

## Chapter 20: SOBRA Outreach Program

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### Introduction

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The State of Florida Section 1915(b) Medicaid Managed Care waiver provides funding that enables Healthy Start coalitions to establish MomCare, a system to ensure pregnant women are screened for risk, and have access to health care services and care management services during their pregnancy. Women who are eligible for Medicaid during pregnancy receive assistance in selecting a health care provider; keeping medical appointments; and obtaining WIC, Healthy Start and other services through this prenatal outreach and care management portion of the waiver. This outreach/care management portion of the waiver began October 1, 2001.

The MomCare program will ensure that participants are assisted with enrollment to a Medicaid prenatal care provider, and hopefully help prevent the adverse birth outcomes and lack of follow-up with prenatal appointments many at-risk women experience. The MomCare program will also provide follow-up and referrals to other services, which will help women have better birth outcomes in the future.

### Definition of Service Terms

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Below are definitions for program or service specific terms that are used in this chapter.

**AHCA** – The Agency for Health Care Administration that is responsible for the oversight of Medicaid services and payments.

**Attempt to Contact** – The work efforts related to verbally contacting an enrollee either face-to-face or by phone. It does not include sending letters, except for those enrollees who provide only a post office box as an address. An attempt to contact can include phone calls or visits to the enrollee's home; workplace; Women, Infants, and Children (WIC) clinic; Department of Children and Family Services; County Health Department; Healthy Start care coordination provider; or health care provider in an attempt to locate the enrollee.

**Auto-assign** - The process of assigning a prenatal care provider to the enrollee and notifying the enrollee of this choice when the prenatal care counselor has been unsuccessful at reaching the enrollee within 30 days. This process takes into consideration the amount of time it would take an enrollee to travel to a provider and the coalition's locally established and unbiased protocol of prenatal care provider assignment.

**CHD** – County Health Department

**CMMS** – The Center for Medicare and Medicaid Services, formerly known as the Health Care Finance Administration.

**Calendar Days** – The consecutive days of a month, including weekends.

**Care Coordination** – The coordination, facilitation, and provision of care services, as defined under the process referenced in Chapter 383.011, F.S., that are identified through screening and assessment that is aimed at reducing Healthy Start participant risk and maximizing outcomes.

## ***Healthy Start Standards & Guidelines 2007***

**DCF** – Department of Children and Family Services.

**DOH** – Department of Health.

**Enrollee** – A pregnant woman that is identified by the fiscal agent as being eligible to receive prenatal care counseling either through SOBRA Medicaid eligibility (MMP) or PEPW eligibility (MU).

**Enrollment** – Registration of a prenatal care provider either by enrollee selection or by the prenatal care counselor through auto-assignment.

**Face-to-Face** – Interaction that occurs in person with the enrollee.

**Facilitate** – To provide the necessary information or assistance to ease the completion of a referral or appointment for an enrollee to follow through with a Healthy Start screen, a WIC referral, or a prenatal care appointment.

**Fiscal Agent** – The designated fiscal agent by the Agency for Health Care Administration for the State of Florida's Medicaid Program.

**Follow-up** – Communication with the recipient, either by phone, in person, or by letter to reinforce the goals of the program.

**HSC** – Healthy Start Coalition.

**HMS** – Also referred to as the Health Management System, this is the Department of Health's data computer system that compiles all Healthy Start client service encounters.

**Initial Contact** – Verbal communication that initiates the prenatal care outreach process.

**MMP** – The three-letter code used to identify women eligible for Medicaid due to their pregnancy.

**Maternity Care Advisor (MCA)** – The staff person employed by the coalition, or its subcontracted provider, to perform the duties as stated in the standards and criteria.

**Medicaid** – The medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C.S.1396, and administered in Florida by the Agency for Health Care Administration.

**Medicaid's Fiscal Agent** – EDS (Electronic Data Systems) or other designated fiscal agent for the State of Florida's Medicaid Program.

**Medical Guidance** – The process of assisting recipients to follow their health care providers' orders or advice.

**Medicaid Waiver** – Also known as the State of Florida 1915(b) Medicaid Managed Care Waiver, this is the state approved federal program that allows for the provision of prenatal care outreach to an enrollee.

**MOA** – Memorandum of agreement

**MomCare Program** – The official name of the SOBRA Prenatal Care Outreach Program.

**MU** – The two-letter code used to identify women eligible for temporary Medicaid known as Presumptive Eligibility for Pregnant Women (PEPW).

