Matters of Record

News from the Center for Health Statistics Concerning the Oregon Birth Certificate

Issue: July 2011

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Introducing the redesigned Center for Health Statistics Web site!

We have overhauled the State of Oregon's Public Health Web site to make it more user friendly. The new Web site is organized by public health topics so many of the Web pages you access regularly may have changed location.

To get to the new Public Health Web site simply follow this link: http://public.health.oregon.gov

From the homepage of the new Web site, you can find information specific to vital records in the left menu under the heading of "Birth and Death Certificates." The left menu organizes vital records information into the following categories:

- Baby Names - A searchable database of baby names in Oregon since 1961.
- Get Vital Records - Information on ordering certified copies of vital records in Oregon.
- Change Vital Records - Information on amending vital records in Oregon.
- Register Vital Records - Information on registering vital records in Oregon. This link will direct you to archived copies of newsletters by topic and instructions for completion of vital records.
- Vital Statistics - Statistical information compiled from Oregon vital records.
- Surveys - Information on questions asked and statistical results of the behavior risk surveys conducted by CHS.

We encourage you to explore the new Web site and update any of your saved links to your favorite Web pages! ❖

Oregon Health Authority

Completing tobacco fields in birth and fetal death records

When creating a birth record or a fetal death record, you are asked to report on the mother's tobacco use during pregnancy. Accurate reporting of tobacco use is important for the following reasons:

- The data collected from these records are used by researchers to determine the effect of tobacco use on fetal and infant health;
- Likewise, this information is also used to plan tobacco control and prevention strategies and policies; and
- It saves money by reducing the amount of state and local staff time spent fixing records.

This article will discuss the difference between tobacco use reporting for births versus fetal deaths, as well as some common mistakes made when reporting tobacco use.

Reporting differences in birth versus fetal death

The tobacco reporting screen is located in the "Mother's Health" section in OVERS for both births and fetal deaths. The screens are nearly the same in both birth and fetal death, but with one difference. If you are entering a birth record, the first line asks about tobacco use over the entire course of the pregnancy ("Yes", "No", or "Unknown" can be selected). However, this menu is not available on the fetal death screen.

Both birth and fetal death contain four lines for entering the number of cigarettes or packs smoked per day in various three-month stages of pregnancy (pre-pregnancy, first trimester, second trimester, and third trimester).

Common mistakes

- Numbers of cigarettes smoked per day - The numbers of cigarettes or packs smoked per day during each three-month period is often very high. One of the reasons for this is that the person completing the record enters the total number of cigarettes or packs smoked during the entire three-month period. It is important to be sure you are entering the number of cigarettes or packs smoked, on average, in one day during that three-month period.
- Packs vs. Cigarettes - Another reason for high counts of cigarettes smoked per day is accidental selection of "packs" instead of "cigarettes". For each three-month period of pregnancy there are drop-down menus allowing you to select whether the person smoked a number of "cigarettes" or "packs" per day. One pack is equal to 20 cigarettes, so it is important this gets entered correctly.
- Blanks - The tobacco fields are often left blank. Usually this is done because tobacco use is unknown. If this is the case, "99 cigarettes" should be entered for each three-month pregnancy period where tobacco use is unknown. Do not enter "0 cigarettes" if tobacco use is unknown. A value of "0 cigarettes" should only be entered if it is known the mother did not smoke during that three month period.

Because tobacco use information on birth and fetal death certificates is used by

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researchers and policy makers, accuracy is important. Accuracy also results in fewer call-backs and corrections on records, which saves time and money for all involved in record creation and registration. ❖

Requested information for mother's height and weight

Since 2008, as a matter of public health, the Center for Health Statistics (CHS) has asked birth clerks to provide information regarding mother's height, pre-pregnancy weight and delivery weight. This information is used by the Center for Health Statistics (CHS) and the National Center for Health Statistics to monitor maternal health. Collecting this information is helpful in measuring health trends. This information is used in several reports, such as the Oregon Vital Statistics Annual Report and CD Summary published by the Public Health Division.

Due to the increase of obesity in the United States, weight has become a major health focus. Obesity during pregnancy can be associated with complications for both mother and child. This is also true of extremes in weight gain (very low or very high). These extremes are monitored as they may also contribute to mother and/or child complications.

