



Prenatal Access to Care Challenges among Clark County Medicaid (Apple Health) Clients

Clark County Board of Health

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Presentation Objectives

- ✓ Describe the public health importance of prenatal care.
- ✓ Review prenatal care population data and share a story from the field.
- ✓ Identify opportunities for BOH action in support of the department's work addressing health care access issues.



Lifecourse Approach

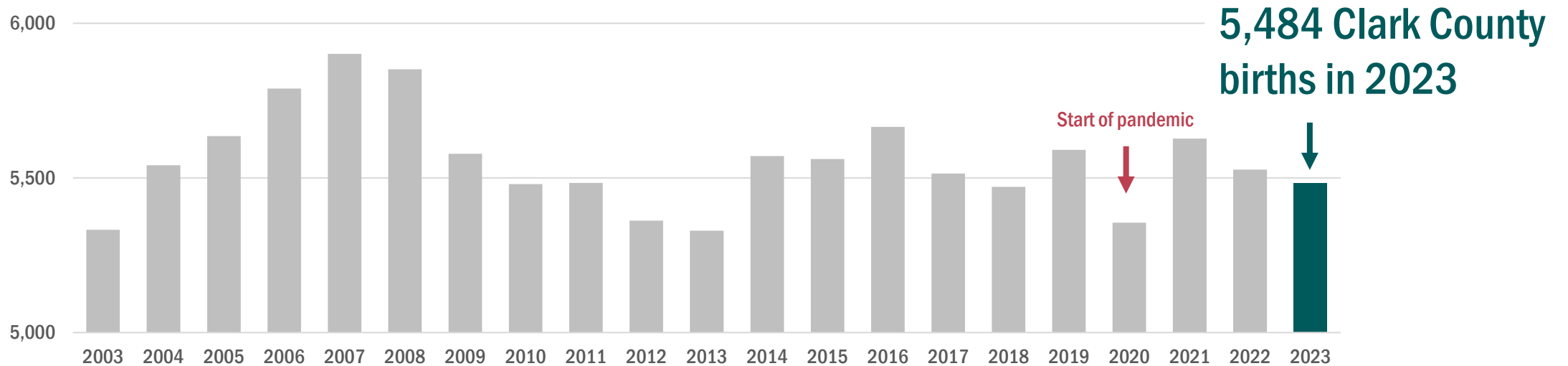


Critical/Sensitive Time Windows



Births in Clark County

On average, there are about 5,500 births in Clark County every year.

