

Expediting Access to Care for Pregnant Women

Prepared by One Voice for Volusia
for the Healthy Start Coalition of Flagler and Volusia Counties, Inc.

Phase 1

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Phase 2

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GOALS – PHASE 1

The goals of this project are to explore the systems and processes for pregnant women seeking Medicaid benefits for maternity healthcare in order to,

- identify local and systems barriers to accessing maternity care as early as possible during pregnancy
- gather suggestions for removing these barriers,
- and share the results with all stakeholders.

METHODOLOGY – LISTENING PROCESS

Knowing that each partner in this project knew best about their process, it was important to gather most of the information by listening to the staff members who are implementing each step in their process. To provide a framework for the listening sessions, the Department of Children and Families (DCF) policies and procedures regarding pregnancy Medicaid were researched and reviewed.

Telephone and personal interviews with DCF staff were conducted. A meeting and follow-up electronic correspondence with key staff members at the Flagler County Health Department provided insight into their process for accessing maternity care. Similarly, a meeting with key representatives from each of the four Volusia County Health Department sites was most educational. Additionally, listening to the MomCare specialists at Healthy Start provided a description of their advocacy efforts on behalf of pregnant women.

Follow-up phone and electronic communications provided additional clarification and detail. All the information was compiled and drafts of flow charts and narrative descriptions resulting from each of the meetings were circulated to the correlating staff persons.

The final step is to share the results of this project with all partners. The presentation of this information will offer a forum for open discussion of the issues and ways to address them.

BIRTHS IN FLAGLER AND VOLUSIA COUNTIES

There were 6,205 births in Flagler (942) and Volusia (5,263) Counties in 2006 and 5,782 in 2005. Medicaid paid for 52.3% of births in Volusia County and 46.4% of births in Flagler County. Also, Volusia County had 42.1% paid by private insurance where Flagler had 45.6% paid by private insurance. Volusia County had 5.5% and Flagler County had 8.0% of births either self-paid or paid by another source. (Source: Florida CHARTS)

There are 14 Obstetrics medical providers in Volusia County. There are no OB medical providers in Flagler County. All Flagler County residents must travel to surrounding counties or receive maternity care at the Flagler County Health Department (FCHD). However, FCHD can only treat pregnant women until the third trimester begins when they must transfer to a physician in a surrounding county to prepare for delivery. Most Flagler women seek maternity care in Volusia County. In 2006, Flagler County had 88.9% of births occurring at a hospital attended by a physician. At the same time, Volusia County had 87.4% of deliveries attended by a physician with all but 1 (delivered en route) delivered in a hospital. Most of the remaining deliveries were attended by a midwife in a hospital (Source: Florida CHARTS).

OVERVIEW OF THE MEDICAID APPLICATION PROCESS

At the time of this report, families at 185% of the poverty level are eligible for Medicaid (\$32,560 for a family of three).^{*} The Department of Children and Families (DCF) determines Medicaid eligibility. DCF Operating Procedures describe the three ways to apply for pregnancy Medicaid. The ACCESS Florida Application is available for pregnancy Medicaid as well as other DCF benefits and may also include other members of the family. The Simplified Eligibility for Pregnant Women (SEPW) application form is available for maternity care only (sometimes called MomCare) and was designed in 2001 to allow pregnant women to be approved more quickly and simply. Finally, there is Presumptively Eligible Pregnant Women (PEPW) for temporary (up to 60 days) Medicaid coverage of prenatal outpatient care. PEPW is also referred to as MU (Medicaid Undetermined). Pregnancy Medicaid is sometimes referred to as SOBRA Medicaid so called for the congressional act that authorizes the coverage.

For ACCESS, pregnant women may apply at DCF by fax, mail, in person or online. They may also apply at many partner sites offering computers for online applications. The SEPW form is by hard copy only and cannot be applied for online although the form is available on the DCF and Healthy Start websites. The completed paper form must be faxed, mailed or delivered to DCF. PEPW is available only through a Qualified Designated Provider (QDP). A QDP must be a county health department, children's medical services or Regional Perinatal Intensive Care Center. DCF may also approve other designated providers.

PEPW eligibility is usually determined by the QDP on the same day the application is received. To receive PEPW coverage, the SEPW application form is completed and must be submitted, along with any required verification gathered, by the QDP to DCF within 5 working days. Medicaid eligibility using SEPW (or ACCESS) is to be determined by DCF within 45 days at the maximum. The determination period starts on the day after the application is received. However, at any point in the determination process additional information may be needed and the time frame may be extended. When Medicaid eligibility has been determined, PEPW is terminated. Pregnancy Medicaid is also referred to as MMP.

In order for DCF to process any pregnancy Medicaid application there are documents of required verification that must be submitted to complete the application process:

PEPW:

- Proof of pregnancy from a medical provider—pregnancy test and due date or estimated date of confinement (EDC). A medical provider is a doctor, nurse or midwife.
- **Verbal** Statement of Income

SEPW:

- Proof of pregnancy from a medical provider
- Proof of citizenship and identity for US Citizens
- Proof of non-citizen status for non-citizens
- Proof of income (application should not be delayed waiting for this)
- Proof of self-employment income

ACCESS:

- Proof of pregnancy from a medical provider
- Proof of citizenship and identity for US citizens
- Proof of non-citizen status for non-citizens
- Proof of income for all household members

^{*}Currently, pregnant women who exceed the income limitation may be eligible for Medically Needed coverage. This coverage considers income and assets and includes a "share of cost" similar to an insurance deductible.

ACCESS TO MATERNITY CARE

According to DCF Operating Procedures, for a pregnant woman who already has Medicaid coverage, no further action is needed to start accessing care from a medical provider who accepts Medicaid.

If a pregnant woman does not currently receive Medicaid and files an application with DCF – either SEPW or ACCESS – coverage begins on the first day of the application month and lasts through two post-partum months after eligibility has been determined. If determined eligible, coverage may be retroactive up to three months, if requested, if eligible during that time, and the woman was pregnant during that time. If determined ineligible, no coverage is provided for any visits to a medical provider.

If a pregnant woman applies at a QDP, she may apply for PEPW. PEPW determination is usually made the same day she applies. Her PEPW coverage is for outpatient services only and is considered temporary Medicaid for up to 60 days. PEPW may also be referred to as MU (Medicaid Undetermined). Her Medicaid application is submitted to DCF within 5 days of her PEPW determination and DCF processes the application within 45 days at a maximum. A gold plastic Medicaid card will be sent to the applicant within two weeks if this is the first time the applicant has ever had Medicaid. Theoretically, Medicaid eligibility will be determined before her 60 days of temporary eligibility is exhausted. However, if required verification documents are not associated with the initial PEPW/SEPW application in a timely manner, the maximum time limit for processing may be delayed or the case may be closed. PEPW coverage is available for only one 60-day period during each pregnancy.

