

**Wisconsin's Medicaid Navigator  
for Pregnant Women:  
Findings from a Qualitative Study**



January 2011  
Wisconsin Department of Health Services  
Office of Policy Initiatives & Budget  
Policy & Research Section

**Acknowledgements**

The study was conducted and the report written by Susan Cochran, Policy Analyst, with assistance from Sarah Fraley, Southeast Wisconsin Medicaid Liaison, Division of Health Care Access and Accountability. DHS sincerely appreciates the contributions of the current Navigator and the health professionals in Kenosha County.

## Executive Summary

High infant mortality rates for African American women in Kenosha County and reports that women on BadgerCare Plus (Medicaid) faced challenges in getting timely prenatal appointments, raised concerns about women's access to high quality obstetric care and their prospects for delivering healthy babies. Community leaders and health care providers committed themselves to addressing these concerns in collaboration with the Wisconsin Department of Health Services (DHS). A review by DHS found an unequal distribution of Medicaid deliveries among Kenosha providers—one doctor alone delivered more than a quarter of all Medicaid babies, and this doctor's plans to end his practice would further reduce the Medicaid population's access to obstetric care.

Beginning in April 2008, community stakeholders, including Aurora Medical Center, United Hospital System, independent health care groups, Kenosha Community Health Center, Kenosha Public Health Department and other community leaders, worked collaboratively with DHS staff to explore possible strategies that would enable pregnant women in the county to obtain obstetric care. These efforts yielded an agreement that Kenosha doctors would provide prenatal care and deliver a target number of babies to women on Medicaid each month, with a roughly proportional distribution of cases among the providers, hospitals and provider groups.

To facilitate this distribution, DHS created a position known as the Medicaid Navigator. The Navigator tracks the obstetrical Medicaid caseloads of area physicians, assigns women who need obstetrical care to an available doctor and ensures that over time the number of MA deliveries each provider performs does not exceed his or her target. Assigning a woman to a provider requires the Navigator to consider not only physician availability, but also the woman's HMO enrollment; her needs, preferences, and risk of birth complications; and provider preferences. The Navigator also assists women to obtain or resolve problems with their Medicaid coverage, educates women about the importance of prenatal care and keeping appointments, and refers them to other care or community services, as needed. The Navigator maintains frequent and ongoing contacts with the providers' offices as she carries out her job, and coordinates with the HMOs and other programs, such as economic support or community partners like the Prenatal Care Coordination (PNCC) Program and the Supplemental Nutrition Program for Women, Infants, and Children (WIC).

The Navigator, who started in February 2009 and is located at the Kenosha County Job Center, is under the supervision of the Milwaukee-based Southeast Region Medicaid Liaison, under the Division of Health Care Access and Accountability (DHCAA). DHS provides the infrastructure for the Navigator position, arranging the funding, hiring, training, support, and oversight related to this position.

A qualitative evaluation of the Medicaid Navigator, described in this report, suggests that the position has been effective in helping women obtain prenatal care. Thus far, the Navigator has served over 750 women, helping to place roughly 600 of those women with providers who could provide them with prenatal care. The Navigator helped over 100 patients being served by the obstetric provider who closed his practice to transition to another provider. The Navigator does not currently track individuals following their placement with a provider. Thus, it is not known whether increased access to prenatal care has led to improved birth outcomes for the women served. There is evidence that she has been successful in helping many women with the process of obtaining BadgerCare Plus/Medicaid coverage. Health care providers also report that the Navigator has been a valuable resource in helping them meet the health care needs of this high-risk population.

This report offers a rich description of the role and functions of the Navigator and selected recommendations for enhancing this effort. This initiative will continue to evolve based on the feedback provided here and discussions with community stakeholders.

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## **Background**

### **Description of the Evaluation**

The Office of Policy Initiatives and Budget (OPIB) in the Department of Health Services (DHS) conducted a qualitative evaluation of the Kenosha Medicaid Navigator, to describe and document the role and functions of the position and make a preliminary assessment of its effectiveness to date. The evaluation is intended to inform other work that is being done to facilitate access to prenatal care and healthier births in southeastern Wisconsin, by assessing the desirability and potential for replicating the Navigator's work elsewhere.

The evaluation objectives were:

1. To describe the background, role, and functions of the Medicaid Navigator, including: a) how the Navigator works with women on Medicaid to meet their need for prenatal care and other services, and b) how the Navigator works with health care providers and other community partners to ensure that women on Medicaid have access to the health care they need.
2. To make an initial assessment of the effectiveness of the Navigator position and determine whether changes or improvements may be needed.
3. To identify strengths and considerations for potential replicability.

The evaluation was conducted primarily through interviews with key individuals, including staff in the Division of Health Care Access and Accountability (DHCAA), the Medicaid Navigator, and selected representatives working for health care providers in Kenosha County. Where possible, relevant program documents also were reviewed and summarized.

### **The Problem: Lack of Access to Obstetric Care in Kenosha County**

Healthy birth outcomes, especially in the southeastern part of the state, have been a focus of a number of initiatives by DHS and other organizations for the past few years. High infant mortality rates for African American women in Kenosha County, as well as reports of challenges faced by women, particularly those on Medicaid, in getting timely prenatal appointments, raised concerns about women's access to high quality obstetric care. Community leaders and health care providers committed themselves to addressing these concerns in collaboration with DHS.

A review by DHS found an unequal distribution of Medicaid deliveries among Kenosha providers. Although there were more than a dozen individuals providing obstetric services in the county, one doctor alone delivered more than a quarter of all Medicaid babies, and a high number of these deliveries were induced. Moreover, this provider was planning to end his practice, which would have an extremely negative impact on the ability of the Medicaid population to obtain vital health care. While there are many elements needed to improve birth outcomes for women in Kenosha and elsewhere in the state, ensuring access to care is a critical first step. Therefore DHS and an array of community stakeholders worked collaboratively to develop a strategy to ensure that women in the community could obtain the care they needed.

## **The Solution: The Medicaid Navigator**

Beginning in April 2008, DHS and various community stakeholders initiated a series of meetings for the purpose of finding a strategy that would enable pregnant women in Kenosha County to access quality obstetric care. The two hospitals in Kenosha, Aurora Medical Center and United Hospital System, were key partners in this effort since they represented the majority of the providers who performed Medicaid deliveries in the county. Other stakeholders included independent health care groups, Kenosha Community Health Center (a Federally-Qualified Health Center), Kenosha Public Health Department, and community leaders. Staff from DHS Division of Health Care Access and Accountability took the lead in convening these meetings over a number of months and negotiating the resulting arrangement.