**No-Show** – A recipient that does not keep a scheduled appointment with her health care provider.

**Post-Enrollment** – the three mandatory follow-up services that are provided to all enrollees between the sixth and ninth month of the enrollee's pregnancy.

**Prenatal Care Outreach** – The provision of administrative services to an enrollee that includes assistance with the selection of a prenatal care provider, scheduling and keeping appointments, referrals to services, and identifying and resolving problems with access to care.

**Prenatal Care Counselors** – Personnel who provide prenatal care outreach who are also programmatically referred to as Maternity Care Advisors or MomCare Advisors.

**Prenatal Care Provider** – A physician, licensed midwife, certified nurse midwife, nurse practitioner, or physician assistant enrolled in the Medicaid Program who agrees to meet the established standards of care and provide comprehensive prenatal care services to an enrollee.

**Presumptive Eligibility for Pregnant Women or PEPW (MU)** – The temporary Medicaid insurance program that covers a woman's pregnancy for 45 days or until a decision is made by Medicaid for eligibility for continuous Medicaid coverage.

**Recipient** – A participant that has been enrolled by the prenatal care counselor.

**Service Delivery Area** – The geographic area that includes a logical network of prenatal care providers that can be reasonably accessed by participants.

**SOBRA** – The Sixth Omnibus Budget Reconciliation Act that provides funding for women up to 185% of the poverty level identified as being eligible for health care services based on their pregnancy whether PEPW (MU) or Medicaid for pregnant women (MMP).

**SOBRA Information System (SIS)** – The web-based information system, owned by the Florida Association of Healthy Start Coalitions, by which SOBRA enrollees are tracked.

**Special Needs** – Any communication barrier or medical, physical, developmental, psychosocial, or mental health need or condition that requires medical and care management intervention beyond that required by a typical SOBRA enrollee. These enrollees may require prenatal care from a health care provider with expertise in the area of the identified special need.

**Statewide Advisory Group** – The committee responsible for providing input on the oversight of the implementation of the prenatal care outreach program and for reviewing the criteria and process for selecting the prenatal care provider panel to ensure that criteria are clinically sound and impartially applied.

**WIC** – The federal supplemental nutrition program for women, infants and children.

**Wraparound Services** - The services that work in concert with regular prenatal care to promote positive outcomes, such as nutrition counseling, breastfeeding education and support, etc.

## **Standards and Criteria**

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**Standard 20.1 – The maternity care advisor shall be responsible for attempting to contact by telephone all SOBRA eligible women identified on the weekly Medicaid fiscal agent list within five working days to:**

*Criteria:*

**20.1.a** Explain the program including program benefits, how to access both prenatal care and wraparound services, register grievances and answer questions, and identify if the enrollee has any special needs;

**20.1.b** Present a list of prenatal care providers to enrollees who have not chosen a prenatal care provider. This list will include information compiled by the coalition about language skills and specialty areas of practitioners and their office staff;

**20.1.c** Assist enrollees with their choice of prenatal care providers;

**20.1.d** Register the enrollee's choice of a prenatal care provider in the SIS;

**20.1.e** Facilitate the initial or next appointment with the selected provider;

**20.1.f** Determine if the enrollee has completed a Healthy Start screen and, if not, facilitate the completion;

**20.1.g** Determine if the enrollee is registered in the Women Infant and Children's (WIC) nutrition program and if not participating, facilitate enrollment; and

**20.1.h** Inform the enrollee of her rights to change prenatal care providers and the mechanism to do so when the enrollee is notified of her prenatal care provider assignment.

**Standard 20.2 – Within 30 days of notification from the fiscal agent, the maternity care advisor shall register the enrollee with her selected prenatal care provider and facilitate the completion of the Healthy Start screen. The maternity care advisor shall make at least three attempts to contact within the first 30 days of notification of eligibility by the fiscal agent.**

*Criterion:* The coalition receives a listing of SOBRA eligible pregnant women in the MU and MMP categories every week on Monday. The maternity care advisor has five working days to make the first attempt to contact each woman to explain the program and facilitate enrolling her choice of a prenatal care provider. Within the thirty-day period, the maternity care advisor has to make three attempts to contact before auto-enrolling an enrollee with a prenatal care provider. Of those enrollees that the maternity care advisor is unable to reach by phone within the thirty-day period, at least 15% will receive an attempted face-to-face contact. Priority will be given to enrollees who have no phone but have a street address for this attempted face-to-face contact.

