Maternal Infant Health Program

CYCLE 4 CERTIFICATION TOOL

May 1, 2013 through October 31, 2014

1. MIHP provider name	
2. Date of review	
3. Name of reviewer	
4. Maternal caseload at time of review	
5. Infant caseload at time of review	
6. Total caseload at time of review	
7. Number of charts reviewed for billing compliance	
8. Number of charts reviewed for program compliance	
9. Records reviewed dating from (date of previous review)	
10.Date all pre-review materials due to reviewer	
11.Date all pre-review materials received by reviewer	
12.Number of professional staff	
13.Number of professional staff participating in staff interview	

Note: The indicators in this tool are based on the *Medicaid Provider Manual* and the *MIHP Operations Guide*. An asterisk denotes one of the four MIHP critical indicators (#2, #26, #27, and #56).

FORMS

1. MIHP providers must use required standardized forms developed by MDCH. At a minimum, the data elements included in these forms must be maintained. *(Section 4 Forms, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. 100% of paper charts reviewed have appropriately dated versions of the required standardized forms.

b. 100% of electronic health records reviewed have forms with the same data elements in the same order as in the required standardized forms.

c. 100% of charts reviewed have no forms that have been altered.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

SUFFICIENTLY DETAILED CLINICAL RECORD

***2. The clinical record must be sufficiently detailed to allow reconstruction of what transpired for each service billed.** *(Section 15.7 Clinical Records, General Information for Providers, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of *Professional Visit Progress Notes (MIHP 011)* reviewed are complete and accurate with respect to each data field.

b. At least 80% of *Professional Visit Progress Notes (MIHP 011)* reviewed reflect the *POC Part 2*.

c. At least 80% of charts reviewed have *Maternal Forms Checklists (M001)* or *Infant Forms Checklists (I001)* that are complete and accurate.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts including *Professional Visit Progress Notes* were reviewed.

SIGNED CONSENTS

3. A potential client must sign the *Consent to Participate in Risk Identifier Interview/Consent to Participate in MIHP* and the C*onsent to Release Protected Health Information* <u>before</u> the *Risk Identifier* is administered. *(MIHP Operations Guide, pg. 47)*

<u>To fully meet this indicator:</u>

a. 100% of charts reviewed have consent forms that are complete and accurate with respect to each data field, including:
   1) *Consent to Participate in Risk Identifier Interview/Consent to Participate in MIHP (MIHP 400)*
   2) *Consent to Release Protected Health Information (M401*)

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

STAFF AUTHORIZED TO USE ELECTRONIC DATABASE

4. The MIHP provider must authorize staff members to use the electronic database or they will not be allowed to access it. *(MIHP Operations Guide, pg. 35)*

<u>To fully meet this indicator:</u>

a. Discussion with coordinator indicates that:
   1) Each staff who is authorized to use the SSO has own SSO user name and password.
   2) Only MIHP staff are authorized to use the SSO system.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

5. Each provider must have a process for timely, efficient entry of the *Maternal Discharge Summary* and *Infant Discharge Summary* into the electronic database.

<u>To full meet this indicator:</u>

a. Discussion with coordinator on data entry process indicates that *Maternal Discharge Summary (M200)* and *Infant Discharge Summary (I200)* are entered into MDCH database within 30 calendar days after:
   1) The pregnant woman's Medicaid eligibility period ends.
   2) Infant services are concluded or there are four consecutive months of inactivity.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

OB-BASED MATERNAL ONLY PROGRAMS (GRANDFATHERED IN)

6. A maternal only MIHP provider is required to serve the mother-infant in one of two ways:

a. Provide all maternal services, including the two required home visits, and after the baby is born, transfer infant to a second certified provider, per written agreement.

b. Jointly provide maternal services with a second certified MIHP provider who would conduct the two required home visits, and after the baby is born, transfer the infant to the second provider, per a written agreement, contract or subcontract. *(MIHP Operations Guide, pg. 15)*

To fully meet this indicator:

a. Discussion with coordinator indicates that maternal only provider conducts the two required maternal home visits or has a signed agreement with at least one other MIHP provider to conduct these two visits.

b. Each signed agreement between the maternal only provider and an infant provider meets the *Guidelines for Maternal Only MIHP Providers*.

c. At least 80% of closed maternal charts reviewed indicate that the two required home visits are provided or that the beneficiary refused home visits, as documented in the chart.

d. At least 80% of closed maternal charts reviewed:
   1) Indicate that the maternal provider followed its specified process for transitioning the beneficiary to the infant services provider, as documented in the chart.
   2) Include documentation that the infant has been enrolled in infant services, infant services were refused, or it was not possible to locate the infant.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

STAFFING

7. Required staff for the MIHP is comprised of registered nurses and licensed social workers. Optional staff may include a registered dietitian and/or infant mental health specialist. All staff must meet the qualifications as stated in the Staff Credentials subsection of this chapter. *(Section 5.2 Staffing, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. Protocol describes:
   1) How the provider arranges for RD services if provider does not have an RD on staff, identifies the RD services provider, and specifies how the referral to the RD is made.
   2) How the provider arranges for infant mental health (IMH) services if provider does not have an IMH specialist on staff, identifies the IMH provider, and specifies how the referral to the IMH provider is made.
   3) Back-up staffing arrangements whenever the MIHP is totally void of one of the required disciplines (registered nurse or social worker).

b. Review of personnel files and *MIHP Personnel Roster* indicates that:
   1) The provider directly provides the services of at least a registered nurse or a social worker.
   2) All MIHP staff conducting professional visits either meet all MIHP professional requirements **or** have MDCH-approved waivers.
   3) The MDCH waiver approval letter and *Notice of Waiver Completion* is on file for all waived staff; the *Professional Staff Waiver Training Matrix* is also on file for all staff waived since 09/01/12.

c. Discussion with coordinator indicates that the provider notifies MDCH immediately via email whenever the MIHP is totally void of one of the required disciplines (registered nurse or social worker).

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

8. Providers must use the *MIHP Personnel Roster* form to document specific information about the qualifications of each person on the MIHP staff. *The Personnel Roster* must be updated and submitted to MDCH at the end of any quarter in which staffing changes have occurred. *(MIHP Operations Guide, pg. 30)*

To fully meet this indicator:

a. Comparison of the *MIHP Personnel Roster* submitted by the provider pre-review to the roster MDCH has on file, indicates that the roster MDCH has on file is current, unless staff change occurred in the current quarter, in which case the provider submits an updated roster to MDCH before review visit concludes.

b. Discussion with coordinator indicates that provider submits an updated roster to MDCH at the end of every quarter (Dec. 31, March 31, June 30, and Sept. 30).

