

Bulletin: MSA 10-18

Distribution: Maternal Infant Health Program providers, Medicaid Health Plans, Tribal Health Centers

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Subject: Maternal Infant Health Program Policy Chapter

Effective: July 1, 2010

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

Over the past five years, the Maternal Infant Health Program (MIHP) has been going through a program redesign. The purpose of this policy bulletin is to fully align MIHP policy with the program redesign. The major policy changes are:

- Implementing an MIHP Operations Guide;
- Using the Maternal Risk Identifier and new Infant Risk Identifier to determine needed services;
- Moving the MIHP specific forms from the Medicaid Provider Manual to the MIHP Operations Guide;
- Specifying the requirement that a doctor's order must be obtained before a registered dietician can see a beneficiary;
- Requiring that all MIHP beneficiaries be referred to a local Women, Infants and Children Program (WIC); and
- Requiring a maternal home visit, or documentation indicating why the visit could not be done.

The following forms will no longer be used. Replacement forms and instructions can be found in the MIHP Operations Guide located at www.michigan.gov/mihp.

- DCH 1190 MIHP Health Program Authorization and Consent to Release Protected Health Information
- DCH-1191 MIHP Maternal Risk Screening Tool
- DCH-1192 MIHP Prenatal Services Assessment
- DCH-1193 MIHP Prenatal Plan of Care
- DCH-1194 MIHP Infant Risk Screening Tool
- DCH-1195 MIHP Infant Initial Assessment
- DCH-1196 MIHP Infant Plan of Care
- DCH-1197 MIHP Professional Visit Progress Note
- DCH-1198 MIHP Maternal Discharge Summary
- DCH-1199 MIHP Infant Discharge Summary
- MSA-1200 MIHP Maternal Risk Identifier

For dates of service on and after July 1, 2010, the following billing changes will be made:

- Procedure Code H1000 Prenatal care at-risk assessment (Assessment in the office) is used for both maternal and infant Risk Identifiers
- Procedure Code H2000 Comprehensive multidisciplinary evaluation (Assessment in the Home) is used for both maternal and infant Risk Identifiers
- Procedure Code T1023 will no longer be billable

All fee information can be found on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

This chapter will replace the current MIHP Chapter in the Medicaid Provider Manual.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration

Maternal Infant Health Program (MIHP)

SECTION 1 General Information

This chapter applies to certified MIHP providers servicing Medicaid and Maternity Outpatient Medical Services (MOMS) beneficiaries. The purpose of MIHP is to reduce infant mortality and morbidity. This is an objective of both the State of Michigan and the Federal government who fund this program. The goal of the MIHP is to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.

Accordingly, MIHP services are intended to help pregnant Medicaid beneficiaries who are most likely to experience serious psychosocial or nutritional issues. Services are intended to supplement regular prenatal/infant care and to assist the following providers in managing the beneficiary's health and well-being:

- Physicians (MD, DO)
- Certified Nurse Midwives (CNM)
- Pediatric Nurse Practitioners (PNP)
- Family Nurse Practitioners (FNP)
- Medicaid Health Plans (MHP)
- Physician Assistants (PA-C)

1.1 Program Services

MIHP services are preventive health services provided by an agency that is certified by the Michigan Department of Community Health (MDCH). MIHP services are provided by a licensed social worker and a registered nurse. An infant mental health specialist with an endorsement may be included. A registered dietitian may also provide services with a physician order.

Program services include social work, nutrition counseling, nursing services (including health education and nutrition education) and beneficiary advocacy services. MIHP services include:

- Psychosocial and nutritional assessment;
- Plan of care development;
- Professional intervention services;
- Maternal and infant health and nutrition education;
- Arranging 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);
- Coordination with other medical care providers and MHPs;
- Family Planning education and referral; and
- Coordinating or providing childbirth or parenting education classes.

