

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL
DIRECTOR

November 19, 2024

TO: Interested Party

RE: Consultation Summary Project Number 2410-Maternal - Medicaid

Coverage of Group Prenatal Care Services

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration relative to Project Number 2410-Maternal. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: Recommendation to remove the term "low risk pregnancies" to be

inclusive of all patients regardless of the level of risk.

Response: Thank you for your comment. The term "low risk pregnancies" has been

removed.

Comment: Recommendation for sites to obtain CenteringPregnancy® accreditation,

not individual providers.

Response: The policy has been updated to require sites, rather than individual

practitioners, to be accredited by the Centering Healthcare Institute.

Comment The proposed policy states that each session should be a minimum of 60

minutes which does not follow our model guidelines to give patients the comprehensive care experience they need. Centering Pregnancy® involves a significant shift in the model and schedule of prenatal care because it replaces traditional individual appointments, rather than being overlaid on them like care management visits or other prenatal care enhancements. CHI recommends adding this clarifying language under

"Reimbursement Considerations and Billing Guideline."

Response: Thank you for your comment. The group session time requirement has

been updated to 90-120 minutes.

Comment: As stated, we applaud the \$45 per patient per visit enhanced

reimbursement using procedure code 99078 with the -TH modifier. We also recommend a one-time \$250 provider retention payment after the completion of five prenatal visits per patient per session resulting in a \$700 enhanced maternity bundle for CenteringPregnancy® per patient,

per pregnancy.

Response: Thank you for your comment. Michigan Department of Health and Human

Services (MDHHS) will consider the use of retention payments in the

future.

Comment: Recommendation that MDHHS clarify in the final policy if the \$45

reimbursement rate is a flat rate for each session conducted or if providers are reimbursed \$45 for each individual pregnant person who

attends the session.

Response: Thank you for your comment. The final policy has been updated to clarify

that the reimbursement rate is \$45 per session for each Medicaid enrolled

pregnant individual in attendance.

Comment: Recommendation of a higher reimbursement rate for group prenatal care

sessions that have higher number of attendees given the increased time

and resources required to accommodate larger class sizes.

Response: Thank you for your comment. The reimbursement rate of \$45 is provided

for each Medicaid enrolled beneficiary in attendance to support services

provided regardless of the group size.

Comment: Please clarify whether certified nurse midwives (CNMs) qualify as an

advanced practice registered nurse (APRN) under MDHHS' proposed policy and can lead a collaborative group prenatal care session. If not, we request Medicaid-enrolled certified nurse midwives be added as an

eligible provider.

Response: Collaborative group sessions may be covered when led by a Medicaid-

enrolled physician, physician assistant, or APRN (which includes certified

nurse midwives).

Comment: It is unclear how this provision would apply in instances where the co-

facilitators are both clinical professionals. For example, if a physician and

a nurse co-facilitated a session, would only one of the providers be eligible to receive Medicaid reimbursement for their services?

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Response: Correct. The total reimbursement for CenteringPregnancy® group

sessions is \$45 and includes all ancillary and supportive services provided during the session regardless of the number of clinical

professionals facilitating that session.

Comment: We ask MDHHS to clarify how the 2410-Maternal policy intersects with

other related Medicaid policies including when community health workers

(CHWs) and doulas are also providing services to the

pregnant/postpartum individual.

Response: Medicaid may reimburse for CHW and/or doula services provided outside

of the CenteringPregnancy® session when the CHW or doula's

professional services are separate and distinct from the

CenteringPregnancy® services.

Thank you for your inquiry. We trust that previous responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Kimberly Lorick at Lorickk1@michigan.gov.

Sincerely,

Meghan Groen, Director

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Behavioral and Physical Health and Aging Services Administration