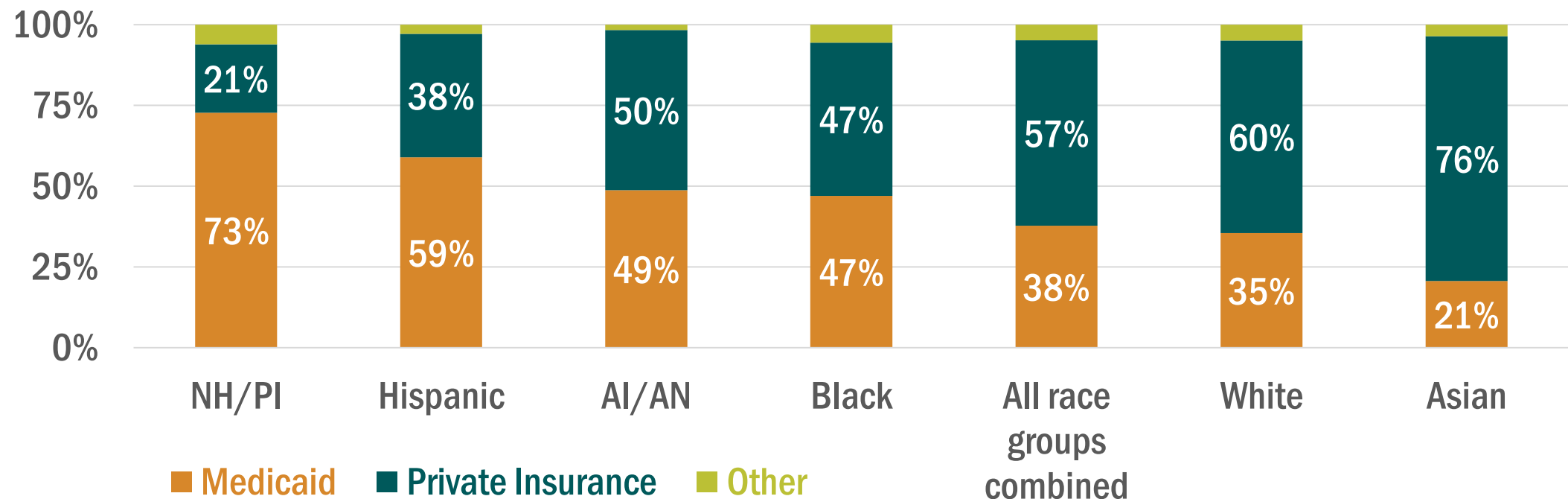


Data Source: Washington State Birth Certificate Data. Data represent births among Clark County residents.



Births by race/ethnicity and insurance type

In 2023 in Clark County, 38% of all births were covered by **Medicaid** (representing 2,017 births), while 57% of births were covered by **private insurance** (3,149 births). The highest rates of **Medicaid births** were among Pacific Islander, Hispanic, and Native American, and Black births.



Note: Racial/ethnicity categories not mutually exclusive. Data include birthing parents who reported a single race as well as those who reported more than one race, therefore, data will not add up to 100%. Data Source: Washington