Michigan Department of Community Health

MDCH

Beneficiary Eligibility Bulletin

Bulletin: HCEP 05-03

Distribution: HCEP Manual Holders

Issued: June 1, 2005

Subject: Revised Maternity Outpatient Medical Services (MOMS) Enrollment

Effective: Upon Receipt

Programs Affected: Medicaid, MOMS

Policy addressing eligibility, available services and enrollment for Maternity Outpatient Medical Services (MOMS) has been revised. Incarcerated women are no longer eligible for the MOMS program. All references to incarcerated women have been removed from Chapter III, Section 3. Other changes in eligibility determination have also been included in the chapter/section revision. Presumptive eligibility for MOMS will be determined by a trained qualified entity such as the Local Health Department.

Manual Maintenance

Retain this bulletin for future reference. Discard MSA bulletins All Provider 03-02, All Provider 02-06, and All Provider 01-03.

Questions

Any questions regarding this bulletin should be directed to Eligibility Policy, Department of Community Health, P.O. Box 30479, Lansing, Michigan 48909-7979 or e-mail EligibilityPolicy@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

Paul Reinhart, Director
Medical Services Administration

LEGAL BASIS

MOMS
DCH Appropriations
Public Health Code, PA 368 of 1978, as amended

TARGET POPULATION

Women who are pregnant or were recently pregnant (within two calendar months following the month the pregnancy ended) who apply for Medicaid for their pregnancy at a Local Health Department (LHD), Federally Qualified Health Center (FQHC), or Department of Human Services office and meet one or more of the following criteria:

- **Women:** With income at or below 185% of the federal poverty level.
- **Emergency Services Only (ESO) Beneficiary:** Women who are covered by the Medicaid Emergency Services Only (ESO) program.

Note: Individuals determined eligible for MOMS meet all eligibility criteria for Medicaid. MOMS eligibility is terminated on the effective date of full Medicaid coverage unless the individual is determined eligible for Medicaid ESO. MOMS is not terminated if the individual is determined eligible for Medicaid ESO. Medicaid covers all services available under the MOMS program.

COVERAGE

Coverage Date: The initial eligibility begin date for Maternity Outpatient Medical Services (MOMS) is the date of application.

Coverage Period: Enrollment in MOMS covers pregnancy-related services and the physician's professional fee for labor and delivery. Coverage begins the date of application, with a maximum of 45 days of coverage unless the individual receives Medicaid ESO eligibility. Medicaid ESO eligible women receive prenatal care for the entire pregnancy and medically necessary ambulatory postpartum care for 60 days after the pregnancy ends.

Retroactive Coverage: If the individual receives Medicaid ESO, retroactive eligibility for MOMS may be available. The maximum length of retroactive eligibility is three months prior to the date of application.

ELECTRONIC VERIFICATION SYSTEM (EVS) IDENTIFIERS

MOMS enrollees are included in the Electronic Verification System (EVS).

NON-FINANCIAL FACTORS

All non-financial factors (as defined in Chapter IV; “NON-FINANCIAL FACTORS”) must be met for the month being tested, with the following exceptions:

- A Social Security Number (SSN) is not required for this program.
- Verification of pregnancy is not required

FINANCIAL FACTORS

Financial factors do not apply to teens. For those pregnant women whose income is considered, the adjusted gross income after allowable deductions and prorating must be at or below 185% of the Federal Poverty Level (FPL) for the month being tested.

BUDGETING

The income is prorated as explained in Chapter VI, "BUDGETING."

Parental income for pregnant women applying for or receiving Medicaid under the Healthy Kids for Pregnant Women category will be disregarded.

INCOME VERIFICATION

Verification of income is not necessary unless the individual's statement is inadequate or questionable.

MEDICAL SERVICES COVERAGE

MOMS will no longer provide coverage for Family Planning Services or Sterilization.

MOMS coverage is limited to those included in the following list of covered services.

- Prenatal Care and Pregnancy-related Care
- Professional fee for labor and delivery (including live birth, fetal death, as well as care for miscarriage, ectopic pregnancy). **NOTE:** Coverage will include hospital (provider type 30) services as well as professional services related to an inpatient delivery. No other inpatient hospital services will be covered.
- Pharmaceuticals and Prescription Vitamins
- Outpatient hospital care
- Radiology and Ultrasound
- Postpartum Care (Medically necessary ambulatory postpartum care will be covered for 60 days after the pregnancy ends.)
- Other pregnancy-related services approved by MDCH

If eligibility for Medicaid ESO is established, MOMS will cover Medicaid approved pregnancy related services. Services to the infant are not covered at any time under MOMS.

PRIVATE INSURANCE

A copy of the health insurance card, if the other insurance covers pregnancy-related services, must accompany the enrollment form.