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

NUTRITION COUNSELING PROVIDED BY REGISTERED DIETITIAN

9. A physician order must be obtained before a registered dietitian may visit with the beneficiary. The physician order must be included in the beneficiary record. *(Section 1.2, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. 100% of charts reviewed which document that services were provided by a registered dietitian (RD), include a signed and dated physician order for RD services.

b. 100% of charts reviewed with an RD standing order on file, indicate that the order was reviewed and signed by the physician within the last 12 months.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

10. The MIHP must provide nutrition counseling or make arrangements necessary for nutrition counseling. The record must clearly identify the entity that is providing nutrition counseling services. *(MIHP Operations Guide, pg. 14)*

To fully meet this indicator:

a. At least 80% of charts reviewed in which a dietary risk is identified, indicate that nutrition counseling services were provided or that a referral was offered or made, as documented on a *Professional Visit Progress Note (MIHP 011).*

b. At least 80% of charts reviewed in which nutrition counseling was provided, clearly identify the entity that provided nutrition counseling on a *Professional Visit Progress Note (MIHP 011).*

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

CONTRACTS

11. In cases where services (staff, CBE, parenting, transportation) are provided through a contract with another agency, the contract or letter of agreement must be on file for review by MDCH. *(Section 5 Operations and Certification, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Contracts and/or letters of agreement with other agencies are current and specify the time period of the agreement, the names of the individuals providing services, and where the billing responsibilities lie.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

CARE COORDINATION AGREEMENTS

12. To define the responsibilities and relationship between the MIHP provider and the MHP, a Care Coordination Agreement (CCA) must be reviewed and signed by both providers. *(Section 1.4 Medicaid Health Plans, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. The provider has signed *Care Coordination Agreements* with all of the Medicaid Health Plans in the service area.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

FACILITY

13. The MIHP provider physical facilities for seeing beneficiaries must be comfortable, safe, clean, and meet legal requirements. *(Section 5.1 Criteria, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Observation of facility shows:
   1) It affords adequate privacy for counseling/education.
   2) All entrances, bathrooms and passageways are readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs.
   3) All aisles, passageways and service rooms are free of hazards, kept clean, orderly and assure staff and client safety and safe passage.
   4) A stairway having four or more risers is equipped with handrails.
   5) Floors, platform stair treads, and landings are maintained and free from broken, worn, splintered or loose pieces that would constitute a tripping or falling hazard.
   6) There are two or more exits that permit prompt escape in case of fire or other emergency.
   7) The building or structure is equipped with a fire alarm system.
   8) The exits, hallways and rooms are well lit.
   9) A portable fire extinguisher is located where it will be readily seen and accessible along normal paths of travel, maintained in a fully-charged and operable condition, and kept at its designated place ready to use.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

MIHP OFFICE IN PROVIDER RESIDENCE

14. MDCH has developed guidelines for providers that use their residence as an MIHP office. Providers that do this are required to follow the guidelines *(MIHP Operations Guide, pg. 36)***.**

To fully meet this indicator:

a. Observation of home office shows:
   1) It is safe (entrances and spaces are free of hazards and there is secure, safe passage when MIHP personnel are in the home), clean, and comfortable.
   2) It affords adequate privacy when discussing client information.
   3) It provides adequate space to meet with MIHP professionals and to accommodate state consultants and MIHP reviewers in a smoke-free, pet-free room with a large table and cushioned chair.
   4) There is a dedicated work area which is located in the area of the home which is not considered a personal/ private space. Personal /private space is defined as the individual's bedroom or other personal areas of the home. It is highly recommended that the office space be located in a separate room in the home which is set up as an office.
   5) It complies with applicable laws including the Health Insurance Portability and Accountability Act (HIPAA).
   6) It has office equipment, software and Internet access as outlined in the *MIHP Guidelines for an Office in Providers Place of Residence*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

REPORTING MIHP ENROLLMENT TO MEDICAID HEALTH PLAN

15. The MIHP must report all new MHP enrollees to the appropriate MHP on a monthly basis or as agreed to in the Care Coordination Agreement. *(Section 5.3 Operations and Certification Requirements, MIHP Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol describes procedure for informing MHPs when their members enroll in MIHP, specifying frequency of notice and the form to be used.

b. Provider presents a copy of completed collaboration form (or equivalent form) that was sent to each MHP in the provider's service area in each of the preceding three months **or** documentation from the MHP that they do not want this information.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

CONFIDENTIALITY

16. Maintain an adequate and confidential beneficiary record system, including services provided under a subcontract. HIPAA standards must be met. (*Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

a. Protocol describes how beneficiary's Protected Health Information (PHI) is protected from intentional or unintentional use and disclosure through appropriate administrative, technical, electronic and physical safeguards, specifying the following:
   1) A double-locking system is used in office to secure MIHP records.
   2) A double-locking system is used in the field to secure MIHP records. All PHI (hard copies and stored on laptops) is transported in a locked box, preferably in the trunk of a locked car. If the vehicle used for transport does not have a trunk, the locked box containing PHI is secured in an inconspicuous location and the vehicle remains locked at all times.
   3) All electronic provider communications containing PHI are encrypted.
   4) Closed beneficiary records are maintained for seven years after the last date of service in a secure location using a double-locking system.
   5) All sub-contracts include language requiring subcontractor to meet HIPAA standards.
   6) All staff sign confidentiality agreements.

b. Observation indicates that open and closed records are stored safely in office.

c. Discussion with coordinator and staff indicates that records are stored safely in the field.

d. Discussion with coordinator indicates that electronic communications containing PHI are encrypted.

e. Review of sub-contracts indicates inclusion of language requiring subcontractors to meet HIPAA standards.

f. Review of personnel records indicates that all staff with access to PHI have signed confidentiality agreements.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

BENEFICIARY GRIEVANCES

17. The MIHP must demonstrate a system for handling beneficiary grievances. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol describes:
   1) Internal review steps for addressing beneficiary grievances with referral to state consultant as last resort.
   2) How beneficiary is notified about the grievance procedure.

b. Staff interview indicates that staff can generally describe the protocol.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

EMERGENCY SERVICES

18. The MIHP must provide for weekend and after-hour emergencies. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol describes:

