healthy mothers healthy babies COALITION OF HAWAII

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An Assessment of Prenatal Health Care Provider Knowledge and Practices around Preventative Health Services and ICD-10 Billing for Women in Hawaii

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1 Introduction

Healthy Mothers, Healthy Babies Coalition of Hawaii (HMHB) is a local nonprofit organization dedicated to eliminating health disparities by improving Hawaii's maternal, child and family health though collaborative efforts in public education, advocacy and partner development. HMHB believes in equal access to quality health care; the importance of a collective voice to facilitate change; and the need to practice cultural competence.

HMHB:

- Provides the free MothersCare phone line, which is designed to help pregnant women, new mothers and their families find the information and resources necessary to have a healthy pregnancy, birth, and baby.
- Offers quarterly trainings for perinatal support service providers throughout Hawaii on various topics related to improving the health of pregnant women, new mothers, and their infants.
- Coordinates quarterly Perinatal Advocacy Network meetings, the purpose of which are to increase awareness of perinatal issues in Hawaii, expand advocacy efforts for perinatal health issues and legislative actions, and increase networking and partnerships among state perinatal health providers.
- Creates and distributes various culturally-appropriate educational materials for Hawaii's pregnant women, mothers, and their families. Topics include safe sleep/sudden infant death syndrome prevention, fetal alcohol spectrum disorders, postpartum depression, breastfeeding, and nutrition. A "healthy and hapai" educational pregnancy calendar is given to pregnant women to help them keep track of their prenatal appointments and find resources for a healthy pregnancy.
- Updates and maintains an online pregnancy and perinatal resource directory searchable by both type of service and location (providers add/edit their organization's information pending HMHB approval).
- Performs two maternal and child health-related needs assessments per fiscal year to help steer community organizations' – as well as the Hawaii State Department of Health's (DOH) – efforts to improve maternal and child health in Hawaii.
- Updates families and providers on current recalls, maternal and child health news, and local resources/events in the maternal and child health community through social media, including Facebook and Twitter, and through promotion of the Text4Baby program.

2 Background

Preventative Health Services for Women

Preventative health services for women provide essential health benefits that improve overall health, maternal health, reduce pregnancy complications, and lower the rate of

maternal and infant mortality[1]. Standards for Maternal and Neonatal Care as recommended by the World Health Organization have recently classified preventative measures as an essential element of pregnancy care[2]. Preventative health screenings allow prenatal care providers to identify, manage, and treat pre-existing health conditions and address any potential health risk factors before developing into more complicated and severe conditions[3]. As stated by the Centers for Disease Control and Prevention (CDC), one to two women die of pregnancy complications every day in the U.S.[4]. Despite advancements in prenatal care practices, the CDC suggest that as many as half of all pregnancy-related deaths in the U.S. are directly linked to inadequate access to health care. In 2013, 13% of insured women and 52% of uninsured women, all between 18-64 years of age, postponed preventative services due to cost[5].

According to the Child Trend Databank, "mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die"[6]. Furthermore, a main objective of Healthy People 2020, the government initiative that provides science-based national objectives for improving the health of all Americans, is to "address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families"[7]. To achieve this objective, Healthy People 2020 has set goals to reduce the percentage of low birth weight babies from a baseline of 8.2% of live births in 2007, to a target of 7.8% by 2020; to increase the percentage of pregnant women who receive early and adequate prenatal care from a baseline of 70.5% in 2007 to a target of 77.6% by 2020; and to increase the percentage of women with medical insurance from a baseline of 84.6% in 2008, to a target of 100% by 2020. Data from the Hawaii State Department of Health (DOH) indicates that 14.1% of women in Hawaii reported receiving no prenatal care within

[1] Center for Disease Control and Prevention. Recommendations to Improve Preconception Care Work Group and the Select Panel on Preconception Care. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm. Accessed 1 May 2015.
[2] World Health Organization. Provision of Effective Antenatal Care. Available from: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/effective_antenatal_care.pdf. Accessed 1 May 2015.
[3] Katz D., Ali A. Preventive Medicine, Integrative Medicine & the Health of the Public. *Institute of Medicine of the National Academics*. Available from: http://www.iom.edu/~/media/Files/Activity%20Files/Quality/IntegrativeMed/Preventive%20Medicine%20Integrative%20Medicine%20and%20the%20Health%20of%20the%20Public.pdf. Accessed 1 May 2015.
[4] Center for Disease Control and Prevention. Safe Motherhood, Promoting Health for Women Before, During and After Pregnancy. Available from: http://www.cdc.gov/nccdphp/publications/aag/pdf/drh.pdf. Accessed 1 May 2015.
[5] The Henry J. Kaiser Family Foundation. Preventive Services Covered by Private Health Plans under the Affordable Care Act. Available from: http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/. Accessed 1 May 2015.
[6] Child Trends Databank. Late or No Prenatal Care. Available from: http://www.childtrends.org/?indicators=late-or-no-prenatal-care. Accessed 1 May 2015.
[7] Healthy People 2020. Maternal, Infant, and Child Health. Available from: http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health. Accessed 1 May 2015.

their first trimester[8]. From 2004-2008, the two most commonly reported barriers to prenatal care were access and affordability[9]. From 2008 to 2010, nearly 10% of women aged 15 to 44 were uninsured in Hawaii[10].

The Affordable Care Act (ACA) was enacted with the purpose of increasing access and affordability of health insurance for all Americans[11]. The ACA expanded coverage for additional women's preventative health services began August 1, 2012[12]. As a result, preventative services for women, which include well-woman visits, counseling for sexually transmitted infections, breastfeeding comprehensive support and counseling, and gestational diabetes screening, to name a few, are now covered by insurance with no cost-sharing[8]. Since the implementation of the ACA, over one million women have gained health insurance coverage, and an estimated 13 million more uninsured women are predicted to gain coverage by 2016[12]. Recent data from the Census Bureau indicated that approximately 128,000 women in the state of Hawaii gained coverage for preventative services under the ACA since its inception[12].

Even so, it is important to note the diversity of insurance plans and varying levels of coverage, leaving some women to encounter additional barriers to accessing and utilizing preventative services. Plans covered under the ACA are generally required to provide coverage for preventative services without cost sharing, however, there are also health insurance plans which have been grandfathered into the ACA, plans that were purchased before March 23, 2010, and can choose to abide by the provisions of coverage for preventative service with no cost-sharing; many do not. Women on these plans are required to pay for services that are provided at no cost to women on non-grandfathered plans[12].

Supporting efforts to maximize access and affordability of preventative health services and resources, as well as ensure consistency among health plans, is an essential factor to improving maternal and infant health standards in Hawaii.

ICD-10 Billing

The International Statistical Classification of Diseases and Related Health Problems (ICD), is a standard diagnostic tool for epidemiology, health management, and clinical practices[13].

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[8] Department of Health State of Hawaii. Family Health Services Division Profiles 2014. Available from: http://health.hawaii.gov/about/files/2015/01/fhsd_profiles-2014.pdf. Accessed 1 May 2015.
[9] Hawaii State Department of Health. PRAMS Prenatal Care Fact Sheet-2013. Available from: http://health.hawaii.gov/mchb/files/2013/05/prenatal2010.pdf. Accessed 1 May 2015.
[10] United States Census Bureau. Current Population Survey. Available from: http://www.census.gov/cps/data/cpstablecreator.html. Accessed 1 May 2015.
[11] Health Resources and Services Administration. Women's Preventive Services Guidelines. Available from: http://www.hrsa.gov/womensguidelines/. Accessed 1 May 2015.
[12] Burke A., Simmons A. Increased Coverage of Preventative Services with Zero Cost Sharing Under The Affordable Care Act. *U.S. Department of Health and Human Services*. Available from: http://aspe.hhs.gov/health/reports/2014/preventativeservices/ib_preventiveservices.pdf. Accessed on 1 May 2015.

This tool is designed to accurately monitor and compare the incidence and prevalence of morbidity and mortality, and investigate underlying causes, using vital health records and data collected by heath care workers and providers[13]. Such investigations provide the foundation for methods which aim to prevent adverse health outcomes, and improve health care provider practices. To maximize its accuracy and efficiency, the ICD has had multiple revisions based on advances in health science and medical practices[13]. The ICD-10 is the most recent revision of the ICD and includes an extensive set of codes which are markedly different from their predecessors[14]. Unlike previous ICD revisions, the ICD-10 profoundly affects the classification, processing, and presentation of mortality data, and includes twice as many categories for disease identification[15]. To adequately implement and use these new code sets, substantial system and procedural changes will be necessary for health providers[14]. The ICD-10 also requires significant changes in the way health plans reimburse services, and determine the coverage of various services[14].

3 Overview

HMHB strives to promote, protect and improve maternal and child health, by providing various services and resources, and evaluating the overall needs of women and children throughout the state of Hawaii. Collaborative efforts between HMHB and the DOH determined that prenatal health care providers' knowledge and practices around preventative health services for women, and related ICD-10 billing, should be assessed.

The purpose of this study was to identify factors related to the implementation and impact of the recent ACA provision on provider offices throughout the state of Hawaii. The study also aimed to assess what resources and training areas are perceived to be lacking and where, drawing out provider-based strategies to address service gaps.

HMHB intends to use the data from this assessment to reduce staff training gaps, increase access and utilization of preventative health services for women, and improve office protocols and guidelines. The study also provides data to justify seeking additional funding for provider support and training, including information on billing under ICD-10 for preventative services. There is great potential to improve the prenatal health outcomes for Hawaii residents, particularly populations considered most socioeconomically at-risk.

4 Methods

Study data was collected from an anonymous web-based survey using SurveyMonkey and key informant telephone interviews were audio recorded and archived. The survey and

[13] World Health Organization. International Classification of Diseases (ICD) Revisions. Available form: http://www.who.int/classifications/icd/revision/icd11faq/en/. Assessed 1 May 2015.
[14] Centers for Medicare & Medicaid Service. ICD-10 Overview. Available from: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/icd-coding/icd.html. Assessed on 1 May 2015.
[15] Centers for Disease Control and Prevention. International Classification of Diseases 10th Revision (ICD-10). Available from: http://www.cdc.gov/nchs/data/dvs/icd10fct.pdf. Assessed on 1 May 2015.

interview had one distinct audience: maternal and prenatal health care providers and provider staff from medical centers, health centers, clinics, and offices throughout the state of Hawaii.

Participants were selected from a confidential HMHB and DOH-generated list of approximately 300 perinatal support service providers and community health care providers statewide. Providers received a unique link to complete the anonymous online survey and were invited to participate in a key informant telephone interview through letters and emails; the survey link was also posted on the HMHB website.

Survey and interview questions were designed to capture provider knowledge and practices regarding preventative health services for women after implementation of the ACA and related ICD-10 billing in the State of Hawaii. Questions were both open- and close-ended and no highly sensitive or stigmatizing information was collected.

SurveyMonkey's analysis feature was used to analyze the quantitative data, and the qualitative responses were quantified by HMHB researchers. Additional qualitative data was collected via semi-structured telephone interviews and analyzed using pattern coding; emergent themes were identified and related to survey data collected. All survey results were anonymous, no identifying information was collected, and no email addresses were stored. Survey participation was completely voluntary, and no inducements or rewards were given to subjects for their participation. There was also no research related-expenses charged to subjects for participation.

Limitations

The data yielded does not provide a complete picture of prenatal health care providers' knowledge and practices around preventative health services and related ICD-10 billing throughout the State. Of those who did participate in the survey, some skipped questions—ranging from one to several portions of the survey, depending on their familiarity with the topic area. Further, certain neighbor islands were somewhat underrepresented in the survey data, as the majority of providers work on Oahu, providing difficulty accurately assessing the full range of providers' knowledge and practices across all islands and populations.

5 Findings

The expertise and insights of participating providers represent diverse perspectives in maternal and child health in Hawaii. Respondents yielded insight into 1) the challenges and prospective solutions around providing preventative health services and screenings for women and service utilization, and 2) challenges around billing using ICD-10 coding. The data collected in these surveys support the notion that insurance coverage remains a major barrier to the utilization of preventative services for women, in addition to the lack of practitioners and specialists to conduct services, screenings, and accept referrals. Training and support around coverage is needed, in addition to a means of easily accessing current

resources. In regards to billing, adequate and comprehensive training around billing and ICD-10 is necessary, to improve service delivery and the management of payment.

Provider Responses via Surveys

5.1 About the Providers

A total of 66 prenatal health care providers participated in the survey, resulting in a 22.8% response rate (n=290). A majority of providers were obstetricians and gynecologists (60%), followed by certified nurse midwives and certified professional midwives, registered nurses, family practice, non-profit/community advocates, mental health professionals, and advance practice registered nurses (n=55). The remaining seven respondents reported other areas of practice including an international board certified lactation consultant, outreach and case management workers, and a maternal and child health administrator. Most providers reported offering care at community health centers or local medical centers, followed by hospitals and private practice clinics. Remaining providers offer care at community/nonprofit organizations, or within in-home settings and birthing centers. Respondents offer care primarily on Oahu (55.2%), followed by Hawaii (25.9%), Maui (17.2%), Lanai and Kauai (3.4% respectively), and Molokai at (1.7%). Providers reported having mostly ongoing relationships with clients.

