

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Actuarial Services

Project Number:	0835-MIHP	Comments Due:	December 20, 2008	Proposed Effective Date:	February 1, 2009
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Mail Comments to: Judith Tubbs
Bureau of Medicaid Policy & Actuarial Services
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Telephone Number: (517) 335-5117

Fax Number: (517) 335-5136

E-mail Address: tubbsj@michigan.gov

Policy Subject: Maternal Infant Health Program (MIHP) and Medicaid Health Plan (MHP) Care Coordination Agreement, and MIHP Communication with Medical Care Providers

Affected Programs: Medicaid, Maternity Outpatient Medical Services (MOMS)

Distribution: MIHP and MHPs

Policy Summary: Proposed policy for MIHP and MHP Care Coordination Agreement, and MIHP Communication with medical care providers.

Purpose: Effective October 1, 2008, the Medical Services Administration (MSA), per policy bulletin MSA 08-42, mandated the enrollment of all newly eligible Medicaid pregnant women into managed care. In addition, MSA 08-42 also carved-out MIHP services from the MHPs. The purpose of this policy bulletin is to further define the level of communications between the MHP and the MIHP providers through the initiation of a care coordination agreement. The intent of this care coordination agreement is to define the responsibilities and relationship between the MHPs and the MIHP providers, and to provide guidance delineating the communication expectations between the two agencies.

Furthermore, this bulletin reinforces current policy regarding communication requirements between the MIHP providers and the medical care providers.

Proposed Policy Draft

Michigan Department of Community Health
Medical Services Administration

Distribution: Maternal Infant Health Program (MIHP) and Medicaid Health Plans (MHP)

Issued: January 1, 2009

Subject: MIHP and MHP Care Coordination Agreement, and MIHP Communication with Medical Care Providers

Effective: February 1, 2009

Programs Affected: Medicaid and Maternity Outpatient Medical Services (MOMS)

The purpose of this policy is to define the level of communications between the Maternal and Infant Health Program (MIHP) Providers and the Medicaid Health Plans (MHP) and also to define the communications between MIHP providers and medical care providers.

Communications between MIHP and MHP

Effective October 1, 2008, the Medical Services Administration (MSA), per policy bulletin MSA 08-42, mandated the enrollment of all newly eligible Medicaid pregnant women into managed care. In addition, MSA 08-42 also carved-out MIHP services from the MHP. The purpose of this policy bulletin is to further define the level of communications between the MIHP and the MHP providers through the initiation of a care coordination agreement. The intent of this care coordination agreement is to define the responsibilities and relationship between the MIHP providers and the MHPs, and to provide guidance delineating the communication expectations between the two agencies.

A copy of the proposed "Maternal Infant Health Program Provider and the Medicaid Health Plan Care Coordination Agreement" is attached to this bulletin. MSA requires that MIHP providers and MHPs have an agreement that covers, at a minimum, the information identified in the care coordination agreement.

Each MIHP provider must have a signed care coordination agreement with each MHP in their service area, and each MHP must have a signed coordination agreement with each MIHP in their service area. The agreements must be signed within 90 days of the effective date of this bulletin. In the future, if a new MIHP provider or a new MHP begin providing services, that particular provider is required to have care coordination agreements with all agencies in their respective service areas.

Communications between MIHP Providers and Medical Care Providers

Per Medicaid policy, MIHP services are intended to help those pregnant Medicaid beneficiaries most likely to experience serious health problems. Services are intended to supplement regular prenatal/infant care and to assist medical care providers in managing the beneficiary's health and well being. Therefore, regular communication between the MIHP providers and the medical care providers is central to this process.

Section 2.17 of the Maternal and Infant Health Program Policy Chapter in the Medicaid Provider Manual discusses the importance of ongoing communications between the MIHP provider and the medical care provider. The current policy states: "The MIHP provider must keep the medical care provider informed of the services provided as directed by the medical care provider or when a significant change occurs." In the event a beneficiary contacts an MIHP provider without a referral from a medical care provider, the MIHP provider may complete the Maternal Infant Health Program Risk Identifier Tool (RIT) and then contact the medical care provider. The MIHP shall notify the medical care provider within 7-14 calendar days of completing the RIT and obtain a referral.