1) How beneficiaries are informed about accessing services if they have an emergency on the weekend or after hours.
2) What beneficiaries are directed to do if they have an emergency on the weekend or after hours, including to call 9-1-1or go to the ER.

b. There is evidence that all beneficiaries are informed about how to access services if they have an emergency on the weekend or after hours.

c. There is evidence that phone system provides after-hours emergency information, including directions to call 9-1-1 or go to the ER.

d. Staff interview indicates that staff can generally describe the protocol.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

ACCOMMODATIONS FOR LIMITED ENGLISH PROFICIENT, DEAF AND HARD OF HEARING, AND BLIND AND VISUALLY IMPAIRED PERSONS

19. The MIHP must provide directly or arrange bilingual services and services for the visually impaired and/or hearing impaired, as indicated. (*Section 5.3 Operations and Certifications Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol:
   1) Describes how provider assures that Limited English Proficient persons (Arabic or Spanish speakers), deaf and hard of hearing persons, and blind and visually impaired persons are accommodated to participate in MIHP in one or more of the following ways:
      a) Provider has staff with skills to meet beneficiary's needs (e.g., can speak Arabic or Spanish; proficient in ASL; has experience with assistive technology, etc.).
      b) Provider has agreement with an identified community organization that will provide interpreter services or otherwise assist provider to help meet beneficiary's needs, or uses assistive technology devices for interpretation.
      c) Provider has agreement to transfer beneficiary to another MIHP provider who can meet beneficiary's needs.
   2) Specifies that when a beneficiary requests that a family member or friend serve as interpreter, the individual must be at least 18 years old.
   3) References the federal Limited English Proficiency (LEP) mandate. *(Executive Order 13166, August 11, 2000)*

b. Staff interview indicates that staff can generally describe the protocol.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

OUTREACH

20. The organization must demonstrate a capacity to conduct outreach activities to the target population and to the medical providers in the geographic area to be served. *(Section 5.1 Criteria, MIHP, Medicaid Provider Manual)*

Any entity (MIHP provider) that offers, in writing or verbally, discounts on co-pay amounts, fax machines, computers, gift cards, store discounts and other free items, or discounts/waives the cost of medication orders if an entity uses their services:

1. **May violate the Medicaid False Claim Act and Medicaid/MDCH policy, which may result in disenrollment from Medicaid/MDCH programs.**
2. **May violate the Michigan Public Health Code's prohibition against unethical business practices by a licensed health professional, which may subject a licensee to investigation and possible disciplinary action.**

(Section 6.1 Termination of Enrollment, General Information for Medicaid Providers, Medicaid Provider Manual)

To fully meet this indicator:

a. Protocol describes an outreach plan which specifies outreach activities, frequency of outreach activities, and groups/agencies selected for outreach, including potential beneficiaries, medical care providers, and other community providers who serve MIHP-eligible Medicaid beneficiaries.

b. Review of outreach log indicates that outreach activities are conducted according to plan and documented.

c. Review of provider web site and marketing materials indicates that no incentives (as outlined above) are offered to encourage beneficiaries to enroll in MIHP.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

PROMPT RESPONSE TO RECEIPT OF REFERRAL

21. The MIHP must respond to referrals promptly to meet the beneficiary's needs (within a maximum of 7 calendar days for the infant and 14 calendar days for the pregnant woman). *(Sec 5.3, Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that the beneficiary was contacted within 14 days after referral for the pregnant woman and 7 days for the infant.

b. At least 80% of charts reviewed in which referral was received prior to infant's discharge from the inpatient setting, indicate that beneficiary was contacted within 48 hours of hospital discharge.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

MEDICAL CARE PROVIDER NOTIFICATIONS

22. When an MIHP case is opened without the medical care provider's involvement, the MIHP provider must notify the medical provider within 14 calendar days. *(Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that the medical care provider was notified of the beneficiary's enrollment in MIHP within 14 calendar days, unless the MIHP is part of an OB or pediatric practice and the medical director has signed a statement indicating that notification is not necessary.

b. At least 80% of charts reviewed indicate that the *Notification of MIHP Enrollment Form A Cover Letter (M020* or *I009)* and *Prenatal Communication (M022)* or *Infant Care Communication (I010)* are complete and accurate with respect to each data field.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

23. The MIHP provider must keep the medical care provider informed of services provided as directed by the medical care provider or when a significant change occurs. *(Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed in which a significant change was documented, indicate that the medical care provider was notified of this change, unless the MIHP is part of an OB or pediatric practice and the medical director has signed a statement indicating that notification is not necessary.

b. At least 80% of charts reviewed in which a significant change was documented, indicate that the *Notification of Change in Risk Factors Form B Cover Letter (M023* or *I012)* and *Prenatal Communication (M022)* or *Infant Care Communication (I010)* are complete and accurate with respect to each data field.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

MATERNAL AND INFANT RISK IDENTIFIERS

24. The *Maternal Risk Identifier* must be completed for each pregnant woman to determine services needed through the MIHP. *(Section 2.1 Maternal Risk Identifier, MIHP, Medicaid Provider Manual).* **The *Infant Risk Identifier* must be completed for each infant entering the MIHP to determine the services needed.** *(Section 2.2 Infant Risk Identifier, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (with billing implications):

a. At least 80% of charts reviewed have *Maternal Risk Identifiers (MSA-1200)* or *Infant Risk Identifiers (I023 and I024)* that are complete.

b. At least 80% of maternal charts reviewed include the *Maternal Risk Identifier* scoring results page.

c. At least 80% of infant charts reviewed with *Infant Risk Identifiers* dated on or after 10-01-12 include the *Infant Risk Identifier* scoring results page.

d. At least 80% of charts reviewed indicate that the *Maternal or Infant Risk Identifier* is completed by a licensed social worker or registered nurse before the beneficiary's *Plan of Care* is developed and before any additional MIHP visits are provided, unless the beneficiary has an emergency which is documented in the chart.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

EARLY-ON AND GREAT START COLLABORATIVE LINKAGES

25. The MIHP must be actively linked to or be a member of the local Part C/Early On Interagency Coordinating Council, and the Great Start Collaborative Council. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Coordinator describes a working relationship with local Early On through which referrals may be facilitated (both ways) and care is coordinated for mutual clients.

b. Great Start Collaborative (GSC) membership roster indicates that provider is a GSC member **OR** coordinator describes other connection to the GSC.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