**Standard 20.3 – If the enrollee has not made a decision within 30 days, the maternity care advisor shall assign a prenatal care provider by selecting from providers within a thirty-**

**minute drive of the enrollee's residence. Coalitions with more than one prenatal care provider who meet this requirement shall assign a prenatal care provider to the enrollee based upon a locally-established unbiased protocol. The selection process shall be weighted for those group practices with more than one prenatal care provider.**

*Criterion:* Within the thirty-day period, the maternity care advisor will either enter the enrollee's choice of a prenatal care provider into the SIS or assign a prenatal care provider based on the local protocol that is in place by the Healthy Start coalition. The local protocol must take into account the choice of providers that are within a thirty-minute drive radius of the enrollee's residence.

**Standard 20.4 – The maternity care advisor shall inform the recipient that her prenatal care provider can be changed for up to 60 days from provider enrollment. However, after 60 days, it is recommended that the recipient would only change providers for the following reasons:**

*Criteria:*

**20.4.a** Change of recipient's county of residence;

**20.4.b** Cause, such as recipient's inability to schedule appointments in a timely manner with the provider, or patient/provider conflict;

**20.4.c** Prenatal care provider termination from Medicaid or relocation; or

**20.4.d** Recommendation of the provider based on complications of recipient's pregnancy such as to a Regional Perinatal Intensive Care Center provider.

**Note:** If automatic assignment of a prenatal care physician was made by the coalition, the coalition shall recommend that the recipient not change her provider after 60 days from the date notified.

**Standard 20.5 – For all recipients that have been auto-assigned, (meaning they have not been verbally contacted but their provider choice has been registered), the coalition shall provide one additional attempt to communicate.**

*Criterion:*

**20.5.a** Communication with the recipient can be by a letter, telephone call, or a face-to-face encounter. The maternity care advisor will make this one additional attempt to communicate to women who have been auto-assigned or not verbally contacted between the 31<sup>st</sup> day and the end of the fifth month of a recipient's pregnancy.

**Standard 20.6–The maternity care advisor shall provide follow-up services as needed to recipients. These follow-up services can include, but are not limited to, the following criteria:**

*Criteria:*

**20.6.a** Ensuring that the coalition's prenatal care counselors work closely with prenatal care providers for notification of no-shows or problems;

**20.6.b** Contacting the recipient to determine the reasons for reported no-shows and facilitating rescheduling;

**20.6.c** Assisting the recipient in accessing recommended prenatal care and WIC enrollment services and resolving problems in receipt of care;

**20.6.d** Facilitating continuity of prenatal care in case of provider termination, loss of Medicaid coverage, or other problem;

**20.6.e** Ensuring that the coalition's prenatal care counselors facilitate making appointments for recipients for other health services if needed;

**20.6.f** Conducting periodic surveys with samples of recipients concerning their access to all services.

**Standard 20.7 – After enrollment, between the sixth and ninth month of her pregnancy, the coalition shall provide the below three mandatory post-enrollment services to recipients, including recipients that are auto-assigned. These services shall include:**

**20.7.a.** Facilitate accessing family planning services;

**20.7.b.** Facilitate accessing health care coverage for the infant;

**20.7.c.** Facilitate choosing a pediatric care provider for the infant.

**Standard 20.8 – The coalition shall work with prenatal care providers to provide them with information on the Healthy Start program available to recipients.**

*Criterion:* Healthy Start coalitions will provide prenatal care providers with information on the Healthy Start program to help increase screening rates and referrals into the program.

