



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

RICK SNYDER  
GOVERNOR

JAMES K. HAVEMAN  
DIRECTOR

December 12, 2013

Jane Doe  
MIHP Coordinator  
ABC, MIHP  
1234 Main Street  
Anytown, MI 40000

Dear Ms. Doe:

Your agency's certification review of the Maternal Infant Health Program (MIHP) has been **scheduled for January 4, 2014 starting at 8:30 a.m.** This review will assess your compliance with the policies and procedures specified in the *Medicaid Provider Manual* and *MIHP Operations Guide*.

The certification review will be conducted in two parts, as described below:

1. Pre-review of documents that you must submit 14 calendar days before the onsite review:
  - a. Review of *MIHP Personnel Roster*.
  - b. Review of MIHP staff licenses and registrations.
  - c. Review of course completion certificates for all required trainings.
  - d. Review of signed confidentiality agreements for staff who have access to Protected Health Information.
  - e. Review of your program protocols.
  - f. Review of your MIHP web site, if you have one.
  
2. Onsite review:
  - a. Staff and coordinator interviews.
  - b. Billing review of closed charts since your last review (may include open charts if there aren't enough closed charts).
  - c. Discussion of findings from pre-review.
  - d. Program review of open and closed charts (since your last review).
  - e. Follow-up on any *Not Met* indicators from your last review.
  - f. Exit meeting to discuss preliminary findings.

## Review Agenda

The agenda for both days of the onsite review is attached. The amount of time designated for each agenda item may vary. If necessary, changes in the order of the agenda items can be made to meet your agency's needs.

## Review Participants

The MIHP Coordinator must be available for the entire review. Please have additional staff on hand to assist (e.g., answer questions, locate charts and other documents, etc.), if needed.

If you have an electronic health records system, you may choose to print out paper copies of the selected charts or assign a staff to assist the reviewer to review the charts electronically. If you decide to assign a staff to assist the reviewer to review the charts electronically, the staff must be available on both days of the review, whenever the reviewer needs to look at charts.

Your biller must be available for the entire billing review. The biller and Coordinator will actively assist the reviewer with this segment of the review.

A group staff interview is conducted at every review, except for 6-month follow-up reviews. The interview will take approximately one hour. The number of staff who must be present (in addition to the Coordinator) depends on the size of the staff, as noted below:

Up to three professional staff: All must participate

Four to five professional staff: At least three must participate

Six or more professional staff: At least 50% must participate

If professional staff cannot participate in the group interview in person, they may participate via conference call. Administrators and other program staff are welcome to join the required professional staff for this interview.

A summary of preliminary findings will be provided at an exit meeting at the end of the review. Any MIHP staff, program administrator, or agency administrator is welcome to participate in the exit meeting.

## Preparing for the Review

Please use the attached *MIHP Cycle 4 Certification Tool* as your guide in preparing for the review. Your compliance with each of the indicators in the *Cert Tool* will be rated as *Met*, *Not Met*, *Met with Conditions*, or *Not Applicable* during the review. Note that four indicators are designated as critical indicators, as they are fundamental to MIHP. Critical indicators that are rated as *Not Met* carry more weight than other *Not Met* indicators when your certification status is determined. Your consultant can assist if you have questions about any of indicators or criteria.

## Required Pre-review Documents

The name and contact information for your reviewer is provided at the end of this letter. So that she can prepare for your review, please mail, the following documents to your reviewer no later than **December 20, 2013**, (do **not** send beneficiary names via email, you may fax those only).