DEVELOPMENTAL SCREENING

***26. Developmental screening is an intervention provided for all MIHP infant beneficiaries. The *Ages and Stages Questionnaires-3 (ASQ-3)* are used to monitor and identify issues in general infant development in the communication, gross motor, fine motor, problem-solving, and personal-social domains. The *Ages & Stages Questionnaires: Social/Emotional (ASQ: SE)* are used to monitor and identify issues in infant development in the social-emotional domain.** *(MIHP Operations Guide, pg. 71).* **At a minimum, the ASQ scoring sheet (Information Summary) must be kept in the infant's record.** *(MIHP Operations Guide, pg. 75)*

To fully meet this indicator:

a. Protocol describes how:
   1) Staff is trained to conduct developmental screening using the *ASQ-3* and *ASQ: SE*.
   2) Coordinator assures that the appropriate age interval questionnaires are used.
   3) Coordinator assures that *ASQ-3* and *ASQ: SE* screenings are repeatedly conducted at the time intervals specified in the *MIHP Operations Guide*.
   4) Coordinator assures that referrals to Early On are made when *ASQ-3* or *ASQ: SE* score falls below the cutoff.

b. At least 80% of infant charts reviewed have *ASQ-3* and *ASQ: SE Information Summary* sheets.

c. At least 80% of infant charts reviewed have *ASQ-3* and *ASQ: SE Information Summary* sheets that are complete and accurate with respect to each data field.

d. At least 80% of infant charts reviewed indicate that the appropriate *ASQ-3* and *ASQ: SE* age interval questionnaires are used, corrected for prematurity, if applicable.

e. At least 80% of infant charts reviewed indicate that *ASQ-3* and *ASQ: SE* screenings are repeatedly conducted at the time intervals specified in the *MIHP Operations Guide.*

f. 100% of infant charts that document an *ASQ-3* or *ASQ: SE* score below the cutoff, indicate that a referral to Early On was made, or at least discussed with the family.

g. At least 80% of infant charts reviewed that document the infant is in Early On, indicate that the MIHP care coordinator is coordinating services with the Early On service coordinator.

h. Staff interview indicates that staff can generally describe the protocol.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

PLAN OF CARE

***27.**
Plan of Care, Part 1
Completion of the POC, Part 1 includes provision of the standardized educational packet (or information about text4baby), referral to WIC, and provision of MIHP contact information. *(MIHP Operations Guide, pg. 54)*

To fully meet this indicator:

a. At least 80% of charts reviewed include a complete and accurate *Maternal Plan of Care, Part 1 (M002)* or *Infant Plan of Care, Part 1 (I002)* with:
   1) Box checked indicating that beneficiary received the entire, current standardized *Maternal and Infant Education Packet* **or** received information about for text4baby, or both
   2) Signatures and credentials of registered nurse and licensed social worker
   3) Signatures of registered nurse and licensed social worker dated within 10 business days of each other

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

Plan of Care, Part 2
If a need is indicated, an appropriate POC must be developed that clearly outlines the beneficiary's problems/needs, objectives/outcomes, and the intervention(s) to address the problem(s). *(Section 2.4 Psychosocial and Nutritional Assessment-Risk Identifier, MIHP, Medicaid Provider Manual).* **The registered nurse and the licensed social worker, working together, must develop a comprehensive POC to provide identified services to the beneficiary and/or referrals to community agencies.** *(Section 2.5 Plan of Care, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed include a complete and accurate *Maternal Plan of Care, Part 2 (M003 - M021)* or *Infant Plan of Care, Part 2 (I003 - I007, I020, I036)* with a corresponding domain for every risk identified by the *Risk Identifier* or professional judgment.

b. At least 80% of charts reviewed in which an additional risk matching the criteria in *POC 2*, Column 2 has been documented, indicate that an additional domain is added to the *POC 2*.

c. At least 80% of charts reviewed in which a risk level change has been documented, indicate that the risk level increase or decrease is based on the criteria in *POC 2*, Column 2 and that the date of the change is noted.

d. At least 80% of closed charts reviewed indicate that the *expected output boxes* on the *POC 2* are checked and dated, as appropriate, or noted as NA if not applicable.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

Plan of Care, Part 3
The *POC, Part 3, Signature Page for Interventions by Risk Level*, must be signed by both the licensed social worker and the registered nurse for each *POC, Part 2* completed. *(MIHP Operations Guide, pg. 57)*

To fully meet this indicator:

a. At least 80% of charts reviewed include a complete and accurate *Plan of Care, Part 3(MIHP 008)* which*:*
   1) Corresponds to the *POC 2*.

2) Is signed with credentials by the registered nurse and the social worker within 10 business days of each other, acknowledging that both reviewed and agreed to the *POC 2*.
3) Is signed and dated before any professional visits are made, except in an emergency situation, which is clearly documented.

b. At least 80% of charts reviewed in which an additional risk domain is added to the *POC 2*, indicate that the *POC 3* is updated.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

CARE COORDINATOR IDENTIFICATION

28. The name of the care coordinator must be documented in the beneficiary's record. *(Section 2.6 Care Coordinator, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that the care coordinator is identified on the *POC 1* and *POC 3*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

CARE COORDINATION

29. The care coordinator promotes access to health care and community services (especially for beneficiaries with multiple, complex issues) and is responsible for coordinating and monitoring all care provided to the beneficiary, including referrals and follow-up. *(MIHP Operations Guide, pg. 11)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that MIHP services are being monitored, coordinated internally, and coordinated externally with providers of other supports and services.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

MAKING AND FOLLOWING-UP ON REFERRALS

30. The care coordinator must assure the family is appropriately followed and referred for needed services. *(Section 2.6 Care Coordinator, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that appropriate referrals are made, as documented on *Professional Visit Progress Notes (MIHP 011)* under "new referrals."

b. At least 80% of charts reviewed indicate that staff follows-up on all referrals that are made, as documented on *Professional Visit Progress Notes (MIHP 011)* under "outcome of previous referrals."

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

31. Placeholder for indicator in next review cycle.

PROFESSIONAL VISITS

32. The MIHP must schedule services to accommodate the beneficiary's situation. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Discussion with coordinator indicates MIHP services are scheduled at location and time mutually determined by beneficiary and staff (i.e., evening and weekend appointments are available).

