



Bulletin

Michigan Department of Community Health

Distribution: All Provider 01-03

Issued: March 1, 2001

Subject: Maternity Outpatient Medical Services Program

Effective: Upon receipt

Programs Affected: Maternity Outpatient Medical Services Program

The purpose of this bulletin is to provide information on the department's Maternity Outpatient Medical Services (MOMS) program. The Department of Community Health (DCH) is committed to making prenatal care available to certain low income pregnant women who do not qualify for full Medicaid coverage. Under the MOMS program, pregnant women can enroll and start receiving prenatal care early in the pregnancy. This program was previously known as the Non-Medicaid MICH-Care program. The program was reorganized to more effectively serve the beneficiaries and provide timely reimbursement to providers. The program is similar to the Medicaid program except that the coverage is limited to pregnancy-related health services in a provider's office or other outpatient setting. Unlike Medicaid, which is partially funded with federal dollars, this program is completely funded with state dollars.

Targeted Population:

Women who are pregnant or recently pregnant (within two calendar months following the month the pregnancy ended), who apply for medical coverage for their pregnancy at a Local Health Department (LHD), Federally Qualified Health Center (FQHC), or Family Independence Agency, and meet one or more of the following criteria:

- **Women:** With incomes at or below 185% of the federal poverty level.
- **Adolescents:** At initial application, a teen (17 years of age and under) who, because of confidentiality concerns, chooses not to apply for Medicaid, or is not Medicaid eligible.
- **ESO Beneficiary:** Women who are covered by the Medicaid Emergency Services Only (ESO) program.

- **Incarcerated Beneficiary:** Women who are incarcerated for longer than a calendar month, in a state prison, county or municipal jail, half-way house, psychiatric hospital, or in another institution where residents are precluded from using their Medicaid coverage (if prenatal care is not covered by funds from the Department of Corrections, the local municipality, or private insurance). Upon release from any of the above-mentioned institutions, the woman should apply for Medicaid.

NOTE: Frequently, individuals determined eligible for MOMS might subsequently become eligible for Medicaid. MOMS eligibility is terminated on the effective date of full Medicaid coverage. All services available under the MOMS program are covered by Medicaid. (This does not include Medicaid ESO.)

Period of Coverage:

Once the woman is enrolled into MOMS, outpatient pregnancy-related services and the provider's professional fee for labor and delivery are covered from the date of conception through two calendar months following the month the pregnancy ends, regardless of the reason (live birth, miscarriage, or stillborn).

Covered Services:

Coverage is limited to the following outpatient pregnancy-related services during the prenatal and postpartum period:

- Prenatal care and pregnancy-related care
- Pharmaceuticals and prescription vitamins
- Laboratory services
- Radiology and ultrasound
- Maternal Support Services (MSS)
- Childbirth education
- Professional fee only for labor and delivery (including live birth, fetal death, as well as care for miscarriage, ectopic pregnancy)

NOTE: Hospital charges for outpatient/inpatient deliveries are not covered.

- Outpatient hospital care
- Postpartum care through two calendar months after the pregnancy ends
- Other pregnancy-related services approved by DCH

- Family planning/contraceptive services, including professional fee for postpartum sterilization

If eligibility for Medicaid ESO is established, all delivery charges are covered by Medicaid. Services listed above are covered through the MOMS program.

Private Insurance:

Private insurance coverage, if any exists for prenatal care, must be billed first, unless it would cause a breach in confidentiality. MOMS will be the secondary payer of services if private insurance coverage exists. Reimbursement for services will be as specified in the MSA provider manual, Chapter 4 billing section, regarding Other Insurance. This would include following the rules of any private commercial managed care contract first.

NOTE: MOMS does NOT cover inpatient hospital care. If the woman gains full Medicaid coverage, Medicaid will cover the inpatient hospital costs. Services to the infant are also not covered at any time under this program. The infant's family/primary caregiver is encouraged to apply promptly for Medicaid coverage for the infant.

Reimbursement:

Payment rates and policies and procedures for completion of claims are parallel to Medicaid fee-for-service beneficiaries. All services must be billed within one year of the date of service. Bills must be resubmitted within 120 days of the last rejection. Medicaid invoices are to be used for the MOMS program to provide consistency for providers. However, claims for reimbursement should be submitted to:

Michigan Department of Community Health
Payment Exceptions Unit
P.O. Box 30688
Lansing, MI 48909-7979

NOTE: For Pharmacy services, bill the MOMS program with customer receipts. Do not bill the MOMS program through the Medicaid Fee For Service Point of Sale System.

Guarantee of Payment Letter:

The Department has developed a process whereby providers are assured payment from the Department for services provided to pregnant women. At the time of accepting an application from a pregnant woman, the Local Health Department, Federally Qualified Health Center, and/or Family Independence Agency will make an initial screening to determine if the woman appears to qualify for Medicaid or MOMS. If they determine the woman appears to qualify for either program, they may issue a Guarantee of Payment letter to the pregnant woman to enable her to obtain care immediately and not have to wait for her identification card. The Department will honor a claim received from a provider rendering outpatient pregnancy-related service in good faith based on the Guarantee of Payment letter.

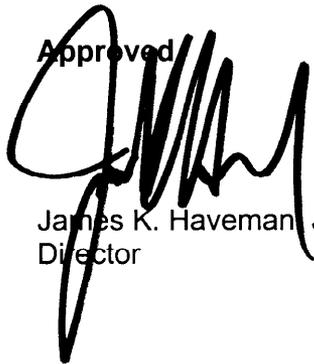
Manual Update:

Retain this bulletin for future reference.

Questions:

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProgramSupport@state.mi.us. Providers may phone toll free: 1-800-292-2550.

Approved



James K. Haveman, Jr.
Director



Robert M. Smedes
Deputy Director for
Medical Services Administration