



Enrollment Process for Pregnant Woman Coverage

May 21, 2009

Purpose

- The main issue on the table is **the process to ascertain eligibility** for pregnant women and the fact that according to the local health departments **the process is often one of the reasons that a pregnant woman starts prenatal care later than recommended.**

-Gianfranco Pezzino

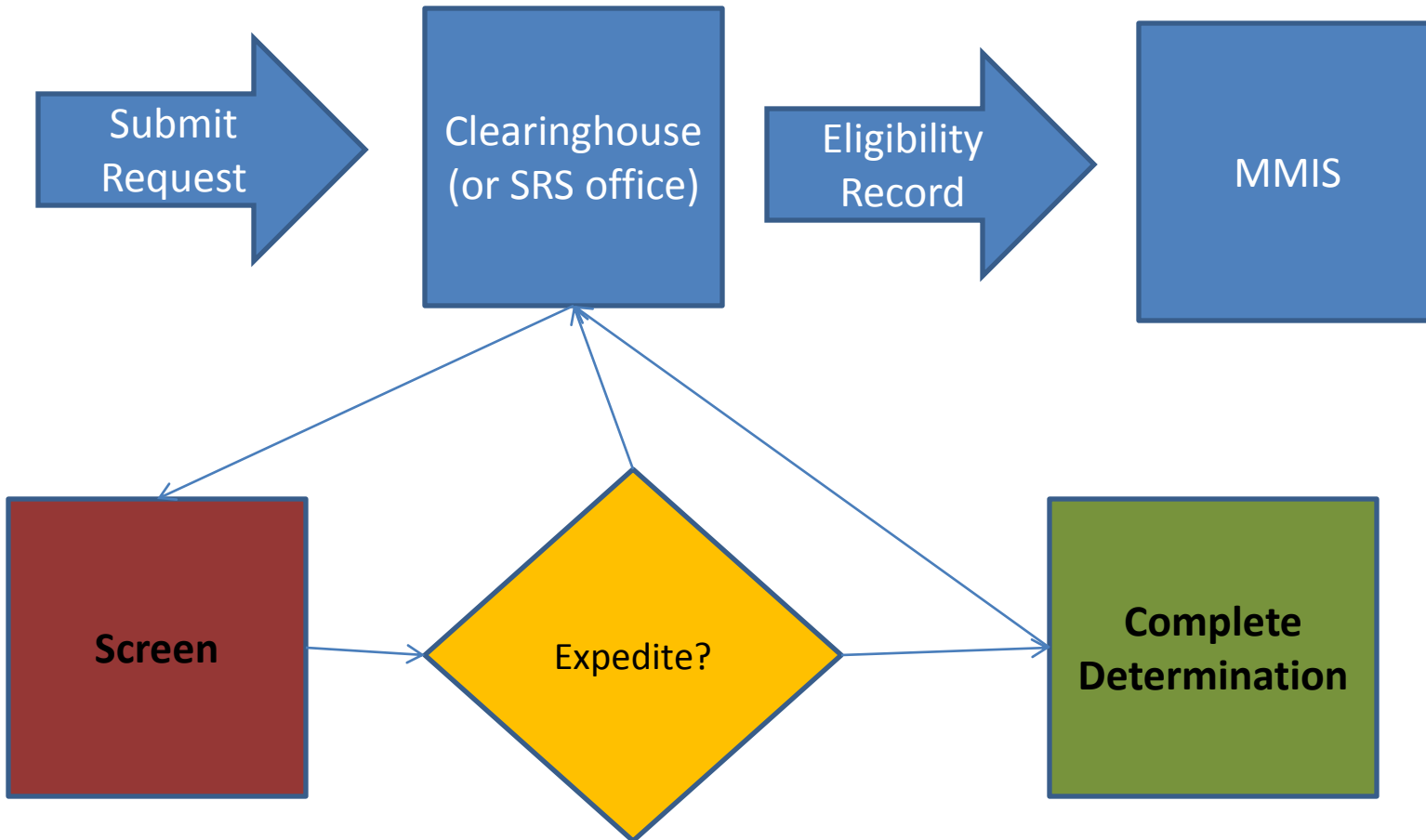
Purpose

- The process to ascertain eligibility.
- The dangers of “often.”
- The process as keeping women from seeking prenatal care when recommended.

Setting the Stage—Private Insurance

- State Employee Plan
 - Complete enrollment within 31 days of employment.
 - 60 day waiting period.
 - Open enrollment—October, plan start Jan.
 - Qualifying event.
- Other employer based insurance—similar process.
- Individual plans—varying waiting periods with pre-existing conditions.

Process



How Requests Are Received

- Application Form.
- On a Review Form
- “Case Maintenance.” For Instance, Children Are Covered, Mother Calls to Report She is Pregnant and Request Coverage.

Can We Expedite?

- Citizenship and Identification Documentation.
- Income Information for Mother and Father.
- Information About Who is in the Household.
- Statement of Pregnancy (not verification).

Verification For Continuing Coverage

- Verification of Pregnancy with Due Date.
- Verification of Income.
- Could Be Other Verification Depending On Information On Application.

Coverage Period

- Can Cover Up To Three Months Prior to Month of Application if All Eligibility Criteria Are Met.
- Woman Is Continuously Eligible Through the Month the Baby Is Born or Pregnancy Otherwise Terminates, Plus Two Months Post Partum. (Some conditions can break continuous eligibility period).
- Baby Is Automatically Eligible if Born to Medicaid Mother and Continuously Eligible Through Month of First Birth.

Some Numbers

- From January 1, 2009 Through May 15, 2009, The Clearinghouse Received:
 - Avg. 91 Requests Per Day.
 - 1,940 Requests Per Month.
 - 5,373 Via New Application.
 - 1,601 Via Review Form.
 - 1,755 Via Case Maintenance Request.
 - 8,729 Total.

More Numbers

- Federal Standard Is to Complete Processing Within 45 Days. Expedites to Have Medical Card in 10 Days.
- From January Through March, 52% Were Completed Within 20 Days.
- April to May 15, 70% Were Completed Within 20 Days.
- Expedites Are Completed Within 5 Days of Receipt.

Top Reasons We Can't Expedite

- Citizenship and Identity Verification Not Provided.
- Emancipation Information for Minors.
- Income Discrepancies.
- Household Composition.

The Danger of “Often”

- Anecdotal.
- Not Quantifiable.
- May Be Masking Complex Issues or Other Explanations.
- Leads To Uninformed And “Often” Bad Policy Making.

Having Said That...

- ...Front Line Experience is Important.
- Anecdotes Can Point Us Toward Areas We Need To Investigate, Study, Consider.
- Medicaid Is Important to Comprehensive Picture for Adequate Prenatal Care—KHPA Wants to Partner to Improve Outcomes.
- Improved Processes for Enrollment Not the Silver Bullet.

Bottom Line

- Process Has Some Glitches—Some Unavoidable Due to Federal Mandates.
- Still, Compared to Private Insurance, Pretty Streamlined—a Lot is Required Though. Probably Won't Change.
- Things Are Likely to Get Worse. With Budget Situation, Economic Downturn, Backlog is Predicted.
- How Can We Help Each Other?