1.2 Staff Credentials

MIHP staff will consist of registered nurses and licensed social workers with the following qualifications:

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| Nursing | <p>All nurses must possess current Michigan licensure as a registered nurse.</p> <ul style="list-style-type: none"> • Possess a Master's of Science in Nursing (MSN) or possess a Bachelor's of Science in Nursing (BSN), and at least one year of experience providing community health, pediatric and/or maternal/infant nursing services; or • Possess a nursing diploma or Associate Degree in Nursing (ADN), and at least two years of experience providing community health, pediatric and/or maternal/infant nursing services. |
| Social Work | <p>All social workers must possess current Michigan licensure as a licensed social worker.</p> <ul style="list-style-type: none"> • Possess a Master's of Social Work (MSW); or • Possess a Bachelor's of Social Work (BSW). <p>The above-degreed social workers must have at least one year of experience providing services to families.</p> |

Other professionals who may provide services must have the following qualifications:

| | |
|--|---|
| Infant Mental Health Specialist | <ul style="list-style-type: none"> • Licensure by the State of Michigan; • Psychologist, Master's social worker, or professional counselor and possess: <ul style="list-style-type: none"> ○ Infant Mental Health Endorsement by the Michigan Association for Infant Mental Health (MI-AIMH), level 2 or level 3. <p>At least one year of experience in an infant health program is also required.</p> |
| Registered Dietitian | <ul style="list-style-type: none"> • Possess a Master's in Public Health with emphasis in nutrition or Master's Degree in human nutrition; or • Possess a Bachelor's Degree and registration as a dietitian (RD); or • Possess a Bachelor's Degree and RD-eligible with examination pending in six months or less. <p>The above-degreed dietitian must have at least one year of experience providing community health, pediatric, and/or maternal/infant nutrition services. A physician order is needed before the dietitian may provide services.</p> |

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. If community resources are available, such as a hospital dietitian, the MIHP may coordinate with the physician to refer the beneficiary to the hospital dietitian. The MIHP also may coordinate nutrition services with the MHP. As in other areas, when nutrition counseling is needed, the documentation must indicate how services were provided.

1.3 Duration of Services

Maternal Services: Pregnant Medicaid beneficiaries qualify for MIHP services at any time during the pregnancy. After delivery, a new Maternal MIHP case cannot be opened. For purposes of closing a case, services may be provided for up to 60 days after the pregnancy ends or the end of the month in which the 60th day falls.

Some services to postpartum women and infants are available through Medicaid-enrolled home health agencies. If the home health agency is also enrolled as an MIHP provider, services for the mother and infant must be provided as an MIHP service rather than a home health agency benefit.

Infant Services: MIHP services for an infant begin after the infant's birth and hospital discharge. Infant services are exclusively for the benefit of the infant on Medicaid, primarily by working with the infant's family. It is expected that a minimum, 90% of Infant Risk Identifier visits and 80% of professional visits will be provided in the home.

Both Maternal and Infant Services: MIHP services for women and infants focus on the family, encompass essentially the same services, and are generally provided to the same individual (pregnant woman/mother). In some situations, MIHP services for the mother and infant may need to be blended because the beneficiaries meet the qualifying criteria for both services at the same point in time. In these situations, providers must bill for services under either the mother's Medicaid ID number or the infant's Medicaid ID number, but not under both when one professional intervention, although a "blended one", is provided.

It is the responsibility of the MIHP provider to target services to Medicaid beneficiaries most in need of this assistance.

1.4 Medicaid Health Plans (MHP)

MHPs must refer pregnant enrollees to an MIHP provider. To define the responsibilities and relationship between the MIHP providers and the MHP, a Care Coordination Agreement (CCA) must be reviewed and signed by both providers. The CCA provides guidance by delineating the communication expectations between the two agencies. Each MIHP provider is required to have a signed CCA with each MHP in their service area. (Refer to the Forms Appendix of the Medicaid Provider Manual for a copy of a Care Coordination Agreement.)

SECTION 2 Program Components

The assessment visit is the initial visit with the beneficiary. The appropriate Risk Identifier is a mandatory part of the initial assessment visit. The initial assessment visit is comprised of completing the Risk Identifier and writing the plan of care (POC) to identify needed services. It should be billed and paid using the appropriate place of service code. The Risk Identifier and POC must be completed before professional visits are initiated. Rarely on the same day as the initial visit, a problem will need to be addressed immediately. In these cases a professional visit can be made later the same day by a different professional discipline. This professional visit must last at least 30 minutes.

