

Purpose of Study

The timing, quality, and breadth of prenatal care have a direct effect on both the health of the mother and newborn child. Low-income women are at risk for adverse birth outcomes due, at least in part, to economic disadvantage. The Michigan legislature in Section 1692 (2) of the Senate Bill 964 requires a utilization review of Maternal Support Services (MSS) for Michigan Medicaid pregnant women. MSS supplement regular medical care and ensure that pregnant women receive preventive care, psychosocial services, nutritional information, and transportation assistance. The MSS program is for Medicaid beneficiaries and provides specialized preventive services to pregnant women, mothers, and their infants to help reduce infant mortality and morbidity. MSS is intended to supplement regular medical care and to assist providers in managing the beneficiary's health and well being. Pregnant women may qualify for MSS at any time during their pregnancy. MSS referrals are indicated for at-risk women determined by the presence of the conditions which are outlined in Appendix B.

Study Population

The study population for this prenatal focus area is subject to criteria as follows:

- Enrollees must have a delivery during the review period (1/1/2000 – 12/31/2000).
- Forty-three days of continuous enrollment prior to delivery in one of the health plans or Fee-For-Service (FFS) is required.

The population included 28,305 total enrollees. Since we were using encounter data and FFS claims data as our information source, rather than medical record abstraction, we did not draw a random sample but were able to analyze the entire population. The data reported here were collected for all enrollees meeting the population criteria. Table 3.1 shows the age ranges of the enrollees for both the health plan and FFS populations.

Table 3.1				
Population Distribution by Age				
Age Range	Qualified Health Plans		Fee-for-Service	
	Enrollees	Percent of Total	Enrollees	Percent of Total
Under 18	705	5%	597	4%
18-30	12,094	81%	11,136	83%
31-40	1,960	13%	1,600	12%
41-50	109	1%	101	1%
Over 50	2	0%	1	0%
Total	14,870	100%	13,435	100%

Study Questions

The prenatal study focused on one study question related to MSS:

1. What is the utilization of Maternal Support Services for the Medicaid population?

Data Collection

The data for this study were collected from health plan encounter data and FFS claims data provided to MPRO by MDCH. MPRO first received electronic enrollment information from MDCH. MPRO then selected enrollees meeting the population specifications for the prenatal study and defined the universe. This information was provided to MDCH who collected MSS data for all enrollees from the encounter database and FFS claims and sent MPRO an electronic file. MSS were identified using 19 procedure codes.

Limitations

The information included in this report is based on data obtained from the MDCH encounter database and FFS claims. Medical record abstraction was not used as a source. The 1999 EQR prenatal study was based on both encounter data and medical record abstraction. The 1999 EQR study indicators followed a “hierarchical” logic showing the number of women who received services as a percent of those who were referred. The number of those referred was based on the number at risk. The 2000 EQR study reports the total of maternal support services received. Due to the different reporting methods, as well as the different data collection methods, the two studies are not comparable. The wide variation in results from 1999 EQR to 2000 EQR suggests there is under reporting of MSS in encounter data.

Results

Overall, 25% (7,063) of the enrollees received at least one MSS. Figure 3.1 shows the rates of women receiving at least one MSS for the individual health plans. There was wide variation among the health plans for this indicator, with Priority Health, Health Plan of Michigan, Upper Peninsula Health Plan and Community Care Plan showing rates above 30%. It should be noted that these results are based on encounter data supplied by the health plans to MDCH via regular encounter data transfers to MDCH's centralized encounter database. If a health plan's encounter data were incomplete, or no FFS claims were submitted, or did not include the procedure codes designated for MSS, the rates will be under reported.

