

# Companion Guide: Medicaid Health Plans

## Purpose

This document will provide additional guidance regarding Medicaid Health Plans (MHPs). For policies regarding MHPs, please refer to the current MIHP Operations Guide.

## Content

### *Medicaid Health Plan Referral to MIHP Provider*

- Within one month after the MHP determines that a pregnant woman or infant enrollee is eligible for MIHP services, the MHP will refer the enrollee to an MIHP provider.
- The MHP is not required to refer an enrollee to an MIHP provider if enrollee attestation affirms current participation in an MDHHS-approved equivalent evidence-based home visiting program that provides pregnancy-related or infant support services.

### *Out-of-Network Services*

- Non-contracted MIHP providers, including those who have a current MIHP relationship with a pregnant woman or infant, are required to contact the enrollee's MHP to discuss operational details prior to providing out-of-network services.
- MHPs are not required to pay for maternal services by an out-of-network MIHP provider who served the beneficiary during a previous pregnancy.

### *MIHP-MHP Contracts / Care Coordination Agreement*

- MIHP providers are encouraged to establish and maintain provider contracts with all Medicaid Health Plans (MHPs) in their service area and to become in-network service providers for MHP enrollees, unless the MHP indicates otherwise.
- The intent of the Care Coordination Agreement (CCA) is to explicitly describe the services to be coordinated and the essential aspects of the collaboration between the MHP and the MIHP provider.
- MIHP providers are encouraged to establish a CCA with all MHPs in their service area.

### *Prior Authorization for MIHP Services*

- MHPs may not require prior authorization for any of the following types of visits when provided according to the criteria and limits established in policy:
  - Maternal or Infant Risk Identifier visit
  - Professional visits
  - Substance-exposed infant visits
  - MIHP lactation support visits
  - Childbirth education or parenting education classes

### *Exceptions*

- An MIHP provider seeking a program exception for a beneficiary must submit documentation to [mihp@michigan.gov](mailto:mihp@michigan.gov), indicating the beneficiary's identified risks and how the beneficiary may benefit from services.
- MDHHS MIHP staff are responsible for direct authorization of program exceptions for FFS beneficiaries.
- For beneficiaries enrolled in MHPs, an MDHHS MIHP staff will recommend exception visits to the beneficiary's MHP.
- MHPs are responsible for processing authorization requests for the services, according to their utilization management processes (e.g., for beneficiary exceptions).
- The care coordinator must assure the family is appropriately followed and referred for needed services.

### *Transportation Arrangements Made by the Medicaid Health Plan (MHP)*

- MHPs are responsible for providing transportation for pregnancy-related appointments for beneficiaries enrolled in their plans.
- MIHPs must follow the MHP's internal processes to coordinate transportation services for beneficiaries.
- For beneficiaries residing in Wayne, Oakland and Macomb counties, MDHHS contracts with a transportation brokerage company to arrange and provide non-emergency medical transportation (NEMT). MHPs may use this vendor when the beneficiary qualifies for the service and has no other means of transportation.