State Birth Certificate Files. Data represent births among Clark County residents. <https://clark.wa.gov/public-health/raising-clark-county>

Inadequate prenatal care

The Adequacy of Prenatal Care Utilization Index (APNCU) measures how well pregnant women are getting prenatal care. It is based on two factors:

1. When prenatal care began
2. Number of visits during pregnancy

Inadequate prenatal care means:

- Prenatal started in month 5 or later, or
- Less than 80% of recommended visits were received

Note: Due to data quality limitations, adequacy of prenatal care data is missing for about 15% of birth records.

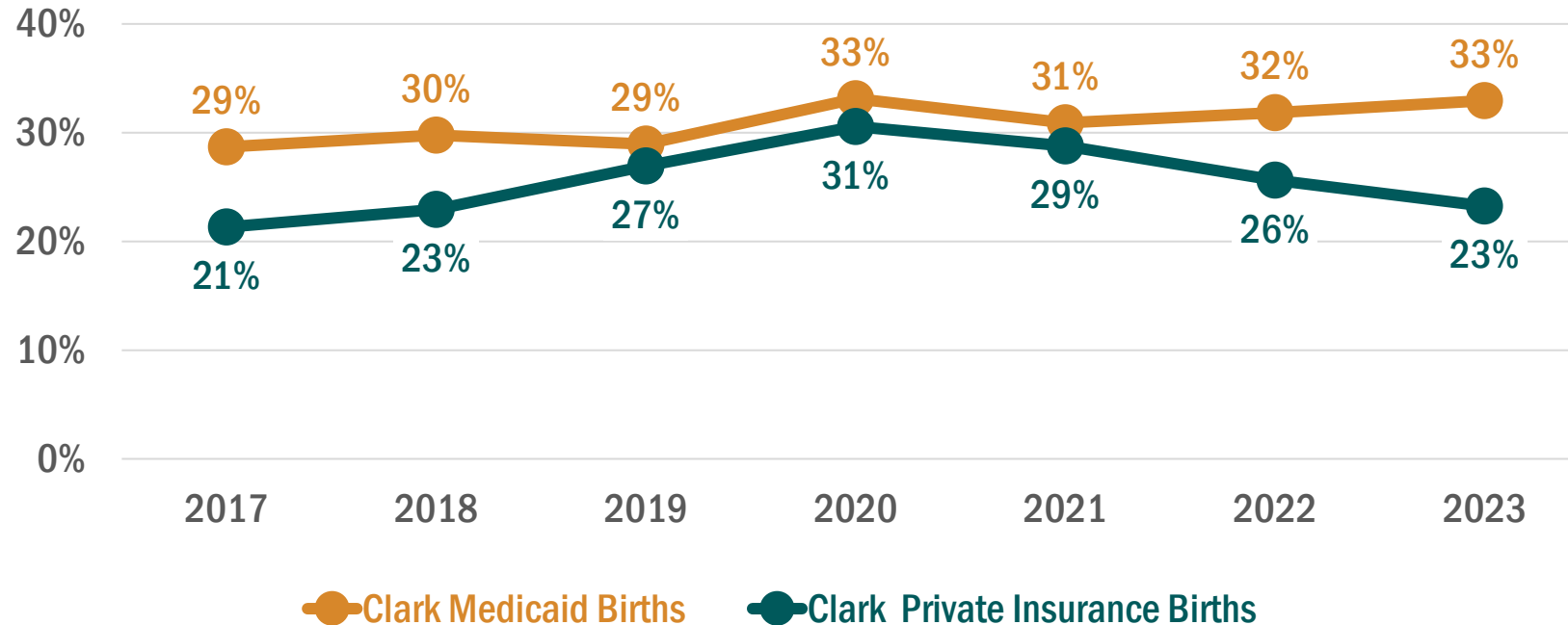
27% of births in Clark County in 2023 had inadequate care.