Participants in this effort identified the following principles as important components of any strategy that might be implemented to provide Medicaid women with access to prenatal care<sup>1</sup>:

- 1) Ensure access/availability to high quality prenatal care and delivery services for all Medicaid members in Kenosha County
- 2) Strive to ensure a reasonably proportionate distribution of Medicaid deliveries among providers, hospitals and provider groups
- 3) Be implemented in a timely manner
- 4) Be sustainable
- 5) Be evaluated on a periodic basis to ensure that it is achieving its intended goals
- 6) Be reasonably simple for members to navigate
- 7) Involve all key stakeholders in its development

Agreement was reached on a proposed solution based on these principles. Key components included the following:

- Assess/obtain commitments from Kenosha providers to ensure availability
- Facilitate navigation among providers for pregnant BadgerCare Plus/Medicaid members in Kenosha County
- Educate BadgerCare Plus members about the importance of keeping appointments and other prenatal care needs
- Assess data regularly and provide reports to the community

Under this agreement, seventeen providers who serve Kenosha women — twelve obstetricians and five family practice doctors—agreed to provide prenatal care to and ultimately deliver a target number of babies to women on Medicaid each month. The monthly targets were based on a roughly proportional distribution of cases among the hospitals/clinics in Kenosha, and also represented the number of MA deliveries that each provider felt was feasible for him/her to manage.

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<sup>1</sup> See Appendix A: *Kenosha Medicaid Ob/Gyn Access Guiding Principles and Proposal*.

To facilitate this distribution of MA patients among the county health care providers, DHS created a position known as the Medicaid Navigator to serve as a “gatekeeper.” The Navigator serves as an intermediary between health care providers and Medicaid-eligible pregnant women who need assistance finding a physician to provide obstetric care.<sup>2</sup> The Navigator’s services to women are considered a support service rather than a direct Medicaid benefit.

In recent years, Patient Navigator programs have emerged as a promising way to ensure that patients—especially those who face persistent barriers to accessing the health care system—obtain timely, appropriate and high quality services. Navigators provide information, support and practical assistance to help patients deal with a complex and fragmented health care system. There is no common definition or job description for a Patient Navigator —programs vary in terms of the background and training of the Navigators, outreach methods, services provided and populations served.<sup>3</sup>

In Kenosha County, the Medicaid Navigator tracks the obstetrical Medicaid caseloads of area physicians to know which doctor she can assign a patient to and ensures that over time, the number of MA deliveries each provider performs remains approximately in line with his/her target number of deliveries.

The Navigator also assists women who are not yet on BadgerCare Plus/Medicaid to obtain coverage, assigns women to doctors, makes them aware of PNCC services, educates women about the importance of prenatal care and keeping appointments, and, if patients identify other health or social service needs, refers them to other care or community services, as needed.

The Navigator started in February 2009 and is co-located at the Kenosha County Job Center with the county public health department and the economic support agency.

A logic model (Appendix C) and flow chart (Appendix D) have been developed to provide further details regarding the role, responsibilities, activities and intended outcomes for the Navigator position. The following description is based on these documents and follows the general layout of the logic model.

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<sup>2</sup> For a description of the Navigator as reported by the local news media, see Appendix B— “Medicaid mothers’ access to health care improves,” Kenosha News, date unknown.

<sup>3</sup> Source: *Report of the Enhanced Consumer Navigation Support Committee*, September 2006, Report 06-03; The Disparity-Reducing Advances (DRA) Project, Institute for Alternative Futures.

# The Medicaid Navigator

## Inputs Related to the Navigator Position

### Target Population(s)

The Medicaid Navigator provides supportive services to pregnant women in Kenosha County who are on BadgerCare Plus/Medicaid or are Medicaid-eligible and who are seeking prenatal care, helping them to resolve issues with their insurance coverage and access obstetric care in a timely fashion.

The Navigator also serves physicians who provide prenatal care in Kenosha County (and the hospitals/clinics that employ them) by ensuring that MA members who need obstetric care are evenly distributed among the providers, helping to resolve issues with women's insurance coverage, educating women about the importance of prenatal care and helping the providers work with the patients.

### Funding and Organizational Context

Due to the difficulty of adding new permanent state positions in the current budget climate, the Medicaid Navigator position was implemented as a contracted position. Technically, the Navigator works for and is paid by Hewlett-Packard, but for most purposes the Navigator is under the supervision of the Milwaukee-based Southeast Region Medicaid Liaison, under the Division of Health Care Access and Accountability (DHCAA).

### Physicians and Others Partners

The Navigator coordinates with and tracks the Medicaid deliveries performed by seventeen providers employed by Aurora Medical Group (AMG), United Hospital Group (UHG), Midwest Center for Women's Health (independent), Dr. Thompson (independent) and Kenosha Community Health Center (KCHC).

The Navigator also coordinates with and provides outreach to other partners such as the Prenatal Care Coordination (PNCC) Program and the Supplemental Nutrition Program for Women, Infants, and Children (WIC).

### Supporting Documents and Materials

The Navigator position was based on a pragmatic assessment of what the county health care providers said they needed and what seemed to be necessary to get women into prenatal care—it was not modeled on a prototype or existing position. The guiding principles serve as the governing document for the position.

The Navigator uses only a few resources as part of her job, including: a procedural protocol that one of the providers helped to develop (Appendix E); a brief intake form (Appendix F), and an Excel spreadsheet used to track the monthly Medicaid deliveries performed by each provider.

## **Activities of the Medicaid Navigator**

### DHS Activities

DHS provides the infrastructure for the Navigator position, arranging the funding, hiring, training, support, and oversight related to this position. The DHCAA Southeast Medicaid Liaison serves as the Navigator's direct supervisor, with responsibilities that include: daily management; public reporting and presentations; leading collaborative efforts with the providers; and serving as the point person when problems arise.

### Navigator Activities

The Navigator has five primary responsibilities:

- 1) taking referrals,
- 2) verifying BadgerCare Plus/Medicaid coverage,
- 3) intake/screening,
- 4) tracking monthly Medicaid deliveries, and
- 5) the placement of pregnant women with health care providers

Each of these is described below.

#### *Taking Referrals*

Women are generally referred to the Navigator by health care providers, but some are also referred by other sources such as economic support or community partners like the PNCC or WIC programs. Some women call the Navigator directly after getting her name and number from a doctor or someone else; in other cases someone at a doctor's office calls on a woman's behalf.