Ideally, if a pregnant woman seeks maternity care at a QDP when she first believes she is pregnant, she could enter maternity care in the first trimester with PEPW coverage, receive Medicaid eligibility before entering the 2nd trimester, and continue with the care of her choice until two months post-partum. However, if she delays seeking care until the 2nd trimester and encounters any delay in associating her required verification with her initial application, she could be in her 3rd trimester when eligibility is determined. At that time, she would be “locked in” (or out) for choosing her medical provider because of the ethical and medical increased risk in providing quality care for a pregnant woman seen by a physician for the first time in the 3rd trimester. For the rolling-three-year period of 2004-2006, in Flagler County 80.6% of pregnant women for whom prenatal care status was known received prenatal care in the first trimester. In Volusia County the number was 78.6% (Source: Florida CHARTS).

LOCAL MEDICAID APPLICATION PROCESS

Locally, the same general process as outlined above is in place. The local DCF office uses a management system for paper processing. All paper documents are scanned (optimally within 2 days of receipt) and put into the management system. The first step is client registration in the management system to create an electronic file. If a client has had a Medicaid number **at any time in her life**, that number will be linked to the current file and a new Medicaid card will not be issued unless requested. If there is no previous Medicaid case/number, then a number will be assigned.

Each new registration is assigned to a Processor by a circuit-wide “round-robin” system. The circuit includes Flagler, Volusia, Putnam and St. Johns Counties. If an SEPW and an ACCESS application have both been submitted, they will be combined into one file on the ACCESS timeline. If the pregnant woman is seeking other Economic Self-Sufficiency (ESS) services, it may delay the Medicaid determination for pregnancy coverage.

When the Processor is assigned the case, the file will be reviewed for required verification documents. In most cases, all required verification documents are not submitted with the application. When required verification is needed, a letter to the applicant is generated requesting the specific documentation with a due date for submitting same. The time period between requesting required verification and the due date is called the pending term. The pending term is approximately 10 days. At the end of the pending term, the Processor will review the file for receipt of the required verification. If the documentation has been received, the Processor will complete the case and either approve or deny Medicaid eligibility. If the documentation has not been received, the file may be closed. Files are not always closed immediately at the end of the pending term in an attempt to be sensitive to the demands in a pregnant woman's life. However, if the required verification has not been received within 24 days, the case will definitely be closed.

Upon determination, a letter is sent to the client with notification of approval or denial. SEPW provides full coverage. ACCESS coverage may have some "share of cost" similar to a deductible in private insurance. Notification is also provided to the QDP and PEPW coverage is terminated.

It should be noted that if a pregnant woman is eligible for Medicaid even 1 day during her pregnancy, she is eligible for the remainder of the pregnancy and two months post partum. Additionally, if a woman is ineligible when she first applies, her situation might change during the pregnancy and she may be determined eligible if she applies again, particularly if she stops working due to the pregnancy thereby reducing her income.

Throughout the Medicaid application process, questions about the process and determination of eligibility must be posed through the DCF Call Center. The Call Center is a statewide system with three offices in Miami, Tampa and Jacksonville. If one Call Center office is over extended due to a high call volume, the call may rollover to another office. All Call Center personnel should have the same access to the Medicaid file. Calls to the Call Center are not transferred out of the state. While some ACCESS application storefront sites have staff available to assist with the application process, DCF staff are not available locally to discuss individual cases.

QDP MATERNITY CARE PROCESS

The only QDP's in Volusia and Flagler Counties are the County Health Departments and, on rare occasions only, Children's Medical Services. Although the processes are similar, each QDP has its own process for serving pregnant women as outlined below.

FLAGLER COUNTY HEALTH DEPARTMENT

FCHD staff state that most women in Flagler County know that FCHD is the place to seek maternity care when a patient has no private insurance coverage. Besides self-referral, patients are referred from local community based organizations and crisis centers. Patients are also informally referred by the local DCF office.

If a patient calls ahead or walks into the office, the appointment clerk will make a Nurse Appointment often in the same day. At the same time, a Booking/Prenatal Appointment (PNA) is scheduled usually within one week.

At the Nurses Appointment, the patient will receive nurse counseling, a pregnancy test, determination of her EDC, STI and HIV prevention counseling, an HIV test, alcohol/drug/medication and tobacco co-avoidance, non-directive counseling on pregnancy options, healthy diet including a multiple vitamin

with folic acid, a WIC/Nutrition appointment, counseling to seek medical attention for specific medical symptoms, referred to a provider of choice, and financial counseling. The financial counseling will include applying for PEPW. The patient will also receive instructions for required verification documents and is asked to bring those documents to FCHD on or before the PNA. The Healthy Start screening education is started.

At the Prenatal Appointment, the patient will undergo the first care by a medical provider including an exam, patient history, prenatal education according to trimester, and lab work. At this time, the Healthy Start screening is completed. Family Planning information is also gathered at the PNA. Any required verification documents submitted by the patient will be forwarded to DCF with the patient's temporary Medicaid number clearly noted.

The following information was gathered anecdotally:

- Approximately 85% of Flagler pregnant women seeking maternity care through Medicaid apply at FCHD.
- There is an approximate 75% compliance rate of submitting all required verification documents to FCHD.
- Approximately 10% of those seeking care are undocumented persons.
- Approximately 75% of those who are determined Medicaid eligible choose FCHD for their maternity care for as long as possible.
- Approximately 15% are determined Medicaid ineligible on the first try and are encouraged to apply again. Often the 2nd application is approved.
- If determined Medicaid ineligible, the patient still receives maternity care at FCHD.

VOLUSIA COUNTY HEALTH DEPARTMENT

There are four VCHD sites: Daytona Beach, DeLand, Deltona and New Smyrna Beach. While they all have similar processes, each is slightly different in their maternity care process. At all sites pregnant women learn about health department services from the pregnancy crisis center, physicians or hospital emergency rooms in that region. In Daytona Beach, DeLand and New Smyrna Beach the family health centers (clinics) are also a referral source. In New Smyrna Beach, VCHD staff state that there is general community knowledge about health department services. All sites also receive self-referrals from pregnant women new to the county or state.

First contact with VCHD staff is equally divided between phone calls or walk-in. If patients phone first, they will make a Financial Appointment and a Nurses Appointment. They will also receive instructions about what to bring with them to apply for PEPW Medicaid. The length of time until each appointment varies at each site depending on capacity. Other appointments, such as WIC, may also be scheduled at this time depending on the site. At all sites except Daytona Beach, the clerk registers the patient in the computer system on the first visit. Whether phone or walk-in, the Nurses Appointment is usually scheduled within one week at all sites and often on that same day.

