Michigan — Traditional Medicaid Service

Although various home visiting programs are supported by state funds in local communities, Michigan's Maternal and Infant Health Program (MIHP) is the largest home visiting program developed, administered, and monitored by the state.[47] The fundamental elements of the MIHP are credited to the state's previous home visiting programs, Maternal Support Services (MSS) and Infant Support Services (ISS). Developed in 1987 and enhanced in subsequent years, MSS and ISS sought to address the psychosocial and access barriers to prenatal care for Medicaid beneficiaries and to promote healthy infant development, respectively.

In 2004, MSS and ISS were consolidated into the MIHP, which was designed to correct the inefficiencies of MSS and ISS care coordination and improve service delivery. Today, MIHP is administered by two sub-agencies within the Michigan Department of Community Health (MDCH) — the Medical Services Administration (MSA) and the Public Health Administration (PHA).[48] MSA is responsible for ensuring that Medicaid services, provider policies, and reimbursement are upheld throughout MIHP and for ensuring that MIHP beneficiaries enrolled in Medicaid managed care plans receive the appropriate level of care coordination. PHA ensures that MIHP providers follow program fidelity and is also responsible for training and monitoring program providers. MIHP is currently seeking opportunities to become recognized by the U.S. Department of Health and Human Services as an evidence-based home visiting model within MIECHV.

MIHP Eligibility and Services

MIHP operates as a population-management model, which emphasizes meeting the health needs of an entire target population, as well as the health of individuals within that population. All Medicaid-enrolled pregnant women (women living at or below 185 percent of the federal poverty level) and infants are eligible to participate. In this way, MIHP is offered as a benefit of the state Medicaid program. Pregnant beneficiaries can receive services until 60 days postpartum or the end of the month in which the 60th day postpartum falls, and infants are eligible following hospital discharge until their first birthday.

MIHP services supplement routine prenatal and infant health care through care coordination and intervention services. Care coordination services are provided by a registered nurse and a licensed social worker, one of whom acts as the Care Coordinator. Intervention services are provided by a team of a registered nurse and licensed social worker and may also include

a registered dietician (with a physician order) and an infant mental health specialist, depending on the level of care needed and service intensity.

In general, reimbursable MIHP services can be categorized as an assessment (in home or office), a professional visit (in home or office), childbirth and parenting education classes, or transportation. Specifically, the Michigan Medicaid Provider Manual lists the following services as being foundational to MIHP:

- Psychosocial and nutritional assessment;
- Plan of care development;
- Professional intervention services, including health education, nutrition education, social work, nutrition counseling, and infant mental health services;
- Arranging transportation as needed for health care, substance abuse treatment, support services, and/or pregnancy-related appointments;
- Referral to community services (e.g., mental health, substance abuse);
- Coordination with other medical care providers and Medicaid managed care plans;
- Family planning education and referral;
- Coordinating or providing childbirth or parenting education classes.[49]

Medicaid Financing of MIHP Home Visiting Services

MIHP is part of Michigan's Medicaid state plan and is included in the total state general fund allocation that supports the state's Medicaid program. In order to bill Medicaid for providing MIHP services, an agency must submit an application to the state Department of Community Health to obtain program certification. There are approximately 115 MIHP provider agencies operating across Michigan counties, and each provider serves one or more counties. As of January 2010, 39 percent of MIHP providers were local health departments, and 61 percent were federally qualified health centers or private facilities (i.e. hospitals, home health agencies, and individually owned businesses).

When a mother or infant is enrolled in MIHP, a provider administers a required *MIHP Maternal Risk Identifier* or the *MIHP Infant Risk Identifier* assessment. These tools are used to identify the level of service intensity required and to develop a plan of care. For mothers, the initial assessment and up to nine professional visits per pregnancy are billable to Medicaid. The infant assessment and nine professional visits per infant/per family are billable, but a medical provider can approve an additional nine visits if needed.[50] Professional visits can be delivered either in a client's home or in an office setting, but visits are required to last at least 30 minutes, must be face-to-face with the beneficiary,

and must be conducted by a MIHP licensed professional.[51] A licensed MIHP provider must be a licensed social worker or registered nurse with appropriate competencies.

Upon delivering MIHP services, providers bill MDCH through the department's Community Health Automated Medicaid Processing System (CHAMPS). This system reimburses MIHP provider agencies for services rendered on a fee-for-service (FFS) basis. Table B3 shows the fee schedule, describes the procedural billing codes, and outlines the reimbursement amounts for Medicaid-eligible MIHP services as of November 2010.