About 90-95% of what the Navigator does—interacting with women who need prenatal care as well as working with provider representatives and other partners—is done over the telephone or by email. The Navigator sees few women in person—approximately twice a month a woman will stop in to see her at the Job Center.

Women are referred to the Navigator at all stages of pregnancy. It is estimated that roughly one-third of the women referred to the Navigator are in the first trimester of pregnancy, but some women don't seek care or get referred to her until the baby is almost due.

#### *Verifying BadgerCare Plus/Medicaid Coverage*

The Navigator is primarily contacted to help find prenatal care for a pregnant woman who does not yet have a doctor. Upon receiving a referral, one of the first things the Navigator generally does is to verify that a woman has current BadgerCare Plus/Medicaid coverage. Health care providers (that is, their designated representatives) also call the Navigator when a woman needing prenatal care has contacted their office directly to find a doctor and they want to verify the woman's insurance coverage or resolve issues that may be delaying coverage. Thus, verifying that a woman has current BadgerCare Plus coverage is a critical component of the Navigator's job; once the insurance coverage is confirmed, assigning the woman to a doctor takes much less time.

If a woman referred to the Navigator has not yet applied for BadgerCare Plus/Medicaid, the Navigator will refer her to economic support or to Kenosha Community Health

Center, which does MA enrollment, and then monitor and facilitate the enrollment process as needed. When appropriate, the Navigator collects the pregnancy verification (to establish start and end of coverage) from a woman to facilitate enrollment.

For women still in the process of applying for Medicaid, the Navigator monitors their case in CARES<sup>4</sup>, works with members and economic support workers as needed to resolve delays in coverage, and informs the provider when coverage has been approved. The Navigator can view the status of a case in CARES, but does not enroll women in Medicaid and can't add or change information in CARES.

### *Intake and Screening*

The Navigator conducts intake/screening more or less concurrently with Medicaid verification. The intake process has multiple goals— the Navigator obtains both medical and non-medical information needed to match the woman with a suitable doctor, alert the doctor to possible risk factors, and refer the woman to additional programs or services that may be helpful. The current Navigator attempts to get a medical history from a woman the first time she talks to her on the phone. She approaches this in a casual way so she is more likely to get truthful answers, and she tries to help the women become more comfortable and familiar with the kinds of questions they are likely to be asked by their doctor.

At this stage, the Navigator also tries to educate the woman about the importance of obtaining prenatal care and keeping the visits that are scheduled, and refers the woman to PNCC, WIC, or other services such as smoking cessation or domestic abuse assistance, as appropriate.

Once a woman has been placed with a doctor, the Navigator shares pertinent information about the woman's medical history with the provider, usually by telephone; occasionally she faxes a copy of the intake information to the provider. After the woman begins receiving prenatal care, the Navigator destroys the intake information on that woman, rather than keeping these records.

### *Tracking Monthly Medicaid Deliveries*

An important part of the Navigator's duties involves monitoring the number of MA deliveries performed each month by the providers who are party to the arrangement in Kenosha County. The Navigator has little contact with the doctors themselves —instead, each provider, or the hospital/clinic in which the provider works, designates one or more members of their staff to work with the Navigator. The provider contacts may be either clinical staff, e.g., a nurse, or non-clinical staff such as outreach/enrollment workers, billing specialists or an office manager.

The Navigator maintains frequent and ongoing contacts with these provider representatives to address a variety of issues. At least once per month the Navigator obtains information about the number of MA deliveries each provider performed the previous month. She records this information in a simple Excel spreadsheet and each month calculates a three-month rolling average for each provider, which she compares to

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<sup>4</sup> CARES is an automated, web-based, integrated eligibility determination and case management system that supports the administration of BadgerCare Plus, Medicaid, FoodShare, Wisconsin Works, and other public programs.

the monthly target for that provider. The Navigator tries to ensure that, over time, the average number of MA deliveries performed by a given provider does not exceed his/her target.

If the number of MA deliveries for a particular provider remains below his/her target for the current month, then the provider is still “available” and additional women can be “placed” with that provider for prenatal care and delivery. (See the next subsection regarding placement.)

Most of the Navigator’s interactions with the provider contacts are by telephone or email—sometimes multiple times a day. Face-to-face meetings are held as needed to resolve problems or deal with issues that take more time. The Navigator also helps providers connect with their regional provider representatives as appropriate.

***Placement—Matching a Pregnant Woman with a Health Care Provider***

The following table shows the target number of MA deliveries per month for the Kenosha hospitals/clinics. The targets shown in the final column are for each hospital/clinic as a whole—there is also a specific target (not shown) for the individual doctors within each hospital/clinic.

Provider Group	Number of Obstetricians	Number of Family Physicians	Monthly Group Target *
Aurora Medical Group (AMG)	4	3	22.5
Independent Physicians	4	--	35.0
Kenosha Community Health Center	--	1	2.5
United Health care Group (UHG)	4	1	20.0
TOTAL	12	5	80.0

\* The Monthly Target represents the maximum expected number of MA deliveries per month.

If a woman referred to the Navigator needs to find a doctor for prenatal care, the Navigator will consult her tracking spreadsheet to determine which providers are currently below their monthly target. Assigning a woman to a provider is not just a matter of picking the next “available” doctor on the list. Certain factors constrain the Navigator’s ability to place a woman with a particular doctor, such as:

- *HMO enrollment*
- *Risk of complications*—If the pregnancy is potentially high-risk, the Navigator tries to place the woman with an obstetrician rather than with a family practitioner. The family practitioners handle some high-risk cases, but prefer not to because these take more time and usually are eventually referred to an OB.
- *Patient preferences or needs*—Some women prefer to deliver (or not to deliver) at a certain hospital or have other needs or preferences that the Navigator tries to accommodate. For example, because the independent doctors have fewer resources (e.g., interpreters) than the hospitals, there are some patients they can’t take because they don’t have the necessary support services.

- *Provider preferences*—Sometimes provider requirements constrain the placement. For example, one provider insists that all patients sign a waiver to allow a blood transfusion to be performed if there are complications with the delivery. However, some patients, for religious or personal reasons, are not comfortable with authorizing blood transfusions.

In a handful of cases, the Navigator has been unable to find a pregnant woman an appropriate doctor in Kenosha County and has asked the HMOs to find someone suitable within their network outside of the county. For example, a woman with a hearing impairment wanted to be seen by a female doctor and also wanted a sign language interpreter at all of her prenatal visits. In partnership with the HMO, the Navigator was able to find her a suitable doctor outside of the county.

