

MOMS Program Frequently Asked Questions (FAQ)

Implementation and Process FAQ's

1. What happens if the patient has a 'no show' after the hospital schedules a follow-up appt?

Hospitals are not penalized if a patient misses their scheduled MOMS follow-up appointment. However, transportation challenges are cited as a common reason for missed appointments. During the warm handoff process, hospitals and CCOs should collaborate to arrange transportation prior to discharge.

Hospitals are responsible for:

- Conducting the MOMS Assessment.
- Facilitating the warm handoff process.
- Sending the MOMS Risk Score via ADT or by other means to both the patient's CCO and outpatient provider.

For a detailed overview of roles and responsibilities, please refer to Slide 24 of the Hospital Webinar slide deck posted [here](#).

2. Does the MOMS timely follow-up appointment take the place of the normal 6-to-8-week postpartum visit or is the MOMS follow-up in addition to that visit?

No, the MOMS timely follow-up appointment is the initial postpartum follow-up visit, scheduled based on the patient's risk level prior to discharge. The appointment does not replace standard postpartum follow-up care; rather, it ensures timely postpartum care.

3. When should the MOMS Assessment be conducted?

The MOMS Assessment should begin as early as possible, ideally collecting severe maternal morbidity (SMM) risk factors during prenatal visits. The assessment should be finalized prior to hospital discharge.

4. Can the maternal-fetal medicine provider be considered for follow-up, or must it be the delivering OB/GYN?

The delivering OB/GYN is not required to provide the MOMS follow-up care. The MOMS timely follow-up appointment should be completed by the physician responsible for the mother's postpartum outpatient care. While the program does not specify the provider, the visit must address all risk factors included in the MOMS Risk Score.

5. Who is considered as an "outpatient provider" for purposes of this program?

The MOMS Initiative will recognize those providing primary care post-discharge services to include OB/GYN physicians, and other Primary Care Physicians and Nurse Practitioners providing postpartum obstetrical care.

6. If an outpatient provider outside of Mississippi is providing postpartum follow-up care for a Medicaid covered beneficiary under MOMS are they eligible for an incentive?

Yes. Out-of-state outpatient providers are eligible for the incentive if they are treating an MSCAN beneficiary, providing postpartum follow-up care, and meet all program guidelines.

7. If the patient has an outpatient follow-up blood pressure check at the hospital, will it count for MOMS follow-up?

No. The MOMS timely follow-up visit must address all the risk factors documented in the MOMS risk score to count for the MOMS timely follow-up. If a blood pressure check is the only service provided, it will not qualify as a complete follow-up visit under the MOMS Initiative.

8. If the hospital usually schedules the postpartum follow-up appointment prior to discharge, is it required that the CCO and outpatient clinic make the follow-up appointment?

No. If the hospital schedules the MOMS follow-up appointment prior to discharge, the CCO and outpatient provider will reinforce the importance of attending. If the hospital encounters scheduling challenges, they should contact the patient's CCO for assistance scheduling an alternate solution.

9. Can hospitals use a different depression screening tool instead of the Edinburgh Postnatal Depression Scale?

The assessment includes a 'Suicide Ideation' field that allows for a hospital to use a different screening tool. However, if the hospital does not use a Postnatal Depression screening tool, we recommend the Edinburgh Postnatal Depression Scale for the MOMS Assessment.

10. Is the warm handoff process to be completed with the CCO or the post-partum clinic/MD?

The warm handoff process ensures a smooth transition from hospital to outpatient care by explaining the assessment results to the patient, providing the patient with a copy of the assessment results, and coordinating the transfer of responsibility for the patient's ongoing care between hospital and outpatient provider. This may involve providing additional health-related social needs support or community-based resources to the patient. Hospitals are encouraged to collaborate with CCOs to ensure members understand their MOMS Risk Score, the risk markers identified in the MOMS Assessment and emphasize the importance of timely follow-up care. Additionally, as hospitals transfer the MOMS Risk level via HL7 ADT message to CCOs and outpatient providers, CCOs will coordinate with outpatient providers to ensure the MOMS timely follow-up appointment is completed. For CCO specific discharge best practices, see slides 16-22 of the Hospital Webinar slide deck posted [here](#).

11. Can postpartum visit be virtual?

While an in-person visit is preferred, a telehealth visit is allowed for Levels 2 and 3, provided it addresses all risk factors documented in the MOMS Risk Score. DOM requires an in-person visit for Level 1, effective March 1, 2025.

CCO Case Management FAQ's

12. Can the hospitals and outpatient providers access the CCO provided case manager to review MOMS Assessment results?

Yes. Each CCO has designated MOMS Champions, with additional contacts listed on slides 27-29 of the Hospital Webinar slide deck, posted [here](#). Some CCOs may offer their own portal where hospitals and outpatient providers can view the assigned case manager.

13. What supports are available when a patient is assigned to CCO Case Management? Does this include home visits, and is this standardized across CCOs and regions in Mississippi?

All Level 1 members will be assigned and enrolled in a CCO Care Management program that is standardized among CCOs. CCOs will work with members and hospitals to provide postpartum support, including but not limited to transportation, SDOH support, postpartum care coordination, and other resources. This level of support is standard across Mississippi.

14. Will the Case Manager phone call be from a phone number that is identified on the member's caller ID?

Yes. Each CCO has confirmed that case manager phone calls will display the organization's name on the member's caller ID.