The mother's height and weight information can come from several sources:

- Mother's worksheet
- Mother's medical chart
- Physician
- Informant on the birth certificate

When entering the mother's height in the Electronic Birth System (EBRS), indicate the height in feet and whole inches. If the mother's height is 5 feet 6 ½ inches, enter 5 feet 6 inches. If the mother's height is unknown, enter "99"in the feet-field and "99" in the inches-field. If you are unable to obtain this information, include a comment explaining why.

The mother's pre-pregnancy and delivery weights should be entered in whole pounds only. If mother's pre-pregnancy and/or delivery weight is <u>not</u> between 75 and 300 pounds, the weight should be verified. When mother's pre-pregnancy and/or delivery weight is unknown, enter "999," and include a comment stating why you were unable to obtain this information.

If the height and weight information provided on the worksheet by the mother <u>differs</u> from the medical chart, use the information on the medical chart instead.

When mother's height, pre-pregnancy weight, and delivery weight are incorrectly reported, someone from the CHS will call to either clarify or request the completion of information. Verifying the information at the same time you are completing the mother's worksheet eliminates extra work for both birth clerks and CHS staff.

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Mother's Height and Weight (Continued from page 3)

Thank you for your help in collecting this important information. If you have any questions, please contact Cynthia Roeser at 971-673-0478 or by email at cynthia.r.roeser@state.or.us. ❖

Reducing typographical errors

We need your assistance to reduce typographical errors found on new birth records submitted for registration.

We are finding more errors in names, dates of birth, gender, and addresses. For instance we are seeing:

- Discrepancies in spelling of names that appear more than once on the record;
- Differences in the mother's legal name and her name as the informant;
- Obvious gender errors where the name and gender do not match;
- Obvious misspellings of streets, towns, counties; and
- Statistical items left blank rather than listed as unknown (assuming item is unknown).

It would also be helpful if electronic amendments can be checked carefully. Make sure that all instances of a parent name or surname of child and parent are corrected at the same time. Proofreading can reduce the workload for both birth clerks and our amendment staff.❖

Duty to report

Oregon, like all states, has laws requiring birth, death, and fetal death reporting to the State Vital Records office. In this law, (ORS 432.206 for births), facilities are required to report all information on the birth certificate for births occurring at their facility. The birth attendant (physician, midwife, or other) is responsible for reporting births that occur outside facilities. Facilities usually delegate this reporting to their birth clerks, whether in the birth unit or medical records. It is the birth clerk's obligation to provide all of the information. This obligation creates several tasks:

- Worksheets should be complete. There are a few, (very few), items that can be "refused" or "unknown," but generally the birth certificate information must be entered. Mothers who submit partially finished worksheets should be contacted for needed information.
- Data should be accurate and consistent. For example, if a birth record is received where the mother had no previous pregnancies, but the record shows a previous poor outcome (such as small for gestational age) under risks, it is likely someone from the State Vital Records office will contact the facility to verify or correct the information.

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Duty to report (Continued from page 4)

- Responses to requests for missing or corrected data should be prompt. In addition to the original obligation to submit a complete birth record, the law, ORS 432.075 , also requires that birth, death, or fetal death information be provided to the State Registrar when requested. Every employee of the State Vital Records office is acting as an agent of the State Registrar whenever they call a facility. Please provide information to our office when requested.

Birth clerks, midwives, and physicians should all know that they are not merely copying information from the worksheet when completing a birth record. They are completing a legal obligation as a designated agent for a medical facility or as the attendant of an out of facility birth. The information submitted is not only required; it is important to parents, as well as public health and local services. You can see this in the specific example below.

Missing Residence Address on Birth Certificates

There have been instances of birth records being submitted with incomplete mother's residence address. This address field is for the mother's physical residence only. Post office boxes are mailing addresses, which are collected separately, and are not acceptable as a residence address.

- Residence information, as well as an accurate mailing address, is needed for the issuance of Social Security Cards – parents will not receive a card for their child if the record is missing address information.
- Health programs at the local, county and state levels use residence information when trying to determine health care needs.
- Residence information is used for statistical purposes, including infant death ratios, fertility rates, and even future school enrollment.
- The information shows the legal residence of the parent on the legal portion of the birth record.