If the Risk Identifier does not indicate the need for MIHP services, then no follow-up services should be provided, however, the beneficiary should receive the informational packet. 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).

2.1 Maternal Risk Identifier

The Maternal Risk Identifier covers multiple domains, including basic care, drug and alcohol use, smoking, shelter, depression, transportation needs, and support systems. The Maternal Risk Identifier can be found in the MIHP Operations Guide at www.michigan.gov/mihp. It must be completed for each pregnant woman to determine the services needed through the MIHP. Either the licensed social worker or the registered nurse must work face-to-face with the beneficiary to complete the form. MIHP services will be provided based on the beneficiary's responses to the various questions on the Maternal Risk Identifier. The Maternal Risk Identifier must be completed to assure all appropriate services are identified.

The Maternal Risk Identifier results must be entered into the MIHP database. The MIHP database will score each risk as high, medium, low, or no risk. Based on the risks identified and professional observation, the registered nurse and licensed social worker, working together, will write a plan of care to determine appropriate interventions. The initial assessment visit and up to nine professional visits per woman per pregnancy are billable. The MIHP provider must respond to all referrals promptly to identify the beneficiary's needs. Documentation must indicate attempts to visit/contact the beneficiary within 14 calendar days for the pregnant woman.

MIHP serves the maternal /infant dyad. When infant services are initiated, an Infant Risk Identifier must be completed.

2.2 Infant Risk Identifier

The Infant Risk Identifier as found in the MIHP Operations Guide at www.michigan.gov/mihp must be completed for each infant entering the MIHP program to determine the services needed. Either the licensed social worker or the registered nurse must work face-to-face with the beneficiary and primary caregiver to complete the form. The Infant Risk Identifier is made up of many domains including health and safety, feeding and nutrition, family support, child care and general growth and development. MIHP services will be provided based on the responses to the various questions on the Infant Risk Identifier.

The Infant Risk Identifier must be entered into the MIHP database when available. The system will score each risk as high, medium, low, or no risk. Based on the risks identified and professional observation, the registered nurse and the licensed social worker, working together, must write a plan of care for each beneficiary.

The initial assessment visit and up to nine professional visits per infant/family are billable. An additional nine infant visits may be provided when requested in writing by the medical care provider. The reason for and purpose of additional visits must be well documented in the medical record.

The MIHP provider must respond to all referrals promptly to identify the beneficiary's needs. Documentation must indicate attempts to visit or contact the beneficiary within a maximum of 7 calendar days for the infant. For referrals received prior to the infant's discharge from the inpatient setting, the Risk Identifier should be conducted within 48 hours of hospital discharge.

2.3 Multiple Births

Only one infant per household may be enrolled in MIHP. In the event of multiple births or multiple infants in one home, the standard assessment visit and nine visits can be made to the family. A physician order is needed if more than nine infant visits are needed per family. When there are multiple infants in the home all infants should be assessed at each visit. Regardless of the number of infants in the home, only one professional visit should be billed. With multiple births, it is not appropriate to bill visits under several infant ID numbers. All visits are considered blended visits.

2.4 Psychosocial and Nutritional Assessment-Risk Identifier

The MIHP consists of many interventions in multiple domains designed to educate and inform the beneficiary, both as a pregnant woman and as the parent of an infant. Domains include basic care, violence abuse, substance abuse, social behavior and health history. The Risk Identifiers are designed to determine if there is a high, medium, low, or no risk for each domain. Based on the Risk Identifier, and professional observation, the MIHP provider will determine interventions specific to each beneficiary. Refer to the MIHP Operations Guide for more information and interventions related to the domains.

If the Risk Identifier does not indicate the need for MIHP services, then no follow-up services should be provided, however, the beneficiary should receive the informational packet. 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). If a MIHP prenatal case

subsequently becomes an MIHP infant case, the Infant Risk Identifier must be completed to determine eligibility for the infant.

The beneficiary must be assessed (Risk Identifier completed) for transportation needs, childbirth/parenting education classes, health education needs, and family planning services. The completion of the Risk Identifier must precede any professional visits. The Risk Identifier must be completed by the registered nurse or the licensed social worker.