Nurses Appointment: Patients receive Nurse Counseling and start-up vitamins at this appointment. Many pregnant women present to VCHD staff with a pregnancy test and estimated date of confinement (EDC) from a pregnancy crisis center. This information is acceptable to DCF from most centers; however, there are a few centers from which this information is not acceptable and the pregnancy test and EDC must be performed by VCHD staff at the Nurses Appointment. At the Deltona site, women usually require a pregnancy test and EDC determination because there are few pregnancy crisis centers in the area.

Financial Appointment: Although the timing is different at each site, generally speaking a Financial Appointment will occur at the time of the Nurses Appointment or within a few days thereafter. At this

appointment, patients will receive financial counseling, provide information for PEPW Medicaid and, if eligible, be approved for PEPW. When approved, a Medicaid number is given to the patient with instructions as to what services are covered. If required verification attachments are needed, the patient is instructed to submit those documents to DCF or bring them back to the VCHD for submission to DCF. If the documents are returned to VCHD, the patient receives a Presumptively Eligible Number (PEN) which is the same as a Medicaid number. Additionally, VCHD staff will obtain the DCF case number and staple this information to the attachments. All outlying VCHD sites submit PEPW applications and attachments to the Daytona Beach Financial Counselor who submits all documentation to DCF by courier within one to two days of receipt.

Prenatal Appointment: The final appointment for entry into the public health system is the Prenatal Appointment (PNA). The PNA occurs between two to three days and two to four weeks after the Financial Appointment depending on the site. At all sites except Daytona Beach, patients receive clinical phone instructions prior to the PNA. Deltona does not have maternity services at the clinic so all Deltona patients are seen at the DeLand clinic for the PNA. The PNA is sometimes referred to as the Booking Appointment.

The Prenatal Appointment includes taking the patient's history, performing a physical exam, performing in-house lab work or referring to a hospital for additional lab tests, an HIV test (or referral), sonogram, prenatal education and the Healthy Start Screen. This is often the first appointment with a physician during the maternity care process and concludes the entry process into the public health maternity care system.

The following information was gathered anecdotally:

- In Daytona Beach and New Smyrna Beach, approximately 95% of applicants are determined Medicaid eligible
- In Deltona approximately 80-85% are determined Medicaid eligible
- In DeLand approximately 35-40% are determined Medicaid eligible often due to undocumented status
- In Deltona, teenage mothers living with their families may be determined ineligible because the family income must be included when determining eligibility
- At all sites, eligibility is usually determined during PEPW/MU status
- At all sites, maternity care is usually timely, unless the pregnant woman applies at DCF first and does not apply for PEPW

HEALTHY START PROCESS

Every Monday the MomCare specialists at the Healthy Start Coalition of Flagler and Volusia Counties (HS) receive a list of approximately 70 to 80 names of the pregnant women who have applied for Medicaid. The list includes both PEPW/MU and MMP (pregnancy Medicaid approved) status women. Within five days, a MomCare specialist will contact each woman on the list to let them know that Healthy Start is their maternity care adviser for pregnancy Medicaid. MomCare staff can assist pregnant women in both English and Spanish. From the point of contact until two months post partum MomCare staff will serve as a liaison between medical providers and Medicaid patients to assist them in navigating the system. Pregnant women are sent a packet (available in both languages) with information on resources and self-care. During the 3rd trimester another packet is sent with information on family planning, participating pediatricians, and HMO providers. Additionally, MomCare staff facilitate the woman's connection to a medical provider.

After the baby's birth the mother calls the Healthy Start MomCare Maternity Advisor to provide the health outcome. During that phone conversation, MomCare staff will explain that the mother has two months of Medicaid coverage remaining in her MMP status and provide information on activating the baby's Medicaid coverage. At this time Healthy Start also offers information on the Family Planning Waiver, regular Medicaid coverage and other DCF services.

Once contacted by Healthy Start MomCare, a pregnant woman can call MomCare anytime to discuss any problems or questions regarding their maternity care. If the Healthy Start MomCare program is contacted by a woman before she has applied for Medicaid or sought medical care, she will be referred to the health department nearest her and/or DCF.

BARRIERS TO ACCESSING MATERNITY CARE

The situations listed below were identified as frequent barriers or delays to Medicaid application processing and subsequent maternity care. Due to their generic nature, they are being appropriated as "systems barriers":

- Applying for Medicaid at DCF without applying for PEPW
- Applying for ACCESS rather than PEPW or SEPW
- Obtaining out-of-state birth certificates
- Health Departments do not have attestation forms
- Self-administered pregnancy tests not acceptable
- Undocumented persons are ineligible for Medicaid and often wait until late in the pregnancy to seek maternity care due to the 45-day processing period and 60-day PEPW eligibility period
- Reduced client contact at DCF
- Women seek maternity care late into their pregnancy
- Private medical providers hesitate to accept PEPW/MU status women
- Getting an appointment with a private provider prior to obtaining an MMP status

The additional barriers listed below seemed to be a result of local operations among the participating partners. Logically, these are referred to as "local barriers".

- SEPW applications are taking as long to process as are ACCESS applications
- Required verification submitted to DCF separately from an application is not being associated with the initial application in a timely manner
- Reports of DCF requesting the same required verification documents multiple times
- Large population of undocumented persons in some areas of both counties
- Language barriers – interpreters available but cover multiple departments and must be scheduled (Flagler)
- No OB physicians in Flagler County, no OB physicians in Pierson
- Limited number of physicians who accept Medicaid and even fewer who accept PEPW/MU
- Transportation, particularly in Flagler where it takes up to 2 weeks to be enrolled in the transportation program
- Usually takes the full 45 days, and sometimes longer, to determine eligibility
- No dental providers
- Pregnant women not receiving the Medicaid gold card following approval
- Social Security Numbers not placed on required verification documents
- Transition of Medicaid coverage when entering/leaving jail/prison
- DCF cannot add FTE's even if an outside funder supports a designated physician

POTENTIAL SOLUTIONS

Staff at all partner organizations in the Medicaid process are interested in reducing or removing the barriers listed above. All partners also appreciated the recent addition of a key staff person at DCF who is knowledgeable, helpful and available to assist with special circumstances as needed. Partners seem willing to cooperate to alleviate delays in accessing maternity care and offered several suggestions for potential solutions to some of the barriers.