It is the responsibility of the facility, delegated to the person completing the birth record to obtain this information and fill out the record accurately and completely (refer to Birth Certificate instructions rules ORS 432.206, ORS 432.075). If a parent does not fill out the address information on the worksheet, "Unknown" should not be entered on the record. Every attempt should first be made to gather this information from other sources including re-contacting the parent, finding the information on the hospital admittance form, checking other medical records, etc.

Contact our office if you are unable to obtain this information or in other special circumstances. We can direct you on a case-by-case basis as to how to complete the record.❖

Delivery payment source

How would you answer the following questions?

1. Are non-profit insurers, such as Blue Cross, classified as private insurance in the OVERS system?
2. Is Citizen/Alien Waived Emergent Care (CAWEM) classified as "other" on the OVERS screen?
3. How are out of state Medicaid and Medicaid combined with private insurance/self pay classified?

Do you feel like you answered the above questions correctly?

Are you anxiously awaiting the answers?

Please read on.

There is a good chance most of you answered the three quiz items correctly. However, there has been a growing trend to miscode "Private Insurance" and to overuse the "Other" category. Take a look at the table on the following page. Notice the growth in "Other" and the decrease in the "Private Insurance" categories from 2008 to 2010.

Method of Payment	2008	2009	2010
Medicaid/OHP	19,993	19,865	19,661
Private Insurance	26,204	24,568	22,547
Self-Pay	1,553	1,175	1,023
Indian Health Service	93	89	61
CHAMPUS/Tricare	285	365	423
Other Government	177	255	185
Other	560	643	861
Unknown	252	228	213
Total	**49,117**	**47,188**	**45,002**

In 2010, Blue Cross was coded as "other" 62 times, rather than in its correct classification of "Private Insurance." The private insurer, ODS, was coded incorrectly 83 times. For data collection purposes, for-profit companies, such as Aetna, and non-profit insurers, like Kaiser and Blue Cross, are both categorized as "Private Insurance". When labor and delivery are covered by the mother or a family member's employer-paid insurance, use the "Private Insurance" payment category.

The State of Oregon provided payment source, CAWEM, was coded as "other" 594 times in 2010. The funding for CAWEM has the same source as Medicaid and OHP, and belongs in the same payment category. You may have noticed the recent change to the OVERS payment source drop down menu. CAWEM was recently added to the Medicaid/OHP option; it now reads, "Medicaid/OHP/ CAWEM."

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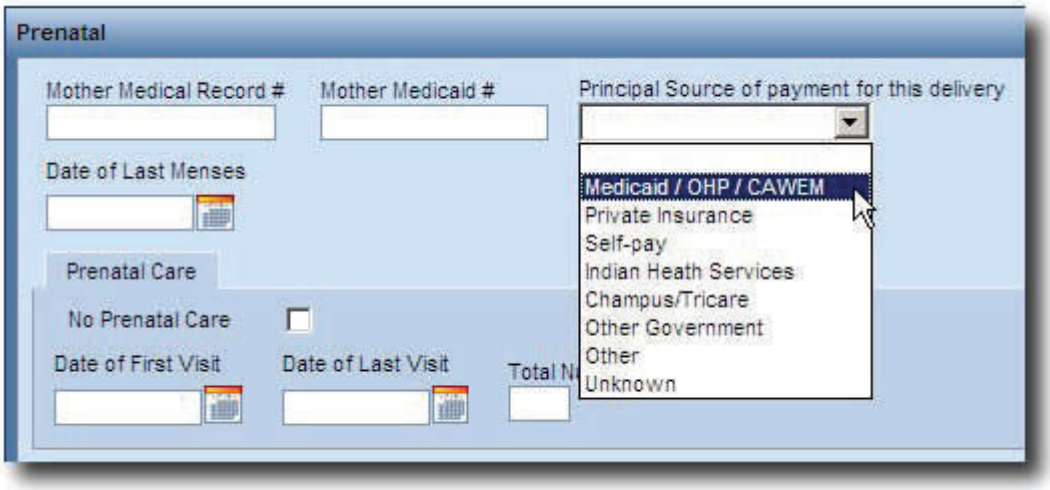
Delivery payment source (Continued from page 6)



The last quiz question refers to Medicaid coding. In 2010, Medicaid was coded as "other" 43 times. Most of the Medicaid miscoding is related to confusion about two issues: (1) out-of-state Medicaid, and (2) the mixture of Medicaid and private insurance. Out-of-state Medicaid is a government provided payment source and should be coded as "Medicaid/OHP/CAWEM." This is also true when the payment source is a combination of Medicaid and self pay.