5.2 Patient Demographics

Providers reported working primarily with low-income clients who spoke a variety of languages other than English as the primarily language, including but not limited to (in order of frequency): Marshallese, Chuukese, Tagalog, Ilocano, Samoan, Spanish, Chinese, Japanese, Korean, and Vietnamese (see appendix, table 5). Respondents noted that their patients were generally between 26-35 years of age, followed by 18-25 years of age, and those over 35 (see appendix, table 6).

5.3 Preventative Health Services and Screenings for Women

Less than half of providers were familiar (47%) with the preventative services and screenings for women now covered at no cost under some insurance plans after ACA implementation (n=66). Of those, 83% reported actively utilizing preventative health services and screenings for women at their respective practices. The most common services and screenings routinely offered to women include tobacco use screenings, followed by anemia screenings, gestational diabetes screenings, and sexually transmitted infection counseling (see appendix, table 10). These are followed by well-woman visits, syphilis screenings, folic acid supplements, contraception, chlamydia infection screenings, gonorrhea screenings, cervical cancer screenings, Rh incompatibility screenings, and urinary tract or other infection screenings.

5.4 Challenges around Preventative Health Services and Screenings for Women

Nearly 52% of providers reported challenges in offering preventative health services and screenings for women, directly affecting the utilization of services. A major challenge reported in offering care was uncertainty over insurance coverage, payment and reimbursements, and subsequent hesitancy to conduct preventative screenings that may

not be covered. A provider commented on the lack of clarification in coverage due to "the number of 'grandfathered' plans in Hawaii and [the] difficulty obtaining coverage information." Another provider further explains, "It is still impossible for us to know which plans are following ACA guidelines and which ones are grandfathered." Providers mentioned specific services and screenings that have been difficult to cover under certain plans, such as HPV and Pap smear co-testing, HIV testing, STD testing (specifically chlamydia), and long-acting reversible contraception. Specific to STD testing, a respondent explains, "in high risk women [it] is not covered under 'screening' diagnosis…[you] need to find another diagnosis to get it covered."

If providers are unsure of the coverage level of patients, then it is difficult to bill for services and provide comprehensive preventative care for women. Many women are also left to pay for preventative health services out-of-pocket which becomes a barrier to utilizing services.

Providers also reported a lack of available practitioners and specialists as a challenge in offering such services. One provider highlighted, "for breast cancer genetic screening, [there are] no permanent counselors on Maui" and another reaffirms, "some things like genetic counseling are referred out to specialists [and] there is only primary care offered on Lanai." Two providers discussed issues around the limited authority of certified professional midwives (CPM) to provide screenings for pregnant women, including a lack of lab referral capabilities in Hawaii. One of them explains, "the State not recognizing certified professional midwives doesn't allow for CPMs to order more screenings for pregnant women…some health care providers won't see a pregnant woman if they are not planning to be in their care for the entire pregnancy, leaving a woman searching for places to be screened. When allowing CPMs to order screenings at labs to close this gap for care, you are diversifying the type of prenatal health providers that can provide certain preventative screenings."

Other challenges providers mentioned in offering such services included language barriers, social stigma, and screening questions that do not reflect varying cultural values and practices.

5.5 ICD-10 Transition

It is important to note that as of when data was collected, a majority of provider offices were preparing for the transition from ICD-9 to ICD-10 and some had already been receiving training. Other providers were testing sites and had already been using ICD-10 coding. The transition to ICD-10, required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA), would not take into effect until October 1, 2015. Nonetheless, provider offices were familiar with major changes made to coding under ICD-10. A little over half of respondents reported receiving training using ICD-10 (n=55); the rest had not. Of those that received training, a majority of respondents felt that the training was inadequate. When asked if providers were interested in receiving training on ICD-10, 35% said yes and 46.7% were not sure. Data revealed that providers overwhelmingly need comprehensive training to prepare themselves for the transition to ICD-10.

Provider Responses via Key Informant Interviews

5.6 Background

A total of eight (8) prenatal health care providers participated in key informant interviews. The most common area of practice was obstetrics and gynecology at 71.4%, followed by family practice. The majority of key informants practice at community health centers, followed by private practice clinics, hospitals, community/non-profit organizations, and a birthing center. Providers practice on Hawaii, Oahu, Kauai and Maui. They reported having a combination of ongoing and drop-in clients and English was the most commonly reported language, followed by Chuukese, Marshallese, Vietnamese, Japanese, Chinese, Korean, Filipino languages, Japanese, Chinese, Samoan, Ilocano, and other Pacific Islander and Micronesian languages. A majority of patients fall between 18-35 years of age, followed by those under 18 and over 35.

5.7 Preventative Health Services and Screenings

Key informant interviews were conducted to identify changes in health care delivery and how practices are managed as a result of the ACA, specific to how it impacts preventative health services and screenings for women. A few providers reported taking a proactive role in contacting clients about covered services to increase utilization, but many identified a myriad of challenges to offering such services.

A major challenge reported, across key informant interviews and through survey data, is the difficulty in differentiating between health insurance plans that have varying levels of coverage. A provider claims, “when we’ve been doing the preventative care that is evidence-based, or try to, we still get a lot of things that get bounced back and clients get billed for, which has made it difficult to figure out when to gamble that it will be covered and how to speak to patients about that…it has made it a little more challenging to do the preventative care that I’d like to do.” The ambiguity results in frustration and confusion for both providers and patients. “It needs to be clear that the screening recommendations will be covered by insurances and the patients need to be educated properly, because right now, I think patients are very confused about when they require screenings…”

In certain instances, providers reported a lack of payment for services, due to the ambiguity around covered services. A provider commented, "some of our most recent challenges have been still getting kick-backs from the insurance on some of our superbills…just saying 'we don't cover this physical exam'…and having to contact them again and let them know that it is Pap smear or an annual well women exam and that it should be covered…and just spending that leg time having to call them and sort all of that out because we are not getting paid easily...we don't really have a lot of staff that provide that extra support so it just takes a lot of time out of our day to have to hunt down payment for a lot of services we provided."

Another challenge reported around preventative health services is increasing compliance among patients. If specific tests or services are not available at the provider's office and patients must travel for such services or to see a specialist or particular provider, providers reported a decrease in compliance. A provider noted: "blood draws, for instance, in a lot of the offices I work at, those can't be done in the office, you have to send the patient to the lab, and I think that I lose a lot of people who never end up not showing up at the lab." Transportation was also reported as a challenge to accessing and utilizing care.

Lastly, a respondent mentioned the varying electronic medical record systems that lack the ability to communicate with one another, and the difficulty accessing the information they need. "Because our medical record systems don't always talk to each other between institutions, a lot of times I can't tell if a patient has had the screenings that they are recommended to have, and so I am hesitant to reorder them…a lot of times I am concerned about duplicating services and coverage issues related to that, which make me sometimes hold off on ordering screenings that I think the patients should have…"

Respondents provided suggestions on ways to address the challenges in offering comprehensive preventative health services and screenings for women and increase utilization. A few providers suggested the need for a simple system to differentiate between plans that cover such screenings without cost-sharing under the ACA with those that were grandfathered. In regards to off-site referrals for certain basic services and screenings, it was recommended that staff be trained and able to travel on-site to provide them. Ideally, the staff necessary to conduct the tests and screenings could be integrated into the current provider office so that services are localized, to increase compliance and address transportation as a barrier to service utilization. In regards to transportation, a provider mentioned engaging women with their health plans to find out about coverage for transportation services. They explained that in certain circumstances, health care plans such as QUEST Integration covers the cost of transportation to services.

5.8 Billing under ICD-10 Coding

Key informants were asked to comment on training around billing using ICD-10 and issues that providers and their staff encounter regarding coding and payment. Five providers (n=8) had received little to no training on ICD-10 and only one reported receiving adequate training and additional training opportunities. Challenges to coding, along with the adoption of the revised coding tool, include the transition involved in relearning codes and

learning how to bundle certain services. One provider explains, "It's a matter of relearning new codes and then it's a matter of, especially in ICD-10, transitioning 5 or 6 codes into one complicated long code…"

This leads to another issue around incorrect codes for payment or coding errors. If the provider staff that processes payments are not familiar with the complexity of the health condition, it disrupts operations. A provider commented, "Because the specificity is not always known, so people at the front end who don't understand the complexities of some of the health diseases, when they pick the codes often pick the wrong ones." A provider commented on their general lack of knowledge, and that of their staff, on how to appropriately bill for preventative services. "It is such an overwhelming issue for both the staff and for me and for all of the clinicians that I work with." To acquire additional knowledge around coding and billing, one provider mentioned that their obstetricians and gynecologists sought training outside of their agency.

Two providers highlighted issues around global billing. One specifically wanted to know if prenatal care services could be billed separately from other services, since in certain circumstances such as prenatal care, all services are bundled, and the provider does not always acquire billing codes for specific services. A key informant suggested, "more knowledge of the ICD coding specific to SBIRT and properly coding it…can we code this one thing separately from another? In prenatal care, everything is assumed inside of prenatal care and [you] don't necessarily get the specific billing codes for substance use, or tobacco use, or the other chronic diseases…"

Another provider elaborated on the challenges around the lack of familiarity with how to differentiate between specific codes, "I find it personally confusing with the global charge for OB care and I'm still not sure exactly…which specific post-partum in-hospital billing charges I'm supposed to be dropping." Ideas mentioned by key informants to help address these challenges include a system that translates ICD-9 codes to ICD-10. A provider even highlighted the idea of discontinuing the ICD entirely. A provider highlighted, "nobody uses these ICD codes for billing except for like the United States…these are mainly research driven codes…so I kind of feel like there needs to be an overhaul of the entire coding and billing system."

6 Discussion and Recommendations

While a majority of providers reported offering preventative health services and screenings, only half of them were familiar with screenings now covered with no cost-sharing for eligible plans under the ACA. This knowledge gap has created challenges in providing comprehensive preventative care to women. Providers are unclear as to what services are covered depending on the type of insurance, and may avoid suggesting screenings unless clients are covered. In other instances, clients are unknowingly billed for services that providers recommend. The financial burden is often times placed on either the client or the provider, if services are not covered. Providers recommend a more

transparent way of determining varying level of insurance coverage to improve practices and increase the utilization of screenings that women need.

A majority of providers identified a lack of referral sources and specialists as a challenge to providing care. When pregnant women need to be seen by specialty providers, providers struggle to determine how to provide optimal care despite gaps in service. Efforts to expand resources need to be strengthened in addition to addressing transportation as a barrier to accessing care that is available.

While a majority of providers did receive training on ICD-10 billing, most of them reported the training to be inadequate. Providers were also overwhelmingly unsure if they were interested in receiving training, despite the difficulties they experienced with coding, which deserves additional focus to reconcile. It is crucial that providers receive comprehensive training and receive the support they need to manage payments.

7 Conclusion

Access and utilization of preventative health services and screenings for women and correct billing for services are essential components to optimizing maternal and child health and service delivery statewide. However, data in this survey indicate that major barriers exist, namely due to a lack of available specialists, varying levels of insurance coverage, and a lack of comprehensive training on billing and coding. With relatively simple interventions, it is possible to improve access to, and utilization of, services. In order to successfully implement an even standard of care, a strong cross-collaborative partnership must be established throughout the state among providers, their training institutions, government, and community support agencies.

HMHB intends to share these findings to work to develop comprehensive strategies that can be accomplished through a variety of partnership activities. We look forward to the opportunity to build on these findings collectively with Hawaii's perinatal provider community.

Appendix A—Summary Tables of Provider Responses on Preventative Services and Screenings for Women and Related ICD-10 Billing in Hawaii

1. Provider Participant Responses

1.1 About the Providers

Table 1. Primary Area of Practice

Provider types	Frequency of responses	Percentage of respondents (n = 62)
OB/GYN	33	53.2
CNM or CPM	8	12.9
RN	5	8.0
Family Practice	3	4.8
Nonprofit/community advocacy	3	4.8
Mental health professional	2	3.2
APRN	1	1.6
Health Educator	0	0
Other	7	11.3

Other:

- International Board Certified Lactation Consultant
- We are a FQHC that offers mental health and primary care with one MD and 2 APRNs, and outreach and case management services
- Hospital
- Case Manager
- Board certification in family practice and in gerontology
- MCH Administrator
- Public Health

Table 2. Venues where provider participants offer care

Care venue	Frequency of responses	Percentage of respondents (n = 58)
Community health center/local medical center	20	34.5
Hospital	18	31.0
Private practice clinic	17	29.3
Community or nonprofit organization	8	13.8

In-home	6	10.3
Birthing center	1	1.7

Participants were able to provide multiple answers.