This represents
1,287 births with inadequate prenatal care.



Inadequate prenatal care trend

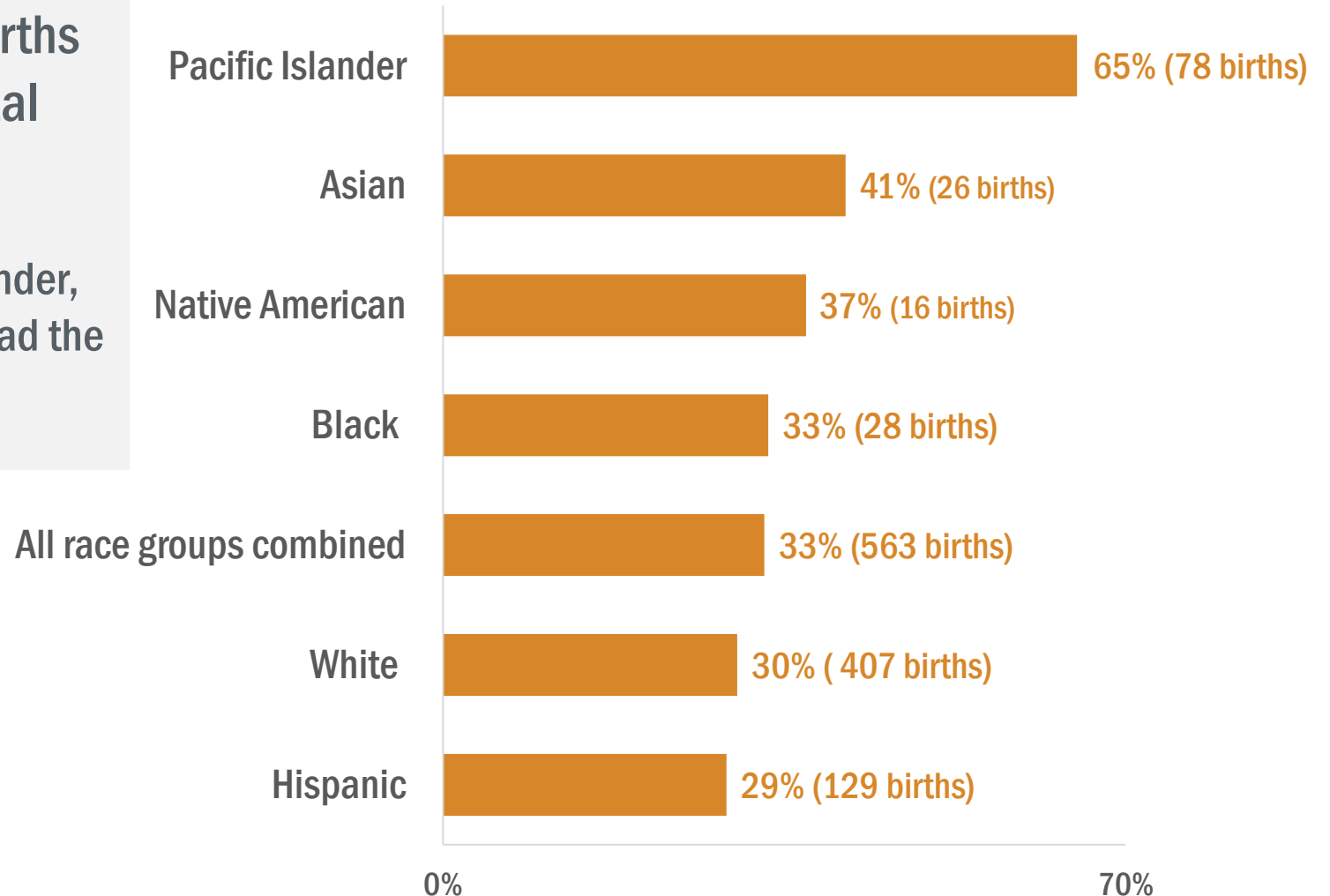
Percent of births in Clark County with inadequate prenatal care among **Medicaid births** and **private insurance births**.