The Center for Health Statistics (CHS) provides information on source of payment for delivery to other State of Oregon departments and programs such as Women, Infants and Children (WIC) and the Division of Medical Assistance Programs (DMAP). Incorrectly coded information could affect policy decisions and program funding. Additionally, the data are used by outside researchers and are reported in the Oregon Vital Statistics Annual Report.

On page 9 is a list of the items that have been coded as "Other". The second column provides the corrected coding (which is "other" in some instances). It is our hope that you will be able to use the list as a guide when you have questions about how to categorize a payment source. Payment source data entry is complicated; we thank you for your great work, helping us gather accurate birth certificate data! If you have any questions or require further assistance, please contact Cynthia Roeser at (971) 673-0478.❖

Paternity forms and birth certificate order forms are changing

The paternity forms, 45-21 and 45-31, are changing. New forms will be sent to you sometime in the fall. This is not a legal form change, so the forms dated 01/08 can still be used and will be accepted.

The most obvious change in the paternity form is the paper size and the addition of an instruction page on the front of the form. The new form is 8 ½ X 11 inches and there are the instructions on a separate sheet. We have changed the placement of some of the items on the page to make the form easier to use.

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Paternity and Birth Order forms changing (Continued from page 7)

The new version of the form will **not** be available for download from the Oregon Vital Events Registration System (OVERS) because of cost. However, the previous version of the form will remain available for use in OVERS.

If you provide birth certificate order forms to your patients, please note that form has also changed effective August 1. The Birth Record Order Form can be downloaded from the Center for Health Statistics website or you can order copies by contacting our office using the form 45-43. There is a policy change for ordering records. As of August 1, identification is now required for all orders for birth certificates received by mail. ❖

2010 Payment Sources Coded as "Other" and Corrected Coding	
Payment Source	**Correct Coding**
Aetna	Private Insurance
American International Assurance	Private Insurance
Assurant Health	Private Insurance
Blue Cross Blue Shield	Private Insurance
Boys & Girls Aid	Other
Bridge Program	Private Insurance
California Medicaid/Medi Cal	Medicaid/OHP/CAWEM
Care Oregon OHP	Medicaid/OHP/CAWEM
CAWEM	Medicaid/OHP/CAWEM
CHAMPUS/Tricare Basic Plan/Triwest/VA Administration	Champus/ Tricare
Charity Care/No Charge/Financial Assistance	Other
CIGNA Basic Plan	Private Insurance
Clarendon Insurance Group (CIG)	Private Insurance
Clear Choice Health Plans/Central Oregon Individual Health Solutions (COIHS)	Private Insurance
County Corrections/Jail/ODOC Correctional Health/CCCF	Other Government
Crime Victims	Other Government
DHS Emergency Medical/Oregon Medicaid Emergency/Applied for Medicaid/OHP	Medicaid/OHP/CAWEM
Fortis Insurance	Private Insurance
Government Employees Basic Plan/Mail Handlers Benefit Plan	Private Insurance
Grande Ronde (or any mention of a tribal group)	Indian Health Services
Health Net	Private Insurance
Health Savings Account (HSA)	Self-Pay
Healthcomp	Private Insurance
Home Birth	Other
Kaiser Permanente	Private Insurance
LifeWise OR	Private Insurance
Marion County prenatal plan	Other Government
Medicaid/OHP/ Medicare/OMAP	Medicaid/OHP/CAWEM
Nesika Health Group	Private Insurance
No Insurance/None/Uninsured	Self-Pay
Not Specified	Unknown
ODS/PERS ODS Health Plan	Private Insurance
PacificCare of Oregon	Private Insurance
Pacific Source	Private Insurance
Principle Financial Group	Private Insurance
Providence Health Plan	Private Insurance
Shasta Administrative Services	Private Insurance
United Health Care	Private Insurance
Washington Medicaid	Medicaid/OHP

Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioshi at 971-673-1166 or Judy.Shioshi@state.or.us. Judy collects ideas for articles and then shares them with the writing team.

Thank you to the contributors of this newsletter:
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Have a question? Try asking one of the helpful CHS staff listed below.

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