Table 3. Islands where provider participants offer care

Islands	Frequency of responses	Percentage of respondents (n = 58)
Oahu	32	55.2
Hawaii	15	25.9
Maui	10	17.2
Kauai	2	3.4
Lanai	2	3.4
Molokai	1	1.7

Participants were able to provide multiple answers.

Table 4. Type of Relationship with Clients

Type	Frequency of responses	Percentage of respondents (n = 58)
Has an ongoing relationship with patients/clients	38	66.7
A mix of regular and drop-in patients/clients	15	26.3
Primarily drop-in patients/clients	2	3.5
Other	2	3.5

1.2 Patient Demographics

Table 5. Languages spoken by patients

Languages	Frequency of responses	Percentage of respondents (n = 59)
English	59	100.0
Marshallese	25	42.4
Chuukese	22	37.3
Tagalog	17	28.8
Ilocano	16	27.1
Samoan	12	20.3

Spanish	10	16.9
Chinese	9	15.3
Japanese	6	10.2
Korean	6	10.2
Vietnamese	6	10.2
Other	2	3.4
Chamorro	0	0.0

Participants were able to provide multiple answers.

Other:

- Portuguese
- Kosraean (a sect of Micronesia) about a population of 300 out of 3000. About 50% of total [Lanai] population speaks Tagalog and/or Ilocano.

Table 6. Patient age ranges

Ages	Frequency of responses	Percentage of respondents (n = 59)
Under 18	20	33.9
18–25 years	45	76.3
26–35 years	54	91.5
Over 35	30	50.8

Participants were able to provide multiple answers.

Table 7. Patient SES

SES	Frequency of responses	Percentage of respondents (n = 59)
High SES	9	15.3
Middle SES	28	47.5
Low SES	49	83.1

Participants were able to provide multiple answers.

1.3 Preventative Health Screenings

Table 8. Familiarity with Preventative Screenings Now Covered under the Affordable Care Act

Familiarity	Frequency of responses	Percentage of respondents (n = 66)
Yes	31	47
Somewhat	25	37.9
No	7	10.6
Not sure	3	4.5

Table 9. Screening Women Using Preventative Health Screenings

Screen	Frequency of responses	Percentage of respondents (n = 66)
Yes	55	83.3
No	11	16.7

Table 10. ACA-Covered Screenings Routinely Offered to Pregnant Women

Type of Screening	Frequency of responses	Percentage of respondents (n = 66)
Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users	54	87.1
Anemia screening on a routine basis for pregnant women	53	85.5
Gestational diabetes screening for women 24 to 28 weeks pregnant and those at higher risk of developing gestational diabetes	52	83.9
Sexually Transmitted Infections (STI) counseling for sexually active women	51	82.3
Chlamydia Infection screening for younger women and other women at a higher risk	50	80.6
Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs)	50	80.6

Syphilis screening for all pregnant women or other women at an increased risk	50	80.6
Well-woman visits to get recommended services for women under 65	50	80.6
Folic Acid supplements for women who may become pregnant	50	80.6
Cervical Cancer screenings for sexually active women	49	79.0
Gonorrhea screening for all women at a higher risk	49	79.0
Urinary tract or other infection screening for pregnant women	48	77.4
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk	48	77.4
Domestic and interpersonal violence screening and counseling for all women	47	75.8
Hepatitis B screening for pregnant women at their first prenatal visit	47	75.8
HIV screening and counseling for sexually active women	46	74.2
Breast Cancer Mammography screenings every 1 to 2 years for women over 40	45	72.6
Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women	44	71.0
Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older	41	66.1
Osteoporosis screening for women over age 60 depending on risk factors	36	58.1
Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer	26	41.9
Breast Cancer Chemoprevention counseling for women at a higher risk	13	21.0
Not sure	2	3.2

Table 11. Specific Challenges in Offering Preventative Health Screenings

Challenges	Frequency of responses	Percentage of respondents (n = 66)
Yes	34	52

Skipped	32	48

Comments:

- For breast cancer genetic screening no permanent counselors on Maui
- Co-testing for HPV and Paps being covered by insurance
- In general for BRCA screening, the patients direct relative (mother, sisters) have had to show they were BRCA positive before I could get approval for their BRCA screening. Yet their direct relatives who had breast cancer may not be my patient and may not have their BRCA test results. It can get a little tricky.
- Ignorance
- Time and insurance reimbursement
- Insurance coverage especially for HIV testing
- Some things like genetic counseling are referred out to specialists. There is only primary care offered on Lana'i. One of our APRNs has special training in prenatal care and we have MOUs with OBGyns on both Maui (Maui Lani OBs) and Oahu (UCERA). There are no babies born on Lana'i.
- STD screening is often not covered by insurance, particularly chlamydia
- Uncertainty over insurance coverage (particularly given the number of 'grandfathered' plans in HI) and difficulty obtaining coverage information, particularly regarding non-GC/CT STI testing, vaccinations, and HPV co-testing for women over 30, previous experience with lack of coverage and difficulty finding genetic counselors to address family cancer history (non-obstetric genetic counseling), lack of availability/coverage for prenatal vitamins for women with QUEST plans, etc.
- Insurance coverage
- Too confusing.
- Understanding what plans do and do not cover continues to be a huge problem. 2 examples are pap/HPV co-testing and LARC. It is still impossible for us to know which plans are following ACA guidelines and which ones are grandfathered.
- I do not know with certainty whether these tests are being paid for by their insurance plans nor what I can to do to ensure that they are
- Language barriers
- Questions reflecting/embracing different cultural values/practices
- Currently the State of Hawai`i doesn't cover Certified Professional Midwives who offer home birth services as they do for Certified Nurse Midwives who only operate in the hospital setting usually. The communication between hospitals, private practice doctors and nurses needs to be nurtured between the home birth practitioners for the State to use best practices for all the people in Hawai`i. The State not recognizing Certified Professional Midwives doesn't allow for CPMs to order more screenings for pregnant women, some health care providers won't see a pregnant woman if they are not planning to be in their care for the entire pregnancy. Leaving a woman searching for places to be screened, when allowing CPMs to order screenings at labs to close this gap for care.

- Knowing individual patient's insurance coverage and knowing what is covered and what is not.
- Where are the depression screenings???
- Too confusing
- The sudden change in coverage for COFA women by state of Hawaii - from MedQuest to ACA for all non-pregnant women. Massive confusion, mistakes in coverage, incl for pregnant women, COFA population avoiding care for fear of owing money.
- Lab Availability
- Specialist access
- STD testing in high risk women is not covered under "screening" diagnosis. Need to find another diagnosis to get it covered.
- Certified Professional Midwives have no lab referral capabilities in Hawaii.
- Guidelines are flat out wrong, based on bad data, placing more pts at risk of death and advanced cancers. Read thru the lines and you can see the truth about what this aca is about...get rid of doctors, control medicine and all data, stop paying for care, and take over medicine with universal system run by the government.
- Stigma against addictions and mental illness
- Challenges could be the coverage from there medical insurance

1.4 ICD-10 Billing

Table 12. Received Provider or Staff Training for Billing using ICD-10

Received Training	Frequency of responses	Percentage of respondents (n = 55)
Yes	29	52.7
No	19	34.5
Not sure	7	12.7

Table 13. Received Adequate Training for Billing using ICD-10

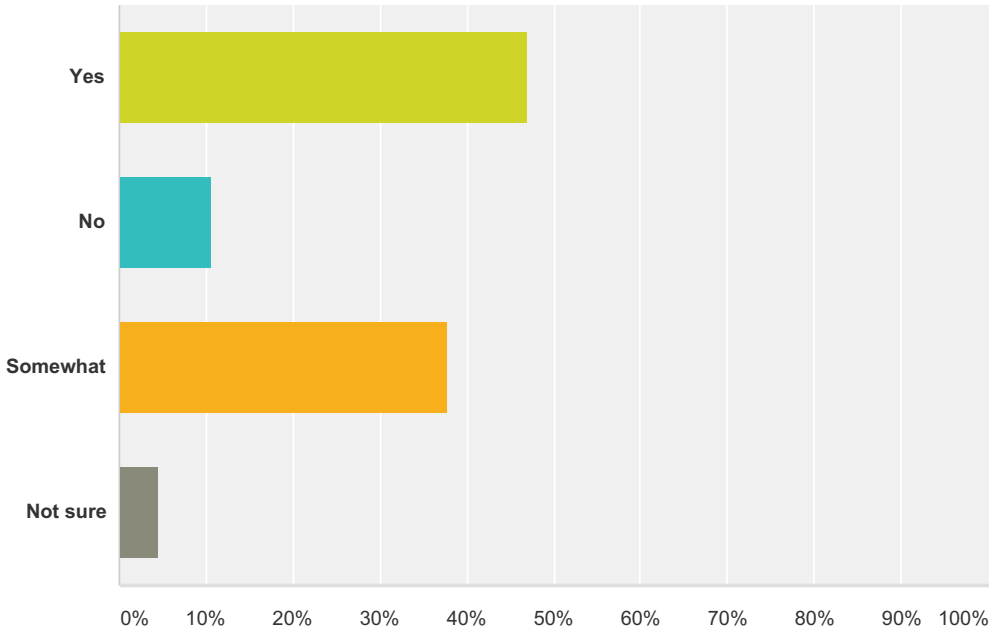
Received Adequate Training	Frequency of responses	Percentage of respondents (n = 55)
No	36	65.5
Not sure	11	20.0
Yes	8	14.5

Table 14. Interest in Training for Provider and Staff on Billing under ICD-10

Interest	Frequency of responses	Percentage of respondents (n = 60)
Not sure	28	46.7
Yes	21	35.0
No	13	21.7

Q1 Are you familiar with the preventative health screenings for women that are now covered under the Affordable Care Act (ACA)? (https://www.healthcare.gov/preventive-care-benefits/women/)

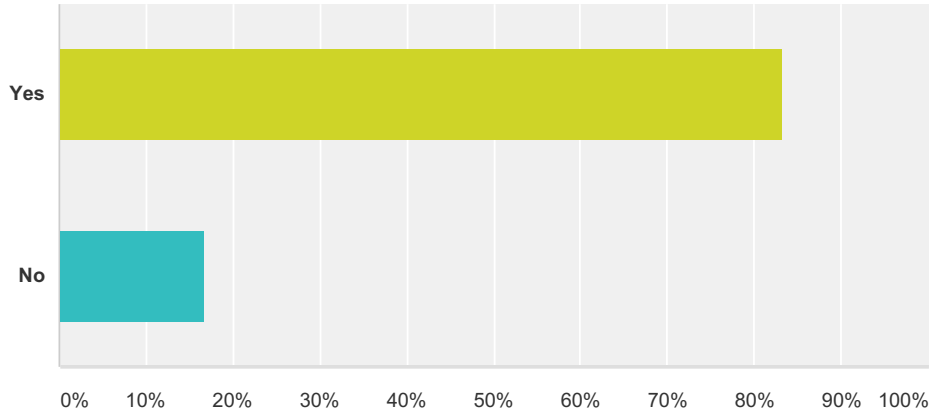
Answered: 66 Skipped: 0



Answer Choices	Responses	
Yes	**46.97%**	31
No	**10.61%**	7
Somewhat	**37.88%**	25
Not sure	**4.55%**	3
Total		**66**

Q2 Do you screen women using preventative health screenings?