In a small number of cases, the placement of a pregnant woman with a doctor doesn't work out and the Navigator has to find the woman another doctor. Sometimes complaints come from the patient and sometimes from the doctor. According to the current Navigator, the doctors are generally flexible and most placements "stick." Still, missing two appointments, non-compliance, lack of insurance and rude behavior are all reasons that a woman may be dismissed from treatment. Similarly, a woman could choose to voluntarily switch doctors, although only 5–6 women have done this.

On average, the providers currently perform around 40 monthly MA deliveries, but their quota system has the capacity for 80 MA deliveries.

### *Other Navigator Activities*

*Other services to women*— Once a woman has been placed with a doctor and is getting prenatal care, the Navigator usually doesn't have further involvement in the case unless there is an issue with the placement and it becomes necessary to place the woman with a different doctor, or if there are insurance problems that need to be resolved. A few women have called the Navigator after delivery to see if she could help them locate a pediatrician and she has tried to do that, but this is not considered a routine part of her job.

Since the current Navigator is bilingual in Spanish, when needed she will assist women that do not speak English to schedule appointments because not all of the doctors' groups, especially the independents, have suitable interpreters. DHCAA arranged to have an interpretation telephone line, paid by Medicaid, set up in those offices; still, the providers seem to prefer having the Navigator arrange appointments for their Spanish-speaking patients.

If a woman who is referred to the Navigator does not qualify for BadgerCare Plus/Medicaid, the Navigator refers her to other local resources for low-income, uninsured women.

*Coordinating with providers and other partners*—Coordination between the Navigator and the health care providers has already been described. The Navigator has limited interactions with the HMOs—they can refer someone to her, and she sometimes refers a woman to an HMO for information or seeks the assistance of the HMOs if she has

difficulty locating a provider to serve a woman, but these interactions are mostly on an as-needed, rather than routine basis.

PNCC and WIC may be involved with women during or after their pregnancy, so the Navigator coordinates with those programs as needed. For example, she makes referrals to PNCC, they make referrals to her, and they work together to keep track of women they have in common. She attends quarterly meetings with PNCC staff (also located in the Job Center).

The Navigator attends meetings of the Lifecourse Initiative Group, which is working to improve birth outcomes for African American women, and also goes to meetings for the Emergency Services Network and Healthy People Kenosha County to raise awareness of her services.

*Other Navigator Activities*—The Navigator is in on-going contact with her supervisor to keep her up-to-date on issues related to her job and seek assistance as needed. She reports the monthly MA deliveries for the providers to her supervisor, who in turn provides a summary report to the providers twice a year or upon request.

As a contract employee for Hewlett-Packard, the Navigator serves as an informal connection to HP (EDS) for the health care providers—if they have a problem or question related to their Medicaid billing or reimbursement, they sometimes contact her to find out who to call. As an HP employee, she participates via conference call in a weekly HP field representative meeting which mostly concerns the functionality of Forward Health,<sup>5</sup> rather than issues related to individual cases. She can also help connect Medicaid members to Forward Health to assist with enrollment questions.

### **Outputs and Outcomes (Effectiveness)**

Since being hired, the Navigator has served over 750 women, helping to place roughly 600 of those women with providers who could deliver quality prenatal care, and thus ensure healthy birth outcomes. The Navigator facilitated the smooth transition to another provider for over 100 patients who were being served by the obstetric provider who closed his practice. The Navigator has also assisted many women with the process of securing BadgerCare Plus/Medicaid coverage, and has served as a valuable resource to both pregnant women and the health care providers who serve them in Kenosha County.

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<sup>5</sup> ForwardHealth is the umbrella brand for a number of health, nutrition and other benefit programs in Wisconsin, including BadgerCare Plus (for children and their families, pregnant women and childless adults), Medicaid (for the elderly, blind and disabled) and FoodShare. ForwardHealth also incorporates the Medicaid Management Information system which provides claims processing and numerous reports.

### How the Navigator Helps Women Obtain Care: Examples

\* A woman in her 20's, about five months pregnant, was referred to the Navigator from an area hospital emergency room. Her application for BadgerCare Plus was being processed by a County worker. Since Presumptive Eligibility was in place, the Navigator went ahead and placed her with a physician working for an independent provider group. The young woman was scheduled to be seen by a doctor just a week after referral to the Navigator; her ForwardHealth application was approved and she received her card within two weeks. She had her baby not long ago. This is the ideal situation—there were no complicating factors, and the Navigator was able to get the woman into prenatal care quickly.

\* The Navigator sometimes troubleshoots BadgerCare Plus-related problems for women who are currently receiving prenatal care. A woman in her fourth month of pregnancy was getting care, when the provider contacted the Navigator because the patient's coverage came up on ForwardHealth as not active. The Navigator found that no MA-ID was being associated with the woman's name in CARES. The Navigator turned to an economic support supervisor for assistance to "fix" the situation. Although the same thing happened again after the baby was born, the Navigator again enlisted the help of the right people and the problems with the woman's coverage were ultimately resolved.

\* The Navigator works with various partners to find prenatal care for women or troubleshoot coverage problems. A provider called the Navigator to inquire about a delay with a member's enrollment. When the Navigator found that the member had third-party insurance in place, she worked with County workers to address this issue and get the woman into care. Her relationship with Hewlett-Packard was also invaluable in resolving this issue.

Currently, the Navigator collects and tracks very little data in carrying out her job. As a result, it is not possible to document outputs and outcomes of her efforts without special, and in some cases considerable, effort. Collected data include:

- the target number of Medicaid deliveries for each provider;
- the number of Medicaid deliveries actually performed by each provider;
- the number of women whose Medicaid coverage she verifies; and
- the number of women she places with each provider.

The Navigator does not collect demographic information about the pregnant women she serves, nor does she gather feedback (such as satisfaction) or follow-up information from either the women or the health care providers. The lack of data makes it difficult, if not impossible, to determine potentially interesting and useful things such as:

- The percentage of pregnant MA members who find a doctor on their own versus with the Navigator's assistance
- The percentage of women served by the Navigator who have particular demographic characteristics—for example, the current Navigator estimates that she gets about five calls per day from Spanish speakers, versus over seven calls per day from English speakers, but doesn't have the data to confirm that
- The percentage of cases handled by the Navigator, and/or the amount of time spent, that involve finding prenatal care for a woman versus resolving Medicaid issues
- Birth outcomes for women served by the Navigator, compared to other MA births

- The number or percentage of women who maintain continuous prenatal and postpartum care

There has not been a formal assessment of how the doctors/hospitals feel about the Navigator's efforts, but there have not been any complaints. There also hasn't been any follow-up with women after their baby is delivered, and no formal assessment of their satisfaction with the Navigator's assistance, or their birth outcomes. The Navigator does some monitoring of women during their pregnancy to make sure they're keeping appointments and doing what the doctor asks—particularly if the doctor's office calls her to say there is a problem in this regard—but she doesn't do any follow-up with women after delivery.