Inadequacy varies by race and insurance type

Percent of 2023 Clark County births that received inadequate prenatal care among **Medicaid births**.

- Among **Medicaid births**, Pacific Islander, Asian, and Native American births had the highest rates of inadequate care.

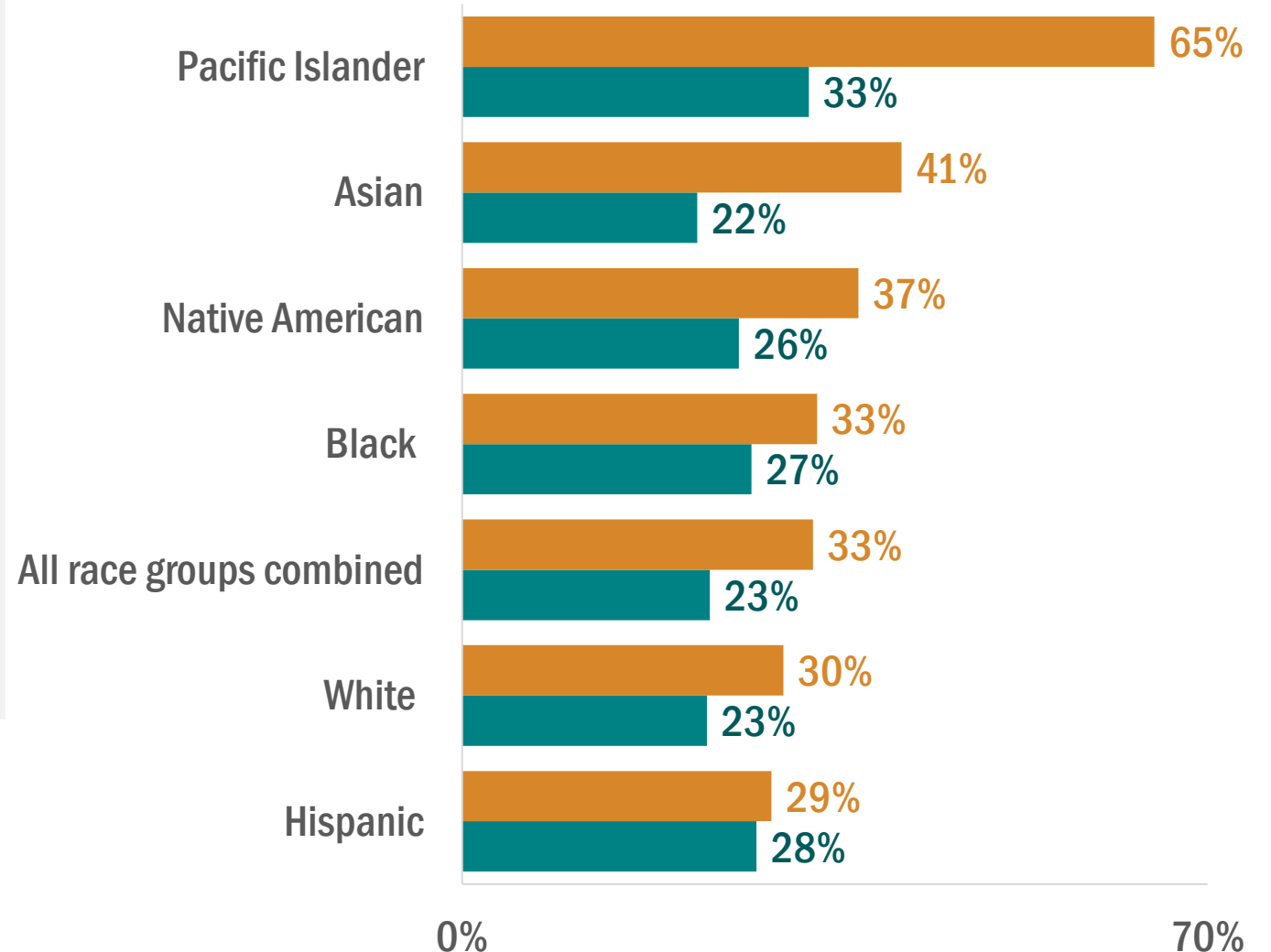


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Inadequacy varies by race and insurance type

Percent of 2023 Clark County births that received inadequate prenatal care among **Medicaid births** and **private insurance births**.

- The share of **Medicaid births** with inadequate care is higher than **private insurance births**.
- Pacific Islander, Asian, and Native American families are most impacted.



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Access Challenges

"I've been trying to find somewhere to establish prenatal care...I can't find anywhere that accepts Amerigroup Apple Health."

Ok... outta wee Hon mea like som alrea I'm r have can't find anywhere that accepts amerigroup Apple health. And anywhere that can get me in quickly

3



I have a random question for my step sister. She just moved here last month and is pregnant. She got her insurance switched over and has been calling all over

"just moved here last month and is pregnant...calling all over trying to find someone to take her on as a new patient with an OB...a few say they can't have her come in with how far along she is..."

I believe she's about 5/6 months now.



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Public Health offers guidance for Apple Health (Medicaid) clients struggling to access prenatal care

Published Date: Tue, 02/13/2024 - 9:40 AM

Clark County Public Health has learned from residents and community partners that pregnant people with Apple Health (Medicaid) insurance may be struggling to find prenatal care in Clark County. Prenatal care improves the chances of a healthy pregnancy.

All pregnant people deserve prenatal care. Receiving prenatal care early and throughout pregnancy can prevent and reduce the risk of complications for both the birthing parent and the baby. Health care providers can identify and treat problems early when they see the pregnant person regularly.

Public Health recommends the following steps for Apple Health clients seeking prenatal care appointments when they need them:

1. Clients enrolled in managed care should call their Apple Health managed care plan. They may not have been able to schedule an appointment with a prenatal provider. Clients can call for an appointment during their first trimester or right away if they're in the second or third trimester. Clients can ask for help finding the prenatal provider type of their choice: family medicine doctor, OB/GYN, or maternal fetal medicine specialist (high risk).

Here is the contact information for the managed care plans:

- Molina Healthcare of Washington: 800.869.7165
- Wellpoint (formerly Amerigroup Washington): 833.731.2167

Who will deliver for WA's mothers and children?

