

Distribution: All Providers 03-02

Issued: January 31, 2003

Subject: Coverage Changes for MOMS Program

Effective: March 1, 2003

Programs Affected: Maternity Outpatient Medical Services (MOMS) Program

Effective for dates of service on and after March 1, 2003, MOMS Program coverage will include hospital (provider type 30) services as well as the professional services related to an inpatient delivery. No other inpatient hospital services will be covered.

Also effective March 1, 2003, family planning services and sterilization will no longer be a covered benefit. Maternal Support Services (MSS) will be limited to the prenatal period only. Medically necessary ambulatory postpartum care will be covered for 60 days after the pregnancy ends.

The MOMS Guarantee of Payment Letter (DCH-1164) has been revised to include the changes noted above. A copy of the revised form is attached to this bulletin.

NOTE: All beneficiaries who enroll in the MOMS Program on or after March 1, 2003 will be eligible for the modified benefits as described in this bulletin. Beneficiaries enrolled in the MOMS Program prior to March 1, 2003 and who present the previous guarantee of payment letter will be eligible for family planning, sterilization and MSS postpartum services until July 1, 2003 or until 60 days after the pregnancy ends, whichever comes first.

MANUAL MAINTENANCE

Retain this bulletin for future reference.

QUESTIONS

Any questions regarding this bulletin should be directed to: Provider Support, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

APPROVED


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GUARANTEE OF PAYMENT FOR PREGNANCY-RELATED SERVICES

**NOTICE TO PRENATAL CARE PROVIDERS
PHARMACY, LABORATORY AND DIAGNOSTIC SERVICES AGENCIES**

Today's Date		Expected Date of Confinement / Due Date	
Beneficiary's Name		Beneficiary's Date of Birth	
Address (Number and Street)	Apt. No.	Medicaid Case Number (if available)	
City, State, ZIP Code		Medicaid Beneficiary ID Number (if available)	

IMPORTANT: All of the above information MUST be completed.

The Department of Community Health **GUARANTEES PAYMENT** through the Maternal Outpatient Medical Services (MOMS) Program or the Michigan Medicaid Program for prenatal care, delivery, and other pregnancy-related services for the duration of the pregnancy. Medically necessary ambulatory postpartum care will be covered for 60 days after the pregnancy ends. Inpatient hospital coverage is limited to delivery-related services only.

This document should be considered as proof of coverage of the following pregnancy-related services and can be used for billing only until the beneficiary receives a **mihealth card**. Michigan Medicaid-covered maternity services and fee screens apply. This document is guaranteed for 45 days from the date listed above.

Pregnancy-related covered services during the eligibility period include:

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|---|---|
| 1. Prenatal care | 6. Radiology and Ultrasound |
| 2. Pharmaceuticals and prescription vitamins | 7. Maternal Support Services (MSS) until delivery |
| 3. Laboratory | 8. Outpatient hospital care |
| 4. Labor and Delivery – will cover both professional fees and inpatient hospitalization | 9. Childbirth education |
| 5. Postpartum Care through 60 days after the pregnancy ends | 10. Other pregnancy-related care with prior authorization |

If you have questions regarding billing or you are providing a medical service that is not listed above, please refer to the back of this letter for instructions on billing and prior authorization procedures.

If you require this document for your files, please make a copy and return the original to the beneficiary. Guarantee of payment applies only for providers enrolled in the Michigan Medicaid Program.

Name of Contact Person		Signature		Date	
Phone Number ()					
Name of Issuing Agency					
Agency's Mailing Address (Number and Street)		(Suite)	City	MI	ZIP Code

DISTRIBUTION:

- WHITE: Beneficiary
- YELLOW: Send to: **MDCH – MOMS**
PO Box 30479
Lansing, MI 48909-7979
- PINK: Issuing Agency File Copy

Patrick Barrie, Deputy Director
Health Programs Administration

PROVIDER BILLING INSTRUCTIONS

ELIGIBILITY:

MOMS' eligibility may be obtained through the Department of Community Health's Eligibility Verification System (EVS). The Department will issue a beneficiary ID number to be used when billing for services. If the beneficiary receives full Medicaid and enrolls in a Medicaid Health Plan, the health plan's policies and procedures will apply. If you are not a participating provider with the health plan, the beneficiary should be referred to the health plan before services are rendered.

BILLING INSTRUCTIONS:

- Electronic submission of claims is the preferred method for quick and accurate claim reimbursement.
- All services must be billed within one year of the date of service. Pharmacy services should be billed within six months of the date of service.
- Claims must be completed following standard Medicaid billing and reimbursement guidelines contained in the Medicaid Provider manuals. Claims must be submitted to the same location where you submit your Medicaid claims.
- Private insurance must be billed first, if applicable.
- It is recommended you hold the claim for services provided prior to the beneficiary receiving her **mihealth card** until the beneficiary ID number is available on the EVS and then bill using the automated process.
- If you are unable to obtain the beneficiary ID number from the EVS within a reasonable period of time, or if you have provided services to a beneficiary and were unaware of her enrollment in a Medicaid Health Plan, submit your paper invoice and put the number beginning with 'M-' that appears in the upper right corner of the Guarantee of Payment letter in the area reserved for the beneficiary ID number.
- Submit your paper invoice with a copy of the Guarantee of Payment letter to:

**MDCH/MANUAL PAYMENTS UNIT
P.O. BOX 30688
LANSING, MI 48909**

- MOMS claim adjudication information will be included in the weekly Remittance Advice, merged alphabetically with Medicaid and other MDCH-administered programs. If your claim does not appear within a reasonable amount of time, you may contact the Medicaid Provider Inquiry Line at **1-800-292-2550**.
- All MOMS covered services are subject to the published policies and procedures applicable under the Medicaid program as they relate to health care and claim submission requirements.

PRIOR AUTHORIZATION:

If your service does not meet the definition of pregnancy-related services listed on the front of this letter or if the service normally requires prior authorization by the Medicaid program, please submit your request, by mail, to Michigan Department of Community Health, Review and Evaluation Division, P.O. Box 30170, Lansing, MI 48909 or you may fax it to 1-517-241-0740.

PHARMACY SERVICES:

Pharmacy services provided to MOMS beneficiaries must be billed to the Pharmacy Benefit Manager, First Health Services Corporation. Refer to the Michigan Pharmaceutical Product List to identify products that may require prior authorization. To obtain prior authorization, you may write to: First Health Services Corporation, Clinical Call Center, 4300 Cox Rd., Glen Allen, VA 23060, phone: 1-877-864-9014, or fax: 1-888-603-7696. For eligibility concerns and/or general questions, contact the Technical Call Center at 1-877-624-5204.

Pharmacies who provide MOMS services, when presented with this Guarantee of Payment letter, have the option of billing First Health in one of two ways:

- A. Hold the claim until the beneficiary ID number is available on the Department's EVS and then bill First Health via the on-line system.
- B. Submit a Universal Claim Form, along with a copy of this Guarantee of Payment letter, to First Health per the instructions in Appendix B of their manual.

AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is Voluntary, but is required if Medical Assistance program payment is desired.	The Department of Community Health is an equal opportunity employer, services and programs provider.
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