*Feedback from Provider Representatives*—As part of this evaluation, telephone interviews were conducted with nine individuals who have been designated as the Navigator's primary contacts by the doctors for whom they work. Three of these individuals were nurses; the others were billing specialists (2), an outreach coordinator (1), an office manager (1) or an unknown function (2).

All of the provider contacts to whom the evaluator spoke were unanimous in appreciation of, and satisfaction with, the Navigator. Many of their comments dealt with the following themes:

- The Navigator is helpful in dealing with MA issues so that women can get the care that they need.
- The Navigator is responsive to providers' concerns and requests for information, getting back to the providers promptly and keeping both providers and patients well-informed about the status of their case.
- The Navigator is helpful in explaining to patients what to expect and what to do, both in terms of the Medicaid enrollment process and obtaining prenatal care.
- The Navigator is helpful to providers in dealing with Spanish-speaking patients

When asked what was needed for someone to be successful as the Medicaid Navigator, several individuals emphasized that the current Navigator's background as a Medical Assistant is helpful. Not only is she knowledgeable about the health care system and able to explain to women what they need to know, but she knows what things in a woman's medical history to watch for, and the provider representatives don't have to explain all the medical terms to her.

Several contacts also stated that it's important to have a Spanish speaker as the Navigator. One person noted that in the office where she works, eight out of ten of their MA patients are Spanish speakers—some of these are undocumented and not very trusting, but the current Navigator has worked with them very effectively.

About half of the respondents noted that the Navigator needs to have the ability to relate to the women she interacts with, regardless of whether this is based on a similarity in age, cultural background, language or other factors.

The provider representatives had a variety of comments about how the Navigator helps them or the pregnant women in Kenosha.

A sampling of comments is shown below:

*Very satisfied (5 people)*  
*It's working out well. (3 people)*  
*Everything is going smoothly.*  
*She is able to do everything I need her to do; she's very helpful.*  
*She goes above and beyond what is asked, or what is necessary. (3 people)*  
*She is very pleasant to work with (3)*  
*She has very good customer service skills (2)*  
*Please don't get rid of her. (2)*  
*She does a good job of helping girls to get the prenatal care they need.*  
*Setting up the Navigator position is probably one of the best things DHS has ever done.*  
*I really hope DHS will continue the position—it's probably a good idea to have a similar position in other areas; it would be a big help to pregnant women on Medicaid.*  
*She isn't afraid to admit that she doesn't know something, but goes out of her way to find the answers.*  
*She is good at helping patients follow-through on getting their permanent MA card.*  
*She is very helpful in clearing up issues with patients' MA coverage.*  
*She is very thorough, and returns calls; we can depend on her.*  
*She has wonderful organizational skills.*  
*She usually gets the information needed within 24-36 hours—it's hit or miss with the caseworkers.*  
*She does a good job of keeping the office and doctor up-to-date.*  
*She keeps the doctor and staff "in the loop."*  
*She helps us deal with Spanish speakers who are undocumented.*

All of the provider representatives viewed the Navigator as an important resource for dealing with Medicaid issues. Several respondents reported having difficulty getting caseworkers to give callbacks, and even when they do call back, not providing the information needed. One individual reported complaining to her supervisor about the lack of help from the caseworkers, and said that nine times out of ten she'll turn to the Navigator rather than a caseworker, because she "follows through and 99% of the time is able to give the help or information needed."

Several of the provider representatives stated that no-shows are one of the biggest problems with MA patients, and that the doctors really don't like it when patients don't show up for scheduled appointments. They felt that the Navigator was helpful with this issue (lack of data makes it hard to verify), but several said that no-shows still occur, even with the Navigator. One woman noted that "it isn't just the pregnant women— MA patients in general aren't very good about keeping appointments. Incentives for keeping appointments might help."

Several contacts also mentioned that Medicaid patients aren't very good about getting paperwork in on time. One individual complained that sometimes women don't turn in their proof of pregnancy on time, even after it is given to them.

About half of the representatives thought that the arrangement in Kenosha County results in a fair distribution of Medicaid deliveries among the Kenosha providers; the others couldn't say for sure.

None of the provider contacts was able to suggest specific changes or improvements to the Navigator position—one individual felt that the current Navigator should probably be paid more, and several expressed concern that the Navigator position might be eliminated. All respondents agreed that the Navigator has been able to eliminate hurdles for women trying to obtain prenatal

care and that the position represents a valuable resource for the health care providers (and their staff) trying to serve the Medicaid population.

### Other Issues and Challenges

The Navigator's duties require very good communication skills, assertiveness, persistence, and the ability to work independently, as well as sensitivity to the needs and concerns of two quite different groups— low-income pregnant women and health care providers.

The current Navigator believes that her background as a Medical Assistant provides her with enough knowledge of medical issues, terminology and settings to be helpful in linking women to health care services that will meet their needs. She does not believe that the Navigator needs to have a clinical background. The fact that she is bilingual is clearly helpful to Spanish-speaking women seeking obstetric care and to the providers trying to serve them.

Although she doesn't enroll people in Medicaid, the current Navigator reports that she needs a good knowledge of MA eligibility rules in order to explain them to patients and to answer questions from both the patients and the doctors. Sometimes when she has a question she turns to an economic support worker or supervisor at the Job Center, but can't always get questions answered right away. Trying to ensure that everything related to Medicaid coverage is completed within the proper timeframes can be difficult because she has to work through other people, checking constantly on what other people are doing and trying to persuade them to do things more quickly.

The health care providers have been cooperative partners with the Navigator, but there have been a few challenges. The current Navigator reports that the health care providers differ in their willingness to schedule appointments before insurance coverage has been approved. Some providers will accept the temporary MA card and schedule women for prenatal care appointments while their insurance is still in process, but others won't. This can make it difficult to get women into care in a timely fashion. That is, if a provider is reluctant to schedule a woman for an appointment until her insurance coverage is approved, it may potentially be 40 days before she can get an appointment. The Navigator also noted that it takes some effort to constantly try to get the providers to update their number of monthly MA births so she can stay within the quotas.

