

**FY 07–08
COLORADO MEDICAID
FEE-FOR-SERVICE AND
PRIMARY CARE PHYSICIAN PROGRAM
PRENATAL AND POSTPARTUM
INTERVENTION REPORT**

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FY 07–08 Prenatal and Postpartum Intervention Report

Introduction

State and national reports indicate that early and appropriate prenatal care are important determinants of quality health care outcomes (including birth weight) and can significantly reduce costs of care.¹ However, untimely prenatal care and the subsequent cases of poor birth outcomes continue to be prevalent in the United States (US). According to the National Committee for Quality Assurance (NCQA®) Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications, timely prenatal care is defined as having a visit with a health professional within the first trimester or within 42 days of enrollment into the program.^{2,3}

Socioeconomic factors that present barriers to consistent care are common in the Medicaid population. Due to this lack of care, poor birth outcomes are particularly high among this population.⁴ According to the NCQA's 2007 State of Health Care Quality Report, women who did not receive prenatal care are three to four times more likely to die from pregnancy than those who received prenatal care. In addition, the infant mortality rate was five times greater for those women who did not receive timely prenatal care when compared to those who did. Based on 2006 NCQA results, 81 percent of Medicaid members received timely prenatal care, compared to almost 91 percent for members in commercial plans.⁵

While care strategies tend to emphasize the prenatal period, appropriate care during the postpartum period can also prevent complications and deaths. Studies have shown that women who receive post delivery care have lower rates of maternal, fetal, and neonatal illness and mortality.⁶

The NCQA/HEDIS technical specifications define timely postpartum care as having received health care between 21 and 56 days after giving birth.⁷ In 2006, almost 80 percent of members enrolled in commercial health plans received timely postpartum care; however, less than 60 percent of Medicaid members received timely postpartum care.⁸

¹ The Colorado Health Report Card. The Colorado Health Foundation. 2007. Available at: http://www.coloradohealth.org/pdf-public/2007_Health_Report_Card.pdf. Accessed on: April 2, 2008.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ National Committee for Quality Assurance. *HEDIS 2008 Technical Specifications*, Volume 2. Washington DC: NCQA, 2007.

⁴ Shulman, Shanna. "Poor Preventive Care Achievement and Program Retention Among Low Birth Weight Infant Medicaid Enrollees". *Pediatrics*. Nov 2006. 118(5): e1509-e1515. Available at: <http://pediatrics.aappublications.org/cgi/reprint/118/5/e1509>. Accessed on May 1, 2008.

⁵ National Committee for Quality Assurance. *The State of Health Care Quality 2007*. Washington DC: NCQA, 2007.

⁶ National Committee for Quality Assurance. *The State of Health Care Quality 2003*. Washington DC: NCQA, 2003.

⁷ National Committee for Quality Assurance. *HEDIS 2008 Technical Specifications*, Volume 2. Washington DC: NCQA, 2007.

⁸ National Committee for Quality Assurance. *The State of Health Care Quality 2007*. Washington DC: NCQA, 2007.

Background

In fiscal year (FY) 2003-2004, Health Services Advisory Group, Inc. (HSAG) and the Colorado Department of Health Care Policy & Financing (the Department) conducted a perinatal focused study to understand the extent to which pregnant women enrolled in Colorado Medicaid plans receive timely and appropriate prenatal and postpartum care. The study findings indicated that timeliness of prenatal and postpartum care performance measure results varied across the Colorado Medicaid plans.

In FY 2004-2005, the Department and HSAG conducted a perinatal intervention targeting providers and families at the time of enrollment. One phase of the intervention implemented by the Department included mailings at the time of enrollment that reminded families of the importance of getting early and regular prenatal care. The reminders listed telephone numbers members could call for assistance. Through extensive research, HSAG identified numerous low-cost and free resources for providers and clients. These resources were published in physician newsletters and on the Department's Web site as another phase of the intervention.

