

**DEPARTMENT
POLICY**

Maternity Outpatient Medical Services (MOMS) is a health coverage program operated by the Department of Health and Human Services (DHHS).

MOMS provides prenatal and postpartum outpatient pregnancy-related services to women who are pregnant or recently pregnant and are eligible for Medicaid Emergency Services Only (ESO).

COVERAGE PERIOD

Pregnant or recently pregnant Medicaid ESO beneficiaries receive prenatal care along with medically necessary ambulatory postpartum care for 60 days after the pregnancy ends regardless of the reason.

**TARGETED
POPULATION**

Women who are pregnant or within two calendar months following the month pregnancy ended and are:

- Eligible for Medicaid emergency services only.
- Applicants for Medicaid whose income, after deductions, appears to be at or below 195 percent of the federal poverty level.

**APPLICATION FOR
MOMS**

The DCH-1426, Application for healthcare coverage and help paying costs, is required for MOMS eligibility.

Local health departments, federally qualified health centers, and other trained providers assist pregnant women with applications for Medicaid:

- Assisting the woman over the telephone and making appointments with eligible/interested women.
- Advising the applicant of any verification requirements and assisting in securing any required documentation.

**MSA
Responsibilities**

Medical Services Administration (MSA) is responsible for verifying eligibility and establishing the coverage period.

**NONFINANCIAL
FACTORS****Residence**

The individual must be a Michigan resident.

**Social Security
Number**

A Social Security number (SSN) is not required for this program.

Pregnancy

Verification of pregnancy is **not** required.

**FINANCIAL
ELIGIBILITY
FACTORS****Assets**

There is no asset test.

**Fiscal Group
Income**

The group is the same as MAGI related groups. Fiscal group income must be at or below 195 % of the poverty level. Verification of income is not necessary unless the individual's statement is inadequate or questionable.

**COVERED
SERVICES**

Coverage for pregnant Medicaid ESO beneficiaries is limited to the following outpatient pregnancy and postpartum-related services:

- Prenatal care and pregnancy-related care.
- Pharmaceuticals and prescription vitamins.

- Radiology and ultrasound.
- Professional fee for labor and delivery (including live birth, miscarriage, ectopic pregnancy and stillborn).
Note: Outpatient deliveries are not covered.
- Outpatient hospital care.
- Postpartum care through two calendar months after the pregnancy ends.
- Other pregnancy-related services approved by MSA.

Labor and delivery and associated inpatient hospital costs are covered by Medicaid.

Note: Services to the infant are **not** covered under MOMS.

Private insurance coverage must be billed first. MOMS will be the secondary payer of services if private insurance coverage exists.

LEGAL BASE

DCH Appropriations Act.

Public Health Code, PA 368 of 1978, as amended.

The Patient Protection and Affordable Care Act (Public Law. 111-148 and the Health Care and Education Reconciliation Act (Public Law. 111-152).