#### Challenging Situations for the Navigator: Examples

- \* Finding prenatal care for a woman who is jailed or incarcerated can be a challenge— some providers hesitate to take these women as patients because of billing issues and potential concerns from other patients in their practice. Nevertheless, the Navigator has been able to arrange prenatal care for several women who were referred to her through the Kenosha County Sheriff's Department.
- \* The Navigator sometimes deals with women who are not very cooperative with the enrollment process. A woman referred to the Navigator wouldn't bring her pregnancy verification and other documents to her case workers or to the Navigator. She kept asking when she could be seen by a doctor, but wouldn't bring the documents needed for her case to be processed. In the end, the Navigator worked with the member's parents to get the necessary documents in and get her application approved. The Navigator placed her to see a doctor just a couple of days before her due date.

Other challenges that the Navigator mentioned included: the physical distance from her superiors, and trying to achieve a balance between “bullying” members and providers for information to stay within MA enrollment timeframes and get women into prenatal care as quickly as possible, while at the same time maintaining trust and not being too pushy.

## **Conclusions and Recommendations**

This qualitative evaluation of the Medicaid Navigator suggests that the position has been very effective in helping women to obtain prenatal care. Since being hired, the Navigator has served over 750 women, helping to place roughly 600 of those women with providers who could provide them with the prenatal care that is critical to healthy birth outcomes. The Navigator facilitated the smooth transition to another provider for over 100 patients who were being served by the obstetric provider who closed his practice.

The Navigator’s efforts have yielded positive results. The Navigator has helped balance the distribution of MA deliveries among Kenosha County obstetric providers to ensure continued access to prenatal care for the Medicaid population. The Navigator has also assisted many women with the process of securing BadgerCare Plus coverage, which is critical to their being able to obtain prenatal care, and has served as a valuable resource to both pregnant women and the health care providers who serve them in Kenosha County.

It is not possible, currently, to determine whether the increased access to prenatal care has led to improved birth outcomes for the women served. Current partners may want to consider establishing a simple mechanism for tracking this indicator in the future.

The current structure of the Navigator position appears to work well, in general. Recommended improvements include the following:

- Develop a position description for the Medicaid Navigator
- Assign a staff person ‘behind the scenes’ to do more data analysis of the Navigator’s impact using the MA-ID numbers and patient names maintained by the Navigator
- Work to improve the tracking database

One person is currently able to carry out the Navigator functions in Kenosha County. However, it might be difficult to expand the scope of what she does— e.g., increasing her responsibility for collecting and reporting information or documenting her activities— without additional resources. Based on the current Navigator’s experience, it appears likely that a similar function in other areas of the state could improve access to prenatal care for pregnant women, but implementing the Navigator function in a larger urban area such as Milwaukee would probably require a team approach.

## **Kenosha Medicaid Ob/Gyn Access Guiding Principles and Proposal**

### **Guiding Principles:**

Any solution must:

- 1) Ensure access/availability to high quality pre-natal and delivery services for all Medicaid members in Kenosha
- 2) Strive to ensure a reasonably proportionate distribution of Medicaid deliveries among providers, hospitals, and provider groups.
- 3) Be implemented in a timely manner
- 4) Be sustainable
- 5) Be evaluated on a periodic basis to ensure that it is achieving its intended goals
- 6) Be reasonably simple for members to navigate
- 7) Involve all key stakeholders in its development

### **Proposal :**

- 1.) **Assess/ obtain commitments from Kenosha providers to ensure availability.** Medicaid providers in Kenosha who perform deliveries for Medicaid women will commit to serve a target number of Medicaid clients on a monthly basis. The overall distribution should be reasonably proportionate among providers and hospitals. Individual doctors may voluntarily indicate a desire to cover more patients on average, lowering the necessary commitment from others. However, the intent is that no doctor's numbers exceed the average by more than 40% (based on their FTE commitment).
- 2.) **Facilitate navigation among providers for pregnant Medicaid members in Kenosha.** The State will assign a navigator whom pregnant Medicaid members may contact to facilitate enrollment and provider selection so as to distribute patients in accordance with the agreed to targets. This person will work with the HMOs to assist in the distribution. The navigator will track where each provider is relative to their target (calculated on a 3 month rolling average) to assist in distribution, while still respecting patient choice. They can also assist in HMO selection to ensure continuity of care with the selected provider.
- 3.) **Educate Members about importance of keeping appointments and other pre-natal care needs.** The state navigator would work with community groups and HMOs to ensure that patients are aware of and utilizing existing pre-natal care coordination services. These groups would assist in educating members about the importance of prenatal visits. The navigator would follow up with patients they

refer to ensure appointments are kept and link to other resources. The navigator will seek to facilitate access to care via improved transportation options or child care assistance if possible.

- 4.) **Assess data regularly and provide reports to the community.** There will be quarterly review of State and HMO data to monitor effectiveness. HMOs will continue to provide monthly data to the State. Stakeholders would collectively need to agree to any modifications. This data gathering will allow the State to ascertain any access issues that exist and to assist in addressing them. Physician offices will supplement this data to allow the navigator to track Ob/Gyn patient load prior to delivery.
- 5.) The State will continue to pursue models that ensure the optimal care for this population, such as ensuring reasonable backup for all doctors.
- 6.) If successful, the model could be applied to other areas of need, i.e., pediatrics, mental health, orthopedics, or other areas of the state.
- 7.) The FQHC may or may not have a role – that will depend on each doctor's choice to utilize the FQHC for prenatal PA or NP support or not.

# **KENOSHA NEWS**

## **Medicaid mothers' access to health care improves**

New 'navigator' plays key role in helping patients  
BY JOE POTENTE [jpotent@kenoshanews.com](mailto:jpotent@kenoshanews.com)

State and local health officials are pleased with the results of an effort to improve access to prenatal and obstetric care for Kenosha Medicaid patients.

Meanwhile, they say the balance of care among providers has improved markedly from two years ago, when one doctor delivered nearly 43 percent of the Medicaid babies born in the county.

Since then, when the disparity emerged, providers have worked with state coordinators to ease the burden of caring for these patients, while a "navigator" has been hired to help Medicaid mothers through the complicated process of seeking care.

Karen Timberlake, secretary of the state Department of Health Services, was complimentary of the effort in a visit to Kenosha last week.

