Appendix A

RFTS MATERNITY SERVICES

One of Perinatal Programs’ component activities is limited funding of prenatal, delivery, postpartum, and routine newborn hospital care for low-income, medically-indigent pregnant women who are determined to be ineligible for Medicaid, have no insurance to cover obstetrical care, and have a monthly income below 185% of the Federal Poverty Level. Because there is a need to identify these women for billing and reporting purposes, they are often referred to as RFTS Maternity Services clients. Care for this population is paid for using federal (Title V) monies in conjunction with State Appropriations to increase access for the targeted population. RFTS Maternity Services supports comprehensive prenatal care as outlined in the American College of Obstetricians and Gynecologists (ACOG) guidelines (Appendix F). This helps to ensure West Virginia women have the benefit of appropriate health care during the course of their pregnancy. The purpose of this section is to explain the policies regarding medical coverage for pregnant women by RFTS Maternity Services.

I. ELIGIBILITY
   A. CRITERIA
      1. West Virginia residency;
      2. Application denied for Medicaid coverage for pregnancy;
      3. Gross income of 185% of the Federal Poverty Level (FPL);
      4. No insurance or insurance does not cover pregnancy.
      NOTE: Eligibility determination is made by the Director of Perinatal Programs using income information supplied by the WV Department of Health and Human Resources (DHHR). The client is notified by mail of the outcome of the eligibility review. Eligible clients will receive a card for identification as a covered RFTS Maternity Services client.

   B. CATEGORIES
      1. Code MM - Minors (Pregnant teens age 19 years and under regardless of family income)
         NOTE: If a RFTS Maternity Services client turns 18 during the pregnancy, coverage continues. However, these clients are encouraged to apply for Medicaid because of the additional benefit to them and their child(ren). Once a minor turns 18, their parents’ income is no longer deemed to them.

      2. Code MX - Income eligible and medically indigent pregnant clients age 20 years or older
         NOTE: Should the family income decrease during the pregnancy, these clients should be encouraged to reapply for Medicaid coverage because of the additional benefits to them and their child(ren).

      3. Code MA - Income eligible non-citizens
         NOTE: In keeping with its role as payer of last resort, RFTS Maternity Services covers prenatal care only for these clients. Non-citizens must apply for Emergency Medical care at their local DHHR office within thirty days of their delivery. The Emergency Medical application also allows the DHHR to assess Medicaid eligibility for the newborn.
NOTE: Examples of the explanation of benefit letters for all of the above categories, both approved and denied, are located at the end of this section.

II. PRESUMPTIVE ELIGIBILITY
RFTS Maternity Services recognizes the importance of early prenatal care. If clients are unable to pay for care and have no third party resource (insurance, Medicaid), they are less likely to seek prenatal care and providers may be hesitant to render services. To overcome this obstacle and assure access to early prenatal care, RFTS Maternity Services acts as a guarantor of payment for initial prenatal exams and associated laboratory/diagnostic tests. However, RFTS Maternity Services is the payer of last resort. If the client is approved for Medicaid or another third party source, the practitioner is paid by that source. There are two categories of presumptive eligibility that may be assigned by RFTS Maternity Services:

A. Code PM
If the client has not applied for Medicaid or eligibility has not been determined, the client may feel she cannot seek prenatal care because she has no means of payment. To surmount this obstacle to care, RFTS Maternity Services agrees to pay for the initial prenatal visit, the associated laboratory diagnostic testing, and the initial ultrasound (if indicated). The PM number does NOT cover any other diagnostic tests or services, or any additional prenatal visits. The presumption is that the client will be approved for Medicaid by the time the invoice is presented for payment or the client will be eligible for RFTS Maternity Services coverage.

B. Code SM
The client has been approved for Medicaid coverage, but coverage was not backdated to cover the initial prenatal visit and associated laboratory diagnostic assessments. RFTS Maternity Services may pay for the services incurred before the effective date of Medicaid coverage, if the client was income eligible.

III. COVERED SERVICES
RFTS Maternity Services covers only routine pregnancy related care and treatment listed on the RFTS website in the “Provider Only” section (user name and password required). Within the limitations stated below, RFTS Maternity Services normally pays for the following types of service for sponsored clients at established RFTS Maternity Services rates:

- Routine prenatal care
- Laboratory and diagnostic assessments in accordance with ACOG standards
  NOTE: HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women and is a covered service under RFTS Maternity Services.
- Ultrasound and radiologic examinations
- Delivery charges (vaginal and c-section), hospital supplies, laboratory work, (Limited to one thousand dollars [$1,000.00])
- Anesthesia (at time of delivery)
- One postpartum examination to include routine laboratory, diagnostic tests
- Routine newborn care rendered during the mother’s hospitalization for delivery includes newborn examination, circumcision, and discharge
- RFTS Program services comparable to those provided Medicaid recipients
  NOTE: Prenatal vitamins and iron tablets are supplied by the OMCFH to participating prenatal providers or local health departments for their pregnant clients covered under RFTS Maternity Services.
IV. NON-COVERED SERVICES
The following is a partial list of services not covered by RFTS Maternity Services for payment:

- Hospitalization at any time other than for delivery
- Observation status at the hospital
- Intermediate or intensive care for the mother or newborn
- Any service/care that is not pregnancy related
- Emergency room charges/care
- Ambulance services
- Family planning services/postpartum sterilization (woman must be referred to the OMCFH Family Planning Program)
- Infant care rendered after discharge from the hospital
- Infant care other than routine newborn care specified in Section 3, page 2.

V. BILLING PROCEDURES

- Practitioners and health care facilities are to bill RFTS Maternity Services using the CMS 1500 billing form or the UB 92 billing form with attached itemization.
- Only standard CPT codes and service descriptions used by Medicaid and approved by RFTS Maternity Services will be eligible for reimbursement. A list of covered RFTS Maternity Services codes may be obtained by calling 1-800-642-8522 or by accessing the “Provider Only” section of RFTS website.
- The client’s assigned RFTS Maternity Services ID number must be included on the billing form to receive reimbursement.
- Payment of an invoice by RFTS Maternity Services constitutes payment in full. The client is not to be billed the balance after payment is received from RFTS Maternity Services. RFTS Maternity Services will pay for services provided to pregnant women at the established RFTS Maternity Services rate.
- Invoices should be submitted within sixty (60) days from the date of service to:
  WVDHHR
  Office of Maternal, Child and Family Health
  RFTS Maternity Services
  350 Capitol Street, Room 427
  Charleston, West Virginia 25301-3714

VI. GENERAL NOTES

- In addition to these services, RFTS Maternity Services supplies prenatal vitamins, iron and literature to contracted obstetrical providers for distribution to participating clients. The policy of RFTS Maternity Services for the distribution of vitamins/iron is as follows:
  Give one bottle at the time of positive pregnancy determination or first OB visit to:
  1) minors (19 years of age and under)
  2) non-citizens
  3) clients who have not yet applied for or been approved for Medicaid
  4) clients denied Medicaid and not yet approved for RFTS Maternity Services
  As soon as a client is enrolled in:
  - **Medicaid** - provide her with a prescription for future vitamin/iron needs
  - **RFTS Maternity Services** - provide her with two (2) additional bottles of vitamins.
- Clients may use non-contracted practitioners; however, contracted providers must accept RFTS Maternity Services rates as payment in full for services rendered. They must also abide by RFTS Maternity Services policies and procedures.
- RFTS Maternity Services clients wishing to have a sterilization must apply to the OMCFH Family Planning Program.
Example A:
RFTS/MATERNITY SERVICES CARD

Right From The Start (RFTS)/Maternity Services (Non-Medicaid Eligibles)
Department of Health and Human Resources
Office of Maternal, Child and Family Health (OMCFH)

<table>
<thead>
<tr>
<th>NAME</th>
<th>Street Address</th>
<th>City, West Virginia Zip</th>
</tr>
</thead>
</table>

Card ID Number | Effective Date

Category Code: MA

The Right From The Start/Maternity Services is a government funded program for uninsured, low-income pregnant women. Payment for services will be made according to the OMCFH/RFTS fee schedule for non-Medicaid enrollees and should be considered payment in full. Billing for the Right From The Start Program is to be submitted on a CMS-1500 or UB-92 within 60 days of date of service. Invoices should be mailed to:

RFTS/MATERNITY SERVICES 350 CAPITOL STREET, ROOM 427, CHARLESTON, WEST VIRGINIA 25301-3714

If you have any questions about the billing process or client coverage, please call 1-800-642-8522.

Approved by: ___________________________ Date: ______________

Program allowable services listed below, effective X X, XXXX for clients enrolled on or after that date:

Category Code: MM – Minor (age of 19 and under) MX – Income Eligible (under 185% of Federal Poverty Level)

Covered Services: Prenatal visits, basic prenatal lab work, ultrasounds, non-stress test, amniocentesis, a flat fee of $1,000.00 for inpatient hospitalization at the time of the delivery only (patient is responsible for remaining balance). Be sure to apply for Medicaid for the infant within 30 days after the delivery.

Non-covered services include but are not limited to: inpatient hospitalization except at time of delivery, emergency room visits, ambulance fees, prescriptions and sterilizations.