Despite the perinatal intervention completed in FY 2004-2005, the number of women seeking prenatal care continued to fall below the national average. Therefore, HSAG and the Department conducted another perinatal focused study in FY 2006-2007 to evaluate the services received by Colorado Medicaid women who gave birth. The study concluded that only 66.4 percent of all Colorado Medicaid clients received timely prenatal care. Furthermore, only 48.9 percent received adequate postpartum care.⁹ The self-weighted rates (using numerator and denominator) presented above were averaged across all four Colorado Medicaid plans. These rates decreased from the previous rates reported in the FY 2003-2004 focused study. Based on these results, HSAG and the Department decided to conduct a FY 2007-2008 prenatal and postpartum intervention survey. The goal of this intervention survey was to identify specific reasons why women did not receive timely prenatal or postpartum care.

⁹ FY 2006-2007 Colorado Perinatal Care Focused Study. Colorado Department of Health Care Policy & Financing. August 2007.

Methodology

Sample Selection

A random sample of 500 women was selected for participation in the survey.¹⁰ The women eligible for sampling included those who:

1. Gave birth between July 1, 2007 and September 30, 2007.
2. Were clients of either Colorado Medicaid Fee-for-Service (FFS) or the Primary Care Physician Program (PCPP).
3. Did not receive timely prenatal care as defined by the HEDIS technical specifications for the *Timeliness of Prenatal Care* measure.

Survey Administration

In February 2008, a survey and cover letter were administered to a sample of Colorado Medicaid postpartum women. Prior to mailing, the addresses of all sampled clients were passed through the US Postal Service's National Change of Address (NCOA) system in order to obtain new addresses for clients who had moved (if they had given the Postal Service a new address). All sampled clients received both English and Spanish versions of the survey and cover letter. Pre-paid reply envelopes were also included in the survey packets. A copy of the survey instrument is included in Appendix B.

¹⁰ It should be noted that a sample of 500 is not a statistically valid sample and survey data results will have limited utility. HSAG cannot defend the results as valid or reliable when derived from such a small population, and findings should be interpreted and used with caution.

Results

A total of 52 (11.2 percent) completed surveys were returned (49 in English and 3 in Spanish).¹¹

Prenatal Care

Surveyed members were asked how many months pregnant they were when they had their first prenatal visit (Table 1). Nearly 59 percent of respondents reported receiving their first visit within the first three months of pregnancy, while slightly over 41 percent reported receiving care after the first three months of pregnancy.

Table 1—Months pregnant when first had visit with a doctor or nurse		
Response	Count	Percent
Less than 3 months	30	58.8%
3 months to 5 months	20	39.2%
6 months to 8 months	1	2.0%

Surveyed members were also asked if they wanted to see a doctor or nurse when they found out they were pregnant. Fifty (96 percent) of the respondents reported wanting to see a doctor or nurse (Table 2). The two women who did not want to see a doctor or nurse preferred to see a midwife instead.

Table 2—Wanted to see a doctor or nurse		
Response	Count	Percent
Yes	50	96.2%
No	2	3.8%

Of the 50 respondents who wanted to see a doctor or nurse, all of them were able to get care from a doctor or nurse; however, only 39 of those respondents who wanted to see a doctor or nurse were able to receive care as soon as they wanted (Table 3). Nine of the 11 respondents, who reported not being able to receive care as soon as they wanted, did not obtain their first visit within the first three months. However, only three of those eleven respondents reported have a problem obtaining care.

Table 3—Able to see doctor or nurse as soon as wanted		
Response	Count	Percent
Yes	39	78.0%
No	11	22.0%

¹¹ The response rate represents the total number of completed surveys divided by the total number of surveys that were administered to the sample population. Those surveys returned as undeliverable (35) were excluded from the denominator in the calculation of this rate.

Survey respondents were also asked if they had a problem obtaining care. The following are the problems identified by respondents and include both survey response options and additional comments noted by respondents:

- ◆ I had no way to get to the doctor’s or nurse’s office—offices that accepted Medicaid were over an hour away and there was no directory or list of doctors, so it was really hard to find one.
- ◆ There was not a doctor or nurse in my area who would accept Medicaid.
- ◆ I did not have health insurance.
- ◆ I would not qualify for Medicaid.
- ◆ I would go to my scheduled appointment and have to sit and wait there for up to 3 hours.
- ◆ At first, there were no doctors accepting uninsured patients. After I got Medicaid, nothing was close by and it was hard making it to appointments.
- ◆ I could not get calls back from the doctor for care by phone.
- ◆ I had no one to take care of my child(ren).
- ◆ I could not see my doctor or nurse at the time I wanted.