"I really need to give a lot of credit to the hospitals and the whole physician community that is really helping pregnant women," Timberlake said in an interview.

Adelene Greene, director of Kenosha County's Division of Workforce Development, said other providers stepped up to take their fair share of patients after the independent physician who was handling a great share of the births, Dr. Timothy Zelko, announced he was ending his practice here. Medicaid patients pose a financial burden for providers, due to inadequate reimbursements from the federal government.

Through the state, the county received the services of Nellie Musignac, the prenatal care "navigator" who set up shop at the Job Center building about a year ago.

"I think things are going very well with the medical assistance navigator," Greene said. "She is right here on site and is able to interact with staff to resolve issues fairly and quickly so that people aren't left in the gap without a Medicaid provider."

Musignac said she has not had problems placing patients since she began the job.

In a typical scenario, Musignac said a Title 9 Medicaid mother will contact her. She will gather health history and insurance information, and work with county agencies, if necessary, to establish insurance.

Once insurance is lined up, Musignac said she is able to refer the patient to a physician, as she is generally aware of all of the area providers' Medicaid caseloads. After placement, Musignac remains in contact with patients and is notified when problems arise with mothers not attending care appointments.

"It's surpassed my expectations," Musignac said, of the arrangement. "I thought it was going to be a lot tougher for a lot of the women, but I think it's gone pretty well."

Timberlake said the program is a model for the state.

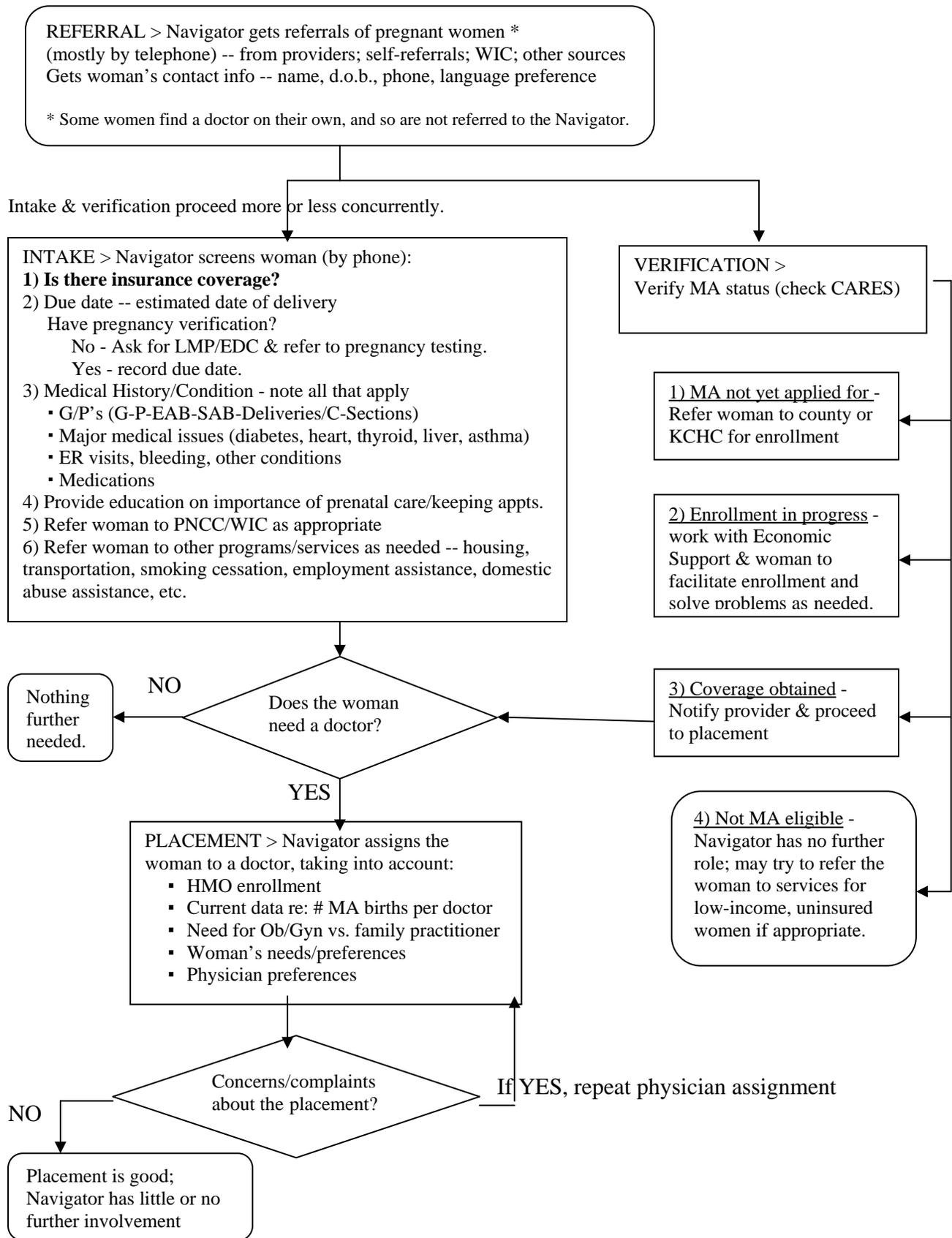
"This is what we have to have across the Medicaid program," she said. "Frankly, we need to have everybody doing a little bit, so everybody has to do a lot."

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## Appendix C: Logic Model for the Kenosha County Medicaid Navigator