2.5 Plan of Care

The registered nurse and the licensed social worker together must develop a comprehensive POC to provide identified services to the beneficiary, and/or referrals to community agencies. The POC must indicate the specific domains at risk, the specific objectives, specific intervention(s) to be implemented, and the number of visits that are required for actualizing the plan. The POC must be updated whenever a significant change occurs. Documentation must support the changes made. The MIHP provider must determine how best to involve the registered nurse and the licensed social worker in implementing the POC based on the needs identified.

The POC must identify if a beneficiary would benefit from a visit with a registered dietitian based on the needs identified. If the services of a registered dietitian are needed, the necessary physician order must be obtained. The beneficiary may be referred to their MHP or local hospital for nutritional counseling.

The beneficiary's exit from the program is expected to occur when the objectives of the POC are complete, or when the MIHP provider determines that continued interventions are no longer needed.

2.6 Care Coordinator

A specific registered nurse or licensed social worker will be identified as the care coordinator assigned to monitor and coordinate all MIHP care, referrals, and follow-up services for the beneficiary. The care coordinator must assure the family is appropriately followed and referred for needed services. The name of the care coordinator must be documented in the beneficiary's record. The care coordinator must refer all beneficiaries to the Women, Infants and Children Program (WIC) if they are not receiving WIC.

For the infant, MIHP providers are encouraged to participate in local Children's Protective Services (CPS) Interdisciplinary Team meetings, Part C/Early On Interagency Coordinating Council meetings, and in similar efforts to coordinate the infant's care. This assures the use of and coordination with other community resources to avoid duplication of services, identify gaps, and to assure ongoing support when the MIHP case is closed. When appropriate, MIHP referrals to CPS must be made. Appropriate family planning education and referrals must be made and documented.

2.7 Professional Visits

A professional visit is a face-to-face encounter with a beneficiary conducted by a licensed professional (i.e., licensed social worker, registered nurse, or infant mental health specialist) for the specific purpose of implementing the beneficiary's plan of care. A registered dietitian may conduct a visit when ordered by a physician.

The professional visit is a one-on-one visit that must be scheduled to accommodate the beneficiary's situation and be appropriate to the beneficiary's level of understanding. Visits lasting less than 30 minutes, or provided in a group setting are not billable.

Occasionally more than one visit may be provided on the same date of service if a different discipline provides the second visit. The provider must keep in mind the beneficiary's ability to benefit from extended counseling/education when more than one visit is provided on the same date. Documentation must clearly state the need for the second visit on the same date of service. The two visits should be made at separately identifiable documented times. Medicaid reimbursement for a professional visit

includes related care coordination and monitoring of activities. Visits provided beyond the established limit cannot be billed to the beneficiary.

All professional visit records must include the place of service, time the visit began and ended, risk factors discussed, and actions taken. Coordination of agency and community services and arranging transportation for the beneficiary are part of each professional visit. The MIHP provider must assure the beneficiary has been referred to WIC.

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.

The MIHP must provide directly or arrange bilingual services and services for the visually impaired and/or hearing impaired when needed, so all beneficiaries may fully participate in the program.

MDCH does not reimburse for missed visits/appointments. A beneficiary may not be billed for a missed visit/appointment.

2.8 Drug-Exposed Infant

A drug-exposed infant is an infant born with the presence of an illegal drug(s) and/or alcohol in his circulatory system, or living in an environment where substance abuse or alcohol is a danger or is suspected. Due to the complex nature of these cases, additional visits may be required. A separate drug-exposed procedure code is assigned for additional visits. The beneficiary's record must contain documentation to support the use of the drug-exposed procedure code.

The initial assessment and up to nine professional visits for a drug-exposed infant are billable by the MIHP. Additional infant visits may be provided when requested in writing by the medical care provider. In these cases, the reason for and purpose of additional visits must be well documented in the beneficiary record.

The maximum of 36 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.

2.9 Place of Service

Reimbursement for professional visits is based on the place of service. An office visit and a home visit pay different amounts; therefore, the place of service must be documented in each professional visit note.