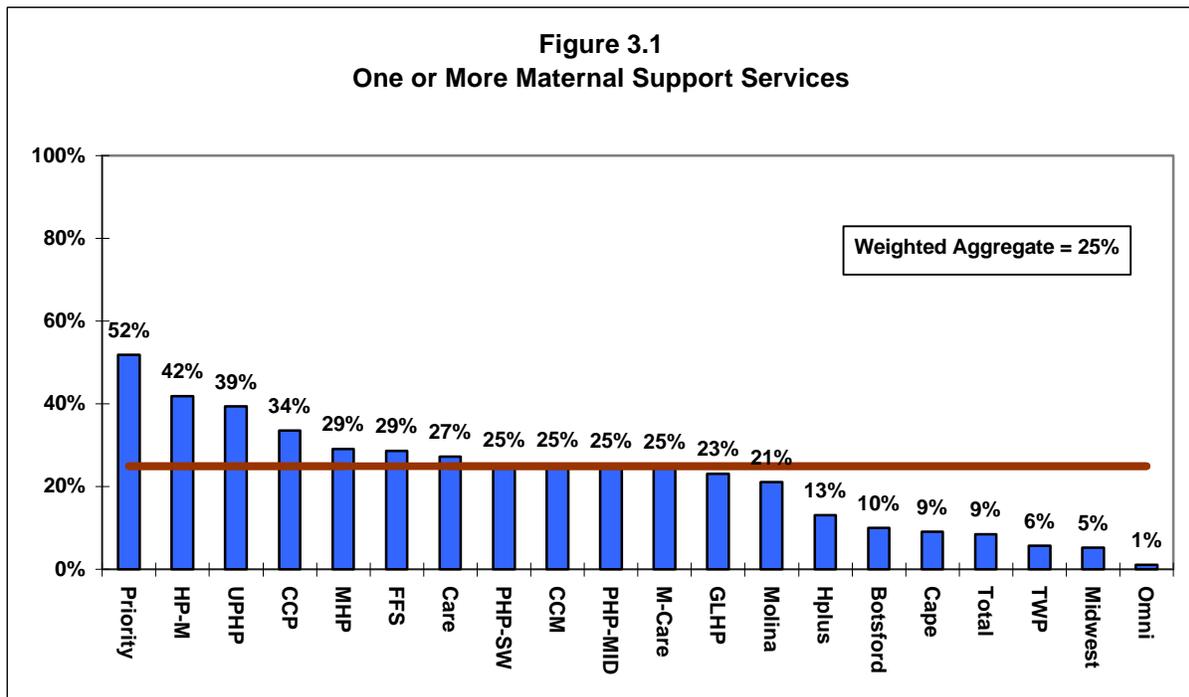


Table 3.2 displays the total number and percent of MSS received by type of service for the health plans.

Table 3.2		
Health Plan Results		
MSS Distribution		
Procedure Group	Services	Percent of Services
Assessment in office, clinic, or home	2,016	16%
Visit in office, clinic, or home	9,156	72%
Childbirth education	108	< 1%
Transportation	1,602	12%
Total	12,882	100%

Table 3.3 displays the total number and percent of MSS received by type of service for the FFS population. The percentage of MSS assessments and visits, of the total, is higher for the health plan population at 16% and 72% respectively. This compares to the FFS percentage of total at 12% and 56%, respectively, for the same services. The FFS MSS transportation utilization rate of 29% was higher than the health plan rate of 12%.

Table 3.3		
Fee-for-Service Results		
MSS Distribution		
Procedure Group	Services	Percent of Services
Assessment in office, clinic, or home	3,269	12%
Visit in office, clinic, or home	15,690	56%
Childbirth education	869	3%
Transportation	8,310	29%
Total	28,138	100%

Discussion

A review of MSS was included in 1999 EQR; however, because of the different data collection methods, the review does not include any indicators that can be directly compared to 2000 EQR. Last year's data does, however, provide us with some information to comment on this year's results. We suspect that the 2000 EQR MSS rates are underreported. The 1999 EQR rates indicated that 32% of enrollees received some type of MSS while this year's rate was 25%. This rate is not comparable due to study differences, but may give an indication of the amount of under reporting in the encounter data. The 1999 EQR included the number of women screened as documented in the office record; 2000 EQR would not capture that information.

Priority Health and Health Plan of Michigan's high rates of 52% and 42%, respectively, may indicate their use of interventions or processes that could serve as best practice models. Several health plans have MSS rates well below the weighted aggregate of 25%. These health plans should initiate MSS improvement action health plans.