MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Carly Lodd				
Phone Number : 517-284-1196				
Initial ☐ Public Comment ⊠	Final 🗌			
Brief description of policy:				
The purpose of this policy is to allow authorization for Neonatal Intensive Care Units (NICUs) back to the Le Care Nursery from which the infant was originally trans	evel I Well Born Nursery or Level II Special			
Reason for policy (problem being addressed):				
Currently, hospital transfers for beneficiary convenience is not considered. Transfers are granted only if the transfer is medically necessary and the care/treatment is not available at the transferring hospital. Establishing this transfer authorization will allow NICU patients to receive continued care within their community and decrease barriers for parents caused by an infant's lengthy stay in a NICU located far from home.				
Budget implication:				
Is this policy change mandated per federal requirements?				
No				
Does policy have operational implications on other parts of MDHHS?				
Yes, Program Review Division.				
Does policy have operational implications on other departments?				
No				
Summary of input: controversial acceptable to most/all groups limited public interest/comment				
Supporting Documentation:				
If Yes, please provide status: ☐ Approved ☐ Pending ☐ Denied If	Public Notice Required: Yes No No Yes, Submission Date:			

1/18 Policy Info Sheet

DRAFT FOR PUBLIC COMMENT				
Michigan Donagturout of				
Michigan Department of Health and Human Services	Project Number: 21	48-Hospital	Date: April 5, 2022	
Comments Due: May 10, 2022 Proposed Effective Date: July 1, 2022 Direct Comments To: Carly Todd Address: E-Mail Address: ToddC1@michigan.gov Phone: 517-284-1196 Fax:				
Policy Subject: Neonatal Intensive Care Unit (NICU) Return Transfers				
Affected Programs: Medicaid, Healthy Michigan Plan				
Distribution: Hospitals, Medicaid Health Plans				
Summary: This policy allows authorization for return transfers of stabilized infants from NICUs back to the Level I Well Born Nursery or Level II Special Care Nursery from which the patient was originally transferred.				
Purpose: Establishing this transfer authorization will allow NICU patients to receive continued care within their community and decrease barriers for parents caused by an infant's lengthy stay in a NICU located far from home. MDHHS will utilize existing hospital and ambulance transfer reimbursement methodology when prior authorization is granted.				
Cost Implications: Budget neutral				
Potential Hearings & Appeal Iss	sues: Limited			
State Plan Amendment Required: Yes \(\subseteq \text{No } \subseteq \) If yes, date submitted: Public Notice Required: Yes \(\subseteq \text{ No } \subseteq \) Submitted date:				
Tribal Notification: Yes ☐ No ⊠ - Date:				
THIS SECTION COMPLETED BY RECEIVER				
Approved	<u> </u>	lo Comments		
□ Disapproved	See Comments Below See Comments in Text			
Signature:		Phone Numb		
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Signature Printed:				
Bureau/Administration (please)	print)	Date		

Comment001 Revised 6/16

Proposed Policy Draft

Michigan Department of Health and Human Services Behavioral & Physical Health and Aging Services Administration

Distribution: Hospitals, Medicaid Health Plans

Issued: June 1, 2022 (Proposed)

Subject: Neonatal Intensive Care Unit (NICU) Return Transfers

Effective: July 1, 2022 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

NICU Return Transfers

The purpose of this policy is to allow authorization for return transfers of stabilized infants from NICUs back to the Level I Well Born Nursery or Level II Special Care Nursery from which the infant was originally transferred. The Michigan Department of Health and Human Services (MDHHS) will utilize existing hospital and ambulance transfer reimbursement methodology when prior authorization is granted. Establishing this transfer authorization will allow NICU patients to receive continued care within their community and decrease barriers for parents caused by an infant's lengthy stay in a NICU located far from home. Additionally, the expansion of transfer prior authorization described in this policy will support hospital NICU bed availability.

Prior Authorization Guidelines

A Prior Authorization Certification Evaluation Review (PACER) from the Health and Aging Services Administration Admissions and Certification Review Contractor (ACRC) is required for elective transfers between hospitals. NICU return transfer requests for continued medical care at a lower acuity hospital will be authorized if a neonatologist provides a written order to transfer to the originating hospital for bonding, teaching, and growth.

Newborns delivered within an emergency department and subsequently admitted to another facility are not considered a transfer and do not require a PACER.

Medicaid Health Plans (MHPs)

MHPs reimburse hospitals according to the terms of the contract between the MHP and the hospital. MHPs under contract to reimburse hospitals using Medicaid Fee-for-Service (FFS) payment methodology are subject to alignment with MDHHS payment policies. Out-of-network and non-contracted hospital providers are reimbursed by the MHPs in accordance with Medicaid FFS payment methodology and rates in effect on the date of service. Clinical disagreements between hospitals and MHPs should be addressed using existing resolution processes.