

Bulletin Number: MSA 15-43

Distribution: Medicaid Health Plans, Hospitals, Practitioners, Federally Qualified Health Centers, Local Health Departments, Tribal Health Centers, Rural Health Clinics, Maternal Infant Health Program Providers

Issued: October 30, 2015

Subject: Update of Maternal Infant Health Program Services

Effective: December 1, 2015

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services, MI Health Link

The purpose of this bulletin is to update current policies associated with the Maternal Infant Health Program (MIHP), effective for dates of service on or after December 1, 2015. This bulletin updates policies pertinent to the assessment visit, Risk Identifiers, infant service delivery and professional visits.

Program Components

The assessment visit is the initial visit with the beneficiary. It is conducted in person with the beneficiary and either a registered nurse or licensed social worker. The assessment visit should be billed using the appropriate place of service code.

The Risk Identifier is a mandatory tool utilized during the assessment visit. The Risk Identifier assures all appropriate services are identified prior to initiation of professional visits, child birth education, parenting education or transportation services. If a Risk Identifier indicates a need for MIHP services, an appropriate Plan of Care (POC) is developed that clearly outlines the beneficiary's problems/needs, objectives/outcomes, and the intervention(s) to address the problem(s). The Risk Identifier and the POC must be completed and the Risk Identifier entered into the MIHP database before further MIHP services are initiated.

If the Risk Identifier does not indicate the need for MIHP services or when, after completion of the Risk Identifier the beneficiary refuses services, the POC is not developed and the Discharge Summary is completed accordingly. No follow-up services should be provided; however, the beneficiary should receive the MIHP information packet.

On the rare occasion when the Risk Identifier does not indicate the need for MIHP services but professional observation suggests the beneficiary would benefit from MIHP services, the MIHP provider must obtain either verbal authorization or authorization by email from the MIHP consultant to proceed with MIHP services. Documentation of authorization from the consultant must be maintained in the beneficiary's medical record and support how the beneficiary may benefit from MIHP services.

Maternal Risk Identifier

Reimbursement for the Maternal Risk Identifier is limited to one Maternal Risk Identifier for each eligible Medicaid beneficiary for each pregnancy.

Infant Services

MIHP serves the maternal/infant dyad. When infant services are initiated, an Infant Risk Identifier may be billed as a separate visit from a maternal postpartum professional visit when these services are performed on the same date of service. Documentation must substantiate why it was necessary to perform both visits on the same date of service. All subsequent professional visits for that family should be "blended visits" and billed as "blended visits" under either the parent's or the infant's Medicaid ID.

The goal of MIHP is to promote healthy infant growth and development. Screening tools and educational materials utilized by the MIHP are designed for use with infants. For this reason, when the MIHP provider intends to initiate a Risk Identifier for a child older than 12 months of age or an MIHP professional visit beyond 18 months of age, the MIHP provider must obtain written authorization from the MIHP consultant prior to the visit.

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 seven 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 two business days from the hospital discharge. If the MIHP provider is unable to visit the beneficiary within the stated time frame, documentation must clearly support all attempts to contact or visit the infant beneficiary.

Professional Visits

Medicaid reimbursement for a professional visit includes related care coordination activities. MIHP providers are eligible for Medicaid reimbursement for one professional visit per beneficiary on the same date of service, regardless of the place of service. When beneficiary needs arise, the MIHP provider is required to coordinate all necessary MIHP-related services with the appropriate community agency. Visits beyond the established limit may not be billed to the beneficiary or Medicaid.

Manual Maintenance

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

Questions

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

Approved



Chris Priest, Director
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