- In Flagler, a Healthy Start care coordinator will soon be on staff
- Open the communication among partner organizations and build relationships with counterparts
- Ability to speak directly with a local DCF staff person who would be knowledgeable about a case
- DCF processor dedicated to pregnancy Medicaid
- Triage/prioritize late stage pregnancy Medicaid applications
- On-site Medicaid approval at local health departments
- A “one stop” shop for pregnancy tests; EDC; enroll in WIC, Healthy Start and Medicaid; receive counseling and medical care
- More physicians accepting PEPW and MMP Medicaid
- Reimbursement to patient when a private provider has been paid by the patient and then Medicaid is approved
- Accept self-administered pregnancy tests
- DCF staff co-located in the health department, particularly for scanning documents
- If application made at DCF, refer women to the QPD for PEPW
- Notify Healthy Start staff when PEPW terminated, whether MMP started or case closed
- Better labeling on required documentation submitted to DCF
- Add Social Security Numbers (or date of birth if no SSN) on all documents sent to DCF
- Some physicians who will continue care to PEPW patients when Medicaid denied
- Fax-to-scan system expected at DCF within next 3 months
- High risk care coordinator being contracted for coordination in the jail

OUTCOMES

As the result of this exploration process, the following outcomes have been achieved:

1. A single document has been created that outlines each partners' process and highlights where those processes enhance or inhibit one another
2. A list of local and systemic barriers have been identified by key partner staff
3. A list of potential solutions to removing the barriers has been generated
4. All partners have a better awareness and understanding of each partners' process
5. All partners' leaders have an opportunity to have a productive dialog about the process
6. Healthy Start has modified service delivery to FCHD to support continuing access to prenatal care
7. Healthy Start implemented a high risk care coordinator team

FINDINGS

There are several key findings about the partners' processes that have become apparent as the exploration was completed. They are as follows:

1. Acknowledgement that approximately half of all births in Volusia and Flagler counties are paid by Medicaid. This exploration has been worthwhile and could lead to cost savings due to reduced duplication of effort and potential procedural changes on the part of all concerned.
2. Required verification documents are not easily associated with the Medicaid case file in order to be processed timely by DCF.

Vast amounts of paper documents are submitted to DCF. These documents come by fax, courier, mail and the drop box. At busy locations the drop box is emptied hourly and all paper documents are date stamped. The paper management system at DCF has recently been improved by scanning all documents to create an electronic file. That process will continue to be improved over the next few months as a fax-to-scan system is installed whereby all faxed documents will automatically be scanned into electronic documents. Currently, documents are routinely scanned within two days. However, if the documents are not labeled appropriately with a Social Security Number (or date of birth in the absence of a SS#), there will still be association challenges. Every attempt should be made by QPD and Healthy Start staff to assist pregnant women to ensure the necessary information is on every document submitted to DCF. To protect confidentiality, one potential solution could be to create a procedure whereby a colored envelope could be used to submit documents that would designate that these are pregnancy-related documents and should take priority.

3. Medicaid is a complex issue and requires that all partners have more than a basic understanding of each partner's policies and procedures. This exploration is a first step in improving that understanding.
4. Accessing maternity care through Medicaid is a constantly changing process. Several changes have been made during the brief time period covered by this project. Although those changes have been positive and welcomed, they show the need to keep all partners informed when changes are made.
5. PEPW is the fastest way to get pregnant women into maternity care. Women who apply at DCF and not at a QDP are not always aware of the PEPW option. Better communication of PEPW availability to pregnant women and the provider community is needed.
6. If other DCF services are needed (i.e., food stamps, cash assistance) the maternity benefits for pregnancy women should be prioritized. DCF attempts to process these cases as quickly as possible. Pregnant women may need additional assistance when applying for more than pregnancy Medicaid.
7. More medical providers are needed who will accept pregnancy Medicaid. Health department clinics are operating at capacity and at some sites and some times beyond capacity. There is no clinic in Deltona which may lead to capacity issues in DeLand. There are no medical providers in Flagler which leads to transportation issues for those women. This issue should be considered in depth in very the near future.
8. Healthy Start staff serves as patient advocates for pregnant women. They should be utilized to their fullest capacity to assist women to submit the required verification documentation and deliver significant messages from partners to patients. Therefore, it is imperative that they be kept informed of systems processes to better serve pregnant women and their families.

GOALS – PHASE 2

The goals of this project are to explore the systems and processes for pregnant women seeking Medicaid benefits for maternity healthcare in order to,

- identify local and systems barriers to accessing maternity care as early as possible during pregnancy
- gather suggestions for removing these barriers,
- and share the results with all stakeholders.

METHODOLOGY – LISTENING PROCESS

Although this project has not utilized a scientific method, it has been committed to gathering accurate information through a listening process of interviews and personal meetings. Every attempt has been made to report the results in a manner that holds as true as possible to the original statements made by the cooperative partner representatives.

Phase 1 of this project was designed to compile information regarding the public systems available for pregnant women who will apply for Medicaid and attempt to secure an initial appointment with a public health provider for prenatal care as early as possible. Information on the processes for entering these systems was gathered from the Department of Children and Families (DCF), Healthy Start, Flagler County Health Department and the four Volusia County Health Department sites.

Phase 2 takes the next step on the path to obtaining early prenatal care by broadening the scope of examination of potential prenatal services to collect details from the private sector as well as Medicaid MCO/HMO providers. Fourteen obstetrics practices were contacted representing twenty-seven physicians. All five health department sites in Flagler and Volusia Counties were contacted again. Additionally, four Medicaid HMOs were contacted as well as the Agency for Health Care Administration (AHCA) which oversees Medicaid in Florida. The Healthy Start MomCare staff were also interviewed for their comments and experiences in assisting women to access care.

The information gathering process was initiated through a meeting among Healthy Start, DCF, AHCA and One Voice for Volusia. The AHCA Program Operations Administrator (POA) was also consulted throughout the process as questions arose. Telephone interviews with physicians' office staff were conducted as were telephone and personal interviews with the staff of HMOs serving Volusia County.

Furthermore, the Healthy Start Executive Director had the opportunity to meet with representatives from area hospitals that offer maternity services. Also included in the interview process was the Prison Health System serving pregnant women incarcerated for up to one year in the Volusia County facility.

Results of the interviews were entered onto a matrix. Aggregated responses are included in this narrative report. The final step is to share the results of both phases of this project with all partners. The presentation of this information will offer a forum for open discussion of the issues and generate ways to address them.

