

An Exploration of Lag in Payer Ascertainment Among Maternal Delivery Claims in South Carolina: Potential Implications for Timely Maternal Care

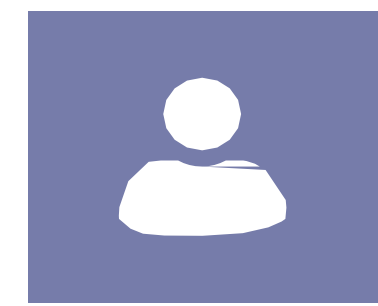
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Lagged Medicaid deliveries had significantly higher rates of poor maternal and newborn outcomes.

BACKGROUND

The University of South Carolina Institute for Families in Society (IFS) under the auspices of the South Carolina Birth Outcomes Initiative Data Workgroup has reported maternal and newborn health quality trends since 2011. Medicaid is the largest payer of deliveries in SC (62%).

Starting in 2021, IFS identified a reduction in the rate of Medicaid coverage by 2-3%, due to delay in payer ascertainment, resulting in the need to restrict public reporting by 12 months. Big data management techniques were used to identify the root cause of delay in payer ascertainment.

Why is there a lag?

Claims adjudication

Data linkage

Medicaid eligibility timing

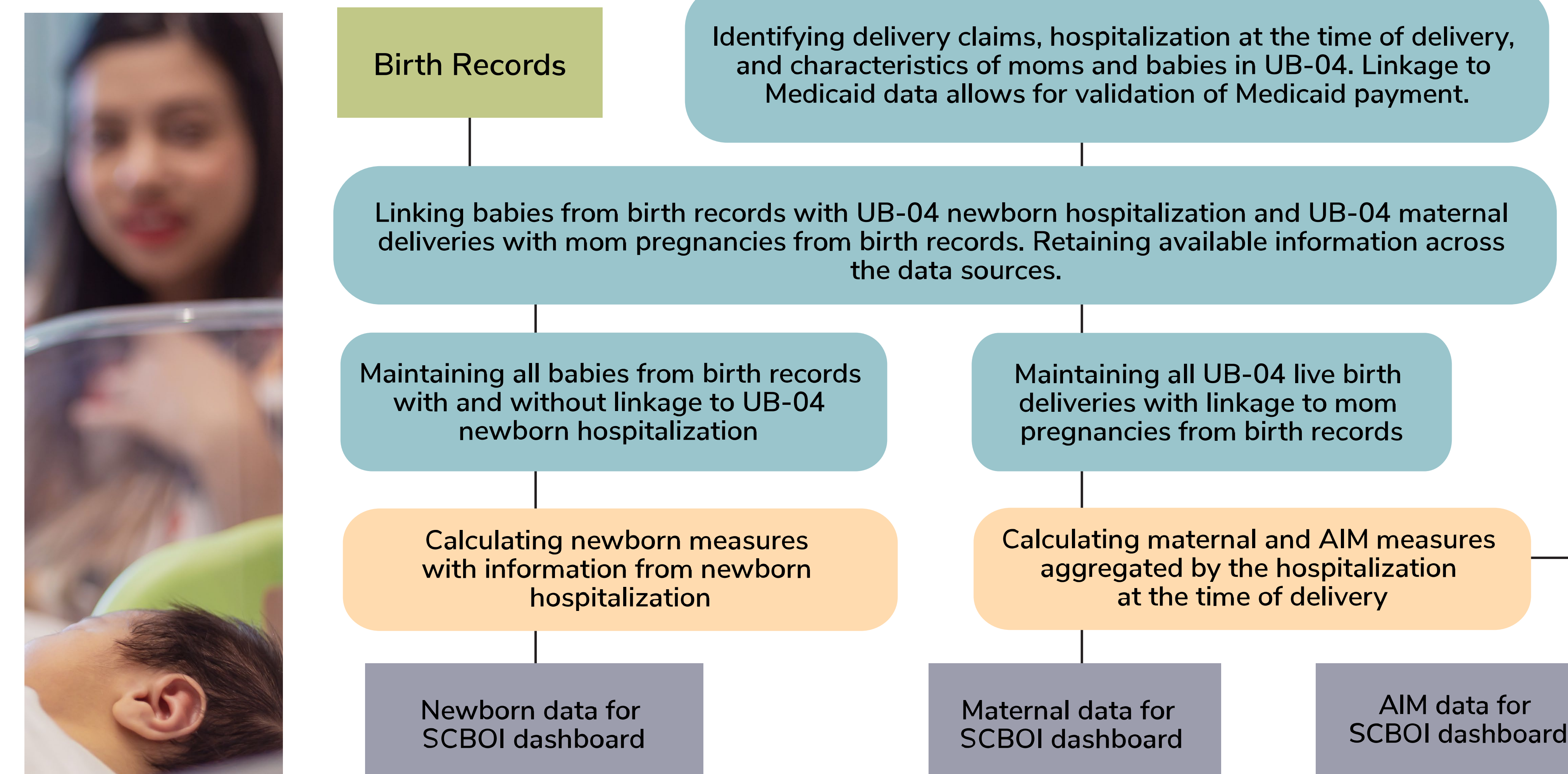
are likely causes.

METHODS

1. Delivery UB-04 claims for quarter 4 (October–December) of 2021 were compared across two data time periods: 6 months and 18 months from the date of service. The later data shows results from a fix that maximizes Medicaid match across all eligibility files for mothers and newborns based on data linkage timing.
2. Using the test for equality of two proportions, we compared Medicaid eligibility, age, race, rurality, high social vulnerability (HSV), low birthweight, prematurity, or having a diagnosis of COVID-19 or a chronic physical or behavioral health condition during the 12 months prior to or at the time of delivery.

