

**Bulletin Number:** MSA 07-37

**Distribution:** Local Health Departments, FQHCs, Medicaid Health Plans, Practitioners (Medical Clinics, MD, DO, CNMs, FNP), Family Planning Clinics, Rural Health Clinics, Tribal Health Centers

**Issued:** June 29, 2007

**Subject:** MOMS Guarantee of Payment Letter (DCH-1164) and E-application Update

**Effective:** July 1, 2007

**Programs Affected:** MOMS

The purpose of this bulletin to inform providers of changes related to the issuance of the Maternity Outpatient Medical Services (MOMS) Guarantee of Payment Letter (DCH-1164) and the electronic application process for MOMS.

### **MDHS Process Changes**

Effective July 1, 2007, the Michigan Department of Human Services (MDHS) will no longer issue the Guarantee of Payment Letter (GPL) to pregnant applicants seeking medical assistance coverage. This change is required for compliance with federal regulations (42 U.S.C. 1396r-1) that specify only qualified providers can issue presumptive eligibility, which for the MOMS program, is the GPL. A qualified provider is defined as a provider of services who can bill Medicaid. Since MDHS does not meet this definition, it cannot issue the GPLs.

Even though MDHS will no longer issue the GPLs, it will still receive and process Medicaid applications for the MOMS program. As of October 1, 2006, the standard of promptness for processing the application for a pregnant woman who is seeking medical assistance coverage was shortened from 45 days to 10 days. Expediting these applications has positively affected the applicant's access to care.

### **Qualified Provider Issuance of GPL**

As noted above, federal regulations specify that presumptive eligibility (the GPL) may only be completed by qualified providers. Providers participating in this process would assist applicants in the completion of the online application in their office. Once submitted, an immediate determination of eligibility response is received and the qualified provider can print and issue the GPL. Providers (e.g. LHDs, FQHCs, hospitals, physician offices, etc.) are not required to participate in this activity, but are encouraged to do so.

Training is available for any provider that would like to assist pregnant women in the completion of the MOMS application. The training involves instruction on program eligibility requirements and proper use of the online electronic application (EApp). Training can be done online through Power Point presentations, video conference and other methods. If you are interested in receiving this training you may contact AI Bay at (517) 241-8554.

## Online Application

The online application (EApp) is being revised and enhanced as noted below. The EApp will be piloted by the end of July 2007 and available statewide by the end of the summer. The current EApp will continue to be available during this time.

- Evaluates eligibility for 4 programs:
  - MICHild
  - Healthy Kids
  - PLAN FIRST - new addition
  - MOMS - new addition
- Allows the application to be saved and completed over a period of 5 days
  - Accommodates busy schedules
  - Allows time to gather needed information
- Electronic signature collected
  - Eliminates the need to send in signed document
- Summary Page
  - Allows information to be validated before submitting
- Instant decision
  - Required documents can be faxed/mailed
- Redesigned screens - makes it easier and faster to use
  - Multiple Questions asked on each page
  - Easy to navigate from screen to screen using links
- New edits and enhancements minimize data entry errors
  - Easy to identify Jr. and Sr. as age is displayed next to the name

## Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

## Questions

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

## Approved



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Medical Services Administration