BIRTHS IN FLAGLER AND VOLUSIA COUNTIES

To recap birth data published in the Phase 1 report, there were 6,205 births in Flagler (942) and Volusia (5,263) Counties in 2006 and 5,782 in 2005. Medicaid paid for 52.3% of births in Volusia County and 46.4% of births in Flagler County. Also, Volusia County had 42.1% paid by private insurance where Flagler had 45.6% paid by private insurance. Volusia County had 5.5% and Flagler County had 8.0% of births either self-paid or paid by another source. (Source: Florida CHARTS)

There are fourteen Obstetrics medical providers in Volusia County with sixteen different office locations. There are no OB medical providers in Flagler County. All Flagler County residents must travel to surrounding counties or receive maternity care at the Flagler County Health Department (FCHD). However, FCHD can only treat pregnant women until the third trimester begins when they must transfer to a physician in a surrounding county to prepare for delivery. Most Flagler women seek maternity care in Volusia County. In 2006, Flagler County had 88.9% of resident births occurring at a hospital attended by a physician. At the same time, Volusia County had 87.4% of deliveries attended by a physician with all but 1 (delivered en route) delivered in a hospital. Most of the remaining deliveries were attended by a midwife in a hospital (Source: Florida CHARTS).

OVERVIEW OF MEDICAID ELIGIBILITY PROCESS

At the time of this report, families at 185% of the poverty level are eligible for Medicaid.* Based on 2008 Poverty Guidelines, a family of three would be eligible for Medicaid with an income of up to \$32,560. DCF determines Medicaid eligibility. DCF Operating Procedures describe the three ways to apply for pregnancy Medicaid. The ACCESS Florida Application is available for pregnancy Medicaid as well as other DCF benefits and may also include other members of the family. The Simplified Eligibility for Pregnant Women (SEPW) application form is available for maternity care only (sometimes called MomCare) and was designed in 2001 to allow pregnant women to be approved more quickly and simply. Finally, there is Presumptively Eligible Pregnant Women (PEPW) for temporary (up to 60 days) Medicaid coverage of prenatal outpatient care. PEPW is also referred to as MU (Medicaid Undetermined). Pregnancy Medicaid is sometimes referred to as SOBRA Medicaid so called for the congressional act that authorizes the coverage.

It was clarified that after a person is determined eligible for Medicaid, each person must choose a managed care plan unless she is on MMP (straight Medicaid for pregnancy) or FP (family planning). The available managed care plans in Volusia County are HealthEase, United HealthCare or MediPass which is the state operated HMO. There are no private managed care organizations (MCO) for pregnancy Medicaid serving Flagler County. Magellan Health Services (Medicaid HMO) is available for mental health coverage for pregnant women in both Volusia and Flagler Counties.

After eligibility has been determined, the customer will be notified by mail that she must select a plan. If no selection has been made within 30 days, customers are assigned to a plan through a rotating assignment process. Once on a plan, the customer has 90 days (from the eligibility date) to “lock in” until the eligibility anniversary. Outside of these parameters, a customer can change plans for “good cause” reasons. The customer can call Medicaid Options to request “good cause” initiation. Medicaid Options is a private company that helps with choice of selection. Medicaid Options can only talk to the customer or an advocate who is sitting with the customer.

*Pregnant women who exceed the income limitation may be eligible for Medically Needed coverage. This coverage considers income and assets and includes a “share of cost” similar to an insurance deductible. This could be subject to change based on potential legislative budget cuts.

According to DCF Operating Procedures, for a pregnant woman who already has Medicaid coverage (Community Medicaid), no further action is needed to start accessing care from a prenatal healthcare provider who accepts Medicaid.

Community Medicaid is regular Medicaid and includes all plans. When pregnant, a woman may become MMP (straight Medicaid for pregnancy). The HMO doesn't drop the customer but DCF changes the code from the Community Medicaid code (MMC or MAR) to the pregnancy Medicaid code (MMP). The HMO does not change. If a customer has MMP status and wants to change HMO plans, she must call Medicaid Options. Straight Medicaid billing is to "bill Medicaid".

Scenario 1: A woman moves to Florida and is two months pregnant and was never on a Florida Medicaid plan.

Action: She should apply for Medicaid through DCF and she is eligible to apply for MMP (straight Medicaid for pregnancy). She will have exempt coverage. If a woman starts out on MMP, she won't go into a managed care plan.

If a woman is MMP eligible and then applies for food stamps she can get changed from MMP to Community Medicaid (MMC or MAR).

Scenario 2: A family is on a Medicaid managed care plan (Community Medicaid) and the woman learns she is pregnant.

Action: She should apply for MMP (SEPW form). After approval, she can call Medicaid Options to change plans or call AHCA to be exempted

If a woman submits an SEPW (Simplified Eligibility for Pregnant Women) form and she is already on Community Medicaid (MMC or MAR), the customer may be changed to MMP. A client can request she be put into this category if already Medicaid eligible.

If a woman is MMP eligible and then applies for her other children or family, she could get changed from MMP to Community Medicaid (MMC or MAR).

The Tallahassee AHCA office monitors and maintains the contracts for Medicaid HMOs. AHCA can serve as a liaison between the insured (customer) and her plan. If a customer is insured by MediPass, then a primary care physician (PCP) is assigned. A PCP can refer a woman to an obstetrician. The 11 different Medicaid Area Offices maintain the MediPass provider list for the counties they serve. Physicians may choose not to be listed on the published Medicaid or MediPass provider list.

Volusia has limited specialty providers who accept Medicaid. HMOs can pay out-of-network. During the listening process for this project, it was learned that there are several obstetricians in Volusia County who are available to assist but want to reduce liability and would like assurance of receiving even partial payment.

It should be noted that leaders in both DCF and AHCA have provided direct contact information to Healthy Start staff so they can work together to address specific barriers on a case-by-case basis for women trying to access prenatal care.

THE COST OF MATERNITY CARE

Medicaid rates of reimbursement for prenatal services may be viewed online at <http://floridamedicaid.acs-inc.com>. HMO rates may vary dependant upon the contracts between the plan and the medical provider. Many of the Medicaid rates vary based on whether the customer is under or over age 21. Basic services include a new prenatal visit at \$108.16, a routine OB visit at \$54.08 and delivery (vaginal or C-section) at \$865.28 for women over age 21. Rates are slightly less for women under age 21.

Medicaid rates of reimbursement for diagnostic procedures include \$73.72 for a first ultrasound and \$26.75 for a Non-stress Test for women over age 21. Rates are slightly less for women under 21.

Health department clinics are paid a cost-based reimbursement rate established for each individual location. This is the cost-based rate for all programs and is not limited to prenatal services. For prenatal services a maximum of eight visits are allowed.

Locally, private sector professional fees for prenatal care and delivery range from \$2,200 to \$3,286 for vaginal deliveries and \$2,500 to \$4,200 for C-section deliveries. Fees for high risk deliveries are usually determined on an individual basis. Private practice fees varied for diagnostic services with an ultrasound usually costing \$250.