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

33. A professional visit is a face-to-face encounter with a beneficiary conducted by a licensed professional (i.e., licensed social worker, registered nurse, registered dietitian or infant mental health specialist) for the specific purpose of implementing the beneficiary's plan of care. *(Section 2.7 Professional Visits, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Staff interview indicates that staff can explain how they have knowledge of *Risk Identifier* results, the *POC 2*, and referrals made at previous visits before visiting a beneficiary.

b. Staff interview indicates that staff can generally describe how they make referrals for nutritional counseling or infant mental health services if there is no registered dietitian or infant mental health specialist on staff.

c. At least 80% of total number of *Professional Visit Progress Notes (MIHP 011)* reviewed indicate that staff is addressing only those risk domains that are included in the *POC 2*.

d. At least 80% of charts reviewed indicate that staff is addressing all risk domains included in the *POC 2* or there is documentation as to why risk domains are not being addressed on the *Professional Visit Progress Note*.

e. At least 80% of charts reviewed indicate that all domains that scored out as high risk are discussed with beneficiary within the first three visits, unless there is clear documentation *on the Professional Visit Progress Note* stating the reason why this has not been done.

f. At least 80% of charts reviewed in which the beneficiary scored high risk for depression, domestic violence, or substance abuse include a safety plan or documentation that the beneficiary did not wish to develop a safety plan.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

34. On average, 80% of all professional infant interventions must be in the beneficiary's home. *(Section 2.9.B Infant Services, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of the agency's infant visits are done in the beneficiary's home, as indicated in MDCH administrative data report or by chart review. If a chart review is conducted, at least 80% of *Professional Visit Progress Notes (MIHP 011)* reviewed indicate that 80% of the visits are done in the infant's home, unless a compelling reason why a home visit is not possible is clearly documented.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

35. An additional nine infant visits may be provided when requested in writing by the medical provider. *(Section 2.2 Infant Risk Identifier, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of infant charts reviewed which document more than nine visits, indicate that the reason why additional visits are required is clearly stated.

b. At least 80% of infant charts reviewed which document more than nine visits, include documentation of dated authorization for additional visits by the medical care provider in the chart.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

36. A drug exposed infant is an infant born with the presence of an illegal drug (s) and/or alcohol in his circulatory system or who is living in an environment where substance abuse or alcohol is a danger or is suspected. The maximum of 36 professional visits and the initial assessment visit may be reimbursed for a drug-exposed infant. The provider must use the professional visit code for the first 18 visits; the drug-exposed procedure code may then be billed for up to an additional 18 visits. *(Section 2.8 Drug-Exposed Infant, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the professional visit code was used for the first 18 infant visits.

b. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the infant meets drug-exposed infant criteria.

c. At least 80% of infant charts reviewed indicate that the drug-exposed procedure code is not used unless a physician order authorizing additional drug-exposed infant visits is found in the chart.

d. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the *Substance Exposed Code 96154 Professional Visit Progress Note (I300)* is being used for visits 19 through 36.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

37. In cases of multiple births, each infant should have a separate risk identifier visit completed. This also applies to infants in foster care where there are two infants in the same home. These separate risk identifier visits can be billed separately under each individual infant Medicaid ID number. Subsequent professional visits

should be billed under each infant ID if the infants are from different families, such as with foster care families. If the infants are siblings, the visits should be "blended" visits and billed under one Medicaid ID only. The risk identifier visit and up to nine professional visits can be made to the family. A physician order is needed if more than nine infant visits are needed per family. *(Section 2.3 Multiple Births, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of infant charts reviewed which document multiple births, indicate that an *Infant Risk Identifier* has been completed for each infant and billed to the infant's Medicaid ID.

b. At least 80% of infant charts reviewed which document multiple births, indicate that separate *Infant Risk Identifiers*, *Plans of Care*, medical provider communications, *ASQ-3s*, *ASQ: SEs*, and *Discharge Summaries* (closed cases only) are on file for each infant.

c. At least 80% of infant charts reviewed which document multiple births, indicate that *Professional Visit Progress Notes* for blended visits are on file in the chart of the infant whose Medicaid ID is used to bill the visits.

d. At least 80% of infant charts reviewed which document multiple births, indicate that professional visits are blended and consistently billed under only one infant's Medicaid ID.

e. At least 80% of infant charts reviewed which document multiple births, indicate that no more than 9 blended professional visits are billed and paid, unless a physician order authorizing additional visits is found in the chart.

f. At least 80% of charts reviewed with a standing order authorizing additional infant visits on file, indicate that the order was reviewed and signed by the physician within the last 12 months.

g. At least 80% of charts reviewed which document multiple births, have *Notification of Multiple Charts Open (099)* on file in each infant's chart when blended visits are being provided, unless a family chart is used.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

38. Placeholder for indicator in next review cycle.

39. Occasionally more than one visit may be provided on the same date of service if a different discipline provides the visit. Documentation must clearly state the need for the second visit on the same date of service. *(Section 2.7 Professional Visits, MIHP, Medicaid Provider Manual).* **Documentation must also include the beginning and end times for both visits and there cannot be any overlap in time.** *(MIHP Operations Guide, pg. 20)*

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed which document more than one visit on the same date of service, indicate that a clear explanation of the need for two visits on the same date of service is given on the *Professional Visit Progress Note (MIHP 011)*.

b. At least 80% of charts reviewed which document more than one visit on the same date of service, indicate that these are two distinct 30-minute visits on the *Professional Visit Progress Note (MIHP 011)*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

40. MIHP staff who work directly with beneficiaries in their homes or at other community settings must carry identification (ID) cards or badges with them at all times. *(MIHP Operations Guide, pg. 31)*

To fully meet this indicator:

a. Review of staff badge or card indicates staff is affiliated with MIHP provider.

b. Staff interview indicates they carry MIHP badges or cards when providing services to beneficiary.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

41. For a community visit to be reimbursable, the beneficiary record must clearly identify the reason(s) why the beneficiary could not be seen in her home or in the MIHP office setting. This documentation must be completed for each visit occurring in the community setting. Visits occurring in buildings contiguous with the provider's office, in the provider's satellite office, or rooms arranged or rented for the purpose of seeing beneficiaries, are considered to be in an office setting rather than in a community setting. Visits should never be conducted in the MIHP provider's home. *(Section 2.9 Place of Service, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed which document community visits, indicate that the reason why the beneficiary could not be seen in home or office is clearly identified on the *Professional Visit Progress Note (MIHP 011)* for each and every community visit.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

