

# Welcome to Motherhood—A Baby and A Bill

## CLIENT STORY FROM TENNESSEE JUSTICE CENTER<sup>7</sup>

Over the past few months, the Tennessee Justice Center has worked with a mother living in Nashville, Tennessee. She recently had a baby, and when she was pregnant in mid-October of 2019, she had an appointment at a clinic to get her pregnancy verified and to have some routine labs done. At the clinic, she said that someone helped her apply for presumptive eligibility Medicaid coverage (an option for pregnant women in Tennessee to get immediate temporary coverage for 45 days to give them time to submit a full application) and told her that her labs and appointment that day would be covered by Medicaid. Two days later, she went to her local health department in Nashville, and they helped her submit a full application for TennCare (Tennessee’s Medicaid program).

The client later found out that she had been approved for TennCare Medicaid, but her starting date of coverage was the date she went to the health department, which was two days after she had gone to the clinic. She soon started receiving bills from the clinic for the labs that had been done, after being told that the labs would be covered. Her bills totaled around \$800. The client and the Tennessee Justice Center called the clinic to inquire about what had been submitted the day the client went in for labs and was told that everything would be covered. The clinic had no documentation that anything was submitted the date of the appointment. The client and her Tennessee Justice Center client advocate then called TennCare to see if they had received an application the date of the clinic appointment. TennCare only had record of an application being submitted the date the client went to the health department, which is the date they approved her for coverage. It seemed that though the client was told by the clinic that an application would be submitted and her bills would be covered, a presumptive eligibility application was never actually submitted for her, leaving her with bills from her clinic visit.

Many states have retroactive Medicaid coverage, so if someone applies for Medicaid, their bills from previous days can be covered. The state of Tennessee does not have retroactive Medicaid coverage, so the earliest that someone can start receiving Medicaid benefits is the day that TennCare receives an application. Because of this, with no record of an application being submitted the day of the clinic visit, there was no way for the client to backdate her Medicaid coverage even two days earlier to cover her medical bills.

The Tennessee Justice Center is still working with the client to see if her lab bills can be covered by charity care. If the Medicaid program in Tennessee had retroactive coverage, the application submitted at the health department would have been sufficient for her lab bills to be covered by Medicaid and she would not be left with the stress of paying medical bills that she had been told would be covered, while trying to provide for her family.



Source: Nora Hendricks, Health Policy and Communications Associate at Tennessee Justice Center