2.9.1 Maternal Services

- Professional visits may be provided in a clinic/office setting or in the beneficiary's home/place of residence, including homeless shelter, or a mutually agreed upon location.
- Professional visits may not be provided in the inpatient hospital setting.
- Efforts must be made to visit the 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.
- A second home visit must be made after the birth of the infant to observe bonding, infant care and nutrition and discuss family planning. This may be a blended visit, combined with the infant visit. It should only be billed under a single Medicaid identification number, either the mother's or the infant's, but not both.

2.9.2 Infant Services

- MIHP is a home-visiting program.
- The initial assessment visit, when the Infant Risk Identifier is completed must be completed in the home 90% of the time.
- On average, 80% of all professional interventions must be done in the beneficiary's home.
- If a home visit is not feasible, services may be provided any place other than an inpatient hospital setting.
- The infant and primary caregiver must be present at all visits.

Typically, all visits are performed at the beneficiary's home or at the MIHP provider's office. On rare occasions when a visit cannot be completed in the beneficiary's home or in the provider's office, the provider may work with the beneficiary to identify a mutually agreeable site to conduct a visit. These types of visits are referenced as visits occurring in the community setting.

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.

2.10 Transportation

Transportation services are to help beneficiaries keep their health care appointments. Transportation needs must be assessed. Transportation is provided only if no other means are available for the beneficiary to get to health care services.

MDCH covers beneficiary transportation for medical/health care, substance abuse treatment, WIC visits and for any MIHP services, including childbirth/parenting education classes. A mother's trip to visit her hospitalized infant is also covered. Transportation is available for an initial medical visit that will likely result in the enrollment in MIHP. Transportation is available for the pregnant woman when she is enrolled in the MIHP. Transportation is available for the infant and the primary caregiver to attend the infant's appointments when the infant is enrolled in the MIHP. Transportation services may be billed under the mother's Medicaid ID number for the pregnant woman and under the infant's Medicaid ID number for the infant.

Medicaid covers transportation services for all beneficiaries for obtaining medical care. Transportation is available through MIHP, MHPs, and the local Department of Human Services (DHS). MIHP providers should coordinate transportation services with the local DHS office which may have transportation resources available. The CCA between the MIHP and the MHP should specify how best to provide for transportation needs. The goal of providing transportation service is to get the beneficiary to the necessary medical related appointments.

MDCH reimburses the provider an administrative fee equal to six percent of the cost of the transportation. When billing for transportation, the six percent fee should be calculated and included in the amount charged.

The MIHP may also contract for transportation services. Transportation services should be billed for each date of service it was provided. The MIHP provider's Care Coordination Agreement with MHP should specify responsibility for meeting the transportation needs of enrolled beneficiaries. The MIHP provider must determine the most appropriate and cost effective method of transportation. MDCH reimburses transportation costs at the lesser of actual cost or the maximum/upper limit for:

- Bus
- Mileage (volunteer/relative/beneficiary/other)

- Taxi: If other methods of transportation are not available or appropriate, the MIHP provider may make arrangements with local cab companies to provide taxi service for MIHP beneficiaries. Since this is a more expensive service, MDCH reimburses a maximum of 20 trips per beneficiary through MIHP.

The MIHP provider must maintain documentation of transportation for each beneficiary for each trip billed. The record must specify:

- The name and address of the beneficiary;
- The date of service (DOS);
- The trip's destination (address, city) and starting point;
- The purpose of the trip;
- The number of tokens or miles required for the trip; and
- The amount that the beneficiary or transportation vendor was reimbursed.

The MIHP provider must ensure the beneficiary kept the appointments for which transportation funds were provided. Medicaid does not pay for transportation not provided.

The MIHP provider may give transportation tokens or funds to the beneficiary or parent of an infant. In situations where funds are provided, it is recommended that the beneficiary sign a receipt and that the receipt be retained in the case records.

Beneficiaries in the Nurse Family Partnership (NFP), another MDCH program, do not need a risk identifier completed to receive transportation services. Transportation is the only MIHP service available to NFP beneficiaries.

2.11 Childbirth Education

Childbirth education is a series of group classes intended to help:

- Understand the changes in the body during pregnancy;
- Understand the delivery process, including information regarding pre-term labor;
- Understand the postpartum period;
- Care for the infant (classes may include information on developing positive parenting skills);
- Interact with other pregnant women; and
- Build a support network.