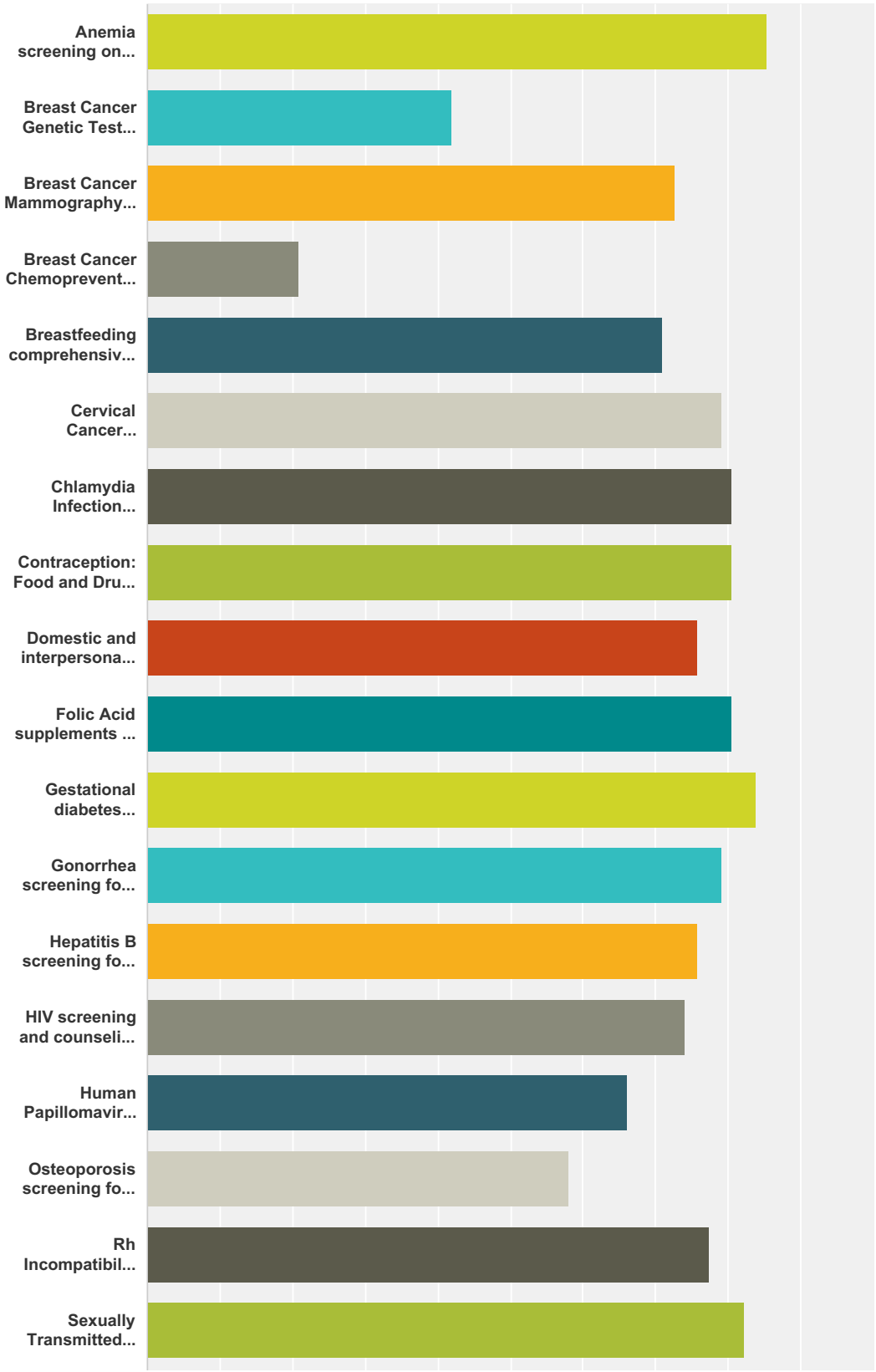
Answered: 66 Skipped: 0

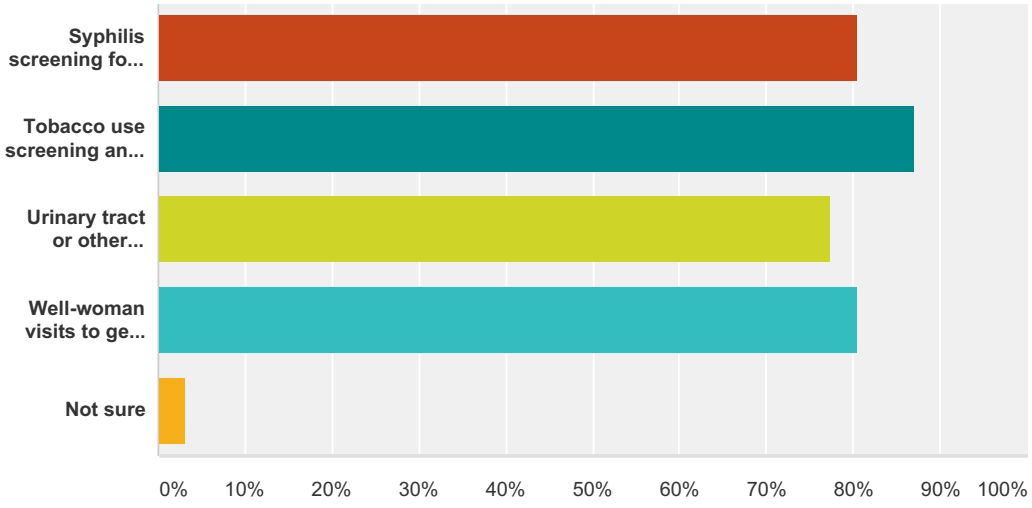


Answer Choices	Responses	
Yes	**83.33%**	55
No	**16.67%**	11
Total		**66**

Q3 Which of the following ACA-covered screenings do you routinely offer pregnant women? (check all that apply)

Answered: 62 Skipped: 4





Answer Choices	Responses
Anemia screening on a routine basis for pregnant women	**85.48%** 53
Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer	**41.94%** 26
Breast Cancer Mammography screenings every 1 to 2 years for women over 40	**72.58%** 45
Breast Cancer Chemoprevention counseling for women at a higher risk	**20.97%** 13
Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women	**70.97%** 44
Cervical Cancer screenings for sexually active women	**79.03%** 49
Chlamydia Infection screening for younger women and other women at a higher risk	**80.65%** 50
Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs).	**80.65%** 50
Domestic and interpersonal violence screening and counseling for all women	**75.81%** 47
Folic Acid supplements for women who may become pregnant	**80.65%** 50
Gestational diabetes screening for women 24 to 28 weeks pregnant and those at higher risk of developing gestational diabetes	**83.87%** 52
Gonorrhea screening for all women at a higher risk	**79.03%** 49
Hepatitis B screening for pregnant women at their first prenatal visit	**75.81%** 47
HIV screening and counseling for sexually active women	**74.19%** 46
Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older	**66.13%** 41
Osteoporosis screening for women over age 60 depending on risk factors	**58.06%** 36
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk	**77.42%** 48
Sexually Transmitted Infections (STI) counseling for sexually active women	**82.26%** 51
Syphilis screening for all pregnant women or other women at an increased risk	**80.65%** 50
Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users	**87.10%** 54

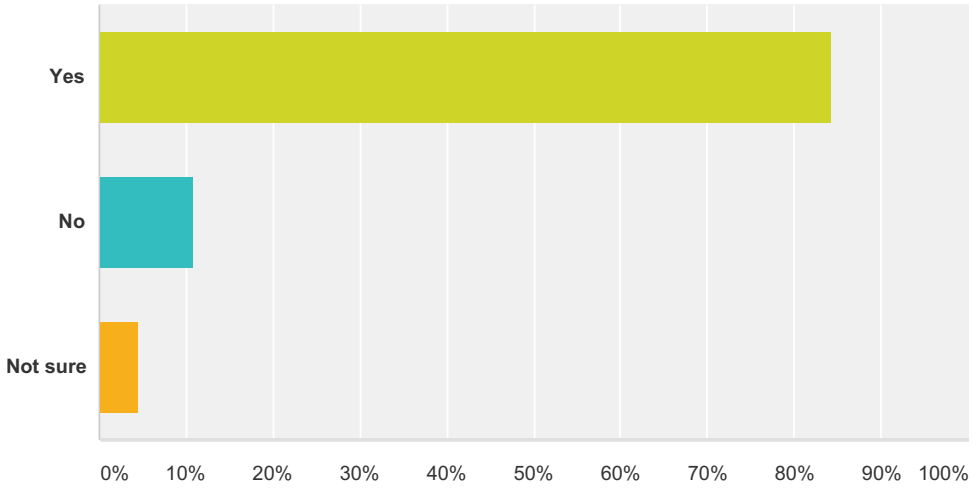
Urinary tract or other infection screening for pregnant women	**77.42%** 48
Well-woman visits to get recommended services for women under 65	**80.65%** 50
Not sure	**3.23%** 2
Total Respondents: 62	

Q4 Are there specific challenges that you face in offering preventative health screenings (including those now covered under the ACA)?

Answered: 34 Skipped: 32

Q5 Do you screen and/or provide care for pregnant women with chronic disease conditions?

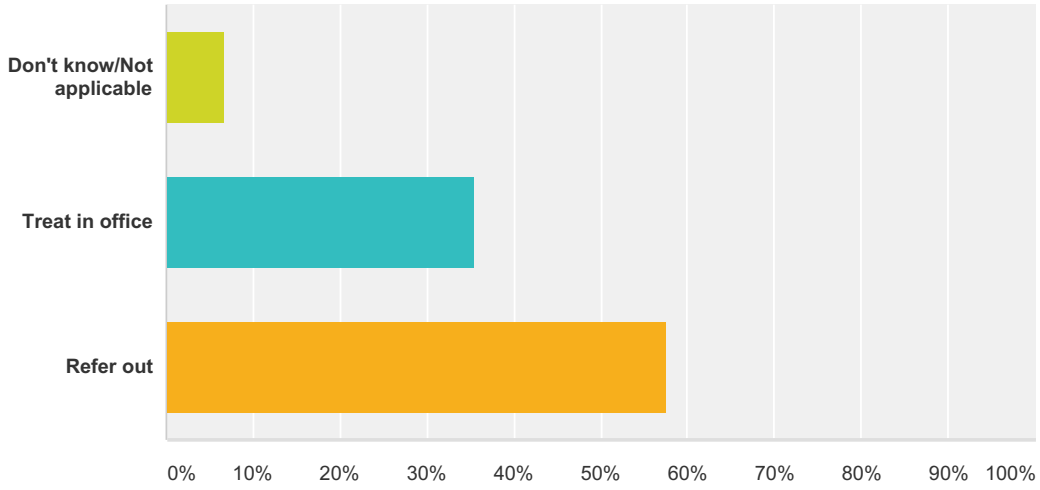
Answered: 64 Skipped: 2



Answer Choices	Responses	
Yes	**84.38%**	54
No	**10.94%**	7
Not sure	**4.69%**	3
Total		**64**

Q6 When treating pregnant patients with diabetes, how do you handle referrals and treatment?

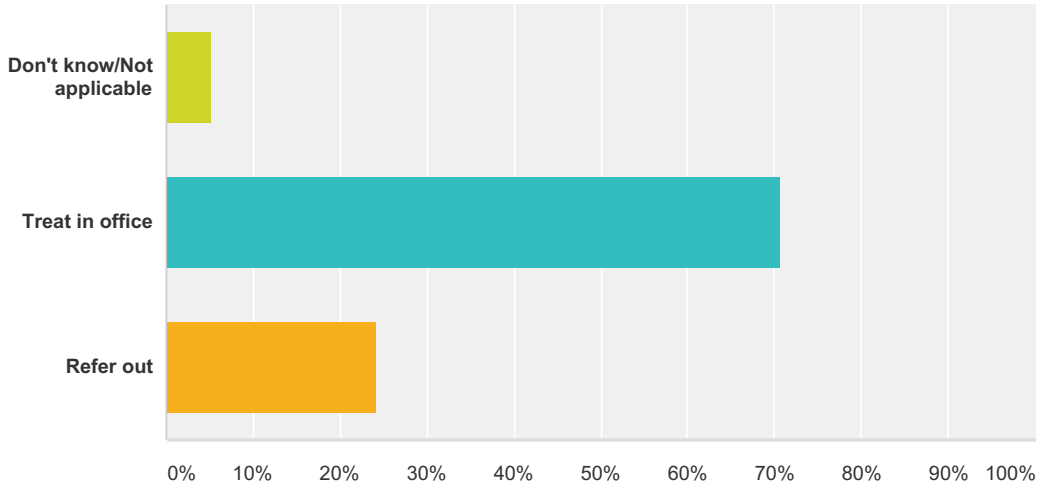
Answered: 59 Skipped: 7



Answer Choices	Responses	
Don't know/Not applicable	**6.78%**	4
Treat in office	**35.59%**	21
Refer out	**57.63%**	34
Total		**59**

Q7 When treating pregnant patients with hypertension, how do you handle referrals and treatment?

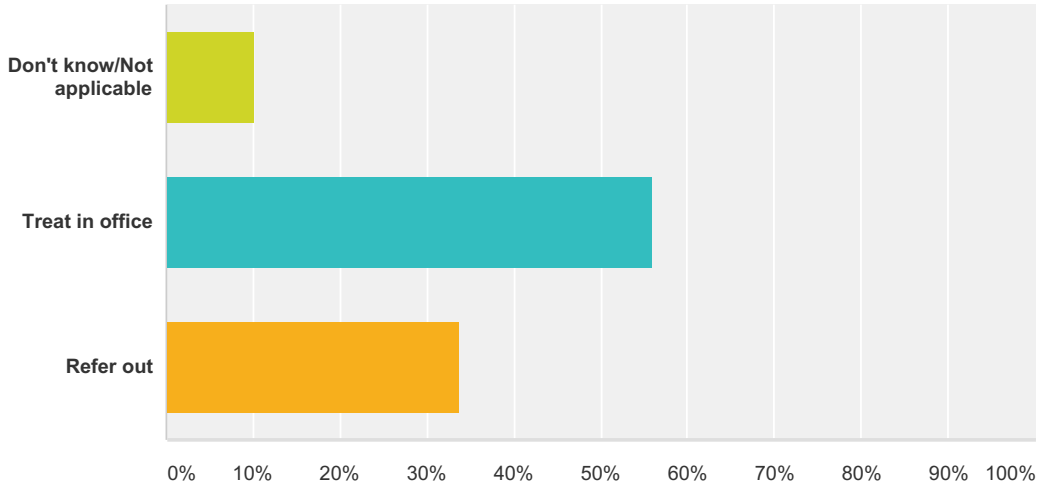
Answered: 58 Skipped: 8



Answer Choices	Responses	
Don't know/Not applicable	**5.17%**	3
Treat in office	**70.69%**	41
Refer out	**24.14%**	14
Total		**58**

Q8 When treating pregnant patients with heart disease/high blood pressure, how do you handle referrals and treatment?

