



MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)

The New York State Department of Health invites interested physicians, midwives, and nurse practitioners meeting certain eligibility and practice requirements to apply to participate in the Medicaid Obstetrical and Maternal Services (MOMS) program.

PROGRAM DESCRIPTION

The Medicaid Obstetrical and Maternal Services (MOMS) program features enhanced fees for participating obstetricians, family physicians, midwives, and nurse practitioners. PRACTITIONERS PARTICIPATING IN THE MOMS program are required to refer Medicaid eligible pregnant women for non-medical health supportive services such as nutrition and psychosocial assessment and counseling, health education, and care coordination. Health supportive services are provided by approved agencies such as county health departments, certified home health agencies and prenatal clinics certified under Article 28. These agencies are also able to determine presumptive eligibility for Medicaid and assist patients with the Medicaid application process as well as arrange transportation for prenatal care visits and follow-up on missed appointments. Reimbursement for health supportive services are on a separate fee schedule and are not included in fees for obstetrical care. A current list of approved health supportive service providers is available at the website listed below. If you have questions regarding enrollment, please contact (518) 402-7032.

http://www.health.ny.gov/community/pregnancy/health_care/prenatal/

REIMBURSEMENT

The obstetrical provider participating in the MOMS program will receive enhanced Medicaid fees for obstetrical care. For reimbursement information please refer to the appropriate provider manual available at www.eMedNY.org.

MOMS participating obstetrical providers also receive enhanced fees for obstetrical medical ancillary services including sonograms, fetal non-stress test, and biophysical profiles.

BILLING

Participating MOMS providers are assigned a new specialty code that enables them to claim the higher fees for obstetrical procedures using the customary Medicaid procedure codes.

ELIGIBILITY AND PRACTICE REQUIREMENTS

The MOMS eligibility and practice requirements for physicians, midwives, and nurse practitioners are on the following pages.

APPLICATION

The interested physician, midwife, or nurse practitioner may apply to participate in the MOMS program by completing the State Department of Health form, "Application for Enrollment as a Medical (or Dental) Specialist" AND the MOMS Addendum. Every provider applying to participate in MOMS must complete these two forms.

NOTIFICATION

A letter of decision regarding the application will be sent by this Department to the applicant's address as listed on the application. If the application for Medicaid enrollment and MOMS participation are made at the same time, the letter of decision regarding the Medicaid application will be sent first, followed at a later date by the letter of decision regarding MOMS participation.

ELIGIBILITY AND PRACTICE REQUIREMENTS

Physicians who participate must:

- Be board certified or an active candidate for board certification by the American College of Obstetrics and Gynecologists or board certified or eligible for board certification by the American Academy of Family Practice Physicians for a period of no more than five years from completion of a post graduate training period in obstetrics and gynecology or family practice;
- Have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Provide medical care in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists (ACOG);
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to participate in managed care programs if the managed care programs are operational within the physician's geographic practice area;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Midwives who participate must :

- Be a licensed midwife with the New York State Education Department's Division of Professional Licensing Services, and practice in accordance with section 6951 of Education Law;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for a period of no more than five years from completion of a post graduate training program in obstetrics/gynecology and who have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as an authorized representative for the Medicaid application.

- Provide medical coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Nurse practitioners who participate must:

- Be licensed and currently registered as a registered professional nurse in New York State and certified as a nurse practitioner by the Department of Education;
- Have a collaborative agreement with a Medicaid enrolled physician who is board certified or an active candidate for board certification by the American College of Obstetricians and Gynecologists; or board certified or eligible for board certification by the American Academy of Family Practice for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or family practice and who has active hospital admitting privileges in an appropriately accredited hospital which includes maternity services.
- Provide twenty-four hour telephone coverage;
- Have an agreement with an approved health supportive service provider or prenatal care clinic certified under Article 28 to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.