For those beneficiaries who do not have a medical care provider, the MIHP may complete the RIT then assist the beneficiary to find a medical care provider. Once a medical care provider is found, the MIHP provider must send all communications to that medical care provider and request a referral within 7-14 days after the beneficiary's initial visit with the new medical care provider. Copies of all communications between the medical care provider and the MIHP provider must become part of the beneficiary's medical record, beginning with the initial referral signed by a medical care provider and ending with the discharge summary when the MIHP case is closed.

As noted in Section 2.2 of the Maternal and Infant Health Program Policy Chapter, the signature of a medical care provider or a MIHP provider is required to authorize the initiation of services. Although an MIHP provider is authorized to initiate services, the MIHP provider is also required to obtain a written referral from a medical care provider within 7-14 calendar days of the RIT or within 7-14 days after the first visit to the medical care provider. A copy of this signed referral must be in the beneficiary's medical record.

To encourage communications between the MIHP provider, the MHP and the medical care provider, the MIHP provider shall notify both the MHP and the medical care provider that they will be providing services for a beneficiary.

MATERNAL INFANT HEALTH PROGRAM PROVIDER AND MEDICAID HEALTH PLAN CARE COORDINATION AGREEMENT

This agreement is made and entered into this _____ day of _____, in the year _____ by and between _____ (Medicaid Health Plan) and _____ (Maternal Infant Health Provider).

A. Legal Basis

Whereas, P.A. 352 of the Public Acts of 1996 permits the Michigan Department of Community Health (MDCH) to increase the enrollment of Medicaid-eligible persons in Medicaid Health Plans (MHP) on a capitated basis; and

Whereas, in order to expand enrollment, MDCH has established a competitive bid process that has resulted in contracts with MHPs that are deemed to be qualified to provide specified health care services to Medicaid beneficiaries; and

Whereas, Medicaid-covered maternal and infant health services will be provided through arrangements between MDCH and selected Maternal Infant Health Program (MIHP) providers; and

Whereas, MHPs are required by II-L 7(c) of the MDCH/MHP contract to establish and maintain coordination of care agreements with all MIHP providers in the plan's service area;

Now, therefore, the MHP and the MIHP provider agree as follows:

B. Term of Agreement

This agreement will be effective _____ in the year _____. Agreement will be subject to amendment due to changes in the contracts between MDCH and the MHPs or changes to MIHP Medicaid policy certification requirements.

Once a signed agreement is obtained from both parties, the provisions of this agreement will be extended for a timeframe consistent with the contract period of the MHP and MDCH, and MIHP provider continued certification with MDCH. Either party may cancel the agreement upon 30 days written notice.

C. Purpose, Administration and Point of Authority

MIHP services are preventive services provided to pregnant women, mothers and their infants to help reduce maternal and infant mortality and morbidity. These support services are to be provided by a multidisciplinary team of health professionals consisting of a qualified social worker, nutritionist, nurse, and infant mental health specialist (if available).

MIHP services are intended to supplement regular prenatal/infant care and to assist physicians (MD, DO), certified nurse midwives (CNM), pediatric nurse practitioners (PNP), and family nurse practitioners (FNP) contracted with MHPs. MIHP providers are to coordinate the care with medical care providers, mental health

providers, and the MHPs as well as assist in arranging transportation as needed for health care in compliance with MIHP and MHP guidelines, support services, and pregnancy related appointments.

As required by II-L 7(c) of the MDCH/MHP contract, coordination of care agreements with MIHP providers in the MHP service area will be available for review upon request by MDCH. The intent of this agreement is to explicitly describe the services to be coordinated and the essential aspects of collaboration between the MHPs and the MIHP providers.

The MHP shall designate in writing to the MIHP provider the person who has authority to administer this agreement. The MIHP provider shall designate in writing to the MHP the person who has authority to administer this agreement.

D. Areas of Responsibility

Mutually Served Consumers

This refers to MHP beneficiaries who also qualify for MIHP services. All pregnant Medicaid beneficiaries may qualify for MIHP services. The intent of establishing written procedures between the MHPs and the MIHP providers is to assure service coordination and continuity of care for persons receiving services from both organizations.