1. A current copy of your *MIHP Personnel Roster*.
2. Copies of current licenses and registrations for all professional staff.
3. Copies of course completion certificates for the coordinator and all professional staff for the following online trainings:
  - a. Smoke Free Baby and Me
  - b. Motivational Interviewing and the Theory behind MIHP Interventions

- c. Forms
- d. MIHP Depression, Mental Health, Stress
- e. Infant Mental Health and Infant Mental Health Services
- f. Ages and Stages Questionnaires (3<sup>rd</sup> Edition) and Ages and Stages Questionnaires: Social-Emotional

***New and waiver staff training documentation may be reviewed on site.***

- 4. Signed confidentiality agreements for all staff who have access to Protected Health Information.
- 5. A copy of each of the 13 protocols listed in *MIHP Cycle 4 Certification Protocols* (attached).
- 6. For the billing review, a list of the names of *20 closed maternal* beneficiaries and a list of the names of *20 closed infant* beneficiaries **since your last review**, who have had at least 5 visits in addition to an *MIHP Risk Identifier* visit. Use the attached forms, *Closed Maternal Charts – Existing Provider* and *Closed Infant Charts – Existing Provider*, for this purpose. All charts listed on the forms must contain MIHP services that have been billed to and paid by Medicaid. ***Because these completed forms will include beneficiary names, do not send them to the reviewer via email.***

If you do not have 20 closed charts for one or both of the lists, then also list the names of beneficiaries with open charts since your last review, who have had at least 5 visits, in addition to an *MIHP Risk Identifier* visit, in order to bring the total number of charts to 20.

Complete each column of the form as follows:

- a. Beneficiary name.
- b. Date closed. If you need to list open charts because you do not have 20 closed charts with at least 5 visits in addition to the *Risk Identifier* visit, write “open” in this column.
- c. Number of professional visits that have been provided to date in addition to the *Risk Identifier* visit.
- d. Whether you have billed Medicaid for transportation services for this beneficiary. If transportation services have not been billed for any beneficiary, please make a note of it.
- e. Whether you have used the drug-exposed infant billing code for this beneficiary (infant beneficiaries only). If this code has not been used for any beneficiary, please make a note of it.

Once the reviewer receives the lists of names, she will randomly select 6 maternal charts and 6 infant charts for the review. The reviewer will contact you with the names of these individuals prior to the review. During the review, please have the following items available for each of the charts selected:

- a. The MIHP services billed and paid, as documented in the chart.
- b. *CHAMPS Summary Report* with procedure codes or all *Medicaid Remittance Advices* for services billed and paid by Medicaid, with the beneficiary’s information highlighted.
- c. All encounter/billing forms.

Note that for the program review, your reviewer will randomly select 7 maternal charts (4 open and 3 closed) and 7 infant charts (4 open and 3 closed) from your files on Day One of your review.

- 7. Your MIHP web site address, if you have a web site.
- 8. Directions to your agency, once in your community, and specific directions to your office, once in your building.

You are absolutely required to submit your pre-review documents by the specified deadline or your review may not be conducted as scheduled. Depending on the reviewer's calendar, your review may have to be delayed for weeks, if not months. This may mean that you will be uncertified for a given period of time during which you will not be able to provide services.

### **Caseloads at Time of Review**

At the onsite review, you will be asked to provide the following active caseload counts:

- a. Maternal caseload at time of review
- b. Infant caseload at time of review
- c. Total caseload at time of review

**Please Note:** Charts are not to be tampered with prior to the review. You are *not* to add or remove *any* information in any MIHP charts. *All* charts are to be left in their current state.

### **Reviewer's Name and Contact Information**

If you have questions regarding the enclosed materials or the certification process, please contact your reviewer, as follows:

Name: Kathy Schoenberger  
Mailing Address: 364 Second Street  
Manistee, MI 49660  
Email Address: kathy.schoenberger@yahoo.com  
Phone: (231) 690-7020  
Fax: (231) 723-1477

Sincerely,

Rose Mary Asman R.N., M.P.A.  
Manager, Perinatal Health Unit  
Division of Family and Community Health

Enclosures: Review Agenda  
MIHP Cycle 4 Certification Tool  
MIHP Cycle 4 Certification Protocols  
Closed Maternal Charts –Existing Provider  
Closed Infant Charts –Existing Provider

c: Deb Marciniak  
Kathy Scheonberger  
Joni Detwiler