First-time mothers must be encouraged to complete the course.

The medical care provider or the MIHP provider may make a referral for childbirth education classes. MIHP providers may provide this service directly or have a contract with a local hospital's outpatient clinic. An outpatient hospital clinic that provides this service may bill Medicaid directly for FFS beneficiaries. The contract must indicate which provider is to bill and receive payment. These services are provided to a group in a classroom situation.

MIHP childbirth education includes, but is not limited to the following topics:

- Pregnancy,
- Labor and delivery,
- Infant care and feeding,
- Postpartum care, and
- Family planning.

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.

2.12 Parenting Education

Parenting education is intended to develop positive parenting skills and attitudes, provide interaction with other parents, and possibly build a support network. Parenting education may be billed once per infant or, in the case of multiple births, once per family.

The infant's medical care provider or the MIHP provider may make a referral for parenting education classes. The services may be provided by the MIHP provider or by contract with an outpatient hospital or community based organization. The contract must indicate which provider is to bill and receive payment. These services are provided to a group in a classroom situation.

Parenting education classes should include but are not limited to:

- General feeding recommendations throughout the first year of life,
- Normal and abnormal patterns of elimination,
- Common signs and symptoms of infant illness,
- Common childhood injuries and how to care for them,
- Normal range of sleep, rest, activity and crying patterns,
- General hygiene needs of infants,
- Normal developmental milestones of infants throughout the first year,
- Basic emotional needs,
- Basic protection from toxic hazard waste,
- Basic immunizations and health maintenance, and
- General day-to-day living with children.

2.13 Transfer of Care/Records

During the course of care, the beneficiary may require services from a different provider due to a move to another area or otherwise request a change of MIHP providers. When an MIHP provider is aware of a planned change in provider, information about the MIHP provider at the new location should be provided to the beneficiary. The referring provider must consult with the new provider about the case and transfer necessary information or records in compliance with the privacy and security requirements of Health Insurance Portability and Accountability Act of 1996 (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.

2.14 Immunizations

Immunization status must be discussed throughout the course of care. Providers must determine the status of the MIHP beneficiary (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. Before closing an MIHP case, the provider must have assessed immunization status, provided immunization education, and documented accordingly in the case record.

2.15 Special Arrangements for Child Protective Services

Because of the serious nature of MIHP cases, some beneficiaries need the assistance of the DHS CPS program. The MIHP provider must work cooperatively and continuously with the local CPS office. Contact persons for MIHP and CPS must be identified. Referral protocol and a working relationship must be developed and maintained. MIHP is a valuable resource for the CPS program. The MIHP provider must seek CPS assistance in a timely manner. MIHP and CPS work concurrently on at least some

referred cases. CPS is not to be viewed as a resource of last resort for the agency to call when all else fails.

The Michigan Child Protection Law (Act No. 238, Public Acts of 1975) requires health care professionals and others to report cases of suspected child abuse/neglect to CPS. When and how the MIHP provider must refer can best be determined by discussions with the local CPS agency. MIHP activity does not replace the need for required CPS referrals.

2.16 Communications with the Medical Care Provider

When an MIHP case is opened without the medical care provider's involvement, the MIHP provider must notify the medical care provider within 14 calendar days. When an MIHP case is opened for a pregnant woman with no medical care provider, the MIHP must assist the woman in finding a medical care provider.

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. The initial assessment visit is the first visit when the Risk Identifier is completed. The communication identifying risks must be sent to the medical care provider within 14 calendar days after the initial assessment visit is completed. 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 3 Reimbursement

To receive reimbursement, the MIHP billing National Provider Identifier (NPI) must be a facility, agency, or organization. A MIHP specialty must be indicated when enrolling as a MIHP provider through the CHAMPS system. The MIHP provider must bill only the procedure codes listed in the MDCH Maternal Infant Health Program fee screens located on the MDCH website. (Refer to the Directory Appendix for website information.)

Although most beneficiaries are in MHPs, all services provided by MIHP providers should be billed directly to MDCH. For beneficiaries with other commercial insurance, refer to the Commercial Health Insurance section in the Coordination of Benefits chapter of this manual.