Services to be Provided by the MHP

The MHP will provide Medicaid covered services to Medicaid beneficiaries as required by the MHP contract with the MDCH.

The MHP will notify all Medicaid beneficiaries enrolled in the MHP of the availability of MIHP services at the time of enrollment. The MHP shall provide a referral for MIHP services for those pregnant Medicaid beneficiaries who are not currently receiving MIHP services. Referrals can be made by letter, in person or by telephone.

The MHP shall allow pregnant Medicaid beneficiaries to obtain maternity care services from an out-of-network obstetrical provider when the beneficiary has an established relationship with that provider.

Services to be Provided by the MIHP Provider

The MIHP provider will provide the following services:

- Psychosocial and nutritional screening;
- Plan of care development;
- Professional intervention services by a multidisciplinary team consisting of a qualified social worker, nutritionist, nurse, and infant mental health specialist (if available);
- Arranging for transportation as needed for health care, substance abuse treatment, support services, and/or pregnancy-related appointments;
- Referral to community services (e.g., mental health, substance abuse);
- Referral to childbirth or parenting classes;
- Coordination with medical care providers; and
- Coordination with the MHP.

MIHP providers will bill and receive reimbursement for MIHP services from MDCH through the Medicaid fee-for-service claims processing system.

E. Medical Coordination

Both parties agree to establish a process for clinical staff to communicate on a regular basis to review the plans and status of mutually served beneficiaries. This may involve sharing of written documents and verbal reports. Both parties will collaborate on development of referral procedures and effective means of communicating the need for individual referrals. The MIHP provider will provide the MHP with names of MHP beneficiaries receiving MIHP services on a regular basis utilizing a standardized form. Communication may include assessment/screening results and plan of care documents upon request.

F. Grievance and Appeals

The MIHP providers and the MHPs are required to establish internal processes for resolution of grievances and appeals from Medicaid beneficiaries. Medicaid beneficiaries may file a grievance or appeal on any aspect of service provided to them by the MIHP or the MHP in accordance with MIHP and MHP grievance and appeal policies.

The MIHP provider is required to direct beneficiaries to the MHP's grievance and appeal process as appropriate. The MHP is required to direct beneficiaries to the MIHP provider's grievance and appeal process as appropriate.

Both parties will participate in grievance and appeal policies and shall cooperate in identifying, processing, and promptly resolving all grievance and appeals. Both parties are responsible for informing the other about their grievance and appeal process.

G. Dispute Resolution

Both parties agree to participate in a dispute resolution process in the event that the MHP or the MIHP provider contests a decision or action by the other party related to the terms of this agreement.

The dispute resolution process should include:

- Request to the other party for reconsideration of the disputed decision or action.
- Appeal to the MDCH regarding a disputed decision of an MHP, or for a disputed decision of an MIHP provider.

H. Transportation

The MHP and the MIHP provider each have specific requirements for transporting Medicaid beneficiaries. These responsibilities are outlined in the MHP contract with MDCH and in the Maternal Infant Health Program Chapter of the Medicaid Provider Manual.

The MIHP provider may arrange and provide transportation in accordance with Medicaid policy or may refer the Medicaid beneficiary to utilize the MHP transportation benefit for transportation to access MHP covered services.

Any problems with transportation will be resolved as they arise by discussions between appropriate staff at the MHP and the MIHP provider. At no time will financial responsibility issues compromise services being offered to the Medicaid beneficiary. If there are questions of responsibility that cannot be resolved easily, these will be handled through the dispute resolution process.

I. Quality Improvement

Both parties agree to have mechanisms in place to conduct Quality Improvement activities to monitor the coordination of services. The MIHP provider and the MHP shall participate in Quality Improvement Programs and shall cooperate in conducting review and audits of care.

J. Governing Laws

Both parties agree that performance under this agreement will be conducted in compliance with all federal, state and local laws, regulations, guidelines and directives.

K. Signatures

MIHP Provider

Medicaid Health Plan

Signature

Signature

Title

Title

Date

Date

Business Address

Business Address

Business Telephone

Business Telephone