Private insurance coverage must be billed first. MOMS will be the secondary payer of services if private insurance coverage exists. Reimbursement for services will be as specified in the Billing & Reimbursement chapters of the Michigan Medicaid Provider Manual. This would include following the rules of any private commercial managed care contract first.

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

GUARANTEE OF PAYMENT LETTER

The Guarantee of Payment letter only guarantees payment for 45 days after the date of issuance. Women who receive a Guarantee of Payment letter must appear to be eligible for and must pursue Medicaid. MOMS eligibility will terminate if Medicaid is not being pursued. Michigan Department of Community Health (MDCH) has developed a process whereby providers are assured payment from MDCH for services provided to pregnant women. At the time of accepting a Medicaid application from a pregnant woman, the LHD and/or FQHC will make an initial screening to determine if the woman appears to qualify for Medicaid or MOMS. If it is determined that the woman appears to qualify, the agency may issue a Guarantee of Payment letter (DCH-1164 dated 01-03) to the pregnant woman to enable her to obtain care immediately and not have to wait for her identification card. The DCH-1164 guarantees payment for up to 45 days.

ENROLLMENT PROCEDURES

For all individuals, the MOMS enrollment forms (Maternity Outpatient Medical Services Enrollment Notice [MSA-1142 or MSA-1142 (E)] and/or Authorization to Disclose Protected Health Information (English) [MSA-1134]; or the Authorization to Disclose Protected Health Information (Spanish) [MSA-1135]) must be completed.

There are additional information requirements for specific types of individuals. (See information below).

LOCAL HEALTH DEPARTMENT (LHD) AND AUTHORIZED AGENCY RESPONSIBILITIES

The LHDs and authorized agencies that assist pregnant women with enrollment in MOMS should:

- Assist individuals over the telephone and make appointments.
- Advise the applicant of the requirements for the MOMS program, and assist in securing any required documentation. Teens and women with current ESO Medicaid eligibility may be enrolled directly into the MOMS program.
- Explain to the applicant that, if other insurance exists, it must be billed first.
- Complete, or assist in the completion of, all information requested on the MOMS enrollment form.

- Prepare the Guarantee of Payment letter that notifies providers of the services and billing procedures of the program.
- Submit the MOMS enrollment materials, including the yellow copy of the Guarantee of Payment letter and the white copy of the MSA-1142 (or 1142(E), Maternity Outpatient Medical Services Enrollment Notice) to the following address:

  Michigan Department of Community Health
  Medical Services Administration
  Maternity Outpatient Medical Services
  P.O. Box 30479
  Lansing, MI 48909-7979

DEPARTMENT OF COMMUNITY HEALTH (DCH) RESPONSIBILITIES

The MOMS enrollment form is reviewed, eligibility is verified, the coverage period is established and, if approved, the individual is enrolled in the MOMS data system.

If additional information is needed to determine eligibility, DCH staff sends a notice to the individual, with a copy to the LHD or Authorizing Agency, requesting the additional information. If the enrollment cannot be approved, it is returned to the LHD with comments and information regarding the denial.

A monthly notification report will be mailed to each LHD that enrolled beneficiaries the previous month. This list includes each beneficiary's name, birth date, beneficiary identification number, and the period of coverage.

PROVIDER BILLING INSTRUCTIONS

Private insurance, if any, must be billed prior to billing the MOMS program.

Electronic invoices are to be used for the MOMS program to provide consistency for providers.

All services, with the exception of pharmacy, must be billed within one (1) year of the date of service.

Pharmacy services must be billed within six (6) months of the date of service.

Note: For Pharmacy Services, the MOMS program should be billed with customer receipts. Do not bill the MOMS program through the Fee-for-Service Point of Sale System.

Rejected bills must be resubmitted within 120 days of the last rejection.

Claims must be completed following standard Medicaid billing and reimbursement guidelines. Claims must be submitted to the same location as Medicaid claims.

INTERACTION WITH OTHER PROGRAMS

Children's Special Health Care Services

MOMS beneficiaries may receive MOMS and benefits of the Children's Special Health Care Services (CSHCS) program.

Medicaid

Pregnant women cannot receive MOMS and Medicaid benefits at the same time unless the pregnant woman is considered Medicaid ESO. Medicaid ESO beneficiaries are enrolled in MOMS for pregnancy-related services if they meet all other qualifications. (See Chapter I for more information.)

Transitional Medical Assistance-Plus (TMA-Plus)

Normally, pregnancy-related services would be covered through the Transitional Medical Assistance-Plus (TMA-Plus) program. However, if the woman is ESO, then she may also be eligible for MOMS for her pregnancy-related services.