The Risk Identifier is required to be completed and entered into the MIHP database before the service is billed. MIHP providers receive separate reimbursement for each Risk Identifier form completed and entered into the MIHP database even if it is determined the beneficiary does not need MIHP services. The Risk Identifier is billed and reimbursed based on place of service. PC H1000 is billed for office visits; PC H2000 is billed for home visits. PC T1023 further assessment will be end dated, and no longer used. As with all Medicaid services, documentation must support the services billed and paid.

Reimbursement is limited to one Risk Identifier per pregnant woman during her pregnancy and one Risk Identifier per infant or family if a multiple birth. Due to factors such as premature termination of a pregnancy or a subsequent pregnancy in the same year, an MIHP provider may do a Risk Identifier on a pregnant woman and receive reimbursement twice in the same year. In such instances, the provider must indicate "second pregnancy" in the remarks section of the claim when billing for the service.

Reimbursement for a professional visit is based on the place of service. The place of service must be documented in each professional visit note and billed accordingly. Medicaid reimbursement for a professional visit includes related care coordination and monitoring of activities.

Services scheduled but not provided to the beneficiary are not billable. This includes all MIHP services. The beneficiary must not be billed for visits provided beyond the established limit.

3.1 Education Reimbursement

Reimbursement for MIHP childbirth classes and/or parenting classes are for the complete course, regardless of the number of classes needed to complete the course. At a minimum, the course outline in the MIHP Operations Guide must be covered. Additional items may be added at the discretion of the provider. The pregnant woman or parent must attend at least one-half of the classes or cover at least one-half of the curriculum for the service to be billed. Dates of attendance must be documented in the beneficiary's record. If the class is offered in the community, but not all items on the outline are covered, the missed items should be covered during a professional visit, not billed separately as education.

- MIHP childbirth education may be billed one time per beneficiary per pregnancy.
- MIHP parenting education may be billed one time per infant. In the case of twins or other multiple births, parenting education may be billed only once for the family.

If the MIHP provider refers the beneficiary to a local hospital to provide the classes, the hospital must bill the appropriate MHP to receive payment. If the MIHP provider contracts with an outpatient hospital or community based organization for childbirth education, the contract must indicate which provider is to bill and receive payment. If the classes are available at no charge to the public from a community-based organization, the MIHP cannot bill the Medicaid Fee-for-Service program, or the beneficiary for the service.

SECTION 4 Forms

MIHP providers must use standardized forms developed by MDCH. Copies of the forms are located in the MIHP Operations Guide and/or on the MDCH website. (Refer to the Directory Appendix for website information). At a minimum, the data elements included in these forms must be maintained. If additional data elements are needed, it is suggested the agency develop a separate form to accommodate their needs, to be used in addition to the state forms. The goal is to have standardized forms statewide.

SECTION 5 Operations and Certification

MDCH certifies MIHP providers. To become an MIHP provider, the criteria in the Michigan Medicaid Provider Manual and the MIHP Operations Guide must be met. Provider participation criteria includes, but is not limited to, required staffing and the capacity to provide services, including outreach and weekend and after-hours coverage. MIHP providers must follow all policies and procedures in the Medicaid Provider Manual in addition to the MIHP Operations Guide.

5.1 Criteria

Provider must meet the following participation criteria.

- The provider must meet program requirements to qualify for enrollment in Medicaid.
- In cases where services are provided through a contract with another agency, the contract or letter of agreement must be on file for review by MDCH. It must specify the time period of the agreement, the names of the individuals providing services, and where the billing responsibility lies.
- The provider's physical facilities for seeing beneficiaries must be comfortable, safe, clean, and meet legal requirements.
- The provider must have experience in the delivery of services to the target population and demonstrate understanding of the concept and delivery of maternal and infant services.
- The provider must demonstrate linkages to relevant services and health care organizations in the area to be served.
- The organization must demonstrate a capacity to conduct outreach activities to the target population and to medical providers in the geographic area to be served.

5.2 Staffing

Required staff for the MIHP program 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 Section 1.2.