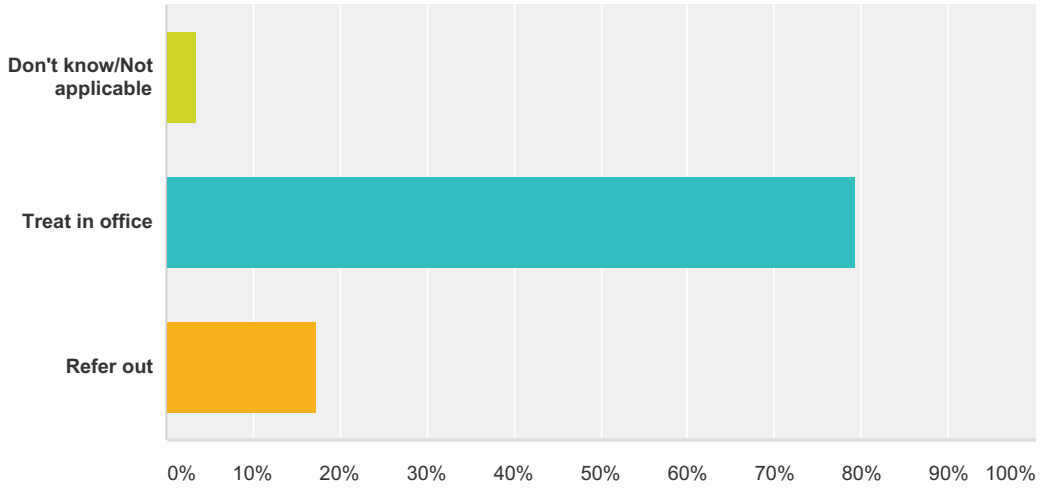
Answered: 59 Skipped: 7



Answer Choices	Responses	
Don't know/Not applicable	**10.17%**	6
Treat in office	**55.93%**	33
Refer out	**33.90%**	20
Total		**59**

Q9 When treating pregnant patients with obesity, how do you handle referrals and treatment?

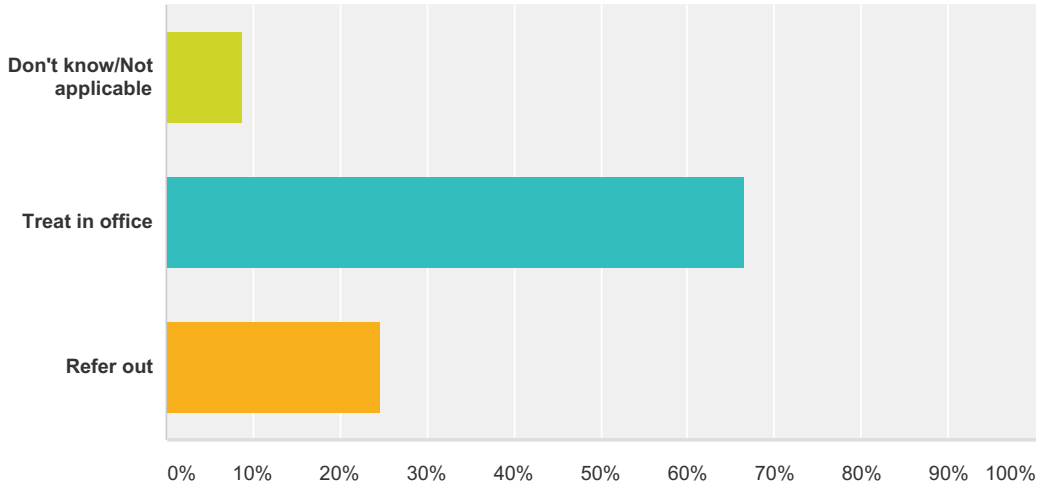
Answered: 58 Skipped: 8



Answer Choices	Responses	
Don't know/Not applicable	**3.45%**	2
Treat in office	**79.31%**	46
Refer out	**17.24%**	10
Total		**58**

Q10 When treating pregnant patients with asthma or chronic respiratory conditions, how do you handle referrals and treatment?

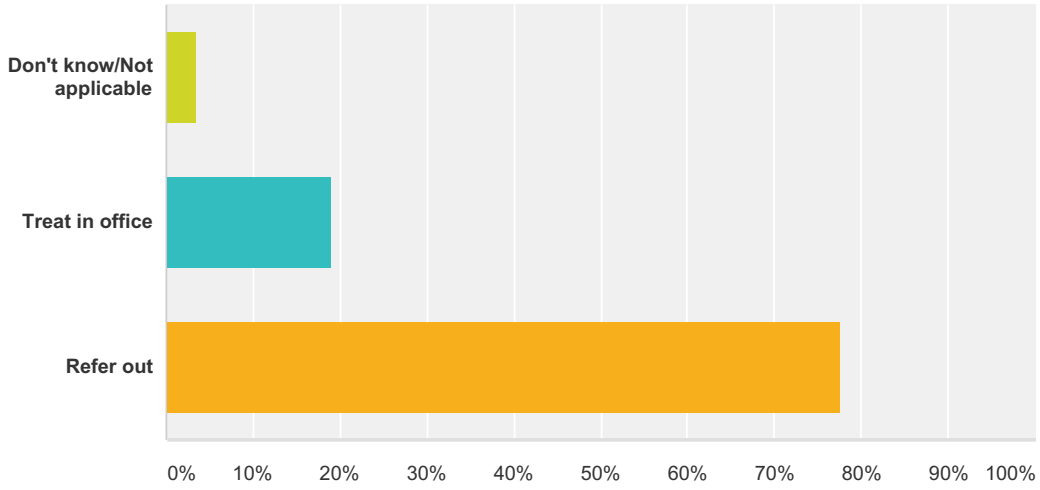
Answered: 57 Skipped: 9



Answer Choices	Responses	
Don't know/Not applicable	**8.77%**	5
Treat in office	**66.67%**	38
Refer out	**24.56%**	14
Total		**57**

Q11 When treating pregnant patients with oral health problems, how do you handle referrals and treatment?

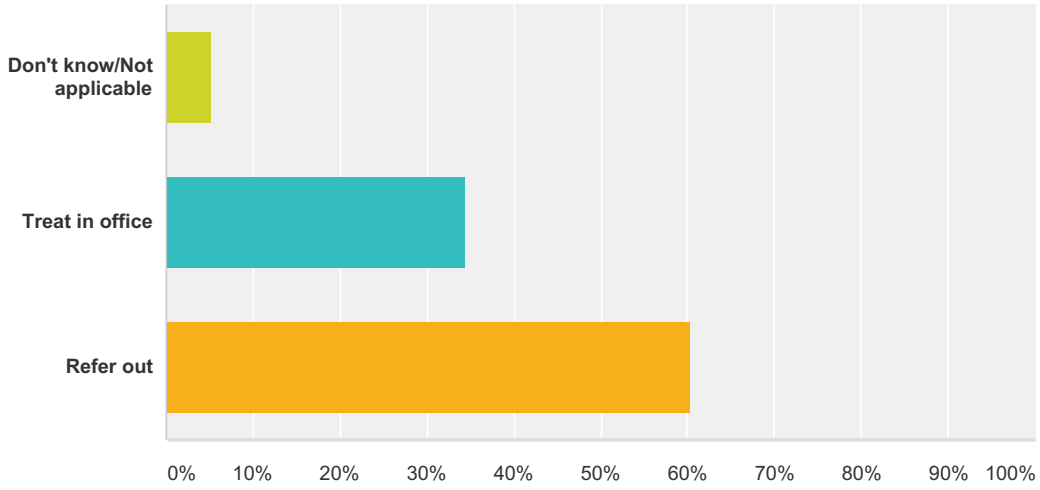
Answered: 58 Skipped: 8



Answer Choices	Responses	
Don't know/Not applicable	**3.45%**	2
Treat in office	**18.97%**	11
Refer out	**77.59%**	45
Total		**58**

Q12 When treating pregnant patients with substance use/abuse, how do you handle referrals and treatment?

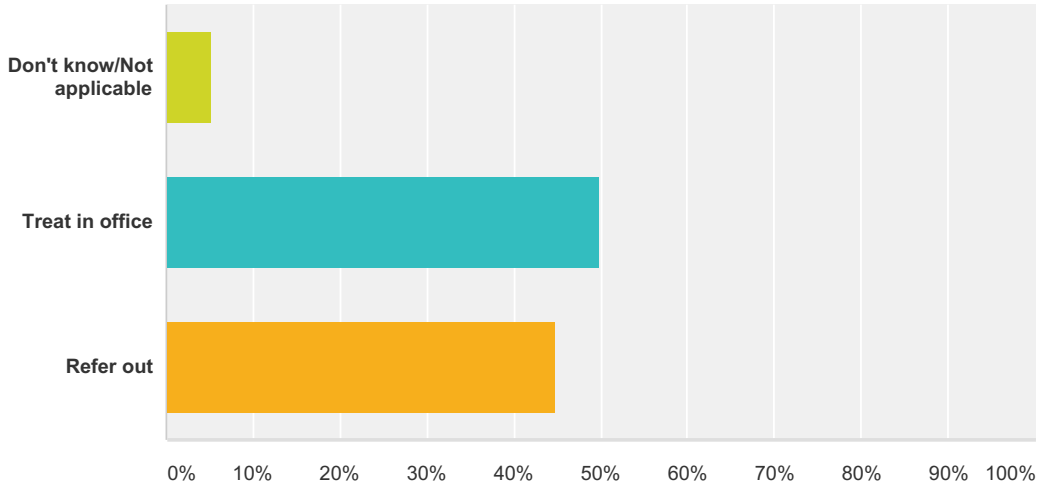
Answered: 58 Skipped: 8



Answer Choices	Responses	
Don't know/Not applicable	**5.17%**	3
Treat in office	**34.48%**	20
Refer out	**60.34%**	35
Total		**58**

Q13 When treating pregnant patients with depression/mood disorders, how do you handle referrals and treatment?

Answered: 58 Skipped: 8



Answer Choices	Responses	
Don't know/Not applicable	**5.17%**	3
Treat in office	**50.00%**	29
Refer out	**44.83%**	26
Total		**58**

Q14 When treating pregnant patients with other chronic disease conditions, how do you handle referrals and treatment?

Answered: 39 Skipped: 27

Q15 Which specific chronic disease conditions do you feel lack available resources/referral sources for your patients?

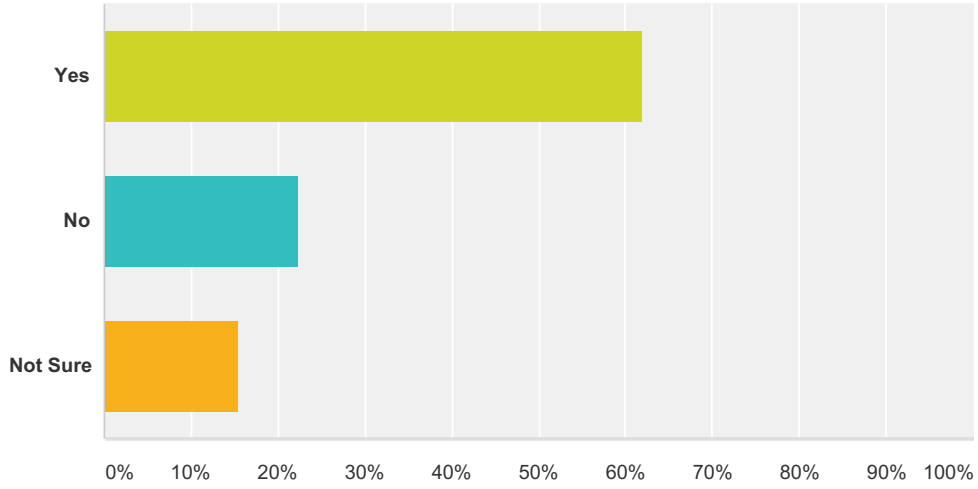
Answered: 35 Skipped: 31

Q16 Are there any comments or specific challenges that you face in providing chronic disease management during pregnancy?

Answered: 29 Skipped: 37

Q17 Are you familiar with Screening, Brief Intervention and Referral to Treatment (SBIRT) tools for clients/patients using cigarettes, alcohol, illicit and/or prescription drugs during pregnancy?