MEDICAID MANAGED CARE ORGANIZATIONS - HMOs

As stated above, after a person is determined eligible for Medicaid, each person must choose a managed care plan unless she is on MMP (straight Medicaid for pregnancy) or FP (family planning). A woman has 30 days to make a selection or she will be assigned an HMO. Assignments are made on a rotating basis ensuring equal distribution among HMOs. Upon notification of the assigned HMO, women then have another 30 days to accept or reject the assignment. Once on a plan, she has 90 days (from the eligibility date) to "lock in" until the eligibility anniversary date. Once "locked in" any changes must be individually requested through Medicaid Options.

Medicaid may be used as secondary insurance and both private HMOs noted that they can cover the co-pay for the primary insurance. Neither private Medicaid HMO has a co-pay and both pay the standard Medicaid rates for prenatal and delivery services. However, each plan offers the customer additional services which helps to define their differences.

The available managed care plans in Volusia County are HealthEase, United HealthCare or MediPass which is the state operated HMO. There are no private managed care organizations (MCO) for pregnancy Medicaid serving Flagler County. Magellan Health Services (Medicaid HMO) is available for mental health coverage for pregnant women in both Volusia and Flagler Counties.

Representatives from HealthEase and United HealthCare participated in the listening process for this project. Both private Medicaid HMOs representatives stated that there are strict rules barring member recruitment. While they may speak to community groups regarding their services and distribute brochures, they cannot approach individual women for recruitment purposes.

HealthEase of Florida, Inc. is a division of WellCare. Because this is their Medicaid HMO for Volusia County, 100% of their members are Medicaid. Some of the "other" services provided during prenatal coverage include durable equipment, eye exams, dental care, some transportation, other medical services, circumcision and over-the-counter supplies up to \$25.00 per month. Referrals are not

always needed and HealthEase staff will assist in finding specialists. The HealthEase representative did not believe they insured many pregnant women in Volusia County.

The HealthEase Provider Relations representative is the designated person to work with physician's offices. However, the Provider Relations position for Volusia County is located in Marion County which may limit availability to local physicians. The HMO works with DCF, AHCA, and Healthy Start and is interested in developing a better relationship with the Volusia County Health Department. Frequently, women cannot transition from the health department to HealthEase for delivery due to the "locked in" rule outlined above precluding them from changing plans.

United HealthCare (UHC) of Florida, Inc. has over 10,000 members in our community. UHC offers customers "open access" which means no referral is needed and the PCP can call a specialist. They boast a seamless claims department and described a Healthy First Steps program for new mothers. UHC covers circumcision up to 12 weeks. They provided copies of two publications on pregnancy and children's health which are available to plan members. UHC works with DCF, AHCA, and Healthy Start. While they have a working relationship with physicians, they do not work with midwives. UHC partners with other organizations for home health and high risk pregnancies.

ACCESS TO MATERNITY CARE IN THE PRIVATE SECTOR

If a pregnant woman does not currently receive Medicaid and files an application with DCF – either SEPW or ACCESS – coverage begins on the first day of the application month and lasts through two post-partum months after eligibility has been determined. If determined eligible, coverage may be retroactive up to three months, if requested, if eligible during that time, and the woman was pregnant during that time. If determined ineligible, no coverage is provided for any visits to a medical provider.

Of the fourteen practices contacted, two preferred not to participate in the project. Two of the practices had multiple sites. Consequently, there are sixteen service delivery sites. Following are the responses from the twelve participating practices.

Which Medicaid HMO/MCO's do you accept for your services?

12 accept straight Medicaid	7 accept MediPass	6 accept HealthEase	7 accept United Healthcare
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What is the percentage of maternity patients who are Medicaid in this practice?

1 is less than 8%	4 are at 60%	3 are at 75%	1 is at 90%
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In what region of Volusia County is the practice located?

4 in the Southwest	4 in the West	7 in the East	1 in the Southeast
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How many physicians are in the practice?*

4 with one physician	3 with two physicians	2 with three physicians	1 with four physicians	1 with five physicians
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What maternity services does the practice provide?

12 provide prenatal care 11 provide delivery	6 offer a full continuum of services	2 provide service to very few high risk	4 refer out high risk
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What diagnostic tests do you require and/or provide during prenatal care?

All have similar requirements	Almost all refer out lab work	Several refer out 2 nd ultrasound
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With which prenatal community partners does this practice interact?

12 interact with Healthy Start	3 interact with midwives	3 interact with DCF	1 interacts with AHCA
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Does this practice interact with the county health department?

9 interact with health department	7 accept referrals from health department	Most had limitations on late term referrals	Acceptance ranged from 22 to 39 weeks
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Does this practice transition women out of prenatal care?

2 do not transition any women out of care	10 refer out high risk	Several refer out for non-compliance
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At what point in their pregnancy do women first seek your services?

4 are first contacted at 6 weeks or less	4 are first contacted from 6-13 weeks	3 are first contacted in the 2 nd trimester	1 is first contacted in the 3 rd trimester
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How long does it take to get the first prenatal appointment?

6 make appointments within 1 week	4 make appointments in 1-2 weeks	1 makes appointments in 2-3 weeks	1 makes appointments in 6-8 weeks**
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*Family Health Center has multiple residents and attending physicians

**If determined medically necessary at intake, will be seen more quickly

Patients may have difficulty locating an OB who accepts Medicaid or Medicaid HMOs because physicians may opt out of being listed in the Medicaid or MediPass directories. Only seven (out of twelve) OB offices are listed as accepting Medicaid in Volusia County and there are none (out of seven) listed as accepting MediPass in the directories provided by AHCA to Medicaid patients and advocates. Additionally, not all physicians accepting HealthEase were on the provider list. United HealthCare had a complete provider list with all physicians who accepted their coverage listed. (There was concern from one office about no local HealthEase providers for imaging and ultrasound.)

QDP MATERNITY CARE PROCESS (PUBLIC PRENATAL CARE)

The only QDP's in Volusia and Flagler Counties are the County Health Departments and, on rare occasions only, Children's Medical Services. Although the processes are similar, each QDP has its own process for serving pregnant women as outlined below.

FLAGLER COUNTY HEALTH DEPARTMENT

FCHD staff state that most women in Flagler County know that FCHD is the place to seek maternity care when a patient has no private insurance coverage. Besides self-referral, patients are referred

from local community based organizations and crisis centers. Patients are also informally referred by the local DCF office. For additional detail, please see the Phase 1 report. Health departments can only accept straight Medicaid and MediPass. No one is denied service, even if they do not have the ability to pay for services.

FCHD is not at full capacity for prenatal care and can accept more patients. They perform routine prenatal care including lab work but excluding ultrasounds. They have a formal agreement with a Volusia County obstetrics practice to transition women out of their care for deliveries and high risk prenatal care. Women usually seek prenatal care from FCHD from the 1st to 2nd trimester but occasionally much later.