**Standard 20.9 – The coalition shall encourage prenatal care providers to refer recipients into Healthy Start in the coalition's service delivery area for reasons other than score, such as knowledge or suspicion of the following criteria:**

*Criteria:*

**20.9.a** Domestic violence;

**20.9.b** Sexual abuse;

**20.9.c** Other threatened violence, including child abuse;

**20.9.d** Substance abuse;

**20.9.e** Untreated mental illness including severe depression and suicidal tendencies;

**20.9.f** Known history of abuse and neglect in family/household;

**20.9.g** Pregnancy complication, such as maternal obesity, gestational diabetes, and hypertension;

**20.9.h** Infant whose mother received late or no prenatal care;

**20.9.i** Infant whose mother is at risk for a shortened interpregnancy interval;

**20.9.j** HIV positive;

**20.9.k** Hepatitis B positive;

**20.9.l** Lack of basic needs such as housing and food;

**20.9.m** Insufficient prenatal or pediatric care; or

**20.9.n** Inappropriate growth and development of the baby/fetus

**20.9.o** Smoking in the household in which the infant will live.

**Standard 20.10 – The coalition, or its subcontracted provider, shall compile information about language skills of prenatal care providers and their office staff and provide recipients with this information when requested.**

*Criterion:* The coalition, or its subcontracted provider, must identify what language skills the prenatal care providers or staff possess and have this information available for enrollees during their prenatal care provider decision-making process.

## **Guidelines**

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The State of Florida Section 1915 (b) Medicaid Managed Care waiver has two very distinct components that tie the most at-risk pregnant women and children to care much earlier than the system used to permit. This chapter is devoted to the component of the waiver that provides prenatal care counseling to women who are identified by Medicaid as being presumptively eligible for Medicaid or eligible under expanded eligibility categories due to pregnancy. The SOBRA Prenatal Care Counseling program that began October 1, 2001 is also referred to as the MomCare Program.

Maternity care advisors assist SOBRA-eligible pregnant women in selecting a Medicaid prenatal care provider by providing prenatal care outreach, assistance in scheduling and keeping medical appointments, following medical guidance, and resolving problems with access to services. Responsibility for prenatal care services will rest with the prenatal care provider that is selected by the recipient or auto-assigned. This model is similar to that being used in disease and population management programs initiated by AHCA for Medicaid recipients.

Healthy Start coalitions are believed to be the most appropriate vehicle for care management of SOBRA-eligible women for several reasons. First, Healthy Start coalitions are already assuring service to many of these women. Second, Healthy Start coalitions are established by Florida law, with oversight by DOH. The coalitions are designated by DOH under a rigorous process. Third, due to the limited time these women are enrolled in Medicaid and the nature of their condition, it is important that management of care begin as soon as possible. The local nature of the Healthy Start coalitions give them the unique ability to expeditiously reach out to these women, and assist them in selecting and accessing prenatal care providers. The resulting system is designed to promote coordination between wraparound services and prenatal care services. Healthy Start coalitions are in the best position to contract with or employ maternity care advisors to provide the following services: contact recipients by telephone or in person

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within five working days of enrollment, increase the likelihood that recipients choose a prenatal care provider, and facilitate an appointment with the provider within 30 days of enrollment.

The two classifications of Medicaid eligibility for receipt of services under this program are the Medicaid categories MU (also defined as PEPW – Presumptively Eligible Pregnant Women) and MMP (Medicaid eligibility under SOBRA).

Guidelines for coalitions enrolling SOBRA pregnant women in the MomCare Program have been established in contract with DOH and fine-tuned at the local level to ensure that women are enrolled with a healthcare provider within the waiver timelines; appropriate follow-up occurs with missed prenatal care appointments; WIC enrollment is facilitated; and, Healthy Start prenatal risk screening of pregnant women improves. The SOBRA component calls for a statewide advisory committee to be established by AHCA to review healthcare provider criteria (the process for selecting the provider panel to ensure that provider criteria are clinically sound and impartially applied), and to monitor referral patterns to ensure Florida's teaching hospitals maintain a sufficient delivery volume to remain accredited. In addition, the advisory committee will make recommendations regarding any provider or recipient complaints.

Maternity care advisors will be responsible for attempting to contact the SOBRA eligible women within five working days from receiving the initial notification from the fiscal agent to:

- Explain the program and program benefits;
- Provide a list of provider choices;
- Assist the recipient in her choice of a provider;
- Document her choice in the SOBRA Information System (SIS);
- Facilitate the initial or next appointment and any subsequent missed appointments;
- Explain and facilitate the completion of the Healthy Start screen if not already completed;
- Determine if the recipient is enrolled in the WIC Nutrition Program and facilitate enrollment.
- Inform the recipient of the right to change her prenatal care providers and the mechanism to do so.