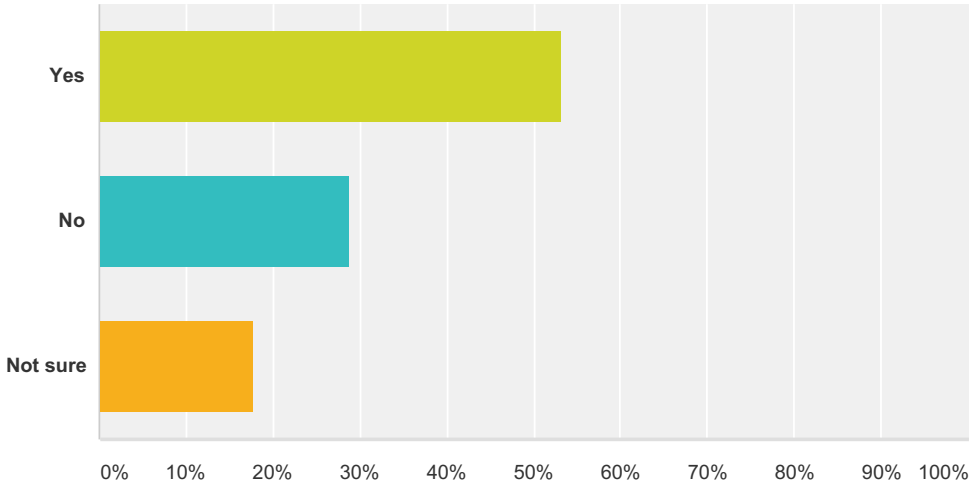
Answered: 58 Skipped: 8



Answer Choices	Responses	
Yes	**62.07%**	36
No	**22.41%**	13
Not Sure	**15.52%**	9
Total		**58**

Q18 Do you use SBIRT in your practice at this time to screen for substance use (smoking, alcohol, illicit and prescription drugs)?

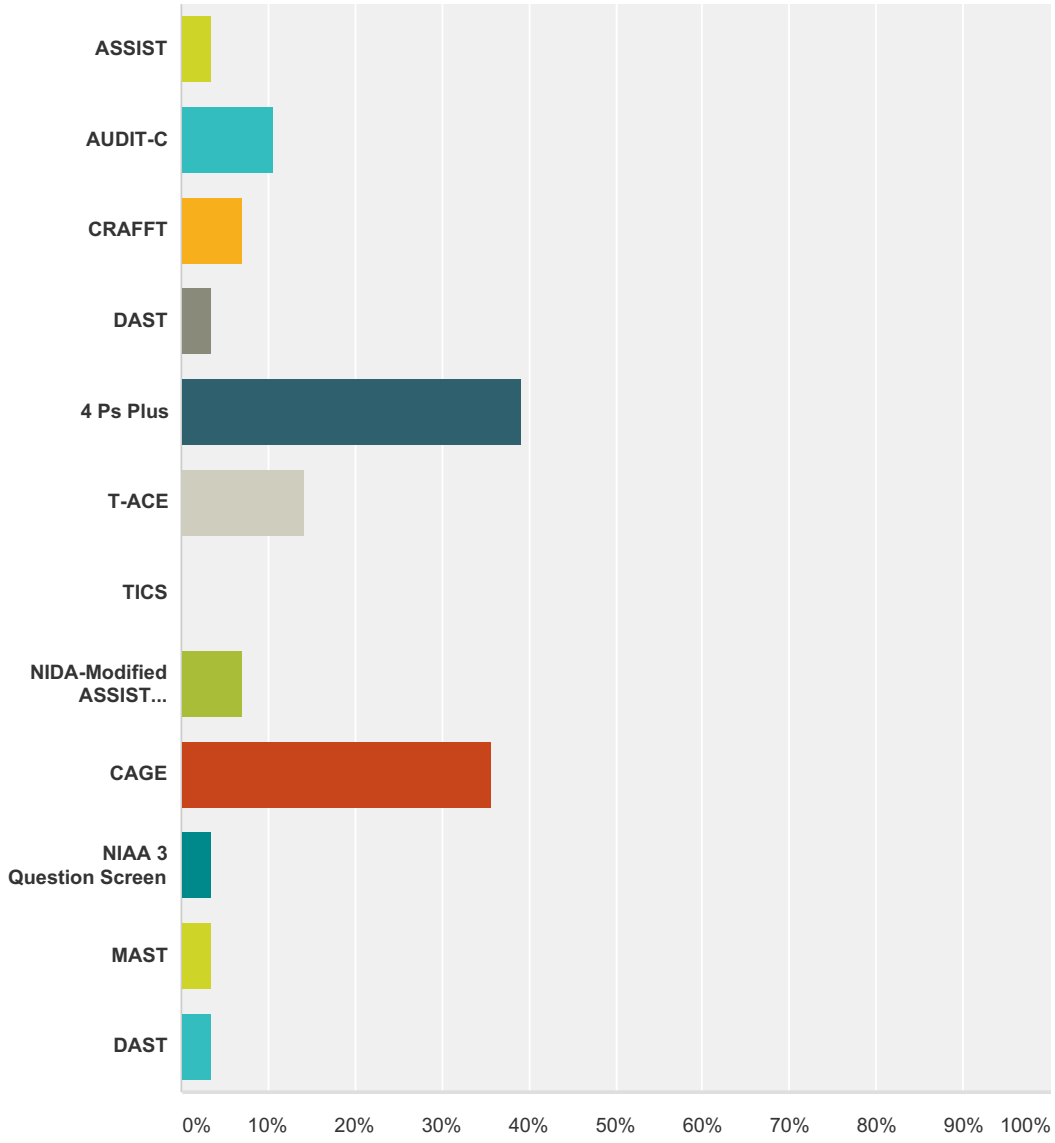
Answered: 45 Skipped: 21



Answer Choices	Responses	
Yes	**53.33%**	24
No	**28.89%**	13
Not sure	**17.78%**	8
Total		**45**

Q19 Which SBIRT tools do you currently use? (check all that apply)

Answered: 28 Skipped: 38

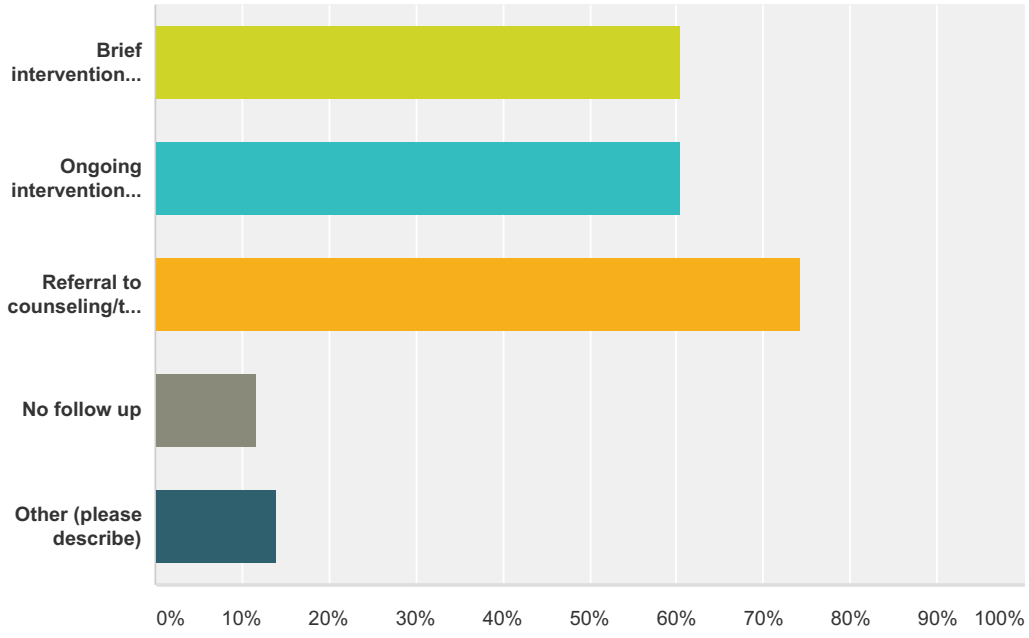


Answer Choices	Responses	
ASSIST	3.57%	1
AUDIT-C	10.71%	3
CRAFFT	7.14%	2
DAST	3.57%	1
4 Ps Plus	39.29%	11
T-ACE	14.29%	4

TICS	**0.00%**	0
NIDA-Modified ASSIST Screening Tool	**7.14%**	2
CAGE	**35.71%**	10
NIAA 3 Question Screen	**3.57%**	1
MAST	**3.57%**	1
DAST	**3.57%**	1
Total Respondents: 28		

Q20 Once screened, how does your office follow up on positive screenings? (check all that apply)

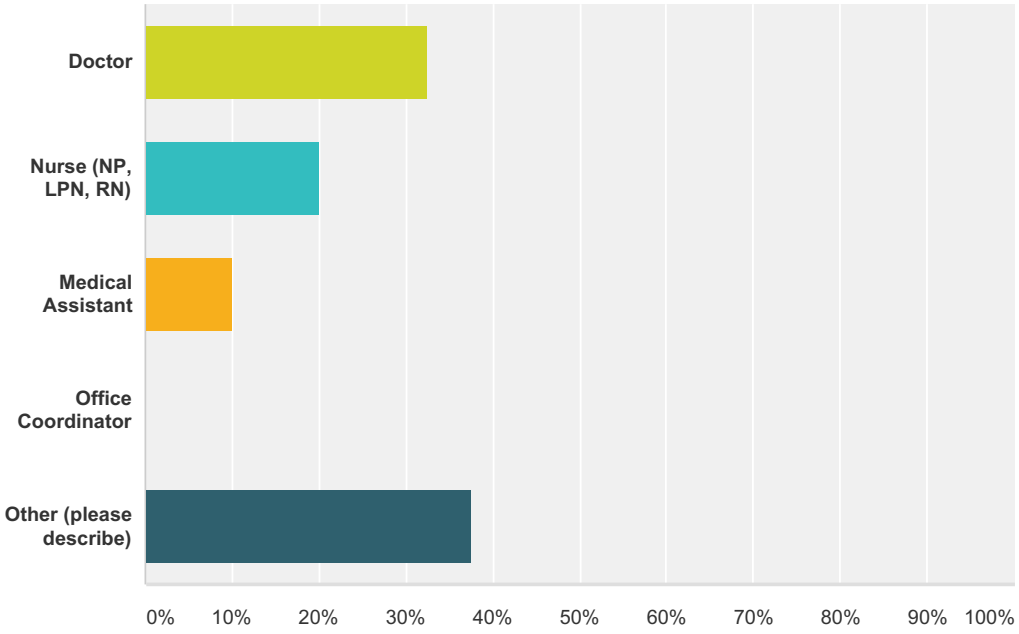
Answered: 43 Skipped: 23



Answer Choices	Responses	
Brief intervention/counseling	**60.47%**	26
Ongoing intervention/counseling	**60.47%**	26
Referral to counseling/treatment	**74.42%**	32
No follow up	**11.63%**	5
Other (please describe)	**13.95%**	6
Total Respondents: 43		

Q21 Who in your practice handles SBIRT screenings?

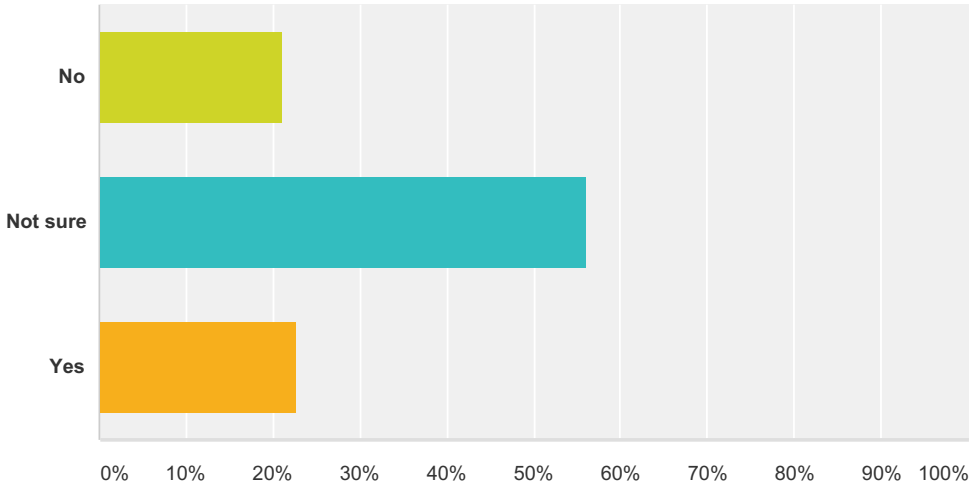
Answered: 40 Skipped: 26



Answer Choices	Responses	
Doctor	**32.50%**	13
Nurse (NP, LPN, RN)	**20.00%**	8
Medical Assistant	**10.00%**	4
Office Coordinator	**0.00%**	0
Other (please describe)	**37.50%**	15
Total		**40**

Q22 Would you be interested in training for you and/or your staff on SBIRT and billing for SBIRT?