Category Code: MA – Non-Citizen

Covered Services: Prenatal visits, basic prenatal lab work, ultrasounds, non-stress test, and amniocentesis. Client must apply for Emergency Medical Services to pay for delivery and inpatient hospitalization at their local DHHR county office within 30 days after delivery. The client must also apply for Medicaid coverage for the infant within 30 days after delivery.

Non-covered services include, but are not limited to: inpatient hospitalization at any time including delivery, emergency room visits, ambulance fees, prescriptions and sterilizations.

Prenatal Vitamins, Iron Tablets – may be obtained from your prenatal care provider, or your local health department.
Dear NAME:

The Office of Maternal, Child and Family Health (OMCFH), Right From The Start Program (RFTS) has been notified that you were denied Medicaid coverage. You are approved to receive prenatal care coverage through the OMCFH/RFTS Program. Your identification card for prenatal medical coverage is enclosed. This program will pay for the following services as long as you are a West Virginia resident, for this pregnancy only:

- Prenatal care.
- Routine prenatal laboratory and diagnostic assessments.
- RFTS Care Coordination and enhanced education services.

Please NOTE: The OMCFH coverage does not include hospitalization, emergency room and pharmacy or ambulance coverage.

The OMCFH will not pay for any services associated with your delivery, your care after delivery, or the care of your baby. This coverage MAY be available to you and your baby by contacting the local Department of Health and Human Resources (DHHR) office in your county of residence. You MUST apply to the local DHHR office for Emergency Medical Services for yourself and your baby within 30 days of delivery in order to receive help with medical bills.

When you visit your health care provider to receive prenatal care, be sure to show him/her your RFTS Program identification card to assure that OMCFH is billed for your care. Be sure that he/she knows that OMCFH reimbursement is to be considered as “payment in full” for covered services. If you have not selected a provider, please call us at 1-800-642-8522 and we will give you the names of providers in your area contracting with OMCFH.

After delivery, you may want to seek Family Planning services which are available at little or no cost in every West Virginia county.

If you have any questions concerning your RFTS coverage, or how to access Family Planning services, please call (304) 558-5388 or toll-free in West Virginia at 1-800-642-8522.

Office of Maternal, Child and Family Health
Division of Perinatal and Women’s Health
Right From The Start Program

Enclosure

cc: State Office File - RFTS (MA/Non-US) April 2005
Dear NAME:

The Office of Maternal, Child and Family Health (OMCFH), Right From The Start Program (RFTS) has been notified that you were denied Medicaid coverage. You are approved to receive prenatal care coverage paid for by the OMCFH/RFTS Program. **Your identification card for prenatal medical coverage is enclosed.** The Program will pay for the following services as long as you are a West Virginia resident, for this pregnancy only:

- Routine prenatal care and delivery.
- Routine prenatal laboratory and diagnostic assessments.
- $1,000 payment for hospitalization at time of delivery ONLY. (Patient is responsible for any additional charges.)
- Please note the OMCFH coverage **does not** include emergency room visits, emergency hospital admissions, ambulance coverage or pharmacy.

When you visit your prenatal care provider:

- Be sure to show him/her your RFTS Program identification card to assure that OMCFH is billed for your prenatal care.
- Be sure that he/she knows that OMCFH reimbursement is to be considered as “payment in full” for covered services. If you have not selected a provider, please call us at 1-800-642-8522 and we will give you the names of providers in your area contracting with OMCFH.

Please apply at your local Department of Health and Human Resources Office for a Medicaid card for your baby within 30 days of delivery.

If you have any questions concerning your RFTS coverage or a referral to Family Planning after the birth of the baby, please call (304) 558-5388 or toll-free in West Virginia at 1-800-642-8522.

Office of Maternal, Child and Family Health
Division of Perinatal and Women’s Health
Right From The Start Program
NAME
ADDRESS
ADDRESS

Dear NAME:

Improving access to health care for pregnant women has been a longstanding goal of state government. Since the 1980’s, the Office of Maternal, Child and Family Health (OMCFH) has paid for prenatal care and delivery for women who are uninsured/underinsured and have low income. You are not eligible for Maternity Services/OMCFH coverage because you:

☐ have pregnancy-related insurance coverage, OR
☐ are over the income guidelines, OR
☐ failed to provide insurance verification

If your income decreases, you will need to reapply for Medicaid at your local Department of Health and Human Resources office.

If you have any questions, please call the OMCFH at (304) 558-5388 or toll-free in West Virginia, 1-800-642-8522 or 1-800-642-9704 between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.

Sincerely,

Jeannie Clark, Director
Perinatal Programs

JC/scr

cc: RFTS Client Files