42. Efforts must be made to visit the maternal beneficiary in the home. MDCH requires one visit be made to the beneficiary's home during the prenatal period to better understand the beneficiary's background. *(Section 2.9.A Maternal Services, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of maternal charts reviewed indicate that at least one prenatal home visit is made or, in a clinic-based program, that the hand-off was made to the appropriate MIHP infant services provider.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

43. A second maternal home visit must be made after the birth of the infant to observe bonding, infant care and nutrition, and discuss family planning. An MIHP provider may complete and bill an Infant Risk Identifier visit separate from a maternal postpartum professional visit. A maternal postpartum professional visit may be made on the same date of service as the Infant Risk Identifier visit. Providers must document why both visits need to be on the same date of service. *(Section 2.9.A Maternal Services, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of closed maternal charts reviewed indicate that one post-partum home visit was made or, in an OB clinic-based program, that the hand-off was made to the appropriate MIHP infant services provider.

b. At least 80% of charts reviewed which document that a maternal postpartum visit and *Infant Risk Identifier* visit were made on the same day, indicate the reason why both visits needed to be on the same date of service.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

REQUIRED TRAINING

44. MIHP coordinator and professional staff must complete all of the training requirements specified by MDCH.

To fully meet this indicator:

a. Course completion certificates for the following online trainings are on file for all professional staff and the program coordinator:
   1) *Smoke Free Baby and Me*
   2) *Motivational Interviewing and the Theory behind MIHP Interventions*
   3) *Forms*
   4) *MIHP Depression, Mental Health, Stress*
   5) *Infant Mental Health and Infant Mental Health Services*
   6) *Ages and Stages Questionnaires (3rd Edition) and Ages and Stages Questionnaires: Social-Emotional*

b. Signed *Notice of New Professional Staff Training Completion* is on file for all staff hired/contracted since 10/01/12.

c. MDCH attendance sheets indicate coordinator or designee attended all state coordinator trainings since previous review.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

CHILDBIRTH EDUCATION

45. First time mothers must be encouraged to complete the childbirth education (CBE) course.
(Section 2.11 Childbirth Education, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

a. At least 80% of maternal charts which document that beneficiary is a first-time mother, indicate on a *Professional Visit Progress Note (MIHP 011)* that beneficiary was encouraged to attend CBE classes.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

46. In unusual circumstances (e.g., beneficiary entered prenatal care late or is homebound due to a medical condition), childbirth education may be provided in the beneficiary's home as a separately billable service. Case records must document the need for one-on-one childbirth education and where services were provided.
(Section 2.11 Childbirth Education, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

a. 100% of charts reviewed which document that beneficiary received in-home CBE, include written documentation from the medical care provider stating why in-home CBE is needed.

b. 100% of charts reviewed which document that beneficiary received in-home CBE, indicate that at least ½ of the curriculum was covered.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

47. At a minimum, the CBE course outline found in the *MIHP Operations Guide* must be covered. The pregnant woman must attend at least ½ of the classes or cover ½ of the curriculum for the service to be billed. MIHP CBE may be billed one time per beneficiary per pregnancy. *(Section 3.1 Education Reimbursement, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. Review of CBE course outline indicates that the required course content is being covered.

b. At least 80% of maternal charts reviewed which document that CBE classes are provided, indicate that pregnant woman attends at least ½ of the classes or covers at least ½ of curriculum described in class schedule, before Medicaid is billed.

c. At least 80% of charts reviewed indicate that CBE is billed one time per beneficiary per pregnancy.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

PARENTING EDUCATION

48. At a minimum, the parenting education course outline found in the *MIHP Operations Guide* must be covered. The caregiver must attend at least ½ of the classes or cover ½ of the curriculum for the service to be billed. MIHP parenting education may be billed one time per infant or per family in the case of multiple births. *(Section 3.1 Education Reimbursement, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. Review of parenting education course outline indicates that the required course content is being covered.

b. At least 80% of infant charts reviewed which document that parenting education is provided, indicate that the beneficiary attends at least ½ of the parenting education classes or covers ½ of the curriculum described in the class schedule, before Medicaid is billed.

c. At least 80% of infant charts reviewed which document that parenting education is provided, indicate that it is billed one time per infant or per family in the case of multiple births.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

49. Placeholder for indicator in next review cycle.

CHILDREN'S PROTECTIVE SERVICES

50. The MIHP provider must work cooperatively and continuously with the local Children's Protective Services (CPS). Referral protocol and a working relationship with CPS must be developed and maintained. The MIHP provider must seek CPS assistance in a timely manner. *(Section 2.15 Special Arrangements for Child Protective Services, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol describes how provider:
   1) Reports possible child abuse or neglect to CPS in compliance with the Michigan Child Protection Law (Public Act 238 of 1975) by immediately calling Centralized Intake for Abuse and Neglect and submitting a written report (DHS 3200) within 72 hours of the call.
   2) Maintains a working relationship with CPS.

b. 100% of charts reviewed which document possible child abuse or neglect, indicate on a *Professional Visit Progress Note (MIHP 011)* that immediate referrals are made to CPS.

c. Staff interview indicates that staff can generally describe the protocol.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

FAMILY PLANNING

51. Family planning options, including Plan First! services and methods of family planning, should be discussed at every MIHP maternal visit, giving the woman time to consider her options. *(Section 2.7 Professional Visits, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of charts reviewed indicate that family planning is discussed at every maternal visit with referrals to family planning services as needed, as documented on every *Professional Visit Progress Note (MIHP 011)*.

b. At least 80% of closed charts reviewed indicate that the *Plan First!* referral box is checked on at least one *Professional Visit Progress Note (MIHP 011)*, or there is documentation that the beneficiary declined to apply or that *Plan First!* is not applicable to the beneficiary.

c. Staff interview indicates that staff encourage or assist beneficiaries to complete a *Plan First!* application, as applicable.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

IMMUNIZATION

52. Immunization status must be discussed throughout the course of care. Providers must determine the status of the MIHP beneficiary's (i.e., mother and/or child) immunizations. The parent(s) should be encouraged to obtain immunizations and be assisted with appointments and transportation as needed. *(Section 2.14 Immunizations, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of closed maternal charts reviewed indicate that mother's immunization status was discussed at least once, as documented on a *Professional Visit Progress Note (MIHP 011)*.