Postpartum Care

Of the 52 survey respondents, approximately 90 percent (47) obtained postpartum care (Table 4).

Table 4—Obtained postpartum care		
Response	Count	Percent
Yes	47	90.4%
No	5	9.6%

All five respondents who did not obtain postpartum care said that one of the reasons they did not receive care was because they were no longer Medicaid eligible. Additional comments made by those respondents who did not receive postpartum care include:

- ◆ I kept trying to make an appointment and they told me I had to wait and call back at the first of the month. I called back and they said they were already booked and to try again the first of the next month. My Medicaid ran out before they could get me in.
- ◆ I do not have money and have many problems and I could not go.
- ◆ They said I was no longer eligible, and neither was my son (even though our financial situation had gotten worse than it was when we were accepted in the first place). I have had a lot of problems getting Medicaid to pay for my son’s doctors appointments, let alone mine.

Some respondents provided additional feedback and those comments are listed below:

- ◆ I am having troubles with my child’s care in the hospital after her birth being paid for.
- ◆ Thank you. I appreciate my Medicaid lasting three months postpartum. Also only having to pay \$1 for co-pays on most medication.
- ◆ One member said they were able to receive care as soon as they wanted from a doctor or nurse but, “it wasn’t covered by Medicaid yet, I went without insurance.”

Appendix A also includes the text from two letters returned with two of the completed surveys.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing findings. These limitations are discussed below.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services. Therefore, the potential for non-response bias should be considered when interpreting results.

Undercoverage

The intent of this survey was to identify the reasons or problems that Colorado clients had that prevented them from receiving timely prenatal care. However, survey responses suggested that almost 59 percent of respondents had received timely prenatal care. Therefore, the sampled population does not represent the desired population. The following describes possible reasons for this undercoverage:

- ◆ Based on previous HEDIS audits conducted by HSAG, issues in data completeness were identified. Incomplete claims and encounter data could have caused members to be placed incorrectly into the population eligible for surveying.
- ◆ Respondents might not be able to precisely remember the exact time of their first prenatal visit; therefore, the responses might be misrepresentative of the actual time.
- ◆ Respondents want to present themselves in a favorable manner and do not want to admit to having not received timely care during their pregnancy.

Inadequate Sample Size

The lack of adequate sample size was a major limitation of this study. Without an adequate sample size, it may not be feasible to extrapolate the study's results to the entire population. The current number of survey respondents (52) yields a margin of error of +/- 14 percent.

In order to achieve a margin of error of +/- 5 percent with a confidence level of 95 percent, approximately 385 members would need to complete the survey. Assuming that the current survey response rate of 11.2 percent is representative of future surveys, a starting sample size of approximately 3,700 members would be required. Alternatively, the survey mode could be modified (e.g., mixed mail-telephone survey) to improve the response rate; however, even with this modification, a minimum sample size of 1,850 would likely be required. Further, if the Department is interested in identifying disparities between the FFS and PCPP (i.e., perform FFS-to-PCPP comparisons), then each plan would require a minimum sample size of 1,850 under the modified methodology described above.

Conclusions

The main findings from this intervention showed that:

- ◆ Approximately 41 percent of the respondents did not receive timely prenatal care. However, caution should be exercised when examining those women who indicated they received prenatal care within the first trimester due to the cautions and limitations discussed above.
- ◆ All respondents wanted to obtain care from a medical professional (i.e., doctor, nurse, or midwife) when they found out they were pregnant. However, only 78 percent of the women were able to see a doctor or nurse as soon as they wanted.
- ◆ Some respondents stated no doctors were close enough in proximity. This was a barrier when they sought timely care.
- ◆ The predominant barrier to adequate postpartum care was the lack of Medicaid coverage after pregnancy.
- ◆ Some respondents noted that customer service and member communication was poor, which may have also contributed to the timeliness of care.

Recommendations

Based on the findings from this intervention, HSAG recommends that the Department conduct a larger, more comprehensive focused study in order to identify additional barriers to prenatal and postpartum care. This study should survey a statistically valid sample in order to produce reliable data. A customer service section should be included in the survey in order to evaluate formally the effectiveness of existing processes and to identify areas for improvement.