Jan. 17, 2025 at 3:08 pm | Updated Jan. 17, 2025 at 4:08 pm



(Getty Images)

By Vivienne Meljen and Judy Kimelman

Special to The Seattle Times

Imagine calling every OB/GYN clinic in your area, only to be told there's no room for you. Now imagine you're pregnant, on Medicaid and the care you need might determine whether your baby lives or dies. This isn't happening

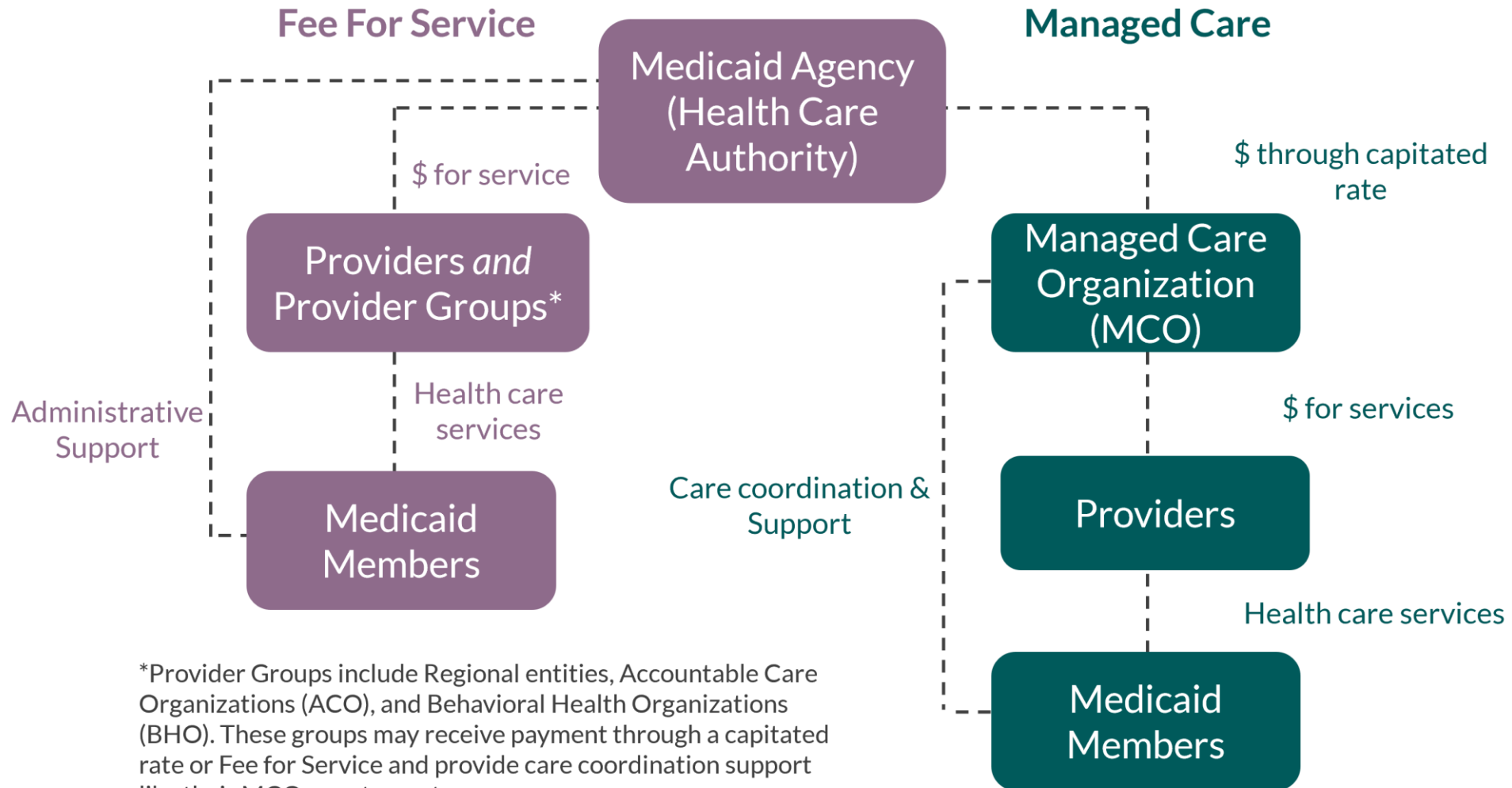


“I work at the hospital and patients tell us they cannot get into provider offices, they come to the hospital to seek prenatal care.”