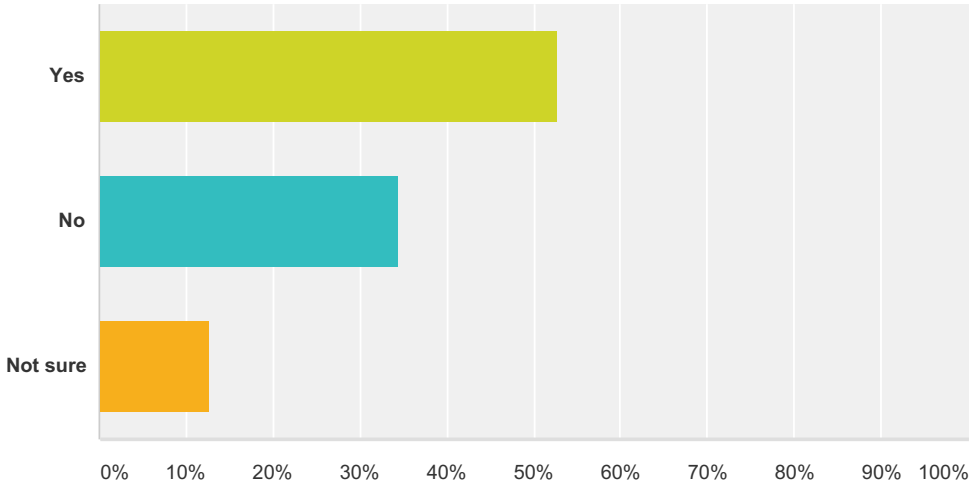
Answered: 57 Skipped: 9



Answer Choices	Responses	
No	**21.05%**	12
Not sure	**56.14%**	32
Yes	**22.81%**	13
Total		**57**

Q23 Have you or your staff had training for billing using the ICD-10?

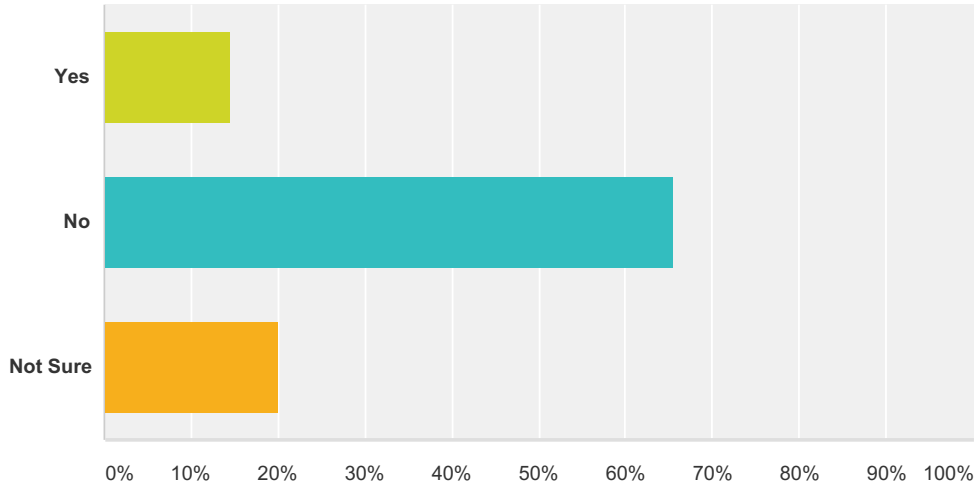
Answered: 55 Skipped: 11



Answer Choices	Responses	
Yes	**52.73%**	29
No	**34.55%**	19
Not sure	**12.73%**	7
Total		**55**

Q24 Do you feel that you or your staff have received adequate training for billing using the ICD-10?

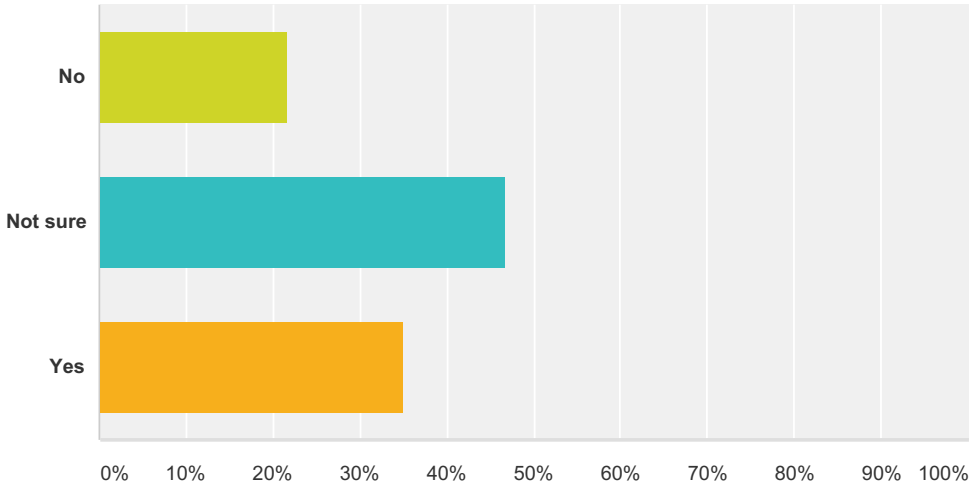
Answered: 55 Skipped: 11



Answer Choices	Responses	
Yes	**14.55%**	8
No	**65.45%**	36
Not Sure	**20.00%**	11
Total		**55**

Q25 Would you be interested in training for you and/or your staff on billing under ICD-10?

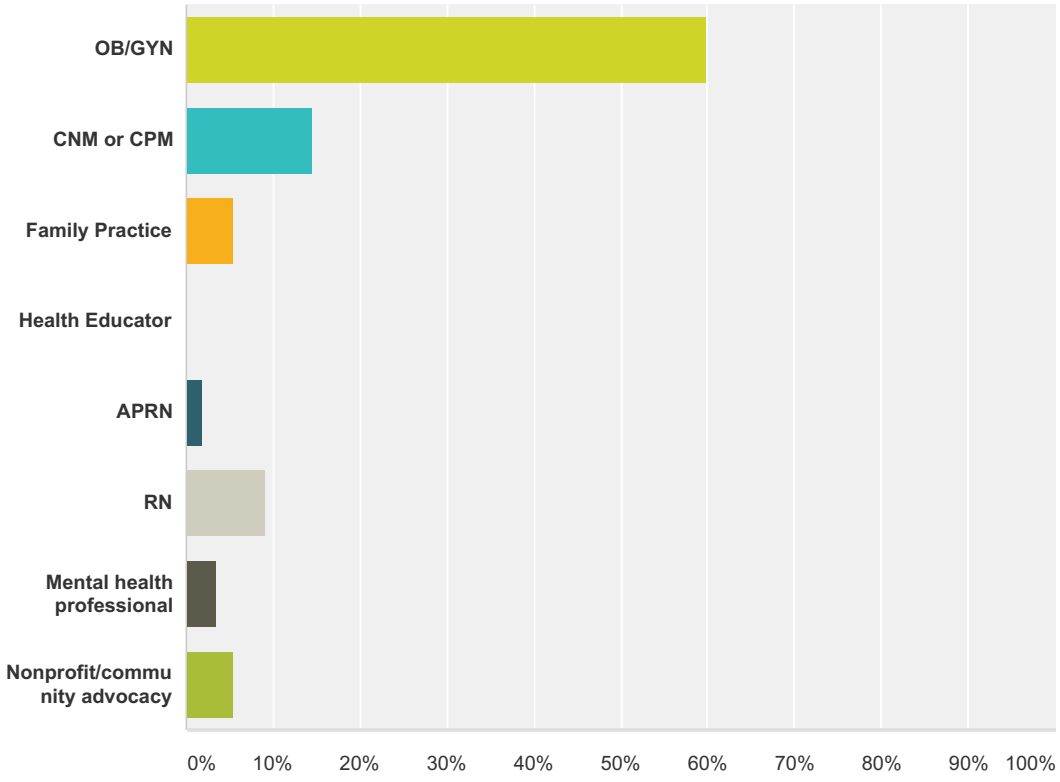
Answered: 60 Skipped: 6



Answer Choices	Responses	
No	**21.67%**	13
Not sure	**46.67%**	28
Yes	**35.00%**	21
Total		**60**

Q26 What is your primary area of practice?

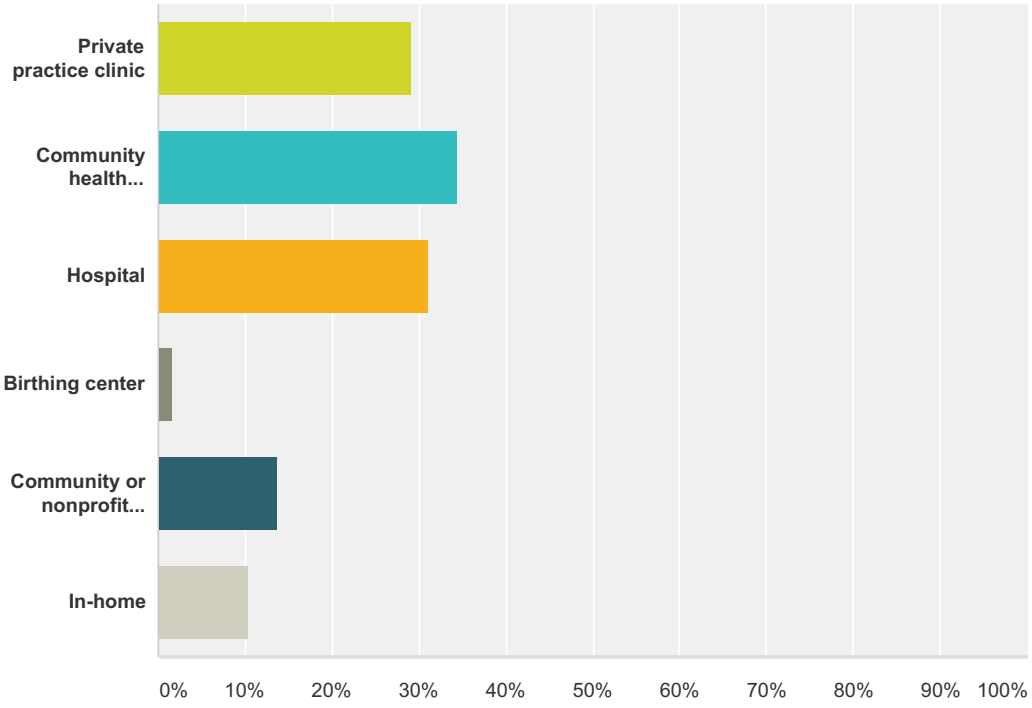
Answered: 55 Skipped: 11



Answer Choices	Responses	
OB/GYN	**60.00%**	33
CNM or CPM	**14.55%**	8
Family Practice	**5.45%**	3
Health Educator	**0.00%**	0
APRN	**1.82%**	1
RN	**9.09%**	5
Mental health professional	**3.64%**	2
Nonprofit/community advocacy	**5.45%**	3
Total		**55**

Q27 Where do you primarily deliver care? (check all that apply)

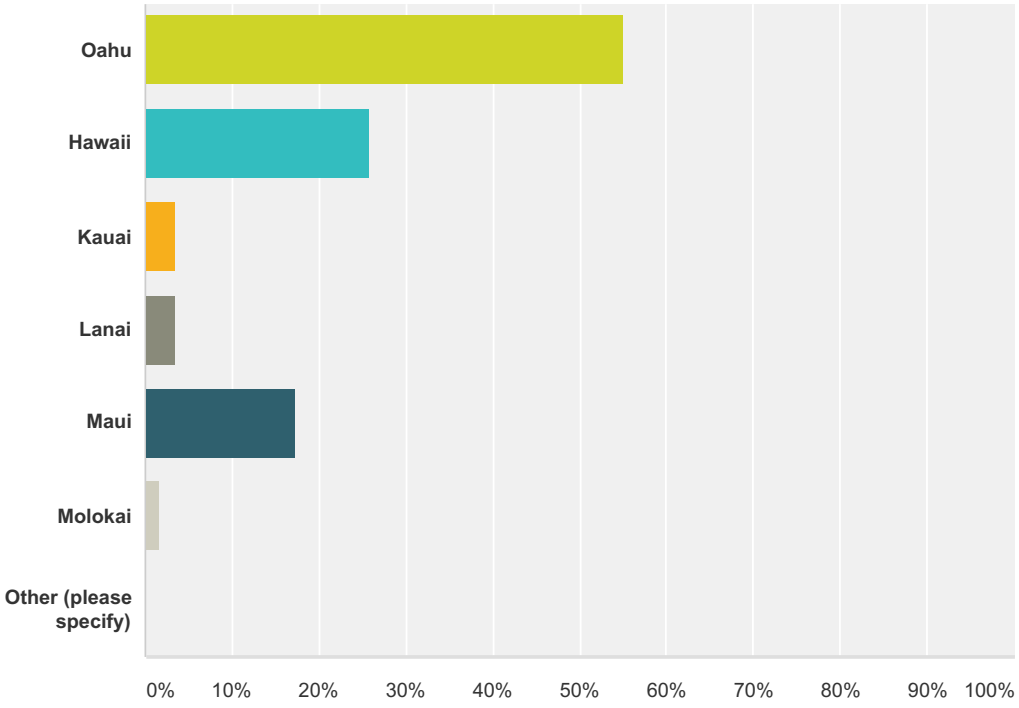
Answered: 58 Skipped: 8



Answer Choices	Responses	
Private practice clinic	**29.31%**	17
Community health center/local medical center	**34.48%**	20
Hospital	**31.03%**	18
Birthing center	**1.72%**	1
Community or nonprofit organization	**13.79%**	8
In-home	**10.34%**	6
Total Respondents: 58		