In addition to conducting a larger, more comprehensive focused study, the Department may elect to consider some additional activities that may enhance the delivery of timely prenatal and postpartum care:

- ◆ Streamline the Medicaid enrollment process to expedite access to care.
- ◆ Communicate the Medicaid enrollment process in any relevant publications and/or communications (e.g., Web sites, provider newsletters). This will ensure that the most accurate contact information is provided to the public in order to eliminate any existing disparities.
- ◆ Evaluate the Medicaid eligibility policy to reduce or eliminate any existing barriers for postpartum care.
- ◆ Enhance provider directories by publishing up-to-date information. This will help ease the clients' process for identifying a provider. The provider directory should also include a list of doctors currently accepting new patients.

Letter 1

March 16, 2008

To Whom It May Concern:

I wanted to add a few comments to this survey. My husband and I were extremely appreciative of the financial help we received with Medicaid during my pregnancies. Without Medicaid's help, we would most likely be buried in medical bills; however, the customer care was quite poor. We had very poor communication in reference to a case with our son and because of no returned phone calls from our case worker at the time, our son was dropped from Medicaid.

I had called our case worker several times and was only able to leave messages as she did not answer her phone. She never called us back and because of this our son, who was not even a year old, was dropped.

I was on Medicaid with our second son as well and never received an ID card. I had called several times about this and again, no return phone call and no ID card.

We are experiencing the same issue with our second son who is currently on Medicaid. He is now almost 8 months old and still no ID card had been sent to us. I realize that those who work in the Medicaid department are quite busy with trying to assist many, many other families, but I don't feel that it is an excuse for poor customer service.

Again, we are so appreciative of the financial assistance, but we would have been even more appreciative if we had better customer service.

Letter 2

Yes, I got medical care. But the process of trying to be approved was a ****ing nightmare! The whole time while I was pregnant, I had to drive all over trying to get someone to help me figure out what was going on. People gave me numbers to call, and said that, “these are the people that will approve you.” So I called all these numbers and they told me to go somewhere else.

My midwife told me that this happens to a lot of people and that I need to start being a b**** about it. So I did, and I still got no where. Then a day or two before I was scheduled to give birth, they finally approved it. It was all a horrible experience. And even trying to get the bills paid that went to collection while my Medicaid was pending—is a nightmare. No one knows how or who can do it. It has been so frustrating.

The only good thing I can say is this nightmare is almost over with, until I have to go back to the SS office for my son’s insurance coverage.

P.S. Try not to let this happen to anyone else.

Thanks.

Appendix B. Survey Instruments

This appendix contains the English and Spanish survey instruments that were distributed to the sample population.

Health care given to you by a doctor or nurse before your baby is born could prevent and find any problems with you and your baby.

1. **When you found out you were pregnant, did you want to see a doctor or nurse?**

¹☐ Yes → Go to Question 3
²☐ No → Go to Question 2

2. **If you did not want to see a doctor or nurse, what were your reason(s)? Check all that apply.**

¹☐ I don't think seeing a doctor or nurse is important
²☐ I am afraid that certain habits like smoking, drinking, and substance use might be criticized
³☐ Unplanned pregnancy, did not want to know
⁴☐ I am afraid of doctors, nurses and/or hospitals
⁵☐ I have been worried about my pregnancy
⁶☐ I had no way to get to the doctors or nurses office
⁷☐ My Medicaid ran out
⁸☐ Other, please list

3. **Did you get care from a doctor or nurse during your pregnancy?**

¹☐ Yes → Go to Question 4
²☐ No → Go to Question 6

4. **Were you able to see a doctor or nurse as soon as you wanted?**

¹☐ Yes
²☐ No

5. **How many months pregnant were you when you had your first visit with a doctor or nurse?**

¹☐ Less than 3 months
²☐ 3 months to 5 months
³☐ 6 months to 8 months
⁴☐ More than 8 months
⁵☐ I do not remember

6. **Did you have any problems in seeing a doctor or nurse?**

¹☐ Yes → Go to Question 7
²☐ No → Go to Question 8

7. **Some problems in seeing a doctor or nurse are listed below. Check all items that you considered to be a problem in seeing a doctor or nurse.**

¹☐ I had no way to get to the doctors or nurses office
²☐ I had no one to take care of my child(ren)
³☐ There were no doctors or nurses in my area accepting new patients for care
⁴☐ I could not see my doctor or nurse at the time I wanted
⁵☐ There was not a doctor or nurse in my area who would accept Medicaid
⁶☐ Other, please list

Health care given to you by a doctor or nurse after your baby is born can prevent and find any problems with you after the birth of your baby.