-Survey Response



Medicaid Delivery System



*Provider Groups include Regional entities, Accountable Care Organizations (ACO), and Behavioral Health Organizations (BHO). These groups may receive payment through a capitated rate or Fee for Service and provide care coordination support like their MCO counterparts.



CCPH Activities

Recommendation #1: Improve data collection, quality and use in order to provide timely, locally relevant, and accurate information.	
<ul style="list-style-type: none"> ● Provide guidance and training to individuals responsible for birth certificate registration in local hospitals and birthing centers. (FPHS) ● Produce timely and locally relevant information and data reports on adequacy of prenatal care access and maternal health trends. (FPHS) ● Explore new data sources, identify new uses of data, develop data sharing agreements to produce a fuller picture of prenatal care access (e.g., health care claims data sets). (FPHS) ● Gather pregnant and birthing individuals' stories to center their voices in decision making, and to elevate experiences of racism, discrimination, bias and stigma to address them in the prenatal care setting. (US-BP #2) ● Inform decision makers of potential and actual impacts to maternal, child and family health and contributing factors based on data and published reports, and discuss improvement recommendations including policy, system and environmental change initiatives to protect and improve health equity. (FPHS) ● Measure and evaluate lessons and application of trainings about undoing racism, discrimination and bias in perinatal (before and after birth) care. (WA-MMRP 1.12) ● Analyze access to paid family medical leave and local disparities in its usage. (WA-MMRP 5.14) 	State/Federal Alignment* US-BP Goal #2, 3 WA-MMRP #1, 3, 5
Recommendation #2: Develop culturally and linguistically appropriate health care support services before, during and after pregnancy.	
<ul style="list-style-type: none"> ● Expand access to and increase awareness of home visiting programs for pregnant persons. (WA-MMRP 2.18, 3.1) ● Engage and support diverse community members and other partners to develop and implement prioritized plans for addressing prenatal care access barriers. (FPHS) ● Work with partners to advocate for high priority policy, system and environmental change initiatives to improve prenatal care access and seek funding to implement and evaluate innovations. (FPHS) ● Increase awareness about Medicaid eligibility, terms, types of health services available, and provider options during pregnancy. (WA-MMRP 3.12) 	State/Federal Alignment* US-BP #1 SBOH #3 WA-BP #4b WA-MMRP #2, 3

Progress Key

- = Not started
- = Initiated/In Progress
- = Already regular practice

*State/Federal Alignment Key

WA-MMRP =	Washington State Maternal Mortality Review Panel Report
WA-BP =	Dismantling Poverty in Washington Blueprint
SBOH =	Washington State Board of Health State Health Report
US-BP =	White House Blueprint for Addressing the Maternal Health Crisis



Role for the Board of Health

- ✓ Request a roundtable/convening with state and federal elected officials and health system providers to prioritize and mobilize recommendations.
- ✓ Request a state legislative commission tasked with compiling a report on maternal health care access in the Medicaid population.
- ✓ Adopt health care access as a policy priority area for the 2026 state legislative cycle.
- ✓ Support state legislation (including budget provisos, governor action) that preserves/expands access to care for Medicaid clients.
- ✓ Advocate for implementation of federal rules aimed at enhancing accountability for improving Medicaid access and quality.
- ✓ Direct funding towards initiatives that aim to improve access, quality and cultural congruency of prenatal care and maternal health.



Questions?

Learn more: <https://clark.wa.gov/public-health/raising-clark-county>

Contact us: RaisingClarkCounty@clark.wa.gov

For more information on births in Washington, visit the statewide [Birth](#) and [Perinatal](#) dashboards.

If you'd like to use this data for a report or presentation, we recommend using screenshot and copying into your files. If you need a customized data visual, please contact Clark County Public Health – Assessment & Evaluation team:

CntyHealthHAE@clark.wa.gov