The Coalition must register the enrollee's selected prenatal care provider within 30 days of notification from the fiscal agent and facilitate the completion of the Healthy Start screen. The Coalition will make at least three attempts to contact the enrollee within the first thirty days of notification by the fiscal agent of eligibility. In the event that reaching the enrollee by phone is not successful, then at least 15% will receive one attempted face to face contact with priority given to those with no phone.

The Coalition will assign a prenatal care provider if the enrollee has not made a decision within 30 days by selecting from a list of providers located within a thirty-minute drive of the recipient's residence. Coalitions with more than one prenatal care provider who meet this requirement will assign a prenatal care provider to the recipient based upon a locally established unbiased protocol. The selection process will be weighted for those group practices with more than one prenatal care provider.

For all recipients who have been auto-assigned (meaning they have not been verbally contacted but their provider choice registered), the Coalition shall provide one additional attempt to communicate. Communication may be by letter, telephone call or by a face-to-face encounter. It is recommended, however, that this attempt be made between the 31<sup>st</sup> day and the fifth month of a recipient's pregnancy.



Between the sixth and ninth month of the enrollee's pregnancy, post-enrollment services are to be provided to all enrollees, including those auto-assigned, and will include the below three mandatory activities:

- Facilitate accessing family planning services.
- Facilitate accessing health care coverage for the infant.
- Facilitate choosing a pediatric care provider for the infant.

Additional follow-up services can be provided to the recipient as needed. These follow-up services can include, but are not limited to:

- Ensuring that the Coalition's prenatal care counselors work closely with prenatal care providers for notification of no-shows or problems;
- Contacting the recipient to determine the reasons for reported no shows and facilitating rescheduling;
- Assisting the enrollee in accessing recommended prenatal care services and resolving problems in receipt of care;
- Assisting the enrollee in accessing health care coverage for the infant and choosing a pediatric care provider for the infant;
- Facilitating continuity of prenatal care in case of provider termination, loss of Medicaid coverage, or other problem;
- Ensuring that the Coalition's prenatal care counselors facilitate making appointments for enrollees for other health services, if needed;
- Conducting periodic surveys with samples of recipients concerning their access to all services covered in this contract.

### **Contractor Qualifications**

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The Healthy Start coalition is responsible for establishing staffing levels necessary for the completion of the standards and criteria required in this chapter as well as the tasks identified in contract. The coalition is also responsible for determining the professional qualifications necessary for the completion of activities. If any staffing changes occur that, in the opinion of the coalition, have the potential to impede the progress of the coalition from performing the roles and responsibilities stated in this chapter, the coalition will notify their DOH contract manager in a timely manner.

Each Healthy Start coalition has the option of providing the MomCare Program in-house or contracting with a local provider but must ensure that the services provided are located within the geographic boundaries of their service delivery area and that the local subcontracted provider complies with applicable professional standards of practice with respect to participant confidentiality as stated in the Department of Health Information Security policies. It is also important that each coalition ensure that the MomCare services provided are accessible to the population being served. This may entail working hours that are beyond the traditional 8 AM to 5 PM so that women identified as needing to be contacted, who work daytime jobs, can be

reached at home in the evening. Extra efforts to contact during non-traditional hours will decrease the pool of “unable to locate” enrollees.

## **Documentation in the SIS**

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In August 2001, the Florida Association of Healthy Start Coalitions engaged an interactive media, data, and Internet developer via contract to design, build, and implement a virtual web server-based data and case management system that would operate on a statewide basis as the primary tool for the MomCare Program. Services were further contracted to serve as the party that manages the input of data that is received on a weekly basis from the Medicaid fiscal agent into the SOBRA Information System (SIS) data system. Please refer to the SIS Training Manual, available on the SIS, for guidance on documenting into this system.

## **Client Coding Within the HMS (For CHD Staff Use Only)**

Time spent with the MomCare participant will be recorded under program code 27, case management 9010, on the DOH employee activity form (EAR).

## **Quality Management (QM)/Program Improvement (PI) Performance Measures**

Each coalition will develop and implement a written plan for monitoring and evaluating the MomCare Program. The minimum frequency of monitoring and evaluation of subcontracted activities is annually. This plan will specify the records, reports, documents, tools, and methods to be utilized in conducting monitoring and evaluation activities, as well as the frequency. A general guideline for record review is that the sample size should be no fewer than 30 records, or 5 percent of the total, whichever is greater. Guidelines for record review are listed below. The plan will also provide policies and procedures for monitoring and evaluation follow-up, particularly in the event that a provider, or an employee, is failing to meet established standards and goals. Coalitions will ensure that they, or their contracted maternity care advisor providers, establish an internal quality record review process that includes an analysis of reported no-shows, women who were referred to and being tracked by the Healthy Start program, and copies of recipient surveys. This internal review shall be conducted at least quarterly and reported in a progress report.

