



Barriers to Maternity Referrals

Union County Division of Public Health, Monroe



UCDPH Maternity Demographics

- ▶ We serve as a safety net to provide routine and high risk prenatal care for maternity patients who do not have insurance and are not eligible for Medicaid
- ▶ We manage ~200 pregnancies per year
- ▶ Our providers do not do deliveries; we contract with Atrium Union OB/GYN for deliveries
- ▶ We have a lab with phlebotomists on site; the tests that are not resulted in our lab are sent to outside lab facilities and can be billed back to our department to allow sliding fee schedules to apply
- ▶ We do not have a sonographer on-site; all ultrasounds are referred out



Referral Barriers

Our EHR does not provide a method to track the exact percentage of referral appointments that are kept, but a safe estimate would be that patients keep **less than 25%** of the referrals we make to outside specialists (not counting ultrasounds)

Barriers

- Financial Constraints
- Transportation Concerns
 - Language Barriers



Financial Barriers to Referrals

Local medical offices often require self-pay patients to pay **large up-front fees**

- ▶ Local Urology specialist requires \$385 up-front
- ▶ Local Dermatology specialist requires \$293 up-front

Local medical offices **do not offer sliding scales** and their self-pay discounts only apply if the patients **pay in full** on the day of services

- ▶ The cost of a Targeted U/S with BPP and genetic counseling at a local MFM was \$1200 but they would decrease the cost by 40% if the patient was willing to pay \$720 on the day of services



Presumptive Medicaid

Novant Health MFM billing office began accepting Presumptive Medicaid as a form of payment in December of 2018

Atrium Union OB/GYN billing office followed suit in April of 2019

This provides great financial relief for Dating and Anatomy Ultrasounds (if we time the beginning of their Presumptive Medicaid correctly)

2019 Calendar

January 2019							
	S	M	T	W	T	F	S
1			1	2	3	4	5
2	6	7	8	9	10	11	12
3	13	14	15	16	17	18	19
4	20	21	22	23	24	25	26
5	27	28	29	30	31		

February 2019							
	S	M	T	W	T	F	S
1						1	2
2	3	4	5	6	7	8	9
3	10	11	12	13	14	15	16
4	17	18	19	20	21	22	23
5	24	25	26	27	28		

March 2019							
	S	M	T	W	T	F	S
1						1	2
2	3	4	5	6	7	8	9
3	10	11	12	13	14	15	16
4	17	18	19	20	21	22	23
5	24	25	26	27	28	29	30
	31						

April 2019							
	S	M	T	W	T	F	S
1		1	2	3	4	5	6
2	7	8	9	10	11	12	13
3	14	15	16	17	18	19	20
4	21	22	23	24	25	26	27
5	28	29	30				

May 2019							
	S	M	T	W	T	F	S
1				1	2	3	4
2	5	6	7	8	9	10	11
3	12	13	14	15	16	17	18
4	19	20	21	22	23	24	25
5	26	27	28	29	30	31	

June 2019							
	S	M	T	W	T	F	S
							1
1	2	3	4	5	6	7	8
2	9	10	11	12	13	14	15
3	16	17	18	19	20	21	22
4	23	24	25	26	27	28	29
	30						

July 2019							
	S	M	T	W	T	F	S
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2	7	8	9	10	11	12	13
3	14	15	16	17	18	19	20
4	21	22	23	24	25	26	27
5	28	29	30	31			

August 2019							
	S	M	T	W	T	F	S
1					1	2	3
2	4	5	6	7	8	9	10
3	11	12	13	14	15	16	17
4	18	19	20	21	22	23	24
5	25	26	27	28	29	30	31

September 2019							
	S	M	T	W	T	F	S
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2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30					


October 2019							
	S	M	T	W	T	F	S
1			1	2	3	4	5
2	6	7	8	9	10	11	12
3	13	14	15	16	17	18	19
4	20	21	22	23	24	25	26
5	27	28	29	30	31		

November 2019							
	S	M	T	W	T	F	S
1						1	2
2	3	4	5	6	7	8	9
3	10	11	12	13	14	15	16
4	17	18	19	20	21	22	23
5	24	25	26	27	28	29	30

December 2019							
	S	M	T	W	T	F	S
1	1	2	3	4	5	6	7
2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30	31				

Intake scheduled in 1st week of a month → Pt must be at least 10 weeks on the day of Intake
 Intake scheduled in 2nd week of a month → Pt must be at least 11 weeks on the day of Intake
 Intake scheduled in 3rd week of a month → Pt must be at least 12 weeks on the day of Intake
 Intake scheduled in 4th week of a month → Pt must be at least 13 weeks on the day of Intake
 Intake scheduled in 5th week of a month → Pt must be at least 14 weeks on the day of Intake

If the patient does not meet any of these parameters, please contact a MH RN to help determine when the pt should be scheduled for the MH intake appt.



Once Presumptive Medicaid expires, however, follow-up ultrasounds can be a major financial concern

Each follow-up ultrasound will range between \$150-\$260

Twin Pregnancy– total cost for follow-up ultrasounds alone = \$1,946
(IF patient is willing to pay the totals below in full at the time of each visit)

20 wks	\$204
22 wks	\$204
24 wks w/ fetal echo	\$252
26 wks	\$204
28 wks	\$204
30 wks	\$204
32 wks w/ BPP	\$211
34 wks w/ BPP and NST	\$252
35 wks w/ BPP	\$211



Transportation

Self-pay patients often do not drive or own vehicles and need to take taxis to appointments

Traveling to another city/county to see a specialist **adds another expense** to the appointment

- ▶ 25 mile Crown Cab taxi ride from Monroe to Charlotte is \$65 one way

Immigrant patients occasionally refuse referrals to offices which require travel outside our city limits for **fear of being deported**



Language Barriers

Despite current Federal laws, many medical offices that accept Medicaid **do not provide interpreting services**

When scheduling appointments with specialists, we are often told the patient will need to bring their own interpreter

Provider at dermatology office recently used the patient's 10 year old son as an interpreter at her appointment

How do you know if the patient is receiving the correct medical information when family members are interpreting?



Bottom Line

When patients are not able to secure or keep appointments to specialists to address specific health issues during their pregnancy, the maternity provider is not able to obtain all the medical information they need which seriously hinders their ability to provide quality prenatal care and increases the chances of poor outcomes



Solutions



Helping our ultrasound referrals learn how to navigate and utilize **Presumptive Medicaid** has been a huge win for us, but these 2 offices are a very small drop in the bucket. No other local medical offices in our area accept this form of payment (or understand how it works) – global education on this process for private offices and hospitals across the state is desperately needed – it is a WIN-WIN option!

Funding for sonographers in Health Departments where sliding fee schedules would apply would be a major asset for the financial and transportation concerns with follow-up ultrasounds

The **language access laws need to be enforced** in facilities that accept Medicaid