of state. In-state births may have more complete birth certificate information.

Figure 1. Prenatal Care First Trimester, NM PRAMS 2012-2013 and 2015-2016



Among women who were covered by Medicaid during pregnancy, the percentage who had Medicaid before pregnancy increased while the percentage who were uninsured before pregnancy decreased (Table 2). The percentage of women who continued to be covered by Medicaid after pregnancy increased from 2012-2013 to 2015-2016 while the percentage of women with Medicaid coverage during pregnancy who became uninsured after pregnancy decreased.

Table 2. Health Insurance Coverage Before and After Pregnancy among Women who were covered by Medicaid During Pregnancy, NM PRAMS 2012-2013 and 2015-2016

	2012-2013		2015-2016	
	%	95% CI	%	95% CI
<b>Preconception</b>				
Medicaid	51.1	(47.9-54.2)	69.6	(67.0-72.3)
Private/Other	11.7	(9.7-13.6)	15.3	(13.2-17.4)
Uninsured	37.3	(34.2-40.4)	15.1	(13.1-17.1)
<b>Postpartum</b>				
Medicaid	63.1	(60.0-66.2)	88.2	(86.3-90.1)
Private/Other	9.3	(7.5-11.2)	5.5	(4.2-6.8)
Uninsured	27.5	(24.7-30.4)	6.3	(4.9-7.8)

A disruption in health insurance coverage or insurance churning includes a change in insurance status between private insurance, Medicaid or uninsurance. Insurance churning decreased from before implementation of the ACA to after implementation of the ACA for each of the time periods (Table 3). During 2012-2013, over one-third of women experienced a disruption in health insurance from preconception to postpartum. During 2015-2016, less than one-quarter of women experienced a

disruption in health insurance from preconception to postpartum. Any uninsurance during each of the time periods also decreased from before implementation of the ACA to after implementation of the ACA.

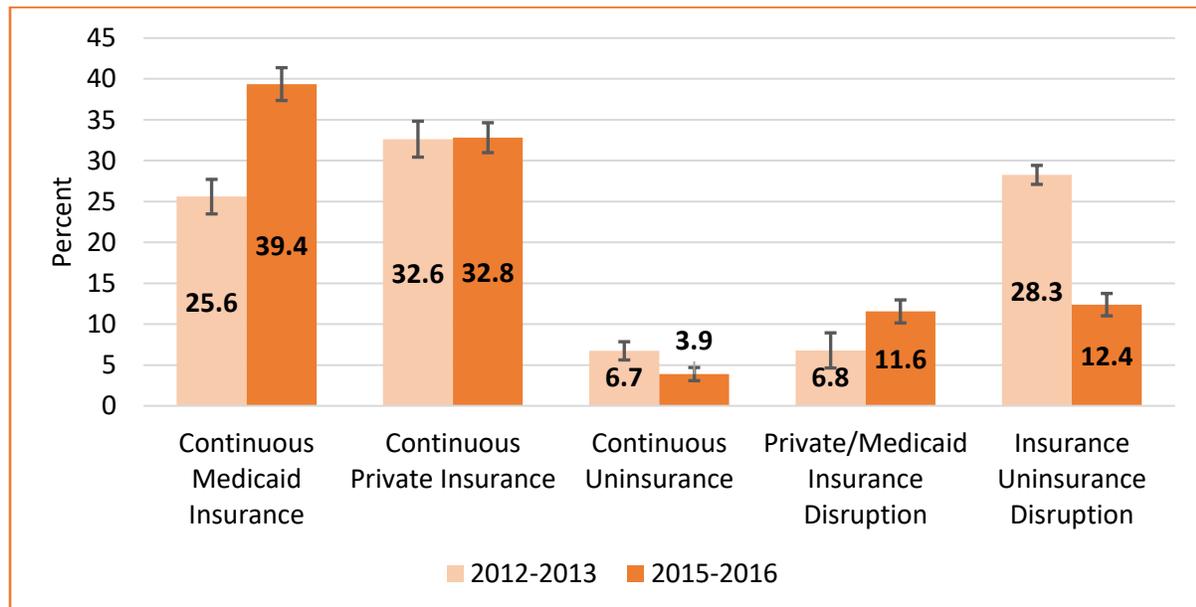
Table 3. Insurance Disruptions and No insurance, NM PRAMS 2012-2013 and 2015-2016