Q28 What island(s) do you work on? (check all that apply)

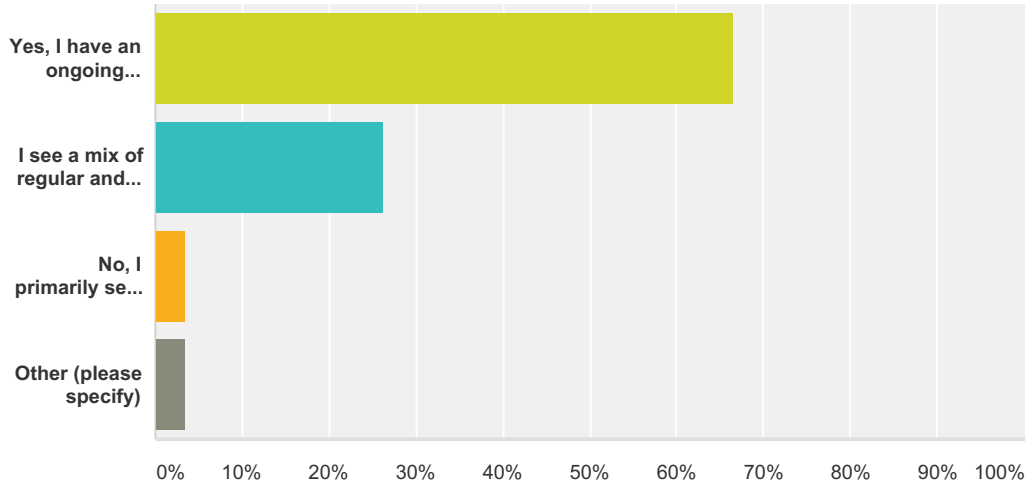
Answered: 58 Skipped: 8



Answer Choices	Responses	
Oahu	**55.17%**	32
Hawaii	**25.86%**	15
Kauai	**3.45%**	2
Lanai	**3.45%**	2
Maui	**17.24%**	10
Molokai	**1.72%**	1
Other (please specify)	**0.00%**	0
Total Respondents: 58		

Q29 Do you have an ongoing relationship with most of your patients/clients?

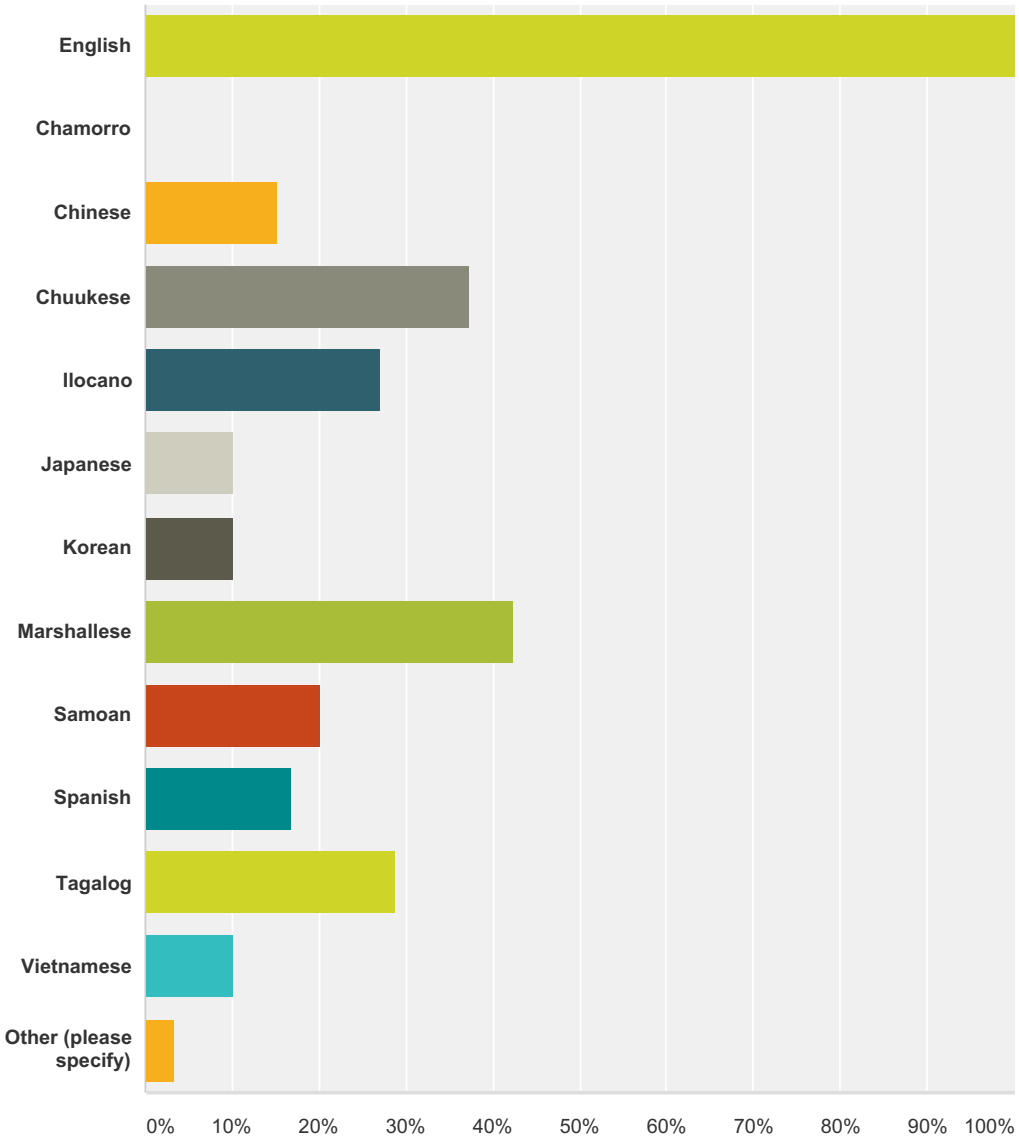
Answered: 57 Skipped: 9



Answer Choices	Responses	
Yes, I have an ongoing relationship with my patients/clients	**66.67%**	38
I see a mix of regular and drop-in patients/clients	**26.32%**	15
No, I primarily see drop-in patients/clients	**3.51%**	2
Other (please specify)	**3.51%**	2
Total		**57**

Q30 The majority of your clients primarily speak which of the following languages? (check all that apply)

Answered: 59 Skipped: 7

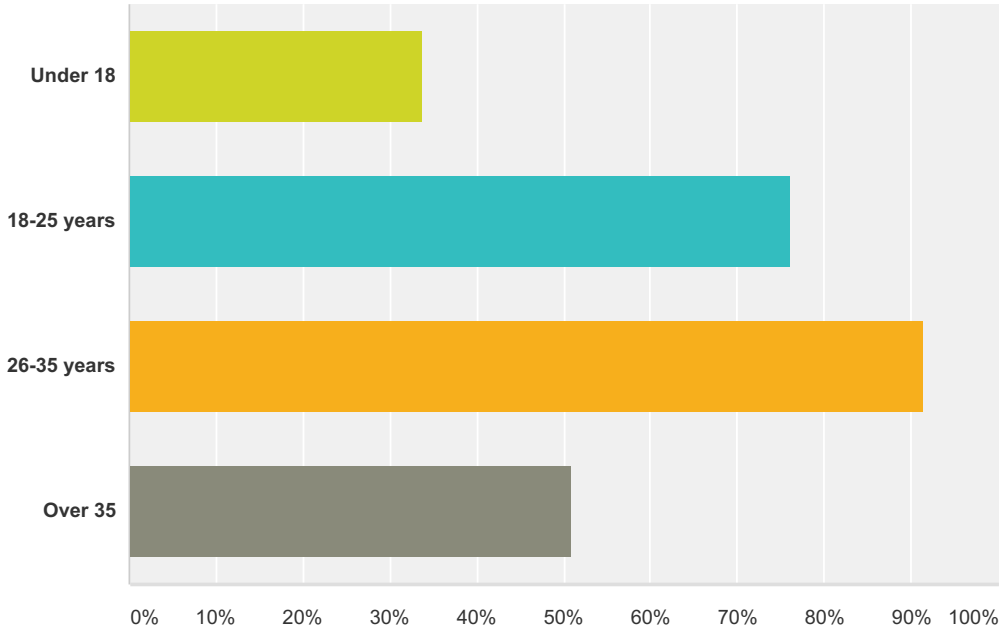


Answer Choices	Responses	
English	**100.00%**	59
Chamorro	**0.00%**	0
Chinese	**15.25%**	9
Chuukese	**37.29%**	22
Ilocano	**27.12%**	16
Japanese	**10.17%**	6

Korean	**10.17%**	6
Marshallese	**42.37%**	25
Samoan	**20.34%**	12
Spanish	**16.95%**	10
Tagalog	**28.81%**	17
Vietnamese	**10.17%**	6
Other (please specify)	**3.39%**	2
Total Respondents: 59		

Q31 The majority of your clients/patients fall within what age range? If they fall evenly across categories, check all that apply.

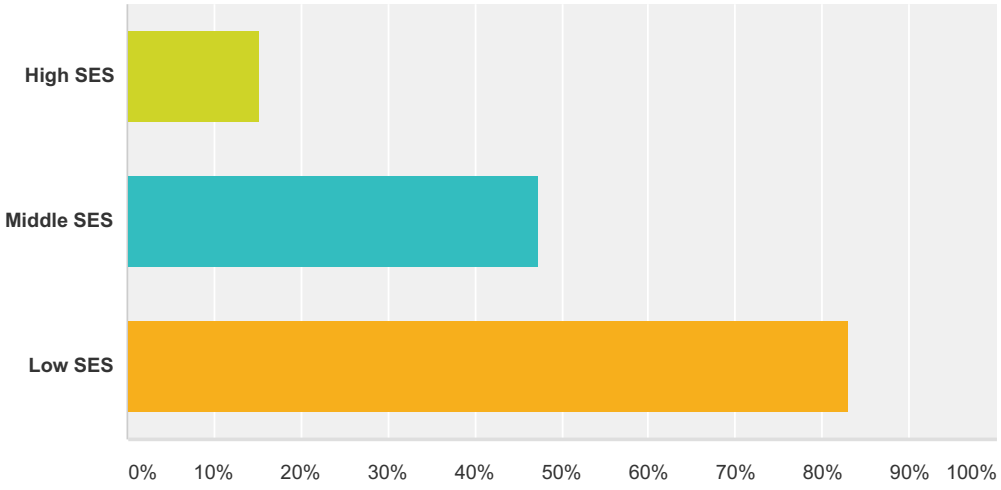
Answered: 59 Skipped: 7



Answer Choices	Responses	
Under 18	**33.90%**	20
18-25 years	**76.27%**	45
26-35 years	**91.53%**	54
Over 35	**50.85%**	30
Total Respondents: 59		

Q32 The majority of your patients/clients fall within what income level ("SES," or socioeconomic status)? If they fall evenly across categories, check all that apply.

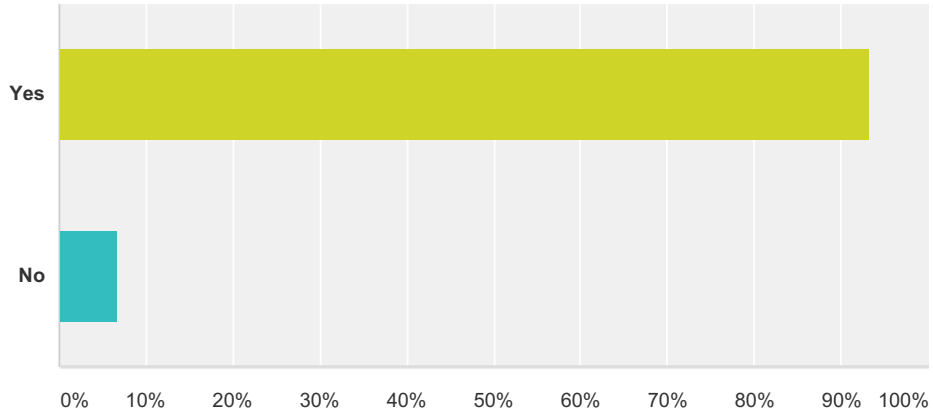
Answered: 59 Skipped: 7



Answer Choices	Responses	
High SES	**15.25%**	9
Middle SES	**47.46%**	28
Low SES	**83.05%**	49
Total Respondents: 59		

Q33 Do you provide prenatal care or support?

Answered: 59 Skipped: 7



Answer Choices	Responses	
Yes	**93.22%**	55
No	**6.78%**	4
Total		**59**