Decrease the “hassle factor”

Access – make appts available, easy to make, answer the phone, link moms to care for newborns & family members

Financial barriers – assist patients with applications

Language barriers – make translators available, bilingual staff

Social barriers – understanding the importance of prenatal care & complications, assist patients with staying in the system (Healthy Start, Nurse Family Partnership), provide transportation

Consistency of care – protocols organize where patients get the care they need, provide standardized management and treatment plans.

Continuum of care – connect the services patients need, use grant programs to plug the holes
### WISH Continuum of Coverage

<table>
<thead>
<tr>
<th>Not pregnant/ Family Planning</th>
<th>Prenatal visits</th>
<th>Delivery/inpatient</th>
<th>Post partum/ family planning</th>
<th>Gynecology outpatient</th>
<th>Gynecology or Gyn/ Oncology out/inpatient treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Health Program, Title V, X, XX Family Planning</td>
<td>Medicaid, Title V Maternal Child Health, CHIP Perinate</td>
<td>Medicaid or Emergency Medicaid</td>
<td>Women’s Health Program, Title V, X, XX Family Planning</td>
<td>BCCS for abnormal Pap</td>
<td>Medicaid Treatment Act or Parkland Health Plus for cancer treatment</td>
</tr>
<tr>
<td>Patients who do not complete the application process or are denied for WHP may be eligible for Title V, X or XX FP coverage. However, they must reapply for WHP at every visit.</td>
<td>Baby - Medicaid/CHIP</td>
<td></td>
<td></td>
<td></td>
<td>PHP</td>
</tr>
</tbody>
</table>

Financial Counselors interview the patient and collect information or documents.

Title V, X, XX & BCCS are self-declaration. WHP, Medicaid, & CHIP require copies of specific documents.

All require an interview when status changes, e.g., income or family size changes.

This would not happen without careful coordination between WISH Administration and UTSW medical staff.