b. At least 80% of closed maternal charts reviewed indicate that infant immunizations are discussed at least once during pregnancy, as documented on a *Professional Visit Progress Note (MIHP 011)*.

c. At least 80% of infant charts reviewed indicate that the infant's immunization status was discussed at every visit, as documented on every *Professional Visit Progress Note (MIHP 011)*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

REFERRAL RESOURCES LIST

53. The MIHP must maintain a current list of local Public Health programs such as WIC Nutrition, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Community Mental Health (CMH), Children's Special Health Care Services (CSHCS), and other agencies that may have appropriate services to offer the beneficiary, and agree to work cooperatively with these agencies. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Review of referral resources list indicates that it is current and that it includes all of the agencies and programs identified above, as well as 2-1-1 and other services and supports which may be helpful to MIHP beneficiaries.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

TRANSPORTATION COORDINATION

54. Transportation services are available to help Medicaid beneficiaries access their health care and pregnancy-related appointments. The MIHP provider should assess each MIHP beneficiary's needs and this assessment should be documented in the beneficiary's chart. Transportation is provided by the MIHP only when no other means of transportation are available. *(MSA Bulletin 12-64, MIHP Transportation, Effective February 1, 2013)*

To fully meet this indicator:

a. Protocol describes how:
   1) Transportation needs are assessed and documented for all beneficiaries
   2) The beneficiary is referred to the appropriate resource (e.g., Medicaid Health Plan, LogistiCare, DHS, etc.) when a transportation need is identified
   3) Medical transportation for MHP members is coordinated with MHPs
   4) Medical transportation is arranged or provided by MIHP for beneficiaries in FFS
   5) Non-medical transportation is arranged or provided by MIHP for all beneficiaries

b. At least 80% of charts reviewed which include the transportation domain in the *POC 2*, indicate that transportation was provided for the beneficiary and identify the provider in a *Professional Visit Progress Note (MIHP 011)*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

55. MIHP providers must obtain a signed *Consent to Participate in MIHP Risk Identifier Interview/Consent to Participate in MIHP* form from the Nurse Family Partnership (NFP) beneficiary before providing transportation services. *(MIHP Operations Guide, pg. 24)*

To fully meet this indicator:

a. 100% of NFP beneficiary charts reviewed include signed *Consent to Participate in Risk Identifier Interview/Consent to Participate in MIHP (MIHP 400),* with only the Consent to Participate in MIHP section completed.

b. 100% of NFP beneficiary charts reviewed indicate appropriate transportation services are provided, as documented on transportation log.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

DISCHARGE SUMMARY

***56. The discharge summary, including the services provided, outcomes, current status, and ongoing needs of the beneficiary, must be completed and forwarded to the medical care provider when the MIHP case is closed.** *(Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. At least 80% of closed charts reviewed include a *Maternal Discharge Summary (M200)* or *Infant Discharge Summary (I200)* that is complete and accurate with respect to each data field.

b. At least 80% of closed charts reviewed include a *Maternal Discharge Summary (M200)* or *Infant Discharge Summary (I200)* which reflects the *POC 2* and *Professional Visit Progress Note* documentation.

c. At least 80% of closed charts reviewed indicate that the *Discharge Summary* was sent to the medical provider, as documented by *Medical Provider Maternal Discharge Summary Form C Cover Letter (M025)* or *Medical Provider Infant Discharge Summary Form C Cover Letter (I014)* in chart.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

TRANSFERRING BENEFICIARY

57. The referring MIHP provider must consult with the new provider about the case and transfer necessary information or records in compliance with privacy and security requirements of HIPAA regulations. A copy of the completed Risk Identifier, POC, and visit notes must be shared with the new provider. Close coordination between providers should avoid duplication of services. A release of information from the beneficiary is necessary. *(Sec 2.13 Transfer of Care/Records, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol describes the process for transferring an enrolled beneficiary to another MIHP provider, including how provider assures that records are sent to the new provider within 10 working days of the request.

b. 100% of charts reviewed which document beneficiary transfer to another provider, include a complete and accurate (with respect to each data field) *Consent to Transfer MIHP Record to a Different Provider (Consent to Release*

Protected Health Information) (M402), signed by the beneficiary and maintained on file after beneficiary information is sent to the new provider.

c. Discussion with coordinator indicates that provider complies with transfer protocol when a beneficiary transfers to a new provider, sending the appropriate records (*Risk Identifie*r, *POC* and *Professional Visit Progress Notes*) to the new provider within 10 working days of the request.

d. 100% of charts reviewed which document that the beneficiary was transferred from another MIHP provider, indicate that the receiving provider obtained the beneficiary's information from the transferring provider before providing services to the beneficiary, except in an emergency situation which is documented in the chart.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

BILLING AND REIMBURSEMENT

58. The MIHP provider must bill only the procedure codes listed in the MDCH Maternal Infant Health Program Database located on the MDCH website. *(Section 3 Reimbursement, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed indicate that the correct procedure code is used for billing each service provided.

b. At least 80% of charts reviewed indicate that there is a *Risk Identifier* or *Professional Visit Progress Note* on file for every *Risk Identifier* visit and professional visit billed.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

59. Placeholder for indicator in next review cycle.

60. The Risk Identifier is required to be completed and entered into the MIHP database before the service is billed. *(Section 3 Reimbursement, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. Protocol describes:
   1) Process for entering *Risk Identifiers* into the MIHP database, specifying who is responsible for data entry
   2) Number of days that persons responsible for data entry have to complete data entry and obtain scoring results page after *Risk Identifier* is administered

b. At least 80% of charts reviewed indicate that *Risk Identifier* is completed and entered into the database before the service is billed.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

61. Reimbursement for a professional visit is based on place of service. The place of service must be documented in each professional visit note and billed accordingly. *(Section 3 Reimbursement, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed indicate that the place of service code used when billing for the *Risk Identifier* correctly reflects the place of service documented on the *Risk Identifier*.

b. At least 80% of charts reviewed indicate that the place of service code used when billing for professional visits correctly reflects the place of service documented in *Professional Visit Progress Note*.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

62. An infant case and a maternal case can both be open at the same time in some instances. If the MIHP is seeing an infant and the mother becomes pregnant, a maternal risk identifier assessment visit can be completed and billed as such. After this initial risk identifier assessment visit is completed, all subsequent professional visits for that family should be blended visits and billed under one Medicaid ID. The program is based on the family dyad, and both the infant and parent are to be assessed at each visit and billed as "blended visits" under either the parent's or the infant's Medicaid ID. *(Section 1.3 Eligibility, MIHP, Medicaid Provider Manual)*
Transportation services may be billed under the mother's ID for the pregnant woman and under the infant's ID for the infant. *(Section 2.10 Transportation, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed indicate that blended visits are billed under the mother's Medicaid ID or the infant's Medicaid ID, and not under both.