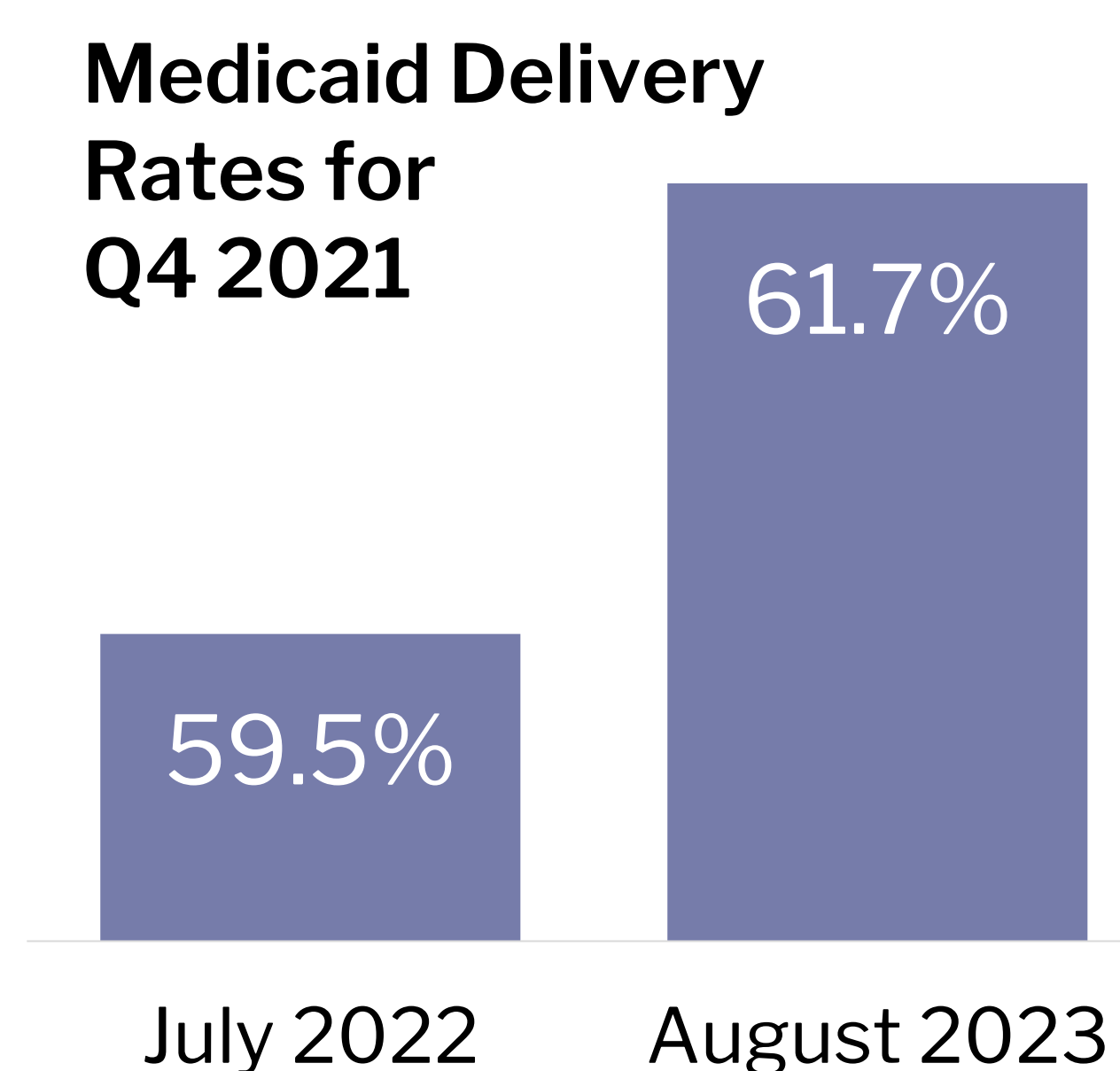
BOI DATA PROCESSING FLOWCHART

Events from 10/1/21– 12/31/21 (Inclusive)



RESULTS

- 2% increase in Medicaid deliveries confirming the lag in ascertainment of Medicaid as the final payer (61.6% vs 59.5%, $p < 0.05$)
- Compared to all deliveries, lagged Medicaid deliveries had a significantly ($p < 0.05$) higher percentage of ages 20-24 years (36% vs 22%), Hispanic ethnicity (20% vs 12%), HSV (25% vs 19%), low birthweight (16% vs 10%) or prematurity (16% vs 11%), COVID-19 (10% vs 5%), and limited benefit (14% vs 11%) or Fee-for-Service coverage (30% vs 17%).



Acknowledgements

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MEDICAID LAG DELIVERY CHARACTERISTICS



8 out of 10 deliveries had full benefit coverage.



5 out of 10 deliveries were eligible under Optional Coverage for (Pregnant) Women and Infants (OCWI).



3 out of 10 deliveries were paid for on a Fee-for-Service (FFS) basis.

DISCUSSION

It was evident that a data lag could result in missed opportunities to identify complex delivery patients for early intervention.

We collaborated with SC RFA to permanently enhance data linkages to Medicaid eligibility, resulting in nearly complete records as of October 2023, with public reporting available 6 months after date of delivery.

This has enabled obstetric providers to access real-time robust data for quality improvement, while ensuring that some of the most highly vulnerable delivery patients are now fully represented.



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