If the maternity care advisor responsibilities are provided by the coalition, they will have a written internal quality assurance/quality improvement plan using the specifics outlined above. The process will be conducted quarterly and reported to the DOH in the progress report.

Specific performance measures are listed in the contract between the DOH and each Healthy Start coalition. Progress in meeting these performance measures is reported on a cumulative quarterly as well as on an annual basis.

## **INSTRUCTIONS FOR SOBRA RECORD REVIEWS**

It is important that there be continuity across the state in terms of how quality assurance/quality improvement activities are performed for the SOBRA Outreach Program. This will be critical with the forthcoming automation of record review selection through the SIS.

The SIS automation will allow reviewers to select record samples from *All Clients*, Open or Closed reports using as the begin date the first day of the fiscal year, 07/01. All MomCare

Programs doing manual record selections and review shall use this method as well. For more detailed information, the local coalition's internal QA/QI policy should be reviewed.

Reviewers should remember to:

- Document findings
- Share information with others (coalitions, MCA's)
- Develop corrective action plan if necessary
- Conduct another review to verify if corrections have been implemented

## **Frequently Asked Questions**

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Below are samples of the MomCare questions that are available in the MomCare SIS Documentation Manual.

**1. Is there a booklet or guide that will help answer general questions about Medicaid coverage?**

A: There is a summary sheet at <http://www.floridahealthstat.com/publications/medibroc2001.pdf>. On pages 5 and 6 you will find a bulleted summary of services.

**2. Our county will be reimbursed per contract rate on the list of clients that Medicaid's fiscal agent sends to us via the SIS system. Does it matter if the client accepts or refuses services of MomCare? What if the client cannot be located? Do we bill monthly for the reimbursement?**

A: You will be paid based on the contract amount that is in the contract you signed with the coalition. The rate is \$6.50 per client for prenatal care counseling and care management. If the client cannot be located, you cannot close. The reason you cannot close this case is that you will still be getting paid \$6.50 a month for this client until the enrollee is no longer eligible for SOBRA coverage. It would be fraudulent to close a client to services while still being paid \$6.50 per month for prenatal care counseling and case management. If the DOH sees that you have attempted to contact the client and have been unable to after the required number of attempts, and have put this client in a tracking mode, then this will show good faith effort to perform functions for the payment you are receiving. Using the SIS to document attempts is imperative.

**3. Could you please clarify the coding of time for SOBRA women? If the SOBRA eligible women are Healthy Start clients, will we record time spent with these clients under the Healthy Start program code?**

A: Yes. If the maternity care advisor is also the care coordinator, you will record time spent with these clients under the Healthy Start program component 26 or 27 and the appropriate service code.

**4. If recipients are not eligible or refuse Healthy Start services, will the time spent with these clients be recorded under program 27, case management 9010, with a time component documented under service time on the EARS summary?**

A: Yes. If you are a CHD employee providing MomCare services to non-Healthy Start pregnant women, you will record time spent in this activity as program component 27, service code 9010, on your DOH employee activity form (EAR).

**5. Just to clarify attempts to contact – I know one phone call or face-to face (if no phone) is required within 5 days. On one e-mail it says you have to be able to leave a message. In the contract it does not specify. If the person does not have an answering machine and they are not home, does that attempt count as a phone call?**

A: Yes. Calling the woman, despite the fact that you were unable to leave a message on an answering machine, is considered an attempt to contact. Your documentation in the SOBRA case file will be your documentation of this attempt.

**6. We received no phone number and only a post office box. We cannot call or attempt a face-to-face. I would like to confirm that sending an initial letter would meet service delivery requirements for the 5-day attempt to contact.**

A: In this specific scenario, the letter and your documentation will be your verification and will meet the attempt to contact. Please keep in mind that you may want to cross-reference this client with PEPW, the Healthy Start Program, and WIC. The woman may be a WIC participant and you can contact her there.

**7. When does Medicaid eligibility end for pregnant women once their baby is born?**

A: Women will continue to be eligible for SOBRA Medicaid for the two months following the month the pregnancy ends. So if her baby is born on February 6, her Medicaid should stay open through April 30.