8. **Did you get care from a doctor or nurse after you had your baby?**

¹☐ Yes → Thank you. Please mail your completed survey in the postage-paid envelope.
²☐ No → Go to Question 9

9. **If you did not get care from a doctor or nurse after you had your baby, what were your reason(s)? Check all that apply.**

¹☐ I don't think care after my baby is born is important
²☐ My Medicaid ran out
³☐ I had no way to get to the doctors or nurses office
⁴☐ I did not have anyone to take care of my child(ren)
⁵☐ Other, please list

THANK YOU

Please mail the completed survey in the postage-paid envelope.

El cuidado médico antes de nacer un bebé puede prevenir o descubrir problemas con la madre o con el bebé.

1. **¿Cuándo descubriste que estabas embarazada, quisiste ver un doctor o una enfermera?**
¹☐ Sí → Sigue con la pregunta número 3
²☐ No → Sigue con la pregunta número 2
2. **¿Si no quisiste ver un doctor or una enfermera, cuál fue la razón? Marca toda respuesta que sea pertinente.**
¹☐ No es importante ver al doctor o la enfermera
²☐ Tengo miedo que ciertos vicios como el fumar, beber, or el abuso de drogas sean criticados
³☐ Mi embarazo no fue planeado. No quise saber
⁴☐ Les tengo miedo a los doctores, enfermeras, y/o los hospitales
⁵☐ He estado preocupada con mi embarazo
⁶☐ No tuve manera como llegar a la oficina del doctor o la enfermera
⁷☐ Mis servicios de Medicaid terminaron
⁸☐ Otra razón. Favor de explicar

3. **¿Recibiste cuidado médico de parte de un doctor o una enfermera durante tu embarazo?**
¹☐ Sí → Sigue con la pregunta número 4
²☐ No → Sigue con la pregunta número 6
4. **¿Pudiste ver un doctor o una enfermera tan pronto como deseabas?**
¹☐ Sí
²☐ No
5. **¿Cuántos meses tenías de embarazo cuando tuviste tu primera visita con un doctor o enfermera?**
¹☐ Menos de 3 meses
²☐ De 3 meses a 5 meses
³☐ De 6 meses a 8 meses
⁴☐ Mas de 8 meses
⁵☐ No me acuerdo

6. **¿Tuviste algun problema con ver al doctor o la enfermera?**
¹☐ Sí → Sigue con la pregunta número 7
²☐ No → Sigue con la pregunta número 8
7. **Abajo está una lista de problemas con ver a un doctor o una enfermera. Marca todo lo que fue problema para ti.**
¹☐ No tuve como ir a la oficina del doctor or la enfermera
²☐ No había nadie quien cuidara mi(s) nino(s)
³☐ No había doctor o enfermera en mi area aceptando nuevos pacientes
⁴☐ No pude ver a mi doctor o enfermera a la hora que yo deseaba
⁵☐ No había doctor o enfermera en mi area aceptando Medicaid
⁶☐ Otra razón. Favor de explicar

Cuidado médico después del parto puede prevenir or descubrir problemas con la madre.

8. **¿Recibiste cuidado médico de parte de un doctor o una enfermera después que nació tu niño?**
¹☐ Sí → Gracias. Favor de enviar esta encuesta por correo. Usa el sobre que hemos incluido.
²☐ No → Sigue con la pregunta número 9
9. **¿Si no recibiste cuidado médico de un doctor or una enfermara después de tu embarazo, cuál fue la razón? Marca toda respuesta que sea pertinente.**
¹☐ No creo que el cuidado médico para mi bebé es importante despues del parto
²☐ Mis servicios de Medicaid terminaron
³☐ No tuve como visitar al doctor o la emfermera
⁴☐ No había nadie quien cuidara mi(s) nino(s)
⁵☐ Otra razón. Favor de explicar

GRACIAS

Favor de enviar esta encuesta por correo. No olvides de usar el sobre con estampilla que hemos incluido.