Inputs	Activities	Outputs	Outcomes
<p><i>What is invested (who/what is needed) to produce the desired outcomes?</i></p> <p>Resources provided by DHS:</p> <ul style="list-style-type: none"> <li>▪ Funding</li> <li>▪ Medicaid Navigator</li> <li>▪ DHCAA staff (supervision)</li> <li>▪ Rental of office space; provision of computer, etc.</li> </ul> <p>Kenosha Co. Medical Providers</p> <ul style="list-style-type: none"> <li>▪ Independent physicians</li> <li>▪ Aurora Medical Group (AMG)</li> <li>▪ United Hospital Group (UHG)</li> <li>▪ Kenosha Community Health Center</li> </ul> <p>Other community partners</p> <ul style="list-style-type: none"> <li>▪ WIC</li> <li>▪ PNCC</li> <li>▪ Job Center</li> <li>▪ Economic Support staff</li> </ul> <p>Supporting documents:</p> <ul style="list-style-type: none"> <li>▪ Guiding Principles</li> <li>▪ Intake form</li> <li>▪ Navigator job description [doesn't currently exist]</li> </ul> <p>Data:</p> <ul style="list-style-type: none"> <li>▪ Women's health histories, service needs</li> <li>▪ Monthly Medicaid births, by provider</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>▪ Patients needing prenatal care</li> </ul>	<p><i>What is done?</i></p> <p><u>DHS activities (infrastructure)</u>—Funds, hires, trains, &amp; supervises the Medicaid Navigator</p> <p><u>Navigator activities</u></p> <p>Accepts referrals</p> <p>Verifies women's Medicaid coverage through CARES:</p> <ul style="list-style-type: none"> <li>▪ Helps initiate Medicaid application if needed</li> <li>▪ Facilitates Medicaid enrollment, problem-solves</li> <li>▪ Lets providers know if there is current coverage</li> </ul> <p>Conducts intake/screening of women:</p> <ul style="list-style-type: none"> <li>▪ Gathers contact information, medical history, information about needs, preferences</li> <li>▪ Provides referrals to other services as needed</li> </ul> <p>Places women with a health care provider:</p> <ul style="list-style-type: none"> <li>▪ Considers women's needs/preferences, provider preferences, MA births per provider</li> <li>▪ Allocates/assigns women to providers</li> <li>▪ Repeats placement process if initial placement is unsatisfactory</li> </ul> <p>Coordinates with providers and other partners:</p> <ul style="list-style-type: none"> <li>▪ Monitors Medicaid births on monthly basis</li> <li>▪ Troubleshoots placements as needed</li> <li>▪ Outreach to raise awareness of Navigator services</li> <li>▪ Establishes relationships to facilitate women receiving community services</li> </ul> <p>Other components of the job:</p> <ul style="list-style-type: none"> <li>▪ Limited data collection, documentation, reporting</li> <li>▪ Schedules appointments for Spanish-speaking patients</li> </ul> <p><u>Provider activities</u></p> <ul style="list-style-type: none"> <li>▪ Provide Navigator with current data on MA births</li> <li>▪ Provide prenatal care to Medicaid recipients</li> <li>▪ Keep Navigator informed of problems/concerns with individual placements or the overall process</li> </ul>	<p><i>Who is reached (participation)? What is produced (deliverables)?</i></p> <p>Referrals to the Navigator</p> <ul style="list-style-type: none"> <li>▪ # of pregnant women referred to the Navigator to find prenatal care</li> <li>▪ # of pregnant women referred to the Navigator to have Medicaid coverage verified or enrollment problems resolved</li> <li>▪ # of pregnant women who seek out the Navigator to find prenatal care</li> </ul> <ul style="list-style-type: none"> <li>▪ # women screened by Navigator</li> <li>▪ # women for whom the Navigator facilitates or verifies Medicaid enrollment</li> <li>▪</li> <li>▪ # women placed by the Navigator with physicians for prenatal care</li> <li>▪ # women referred by the Navigator to other programs/services</li> </ul> <ul style="list-style-type: none"> <li>▪ # of appointments made</li> <li>▪ # of appointments kept</li> <li>▪ Program costs</li> </ul>	<p><i>What are the short-, medium- and long-term results or outcomes?</i></p> <p>Pregnant women on Medicaid:</p> <ul style="list-style-type: none"> <li>▪ know of Navigator services</li> <li>▪ seek out Navigator's assistance to locate prenatal care</li> <li>▪ keep [more] appointments</li> <li>▪ are satisfied with: <ul style="list-style-type: none"> <li>* Navigator services</li> <li>* prenatal care &amp; delivery</li> <li>* other services received (if any)</li> </ul> </li> <li>▪ receive earlier prenatal care</li> <li>▪ have fewer induced deliveries</li> <li>▪ deliver healthier babies</li> </ul> <p>County health care providers:</p> <ul style="list-style-type: none"> <li>▪ know of Navigator services</li> <li>▪ refer Medicaid-eligible women who need a health care provider to the Navigator</li> <li>▪ contact the Navigator for help in resolving problems with patients' Medicaid coverage</li> <li>▪ provide prenatal care to women on Medicaid</li> <li>▪ deliver babies for women on Medicaid</li> <li>▪ are satisfied with: <ul style="list-style-type: none"> <li>* Navigator services</li> <li>* experience of serving women on Medicaid</li> <li>* fairness of process for allocating Medicaid patients</li> </ul> </li> </ul> <p>Other community partners:</p> <ul style="list-style-type: none"> <li>▪ know of Navigator services</li> <li>▪ refer pregnant women needing a health care provider to the Navigator</li> <li>▪ provide services to pregnant women as needed</li> </ul>

## Appendix D: Primary Activities of the Kenosha Medicaid Navigator (Flow Chart)



**1) Ask/Record information from Patient:**

**Contact info:**

Name  
DOB  
Phone  
Language preference

**Coverage:**

Have Insurance? *If not*, refer to county or KCHC with BC+ enrollment  
If BC+, are they in an HMO or BCPP. Assist with HMO enrollment if necessary.

**Due date:**

Have pregnancy verification? *If not*, ask for LMP/EDC & refer to pregnancy testing.  
*If so*, record due date.

**Medical History/Condition:**

G/P's (G-P-EAB-SAB-Deliveries/C-Sections)

Major medical problems (diabetes, heart problems, thyroid problems, asthma, liver problems)

ER visits

Bleeding

Other conditions

Medications

**2) Make referral based on:**

- physicians that have not met target for the patient's delivery month (consider prior and subsequent month as well)
- patient's HMO
- Medical history – if any complications refer to an OB – let OB know specific conditions

**3) Work with doctor's office/patient to make appointment**

- Share patient's info – any special considerations (medical or language preference)
- Remind doctor to let you know if patient does not show or if they have any special concerns about patient

**4) Patient Education**

- a. Remind patient about importance of keeping appointment
- b. Ask if they are connected with PNCC/WIC if not – make referral
- c. Ask about other needs they might have - refer as appropriate (see referral sheet)
  - i. Transportation
  - ii. Smoking cessation
  - iii. Housing
  - iv. Employment assistance
  - v. Domestic abuse assistance
  - vi. Other

**5) Follow up**

- a. Call any referral locations to let them know of reference.
- b. Call patient to ensure she keeps appointments or reaches out to necessary agencies.

Appendix F

Name \_\_\_\_\_

DOB \_\_\_\_\_ EDD \_\_\_\_\_ LMP \_\_\_\_\_ G \_\_\_\_\_ / P \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance CARES # \_\_\_\_\_ MAID \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PNCC referral YES NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History and Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_