



OPERATIONAL POLICY



**TO: PROVIDERS OF OBSTETRICAL CARE
RIGHT FROM THE START LEAD AGENCIES**

**FROM: JEANNIE CLARK, DIRECTOR, PERINATAL SERVICES
DIVISION OF PERINATAL AND WOMEN'S HEALTH**

**RE: OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH (OMCFH)
RIGHT FROM THE START/OBSTETRICAL PATIENT ELIGIBILITY AND
COVERAGE**

ISSUE DATE: FEBRUARY 22, 2002

EFFECTIVE DATE: JANUARY 1, 2002

OMCFH RFTS/OBSTETRICAL PATIENT ELIGIBILITY

Ensuring access to health care for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at-risk of adverse health outcomes. Medicaid and OMCFH share a common commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight, and improving the health status of West Virginia's children. When medically-indigent pregnant women are determined to be ineligible for Medicaid, Right From The Start (RFTS) reviews these application and if they have incomes at or below 185% of the Federal Poverty Level (FPL), the OMCFH pays for their prenatal, postpartum, and infant care.ω

NEW POLICY DIRECTIVE:

Effective January 1, 2002, the Office of Maternal, Child and Family Health, Right From The Start/Obstetrical Care Services, will sponsor all **pregnant** teens, regardless of family income, for all RFTS services. All teens must apply for a Medicaid Card and be denied before they can be determined eligible for OMCFH/RFTS/Obstetrical Care Services.

Pregnant teens age 19 years and younger who have an EDC on or before June 30, 2002, who were previously denied, are now eligible for coverage for their obstetrical care through the OMCFH/RFTS/Obstetrical Care Services. This will include routine prenatal care, associated laboratory and diagnostic testing, delivery and postpartum care, as well as care coordination and enhanced services through RFTS. All RFTS/Obstetrical Care Services will continue to be paid at the current Medicaid reimbursement rate.

ωReminder: The OMCFH card covers only services which are included in standard prenatal care and does not cover such services as ER visits, hospitalization other than at the time of delivery, ambulance fees, etc.

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Form 04-OP

The Office of Maternal, Child and Family Health will continue to provide presumptive eligibility coverage for the initial prenatal visit for low income, uninsured or underinsured women. The initial visit can include the office visit, routine lab work, one ultrasound, if necessary, and the completion of the high risk assessment tool for the Right From The Start Project. Payment for additional visits will be the patient's responsibility if she is not Medicaid or OMCFH eligible.

This group includes:

- X Pregnant women who have not applied for Medicaid;
- X Pregnant women who have applied for Medicaid but have not had their eligibility determined; and
- X Pregnant women who are eligible for Medicaid but cannot have their coverage backdated to cover the initial visit.

All pregnant women should be encouraged to apply for Medicaid by completing the shortened eligibility form or applying at the local DHHR office. Proof of pregnancy and household income must be provided when applying for Medicaid.

JC/dh

cc: Henry G. Taylor, MD, MPH, Commissioner, BPH
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