b. At least 80% of charts reviewed indicate that transportation services for the pregnant woman are billed under her Medicaid ID and transportation services for the infant are billed under the infant's Medicaid ID.

c. At least 80% of charts reviewed have *Notification of Multiple Charts Open (099)* on file in both the maternal chart and the infant chart when blended visits are being provided, unless a family chart is used.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

63. Placeholder for indicator in next review cycle.

64. The MIHP provider must maintain documentation of transportation for each beneficiary for each trip billed.
(Section 2.10 Transportation, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed indicate that transportation services are appropriately billed and paid.

b. At least 80% of charts reviewed indicate that transportation services are logged (on form developed by provider) for each trip billed, documenting all required elements.

c. At least 80% of charts reviewed indicate that provider does not provide medical transportation for MHP members except for those transitioning from FFS and only to appointments that were previously scheduled for up to 30 days after MIHP enrollment.

d. At least 80% of charts reviewed indicate that transportation is provided to allowable destinations only.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

65. The initial assessment visit and up to 9 professional visits per woman per pregnancy are billable. *(Section 2.1 Maternal Risk Identifier, MIHP, Medicaid Provider Manual).* **The initial assessment visit and up to 9 professional visits per infant/family are billable.** *(Section 2.2 Infant Risk Identifier, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

a. At least 80% of charts reviewed indicate that one *Maternal Risk Identifier* per pregnancy or one *Infant Risk Identifier* per infant is billed and paid.

b. At least 80% of maternal charts reviewed indicate that no more than 9 professional visits are billed and paid.

c. At least 80% of infant charts reviewed indicate that no more than 36 infant visits are billed and paid.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments: A total of charts were reviewed.

INTERNAL QUALITY ASSURANCE

66. MIHP coordinators are expected to routinely conduct their own internal quality assurance activities, including chart reviews and billing audits. *(MIHP Operations Guide, pg. 77)*

To fully meet this indicator:

a. Protocol:
   1) Describes internal quality assurance activities
   2) Specifies that chart reviews and billing audits are conducted quarterly, or more frequently
   3) Indicates the minimum number of charts reviewed per chart review and per billing audit
   4) Describes how staff are trained and supported to ensure that the *Risk Identifier*, *POC*, *Professional Visit Progress Notes*, and *Discharge Summaries* are linked

b. Review of completed forms, checklists or other tools used in the last quarter's internal chart review and billing audit, indicates that reviews and audits are being conducted or staff interview indicates that reviews and audits are being conducted.

c. Staff interview indicates that staff can generally describe the protocol.

d. Staff interview indicates that staff can explain how the *Risk Identifier*, *POC*, *Professional Visit Progress Notes*, and *Discharge Summaries* are linked.

☐ Met ☐ Not Met ☐ Met with Conditions ☐ Not Applicable

Explanation/Comments:

Overall Comments on this Review

Indicators by Number	
1.	Use of standardized forms
2.*	Sufficiently detailed clinical record
3.	Signed consents
4.	Staff authorized to use electronic database
5.	*Maternal and Infant Discharge Summaries* entered into database
6.	OB-based maternal-only programs: provision of home visits and infant services
7.	Staffing
8.	*MIHP Personnel Roster*
9.	Physician order required for registered dietitian
10.	Nutrition counseling services
11.	MIHP services provided through contract or letter of agreement with another agency
12.	*Care Coordination Agreements* with Medicaid Health Plans
13.	Physical facilities for seeing beneficiaries
14.	MIHP office in provider residence
15.	Reporting MIHP enrollment to Medicaid Health Plan
16.	Confidential (HIPAA compliant) beneficiary record system
17.	Beneficiary grievances
18.	Emergency services
19.	Accommodations for Limited English Proficient, deaf and hard of hearing, and blind and visually impaired persons
20.	Outreach to target population and medical providers
21.	Prompt response to receipt of referral
22.	Medical care provider notified within 14 days of beneficiary enrollment
23.	Medical care provider notified when a significant change occurs
24.	*Maternal or Infant Risk Identifier* completed to determine needed services
25.	Linkage to Early On Interagency Coordinating Council and Great Start Collaborative
26.*	Developmental screening for all infant beneficiaries using *ASQ-3* and *ASQ: SE*
27.*	*Plan of Care (Parts 1-3)*
28.	Care coordinator identification
29.	Care coordination
30.	Making and following-up on referrals
31.	(Placeholder for indicator in next review cycle)
32.	Scheduling visits to accommodate beneficiary's situation
33.	Professional visits to implement beneficiary's *Plan of Care*
34.	80% of professional infant interventions in beneficiary's home
35.	Additional nine infant visits when requested by medical care provider
36.	Drug-exposed infant visits and procedure code
37.	Multiple births (blended visits)
38.	(Placeholder for indicator in next review cycle)
39.	More than one professional visit on same date of service
40.	Identification cards or badges
41.	Community visits
42.	Maternal prenatal home visit
43.	Maternal postpartum home visit
44.	Training requirements
45.	First-time mothers encouraged to complete childbirth education course
46.	Childbirth education in beneficiary's home in unusual circumstances
47.	Childbirth education course
48.	Parenting education course
49.	(Placeholder for indicator in next review cycle)
50.	Children's Protective Services
51.	Family planning discussed at every maternal visit

52.	Immunization status discussed throughout course of care
53.	Referral resources list
54.	Transportation coordination
55.	Transportation for Nurse Family Partnership beneficiary
56.*	*Discharge Summary* completed and send to medical care provider
57.	Transferring beneficiary
58.	Use of billing procedure codes listed in MDCH MIHP database
59.	(Placeholder for indicator in next review cycle)
60.	*Risk Identifier* entered into database before service is billed
61.	Place of service documented in professional visit note and billed accordingly
62.	Infant and maternal cases open at the same time in some instances (blended visits)
63.	(Placeholder for indicator in next review cycle)
64.	Transportation documentation for each beneficiary for each trip billed
65.	Initial assessment and up to 9 professional visits per pregnancy or per infant/family billed
66.	Internal quality assurance