	2012-2013		2015-2016	
	%	95% CI	%	95% CI
<b>Any Disruption</b>				
Preconception - During Pregnancy	27.8	(25.7-29.9)	16.7	(15.1-18.3)
During Pregnancy - Postpartum	23.0	(21.0-25.0)	11.8	(10.4-13.2)
Preconception - Postpartum	35.0	(32.8-37.3)	23.9	(22.1-25.8)
<b>Any Uninsurance</b>				
Preconception - During Pregnancy	29.7	(27.7-31.7)	15.9	(14.4-17.4)
During Pregnancy - Postpartum	24.9	(23.0-26.8)	11.5	(10.2-12.8)
Preconception - Postpartum	35.5	(33.4-37.7)	19.0	(17.4-20.6)

Private-Medicaid insurance disruption included women who were insured at preconception, during pregnancy and postpartum but experienced a change in insurance type, Medicaid to private or vice versa, at some point between preconception and postpartum.

A higher percentage of women had continuous Medicaid coverage during 2015-2016 than during 2012-2013 (Figure 2). Private-Medicaid insurance disruption increased from the period before implementation of the ACA to the period after implementation of the ACA. The percentage of women who were continuously uninsured or experienced an insurance-uninsurance disruption decreased from 2012-2013 to 2015-2016.

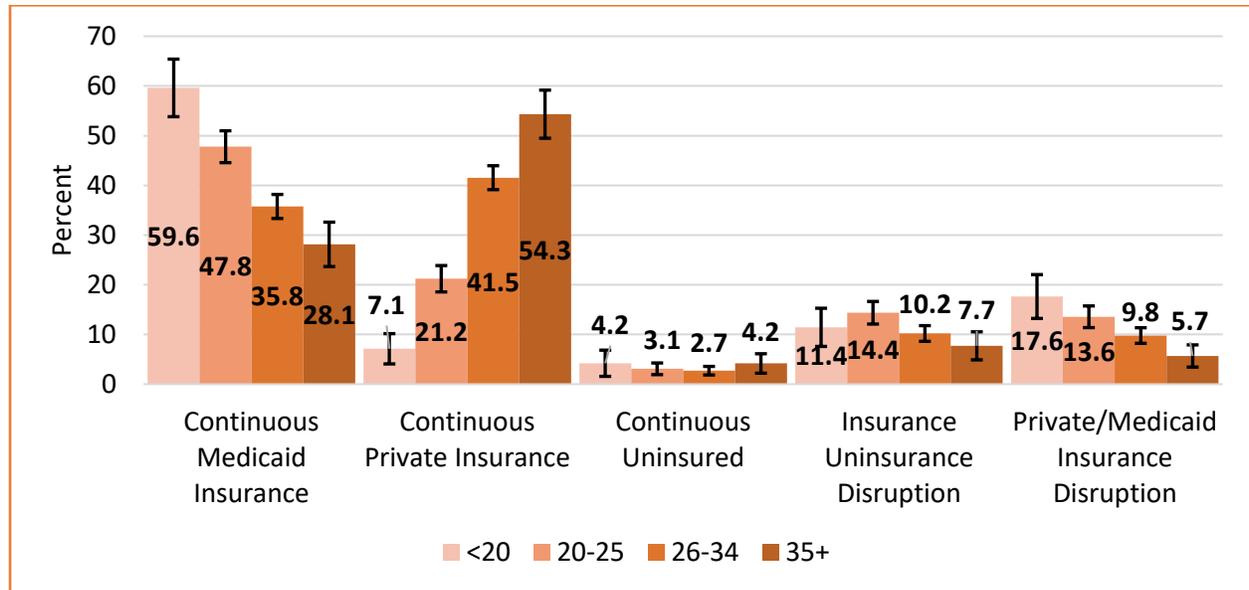
Figure 2. Insurance Continuity from Preconception to Postpartum, NM PRAMS 2012-2013 and 2015-2016