Table B3

MDCH Maternal Infant Health Program Database*

Use Code for Maternal or Infant Services	Current Procedural Terminology or Healthcare Common Procedure Coding System Codes	Short Description	Description Used for Billing and Payment of MIHP Services	Fee
Maternal and Infant	99402	Prevention Counseling, individual	Professional Visit in Office	$60.72
Maternal and Infant	99402	Prevention Counseling, individual	Professional Visit in Home	$83.72
Maternal and Infant	A0100	Nonemergency transport taxi	Transportation Taxi	$21.31
Maternal and Infant	A0110	Nonemergency transport bus	Transportation Bus/Van	$21.20
Maternal and Infant	A0170	Transport parking fees/tolls	Transportation/Other	Determined by review of provider documentation
Maternal and Infant	H2000	Comprehensive multidisciplinary evaluation	Assessment in Home	$99.07
Maternal and Infant	S0215	Nonemergency transportation mileage	Transportation Volunteer	$0.26
Maternal	S9442	Birthing class	Childbirth Education	$29.46
Maternal	H1000	Prenatal care at-risk assessment	Maternal Assessment in Office	$79.91
Infant	T1023	Program intake assessment	Infant Assessment in Office	$79.91
Infant	96154	Intervention health/behavior, family with patient	Prof. Visit/Drug Exposed	$40.51
Infant	S9444	Parenting class	Parenting Education	$39.46

*Michigan Department of Community Health Maternal Infant Health Program Database. Available at http://www.michigan.gov/documents/mdch/MIHP-11-1-2010_337924_7.pdf.

As the fee schedule describes, MIHP services reimburse at higher levels when provided during home visits versus in office settings. Therefore, it is imperative that providers document place of service when seeking Medicaid reimbursement. Generally place-of-services codes describe if the visit was conducted in a homeless shelter, office setting, home, or mobile unit. Providers are also required to report the beginning and end time of each visit, risk factors discussed during the encounter, and any additional actions taken. While providers are encouraged to conduct maternal visits in the beneficiary's home, only one prenatal home visit is required. For professional infant visits, however, it is expected that 80 percent will be made in the home. Additionally, since mothers' and infants' eligibility periods may overlap, some services may be "blended" during professional visits (i.e. maternal and infant services may be rendered), but providers are allowed to bill only for services delivered to either the mother or the infant in a single visit.

As of December 2010, there were 14 managed care entities operating in Michigan, and all Medicaid-eligible pregnant women are mandatory Medicaid managed care plan enrollees.[52] The Michigan Department of Community

Health contracts with each Medicaid managed care plan "to provide medical health care, out-patient mental health care for mild or moderate mental health concerns, transportation, and case management for Medicaid beneficiaries."[53] Moreover, these contracts typically require that managed care organizations develop agreements with MIHP providers to perform outreach and refer pregnant beneficiaries to MIHP services. Having these agreements in place allows the MDCH to monitor and evaluate how well MIHP and managed care plans communicate client data to avoid duplication of effort.

For references, please visit www.pewstates.org/homevisiting.

Evaluation of MIHP

In collaboration with Michigan State University Institute for Health Care Studies, MIHP has designed a multifaceted approach to program evaluation. The goals of this approach are to provide data for effective administration, identify areas of strength and opportunity, ensure fidelity (consistency and appropriate intensity of interventions based on client risk status), and facilitate policy improvements to benefit pregnant women and infants. The primary intent of the evaluation is to satisfy MDCH and state legislative requirements; however, because state and federal MIECHV requirements are consistent, Michigan's additional goal is for MIHP to satisfy federal standards for home visitation programs. The MIHP evaluation will consist of a quasi-experimental study, administrative data analysis, program fidelity review, and analysis of client satisfaction surveys.[54]

Lessons Learned

The relationships among the public health agency, Medicaid managed care plans, and the state Medicaid agency have been integral to MIHP's success in Michigan. As previously discussed, the program was specifically designed to enhance pregnancy and birth outcomes of Medicaid beneficiaries and has been written into Michigan's Medicaid state plan since its inception. This historical relationship has allowed the MDCH to reach a critical volume of Medicaid beneficiaries in need of MIHP services, even in the state's changing Medicaid managed care environment. Moreover, the experience MDCH has in negotiating with managed care organizations will allow MIHP to increase its reach within expanding Medicaid populations.

The state could potentially benefit from exploring other Medicaid financing options. The current FFS structure allows MIHP providers to bill for only a limited number of visits that do not always reflect the intensity of the services performed or needed for higher risk beneficiaries. Using ACM as a financing mechanism may cover more of providers' actual costs for case management services.