MOMS Risk Score Transfer FAQ's

15. Where should the MOMS Risk Score be entered for HL7 ADT transfer?

The MOMS risk score will be captured in the OBX segment of your ADT. The MOMS Risk Score (1-3) should be placed in OBX field 5. Hospitals should coordinate with their EHR vendor to ensure proper placement. For a detailed explanation, please see slide 15 of the Hospital Webinar slide deck, available [here](#).

16. Am I required to send the MOMS Assessment to the CCO and Postpartum Clinician?

No, it is not required for the incentive. However, best practice is to share the MOMS Assessment details beyond the MOMS Risk Score with the CCO and postpartum clinician to support continuity of care. While not mandatory, we highly recommend transmitting this information to enhance care coordination and improve maternal health outcomes.

17. How should hospitals submit MOMS Assessments while our IT department are in the process of setting up the ADT process?

Hospitals should submit MOMS Assessment via email to the CCO and outpatient provider. Each CCO has a dedicated email box in which assessments can be sent:

- Magnolia email: MHPMaternalHealth@centene.com
- Molina email: MHMS_CM_Referrals@MolinaHealthCare.com
- UnitedHealthcare email: MS_UHC_Care_Mgmt@uhc.com

18. Is it sufficient for the hospital to email MOMS Assessment results to the member's CCO and the outpatient clinic, or must it be transferred through ADT?

The ADT transfer is the preferred method for transmitting the MOMS Risk Score, as it is expected to be the most efficient long-term solution. Additionally, ADT transfer facilitates easier confirmation of MOMS Risk Score transmission, as each completed assessment and transfer will be collected by CCOs and DOM through reports from the statewide HIE. For alternative submission methods outside the HIE, such as email, providers must track these transmissions to ensure data completeness.

19. Are outpatient providers required to participate in ADT communication?

No. While not mandatory, using ADT facilitates smoother coordination and improves care quality.

20. Can hospitals start submitting MOMS Assessments?

Yes. Hospitals may begin completing assessments.

MOMS Incentive and Billing FAQ's

21. Are there financial risks under the MOMS Initiative?

No. There is no downside risk, the MOMS Initiative is an incentive-based reward-only program.

22. How will incentive payments be distributed?

Payments will be made as a lump sum through the CCOs at the end of the measurement period (initial measurement period runs through June 2025).

23. What is the exact start date for this measure?

The MOMS measure officially began July 2024. The Division has submitted the MOMS initiative preprint to CMS and anticipates CMS approval of the preprint. The Division plans to renew for SFY26.

24. Will there be quarterly reporting summarizing a hospital or outpatient provider's participation in the program?

The MOMS program will follow annual payment and DOM plans to offer periodic reporting and anticipate quarterly tracking. DOM will announce official reporting procedures in the near future.

25. How will each assessment be measured to ensure I am compensated?

Each completed assessment will be collected by the CCOs and DOM through reports from the statewide HIE. For alternative submission modalities outside the HIE for MOMS risk score transmission, providers may track alternative methods of MOMS risk score transmission to ensure data completeness.

26. How should claims reflect postpartum MOMS postpartum timely follow-up visits? Will an additional CPT code, modifier, or reporting code be required to designate and bill for these visits?

MOMS Timely follow-up completion data will be collected by CCOs and DOM using administrative claims, tracking follow-up visits coded with the TS modifier. While not required to receive credit

including the TS modifier on initial MOMS follow-up visit claim ensures accurate identification and proper tracking of this visits for reporting purposes.

27. Will billing a claim with a TS modifier impact my postpartum bundled payment for delivery?

No, billing a \$0 claim for the MOMS postpartum follow-up visit with a TS modifier will not affect your bundled payment. Under a bundled arrangement, the CCO may deny the postpartum claim, it will still be recorded and counted towards the MOMS incentive. For further clarification please see MS CCO VBP Measure Specifications – Guidance for Reporting - “Part B: Timely Postpartum Follow-up”.

28. Is there a list of diagnosis codes that must be used for the postpartum visit to count for incentive?

No, there is no designated list of diagnosis codes that must be used. The diagnosis code should be properly coded and accurately reflect the patient’s condition and care provided during the postpartum visit.

29. Are only patients enrolled with Molina, Magnolia, and UnitedHealthcare eligible for this program?

Yes. Hospitals are encouraged to apply the MOMS Assessment to all patients; however, incentives will only apply to Medicaid Managed Care patients enrolled with one of the CCOs noted above at the time of delivery.

30. Are members with Medicaid as secondary insurance eligible for the MOMS incentive?

No, incentives only apply to patients with Mississippi Medicaid Managed Care as the principal source of payment for delivery at the time of delivery.

31. Are patients who receive Medicaid eligibility retroactively to cover the cost of delivery counted towards the MOMS Incentive?

In anticipation of a patient receiving retroactive eligibility, hospitals are encouraged to complete the MOMS Assessment and provide the risk score to the outpatient provider.

32. For the hospital, what does "timely transfer of the MOMS risk score" mean in terms of the incentive payment?

Timely ensures that there is enough time for the CCO and outpatient provider to schedule a postpartum visit, especially for Level 1 Mothers. Ideally, this should happen on the day of discharge.

33. If a provider is part of a multi provider group, will the provider's portion of the annual incentive be paid out in a way to separately identify the provider(s) and the allocation related to follow-up visits with them?

The incentive will be paid out at the billing provider level.

34. Does a follow-up visit after an early miscarriage qualify for the MOMS incentive?

No, patients who experience an early miscarriage (CPT 59820 or 59821) do not qualify for the MOMS incentive. However, in cases of a stillborn delivery, a MOMS Assessment should be completed, making the postpartum follow-up visit eligible for the incentive.