VOLUSIA COUNTY HEALTH DEPARTMENT

There are four VCHD sites: Daytona Beach, DeLand, Deltona and New Smyrna Beach. While they all have similar processes, each is slightly different in their maternity care process. At all sites pregnant women learn about health department services from the pregnancy crisis center, physicians or hospital emergency rooms in that region. In Daytona Beach, DeLand and New Smyrna Beach the family health centers (clinics) are also a referral source. In New Smyrna Beach, VCHD staff state that there is general community knowledge about health department services. All sites also receive self-referrals from pregnant women new to the county or state. As in Flagler, VCHD can only accept straight Medicaid and MediPass.

The DeLand site has the capacity to accept additional prenatal patients and prefers that women seek care by 10 weeks. However, the average entry into care is from the 1st to 2nd trimester. The DeLand clinic provides both prenatal care and delivery services. DeLand performs ultrasounds and other diagnostic procedures but makes referrals for lab work. Most often, they work with Florida Hospital DeLand for deliveries. The Deltona clinic does not have maternity services and refers patients to the DeLand clinic.

The New Smyrna Beach site also has the capacity to accept more women for prenatal care. Women usually seek care between 16 and 20 weeks. The NSB clinic provides prenatal, postnatal and post partum care and has associations with Brevard Hospital, Florida Hospital DeLand and Florida Hospital Ormond Beach for deliveries where patients receive care from the on-call physician. If a C-section is known in advance, the patient will have a “meet and greet” with the delivering physician at 36 weeks and then return to the NSB clinic for post partum care. Rarely do NSB patients travel to Halifax Medical Center for delivery. The clinic performs routine ultrasounds, cultures and microscopic exams and makes referrals for lab work. They also work with an ultrasound group associated with the Daytona Beach clinic for additional ultrasounds. NSB also has a tubal and vasectomy program. High risk pregnancies are referred to the Daytona Beach clinic or to the DeLand clinic.

The Daytona Beach prenatal clinic also has the capacity to accept more women. They provide the full continuum of prenatal outpatient care including high risk and then transition patients to Halifax Medical Center for delivery. The time when women first seek care from this clinic varies dramatically and was reported to range from the 1st to the 3rd trimester. This clinic performs some ultrasounds and some lab work but usually refers out lab, ultrasounds and screening for high risk conditions. The Daytona Beach site also uses the services of the prenatal diagnostic center frequently. Women who start prenatal care here usually complete their care here and are then delivered by the physician on call at Halifax Medical Center. Medical records are copied to Halifax Medical Center after the initial visit, again at 28 and 36 weeks and sometimes more often in preparation for delivery. High risk pregnancy records are shared even more frequently.

PRISON HEALTH SYSTEM PRENATAL CARE

The Prison Health System (PHS) cares for pregnant women who are incarcerated in the Volusia County Correctional facility. Women may be incarcerated here for up to one year. Some women may have multiple incarcerations during one pregnancy. All women in the facility are over the age of 18.

Prenatal care is provided by a Nurse Practitioner who is a Certified Nurse Midwife and a medical assistant. Additionally, the physician serving as Medical Director is available for consultation. Medical care is provided under the PHS contract and there is no Medicaid or other insurance participation.

At any given time there may be from four to ten pregnant, incarcerated women. Every woman receives a pregnancy test upon arrival at the facility. Pregnant women begin receiving prenatal care within one week and continue to have weekly visits during their incarceration. Delivery is through contract with Halifax Health and transport is provided by Evac often by calling 9-1-1.

Most prenatal diagnostic services are provided at the correctional facility. Women are transported in shackles to Halifax Health for ultrasounds the arrangement of which is a challenging exercise in logistics. There is also a challenge in scheduling amniocenteses due to the capacity at Halifax and the limited window for this procedure during pregnancy.

If pregnant women received prenatal care before arrival or can schedule care upon release, medical records will follow the patient. However, there is no communication among PHS staff and private practitioners regarding follow up care. While women cannot receive Medicaid benefits while incarcerated, there does not seem to be adequate assistance to ensure that they will be enrolled in Medicaid, if eligible, upon release.

Incarcerated women are often unmarried and have no high school diploma. They are among the highest risk pregnancies due to substance abuse and diabetes. There is a waiting list for transfer into Project WARM (residential substance abuse treatment program for pregnant woman and infants). Healthy Start has recently initiated a program to transition women into post-incarceration prenatal care.

HEALTHY START PROCESS

Every Monday the MomCare specialists at the Healthy Start Coalition of Flagler and Volusia Counties (HS) receive a list of approximately 70 to 100 names of the pregnant women who have applied for Medicaid. The list includes both PEPW/MU (temporary Medicaid) and MMP (straight Medicaid for pregnancy) status women. Within five days, a MomCare specialist will contact each woman on the list to let them know that Healthy Start is their maternity care adviser for pregnancy Medicaid. MomCare staff can assist pregnant women in both English and Spanish. From the point of contact until two months post partum MomCare staff will serve as a liaison between medical providers and Medicaid patients to assist them in navigating the system. Additionally, MomCare staff facilitate the woman's connection to a medical provider.

Once contacted by Healthy Start, a pregnant woman can call MomCare anytime to discuss any problems or questions regarding their maternity care. If Healthy Start is contacted by a woman before she has applied for Medicaid or sought medical care, she will be referred to the health department nearest her and/or DCF.

If a woman has temporary Medicaid, staff will reiterate the importance of accurately completing the application and submitting the required paperwork. MomCare staff also has a strong working relationship with both county health departments, DCF and AHCA. They work closely with all these partners to ensure that eligible women get enrolled in Medicaid and enter prenatal care as early as possible to ensure healthy birth outcomes.

BARRIERS TO ACCESSING MATERNITY CARE

Although early prenatal care is available, approximately 1 out of 5 women do not take advantage of the opportunity. While some are eager and call on day one, there are also those who wait until the third trimester. Physician's offices reported the average first contact is between four to twelve weeks. Florida CHARTS reports that approximately 80.6% of pregnant women in Flagler and 78.6% in Volusia receive first trimester prenatal care (of those whose prenatal care status was known in 2006).