**8. When a mom miscarries, what steps do we take? A lot of women do not want us to talk about it and they do not want to tell me who their doctor was. Therefore, I cannot enroll them and the “reports” will not show what my notes say.**

A: If a mom advises you that she has miscarried, she is still eligible for postpartum coverage for two months and the maternal care advisor should work with her to encourage her to obtain family planning services. Document your discussions with the woman and advise your DCF contact person of the change in the woman’s pregnancy status.

**9. Reference has been made in the past relative to keeping a “hard copy file” on MomCare participants. What type of information should be maintained in the hard copy files?**

A: AHCA has agreed to the change that files be maintained electronically in the SIS. Electronic documentation of services provided is the critical factor. During QA/QI monitoring visits, hard copy records may be requested. When this is requested by DOH, AHCA, or CMMS (formerly HCFA), all records may be required as hard copies including copies of letters sent to clients advising of the program and documentation of the date these letters were sent.

**10. Can PEPW be retroactive?**

A: No. PEPW begins on the date the woman applies for PEPW until the date that determination is made as to whether the woman is eligible for Medicaid due to her

pregnancy. If the woman is then determined eligible for Medicaid, it can be retroactive for up to three months prior to the date of application.

**11. Is it true that a MomCare client's baby has Medicaid automatically for 1 year? If this is true, why are we asking if they have insurance for the infant?**

A: If the mother is Medicaid eligible at the time of birth, the baby is presumed eligible for 1 year. This is referred to as Presumptive Eligibility for Newborns (PEN) coverage. This coverage should stay open up to 1 year as long as the child resides with the mother, and the mother remains a resident of the state. This coverage is used when the baby is first born, and then the mother is expected to request to add her newborn to the regular Medicaid coverage. This is somewhat similar to the Presumptive Eligibility for Pregnant Women coverage, but is good for 1 year. Asking a woman if she has insurance will help encourage the transfer for Presumptive Eligibility for Newborns (PEN) to regular Medicaid status so there is no lapse in insurance coverage for the baby.

**12. Can a letter be considered a successful attempt to contact?**

A: No. Sending a letter is not considered a method of attempting to contact an enrollee. A successful attempt to contact would be work efforts related to verbally contacting an enrollee either face-to-face or by phone, including phone calls or visits to enrollee's home, workplace, WIC clinic, or health care provider in attempts to locate the enrollee. This does not include letters, except for those enrollees who provide only a post office box as an address..

**13. Can we do the follow-up activities and the initial contact requirements at the same time?**

A: It is wise to perform the initial contact and follow-up activities at the same time when you know that you might not have the opportunity to speak to the client again, as with PEPW (MU) clients or if the pregnant woman has come into the program during the third trimester. By contract, follow-up tasks need to be performed between the sixth and ninth months of her pregnancy. Therefore, for women who are MMP and have been provided follow-up activities during the initial contact phase, it will be necessary to complete these tasks again as the woman gets closer to her due date.

**14. What is ACCESS Florida?**

ACCESS Florida (Automated Community Connection to Economic Self-Sufficiency) is the program within the Department of Children and Families that is responsible for Florida's public assistance programs. An intranet web application for Medicaid is available at <http://www.myflorida.com/accessflorida>. The state-wide automated phone number is 1-866-762-2237.

**Notes:**

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**Self Study Questions:** (Answers to these questions may be found in Appendix H)

1. Once the maternity care advisor has been made aware of a SOBRA eligible woman by the Medicaid fiscal agent, how much time does he/she have to make an attempt to contact the woman by telephone?
2. What is the intent of the initial contact between the maternity care advisor and the SOBRA eligible woman?
3. Once the maternity care advisor has been made aware of a SOBRA eligible woman by the Medicaid fiscal agent, how much time does she/he have to register the enrollee with her selected prenatal care provider and facilitate the completion of the Healthy Start screen?
4. Describe the process of auto-assignment of a prenatal care provider for a SOBRA eligible woman.
5. How many more times is the maternity care advisor obligated to attempt to communicate information regarding enrollment services for those recipients that have been auto-assigned?
6. Describe some examples of follow-up services that the maternity care advisor shall provide, as needed, to recipients.
7. What post-enrollment services shall be made available to SOBRA eligible women?