***Please note: all questions pertaining to the Healthy Moms Healthy Babies (HMHB) Pilot Project are covered in the guidance document on the HMHB web page of the MIHP website.***

**Telehealth**

1. When is that New Telehealth documentation required? Starting when?
   **June 1, 2021**

2. Where is this remark documented?
   **The comment has to be included on a claim submission. Where comments are added to a claim will vary based on each agency's EMR system or claim submission process.**

3. So progress note will continue to say Telehealth?
   **This change applies to Medicaid claim submission only and does not impact MIHP documentation requirements.**

4. Overall, there's no harm in continuing to document on PVPN as we have to avoid confusion, correct?
   **Please see answer to question #3.**

5. If the billing codes and reimbursement rates stay the same it seems that it would be easier to keep it streamlined and include telehealth on every telehealth/telephone visit - does this make sense?
   **This updated billing requirement seeks to identify services that are conducted via telephone-only and brings MIHP providers into compliance with broader Medicaid telehealth policy requirements as stated in bulletin MSA 20-13.**

6. So now we will have to separate all telehealth claims to see which ones need comments and which ones don't. That seems like more work than to just add them to all comments and does it affect reimbursement?
   **No, this requirement does not impact reimbursement.**

7. If we want to just keep the comment on all claims that are telehealth is that acceptable, as opposed to trying to keep track of which are audiovisual/phone?
   **No, it is not acceptable. This updated billing requirement seeks to identify services that are conducted via telephone-only and brings MIHP providers into compliance with broader Medicaid telehealth policy requirements as stated in bulletin MSA 20-13.**

8. If we don't put a comment on the claim, but still use location 2 and the modifier, will it be assumed it is an audiovisual visit?
   **Yes, it would be assumed the telehealth visit occurred using an audio-visual platform if no comment is included on the claim**

## Certification Reviews and Quality

1. Does this mean we will basically be having two kinds of reviews now?
   **Yes, there will be a certification review and a quality assessment.**

2. We know the first one is to collect data, but eventually will there be an expected score to achieve?
   **We do plan to establish an expected score.**

3. Does this mean that MIHP forms will not change again until January 1, 2022?
   **Yes, the MIHP forms will not change until 1/1/22 so providers will have six months from posting until the start of Cycle 9 on June 1, 2022.**

4. So to be clear the quality review will never be graded?
   **We will be looking to see improvement over time, and therefore will eventually include a mechanism to measure that improvement. This will not be like a certification, however, and there is not a minimum score expectation to remain an active provider.**

## Data Presentation

1. So was unsafe neighborhoods the top Barrier to prenatal care?

   **The numbers reported here represent MI PRAMS data from 2016-2018.**

   **Each year, about 86-87% of moms start prenatal care (PNC) during the first trimester. The remaining ~14% either get a later start to PNC or reported no PNC. FYI the "no PNC" group is typically tiny, around 1% of moms.**

   **When asked whether they would have liked to start PNC any earlier in pregnancy, just under half of moms with late or no care said "yes." Across 2016-2018, 52.7% (47.9% - 57.5%) were okay with if/when PNC started for them. *So the single biggest obstacle to timely PNC in Michigan is that half of women with late/no PNC were okay with that timing*. We don't know anything for sure beyond that. Perhaps they felt confident with a late start to PNC because they have had prior uncomplicated pregnancies. Perhaps they do not perceive value in the recommended quantity of PNC. Perhaps race-based mistreatment in a healthcare setting is a contributing factor. It's hard to say.**

   **Focusing just among the moms with late/no PNC who wished that they had started care sooner, barriers to timely care were:**

| ***Reason*** | ***Weighted %*** | ***95% CI*** |
|---|---|---|
| **Did not know pregnant** | **48.4%** | **(41.8% - 55.0%)** |
| **Could not get appt** | **36.6%** | **(30.3% - 43.4%)** |
| **Too many other things** | **24.4%** | **(19.0% - 30.8%)** |
| **Not enough $ or insurance** | **20.8%** | **(15.6% - 27.1%)** |
| **No transportation** | **19.0%** | **(14.2% - 24.8%)** |
| **Doc/health plan wouldn't start** | **15.6%** | **(11.1% - 21.4%)** |
| **No Medicaid card** | **14.7%** | **(10.3% - 20.6%)** |
| **Wanted to keep preg. secret** | **13.0%** | **(9.1% - 18.1%)** |
| **No time off from work/ school** | **11.9%** | **(8.1% - 17.2%)** |
| **Could not get child care** | **8.5%** | **(5.2% - 13.5%)** |
| **Did not want PNC** | **5.0%** | **(2.8% - 8.8%)** |

**How many individual barriers to timely PNC did each mom face? These are solvable issues. Among those who wish care had started earlier, half of women said they had just one barrier to timely PNC. A quarter said there were two barriers. The remaining quarter of moms had more barriers to timely PNC, citing three or more reasons.**

**General questions**

1. My question is about the collaboration with MI Bridges. I know we have to register with 211 in order to be listed. So my question is can we receive assisted with this process? The reason is I have been trying to sign up with 211 since August of last year and I am not getting any where. I have called, sent emails, and filled out the necessay forms and still have not been added. Is there a way around this process?
   **We will have the MI Bridges team reach out directly to and guide agencies who experience issues. Please contact Dan Thompson directly if you are still having issues.**

2. Can staff be hired out of state for only telehealth according to policy? No, within broad telemedicine policy providers rendering services via telemedicine cannot live permanently outside of the state. If they happen to be traveling temporarily they can provide some services, but it would be for a finite period of time, they would need to ensure privacy and security (along with all other telemedicine policies are followed) and they couldn't be permanently relocating. **Specifically regarding your question, no, they couldn't hire people who live outside the state**.

3. Has there been or will there be discussion about increase in reimbursement rates to help with the administrative costs that are necessary to go along with all of these changes?

   **Our intention is to not increase agencies' administrative burden. As we further develop the process we will look at ways that it can be streamlined**

**or simplified. We are in regular discussion with Medicaid pleading our case on behalf of agencies for increases in reimbursement. The outcome of our evaluation projects will help provide us with empirical evidence to strengthen the case.**

4. Why is it necessary to inform the MCP of participant's discharge from MIHP, particularly Maternal cases? Their OB charts have been exported before we send the Communication. We aren't notified of end-dates by services we make referrals to ie. Early On, Health Dept. It's time-consuming**.**
   **This is a Medicaid requirement. From the Medicaid Provider Manual, Section 2.17 COMMUNICATIONS WITH THE 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."**