### Health Insurance Coverage Continuity by Demographics

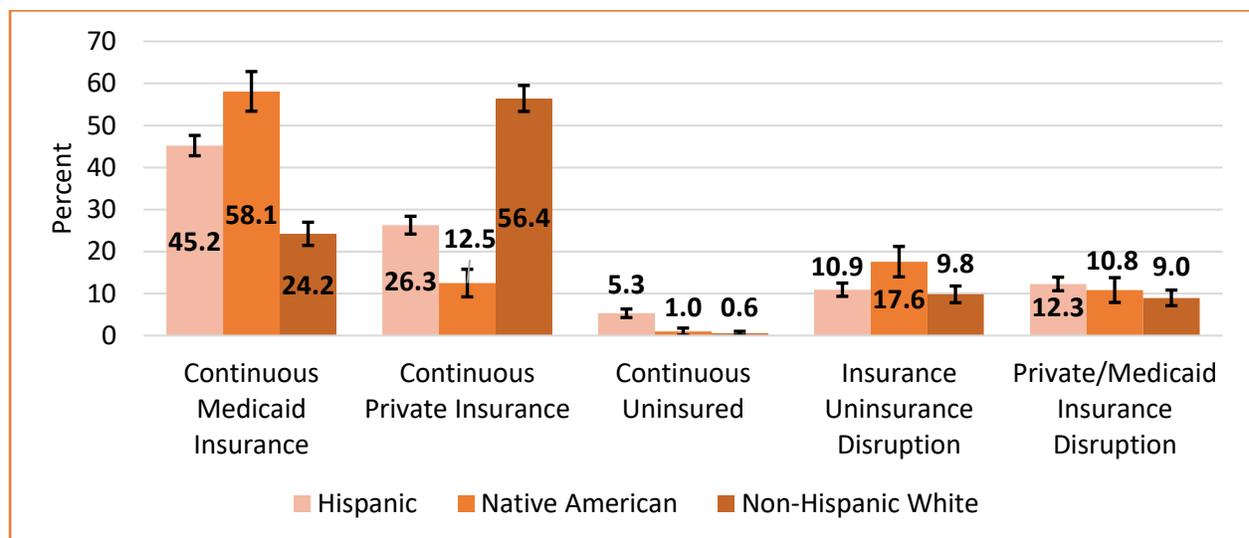
Health insurance coverage continuity varied by age group (Figure 3). The percentage of women who had continuous Medicaid insurance decreased with increasing age. The percentage of women who had continuous Private insurance increased with increasing age. The percentage of women who experienced a disruption in insurance between private insurance and Medicaid decreased with increasing age.

Figure 3. Health Insurance Coverage Continuity by Age Group, NM PRAMS 2015-2018



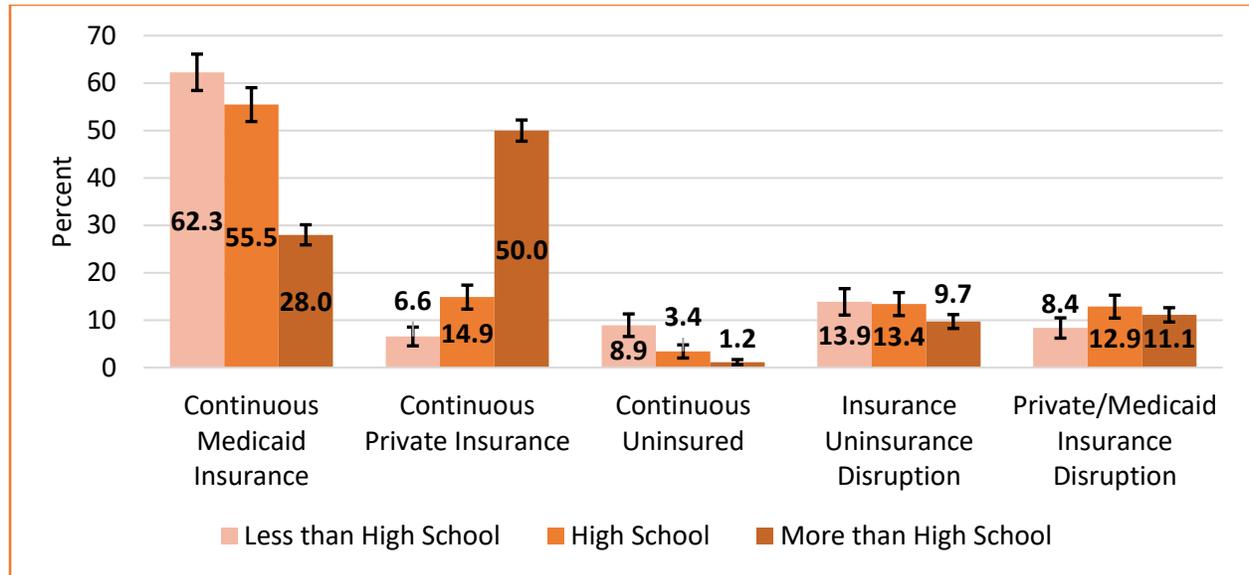
Native American women had the highest percentage of continuous Medicaid insurance followed by Hispanic women (Figure 4). Non-Hispanic white women were most likely to have continuous private insurance and least likely to be continuously uninsured.