All but one office thought there were some barriers to early entry into prenatal care. Interview results list the following barriers preventing women from entering prenatal care during the first trimester:

- Medicaid delays (7 of 12 offices interviewed)*
- Young – uninformed, in denial, lack of funds, poor education
- Casual attitude toward early care by mothers with previous pregnancies
- Poverty
- Transportation
- Laziness, apathy
- Abuse, unsupportive partner

*It should be noted that office staff were unsure where the responsibility for Medicaid delays should be placed. Most often they don't see the patient until Medicaid issues are resolved and eligibility has been determined. Anecdotally, patients tell them the paperwork is problematic but office staff are unsure whether it is the demands of the Medicaid system for paperwork and subsequent reportedly lost paperwork or whether patients are non-compliant with submitting accurate paperwork in a timely manner.

Patients report delays in receiving the required Medicaid Gold Card or Medicaid number ranging from 1–2 weeks to 4–5 months with the average being 2–4 months. Barriers to quick access to Medicaid include the paperwork requirements (and repeated requests for the same paperwork), the patient's personal attitude, and the lack of individual attention to the patient. Patients can no longer meet with a caseworker and go over the application and required paperwork unless they apply through a county health department for PEPW (temporary Medicaid) coverage.

Staff from the county health departments noted similar barriers as listed below. Medicaid was not reported as a significant issue for access to prenatal care through the health department sites.

- Lack of education about the importance of early prenatal care
- Apathy
- Casual attitude toward early care by mothers with previous pregnancies
- Transportation
- New to the area and unsure where to start care
- Think their friends will tell them what to do

Representatives from the private Medicaid HMOs also acknowledged some barriers from their perspective.

- Lack of knowledge about community resources
- Transportation
- Access – women are transient
- Limited knowledge of the world outside their neighborhood
- Women in denial about their pregnancy
- Not adhering to the treatment protocol

POTENTIAL SOLUTIONS

When asked to offer solutions to the barriers they have seen, private practice office representatives provided the suggestions below. The suggestions have been arranged in three categories of consideration for community action.

Current practice but apparently not communicated to OB offices:

- Availability of temporary Medicaid until eligibility determined
- Easier enrollment in Medicaid
- Pilot a quick enrollment, less paperwork Medicaid process
- Gather more information about patients' home lives to determine what is needed
- Seek the many places where "things" can get "lost"
- System partners should work together better

Current practice but apparently insufficient or inadequate:

- More education, particularly school classes and education on the impact of teen pregnancy
- Community education on the importance of early prenatal care
- Community education about available resources
- Research what is available for those who are just above the Medicaid criteria level

Suggestions requiring policy changes which may be unlikely in the current climate:

- More caseworkers with a streamlined process where patients can meet with a caseworker and complete the application in one visit
- Medicaid as secondary insurance does not allow the physician to bill for the difference from the primary insurance

Suggestions that could be converted to strategies:

- Better communication with Medicaid representatives for office staff
- Patients should accept their responsibility in applying for Medicaid
- Acceptance of pregnancy by the pregnant woman

Health department staff agreed that increased community and patient education on the value and importance of early prenatal care was the most significant solution to encourage women to seek early care. Staff also believed that excitement and encouragement about the pregnancy would be very beneficial to the pregnant woman.

Private Medicaid HMO representatives also agreed that increased public awareness of how and where to access Medicaid and prenatal services would be beneficial. They added that more sites to apply for Medicaid and more personalized assistance to manage the application process might

improve the system. Additionally, United HealthCare is planning community baby showers as a marketing technique to express their genuine interest in the pregnancies and meet more women in the community.

OUTCOMES

As the result of this exploration process, the following outcomes have been achieved:

1. A single document has been created that outlines each partners' process and highlights where those processes enhance or inhibit one another
2. A list of local and systemic barriers have been identified by key partner staff
3. A list of potential solutions to removing the barriers has been generated
4. All partners have a better awareness and understanding of each partners' process
5. All partners' leaders have an opportunity to have a productive dialog about the process
6. A summit has been planned to bring key stakeholders together to build consensus on solutions

FINDINGS

There are several key findings about the partners' processes that have become apparent as the exploration was completed. They are as follows:

1. Acknowledgement that approximately half of all births in Volusia and Flagler counties are paid by Medicaid. This exploration has been worthwhile and could lead to cost savings due to reduced duplication of effort and potential procedural changes on the part of all concerned.
2. Medicaid is a complex issue and requires that all partners have more than a basic understanding of each partner's policies and procedures. This exploration is a first step in improving that understanding.
3. Accessing maternity care through Medicaid is a constantly changing process. Several changes have been made during the brief time period covered by this project. Although those changes have been positive and welcomed, they show the need to keep all partners informed when changes are made.
4. If other DCF services are needed (i.e., food stamps, cash assistance) the maternity benefits for pregnancy women should be prioritized. DCF attempts to process these cases as quickly as possible. Pregnant women may need additional assistance when applying for more than pregnancy Medicaid.
5. PEPW is the fastest way to get pregnant women into maternity care. Women who apply at DCF and not at a QDP/CHD (county health department) are not always aware of the PEPW option. Better communication of PEPW availability to pregnant women and the provider community is needed. As more women enter the system through the PEPW, more private practitioners will be needed to accept referrals from the CHD with documented prenatal care.

6. More medical providers are needed who will accept pregnancy Medicaid. Health department clinics are operating near capacity and at some sites and some times beyond capacity. There is no prenatal clinic in Deltona which may lead to capacity issues in DeLand. There are no medical providers in Flagler which leads to transportation issues for those women. This issue should be considered in depth in very the near future.
7. Healthy Start staff serves as patient advocates for pregnant women. They should be utilized to their fullest capacity to assist women to submit the required verification documentation and deliver significant messages from partners to patients. Therefore, it is imperative that they be kept informed of systems processes to better serve pregnant women and their families.
8. Concurrently, private practice obstetricians would also benefit from utilizing Healthy Start MomCare staff as liaisons to pregnant women with Medicaid. Making their office practices well known to MomCare staff could ease the transition for women entering care from a CHD or from one Medicaid status to another (i.e., regular Medicaid to pregnancy Medicaid)
9. Private practitioners would benefit from considering new ways to manage pregnancy Medicaid patients to ease the paperwork and time consuming process of billing associated with Medicaid, MediPass and Medicaid HMOs. **Consideration of virtual billing and a full service access center should be moved to the forefront.**
10. Innovative methods should be sought to address liability issues associated with high risk pregnancies and late term entry into care. Seeking legislation that leads to sovereign immunity that “follows” the patient could bring more physicians under an umbrella of protection that would allow for an increased number of obstetricians to more widely distribute the growing population of Medicaid eligible pregnant women.
11. Support the concept of mobile health units, regardless of their initial purpose, that could help to identify women earlier in their pregnancies and stress the importance of early entry into prenatal care.
12. Develop a unified message extolling the immediate and long-term benefits of early prenatal care for both mother and child. Deliver that message through multiple traditional media formats as well as non-traditional, neighborhood level strategies.