5.3 Operations and Certification Requirements

Providers must demonstrate their ability to validate the need for, and delivery of, MIHP services appropriate to each beneficiary's individual need. The MIHP provider must:

- Deliver services appropriate to the beneficiary's level of understanding.
- Schedule services to accommodate the beneficiary's situation.
- Complete appropriate Risk Identifier by a licensed social worker or a registered nurse.
- Develop the plan of care by a licensed social worker and the registered nurse jointly.
- Complete the Risk Identifier based on a home visit as required for the infant and, if possible, for the pregnant woman, and develop a plan of care.
- Demonstrate a system for handling beneficiary grievances.
- Provide for weekend and after-hours emergencies.
- Provide directly or arrange for bilingual services, and services for the visually impaired and/or hearing impaired, as indicated.
- Maintain all physician orders in the medical record.
- Coordinate agency and community services for the beneficiary.
- Arrange transportation as needed for the beneficiary to keep health-related appointments.
- Respond to referrals promptly to identify the beneficiary's needs (within a maximum of 7 calendar days for the infant and 14 calendar days for the pregnant woman).
- Respond to referrals received prior to the infant's discharge from the inpatient setting within 48 hours of hospital discharge.
- Notify the medical care provider of the beneficiary's enrollment within 14 days.
- Document and report disposition of the referral (i.e., initiation of services, inability to locate, or refusal of services) to the referring source.
- Provide ongoing communication with the beneficiary's medical care provider.
- Provide directly, the services of at least a registered nurse or licensed social worker. Infant mental health specialist and/or registered dietitian services may be provided through a subcontractor or services may be accessed in other ways.
- Not bill for services provided by community resources.
- Provide services in a clinic, an office, a home setting and/or community setting, as appropriate.
- 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.
- Have written protocols that comply with the reporting requirements mandated by the Michigan Child Protection Law (Act No. 238, Public Acts of 1975). Include protocols on coordination with the local DHS CPS unit that specify how the MIHP provider will make CPS referrals, initiate follow-up contacts with CPS, and participate in local CPS multidisciplinary team meetings involving infants served by the MIHP.
- Maintain an adequate and confidential beneficiary records system, including services provided under a subcontractor. (HIPAA standards must be met.)
- Have written internal protocols to include all aspects of the program.
- Be actively linked to or be a member of the local Part C/Early-On Interagency Coordination Council, and the Great Start Collaborative Council.
- Report all new MHP enrollees to the appropriate MHP on a monthly basis or as agreed to in the Care Coordination Agreement.
- Follow all the procedures as written in the MIHP Operations Guide. This guide can be accessed at www.michigan.gov/mihp.

- Follow all Medicaid policies as published in the Michigan Medicaid Provider Manual, Medical Service Administration Bulletins and the MIHP Operations Guide. Refer to the Directory appendix.

5.4 Issuance of Certification

Based upon satisfactory application, MDCH provides a provisional MIHP certification. After an agency is provisionally certified and providing services, MDCH conducts a provider site visit. The site visit must occur within six months of the provisional certification. The site visit is to observe how the program is being implemented and to assist in resolving any problems experienced in the implementation of the program. Based upon the site visit, MDCH grants the agency either a six-month certification, a three-year certification, or discontinues certification. For certified agencies, MDCH makes a formal certification visit every three years, with informal site visits at more frequent intervals.

If at any time after receiving certification the provider becomes deficient in any of the qualifying criteria, including staffing, the provider must notify the MDCH MIHP program immediately. MDCH then determines whether the agency may continue providing services given the deficiency(ies). MDCH's decision is based on the evaluation of many factors, including the number of deficiencies, the specific deficiency(ies) involved, the availability of other providers in the area, impact on caseload, etc.

If at any time the MIHP provider fails to meet the program policies or certification requirements, Medicaid reimbursement can be jeopardized. The MIHP provider is subject to audit by Medicaid and if any discrepancy(ies) is found, appropriate follow-up action may be taken, such as recoupment of payments, holding reimbursement on claims, or termination of Medicaid enrollment. If a negative action is imposed, the MIHP provider is given an opportunity for appeal.

Agencies wishing to become a MIHP provider may contact the MDCH. (Refer to the Directory Appendix for contact information.)