Figure 4. Health Insurance Coverage Continuity by Race/ethnicity, NM PRAMS 2015-2018



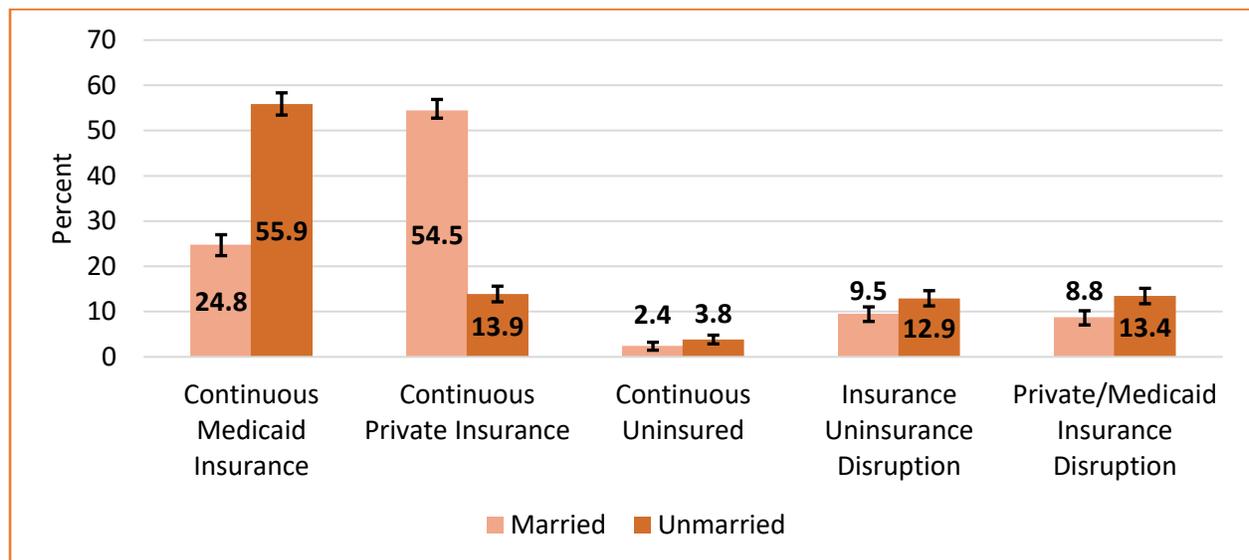
Women with less than high school education or high school education were more likely to have continuous Medicaid insurance while women with more than high school education were more likely to have continuous private/other insurance (Figure 5). Moving between uninsurance and insurance decreased with increased educational attainment level.

Figure 5. Health Insurance Coverage Continuity by Education, NM PRAMS 2015-2018



Unmarried women were more likely to have continuous Medicaid insurance while married women were more likely to have continuous private insurance (Figure 6). Unmarried women were more likely to have private/Medicaid insurance disruption than married women.

Figure 6. Health Insurance Coverage Continuity by Marital Status, NM PRAMS 2015-2018



## Conclusions

More NM women had health insurance before and after pregnancy after implementation of the Affordable Care Act than before implementation of the ACA. The increase in health insurance coverage from the period before implementation of the ACA to the period after implementation of the ACA was more dramatic among women during the postpartum period. Expansion of Medicaid eligibility under the ACA <sup>2,3</sup> and being able to obtain private health insurance through the New Mexico health insurance exchange had an impact on the percentage of women who had insurance beyond 60 days postpartum. New Mexico expanded eligibility for Medicaid under the ACA to cover nearly all nonelderly adults under 138% of the federal poverty level.

Overall, insurance churn rates decreased from before implementation of the ACA to after implementation of the ACA. However, private-Medicaid insurance disruption increased from before implementation of the ACA to after implementation of the ACA. Continuous uninsurance and Insurance-uninsurance disruption decreased from before implementation of the ACA to after implementation of the ACA. Continuous Medicaid insurance increased from before implementation of the ACA to after implementation of the ACA.

Women who had continuous Medicaid insurance were more likely to be aged <20 years or aged 20-25 years, Native American or Hispanic, have a high school education or less, and be unmarried. Women who were continuously uninsured were more likely to be Hispanic and have less than a high school education. Women who had an insurance-uninsurance disruption were more likely to be aged 20 to 25 years, Native American and unmarried.

## References

1. D'Angelo, DV, et al, "Patterns of Health Insurance Coverage Around the Time of Pregnancy Among Women with Liv-Born Infants – Pregnancy Risk Assessment Monitoring System, 29 States, 2009", Morbidity and Mortality Weekly Report (MMWR), June 19, 2015, 64(SS04):1-19.
2. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>
3. <https://www.kff.org/statedata/election-state-fact-sheets/new-mexico/>

