

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Kimberly Lorick

Phone Number:

Initial

Public Comment

Final

Brief description of policy:

This policy establishes Medicaid program coverage and reimbursement of group prenatal care services effective for dates of services on and after October 1, 2024. Evidence-based group, prenatal care models, have shown improved health outcomes of the Mother-Infant Dyads and high levels of patient satisfaction. Specifically, group prenatal care models positively correlate with full-term pregnancies, increased breastfeeding initiation and continuation rates, reduced incidence of low birth weights, preterm births, neonatal intensive care unit (NICU) admissions, and emergency department visits.

Reason for policy (problem being addressed):

To support positive birth outcomes and reduce infant and maternal mortality rates. MDHHS received appropriated funds to implement coverage of the centering pregnancy model services to support positive maternal and infant health outcomes.

Budget implication:

budget neutral

will cost MDHHS \$ 1,535,625.00 for FY 2025 (\$471,550.51 GF), and is budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

None anticipated.

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2410-Maternal	Date: July 10, 2024

Comments Due: August 14, 2024

Proposed Effective Date: October 1, 2024

Direct Comments To: Kimberly Lorick

Address:

E-Mail Address: Lorickk1@michigan.gov

Phone:

Fax:

<p>Policy Subject: Medicaid Coverage of Group Prenatal Care Services</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MI Health Link</p> <p>Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs)</p> <p>Summary: This policy establishes Medicaid program coverage and reimbursement of group prenatal care services effective for dates of services on and after October 1, 2024. Evidence-based group, prenatal care models have shown to improve health outcomes of the pregnant individual and infant. Specifically, group prenatal care models positively correlate with full-term pregnancies, increased breastfeeding initiation and continuation rates, reduced incidence of low birth weights and preterm births, and a reduction in neonatal intensive care unit (NICU) admissions and emergency department visits.</p> <p>Purpose: To support positive birth outcomes and reduce infant and maternal mortality rates. MDHHS received appropriated funds to implement coverage of the centering pregnancy model services to support positive maternal and infant health outcomes.</p> <p>Cost Implications: \$1,535,625.00 for fiscal year 2025, (\$471,5550.51 GF)</p> <p>Potential Hearings & Appeal Issues: None anticipated.</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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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: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs)

Issued: September 1, 2024 (Proposed)

Subject: Medicaid Coverage of Group Prenatal Care Services

Effective: October 1, 2024 (Proposed)

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

This policy establishes Medicaid program coverage and reimbursement of group prenatal care services effective for dates of services on and after October 1, 2024. Evidence-based group, prenatal care models have shown to improve health outcomes of the pregnant individual and infant. Specifically, group prenatal care models positively correlate with full-term pregnancies, increased breastfeeding initiation and continuation rates, reduced incidence of low birth weights and preterm births, and a reduction in neonatal intensive care unit (NICU) admissions and emergency department visits.

General Information

Group prenatal care is a service delivery model provided to pregnant individuals with low-risk pregnancies who do not require individual monitoring. Groups are facilitated by a trained healthcare provider and include individuals in similar stages of pregnancy. Group prenatal care models improve patient education and skill building and include opportunities for peer social support while maintaining the risk screening and physical assessment included in the individual prenatal maternity professional visit.

Covered Services

The Medicaid program will cover professional services associated with in-person, group prenatal care when delivered by accredited Centering Pregnancy™ providers. Centering Pregnancy™ is an evidence-based group prenatal care model that typically includes cohorts of 10 to 12 pregnant individuals within the same gestational period. Individuals are educated in health topics such as childbirth preparation, nutrition and exercise, stress management, breastfeeding, parenting, and contraception.

Provider Criteria

Collaborative group sessions are led by a Medicaid-enrolled physician, physician assistant, or advanced practice registered nurse. This practitioner is generally the same practitioner who performs the in-person individual prenatal physical assessment.

Providers must be accredited with the Centering Healthcare Institute (CHI). Services must be provided in accordance with the most current Centering Pregnancy™ model of care.

Reimbursement Considerations and Billing Guideline

Medicaid may reimburse a maximum of 12 total in-person group sessions per pregnant beneficiary in addition to the required individual professional maternity visit when all the following criteria are met:

- The group visit is in addition, to and does not replace, the individual prenatal physical assessment visit;
- Group sessions must be a minimum of 60 minutes; and
- Documentation must support the actual time the pregnant individual spent in the group session.

One of the 12 group visits may be provided in relation to the postpartum professional visit.

Report group prenatal services as follows:

Visit Type	Procedure Code	Modifier	Rate
Group Prenatal Visits	99078* (Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions). *This code can be reported for one postpartum visit	TH- Obstetrical treatment/services, prenatal or postpartum	\$45 per visit

Billing Requirements for Services Provided Within the Clinic Setting

Centering Pregnancy™ group services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for these services. FQHCs, RHCs, THC, and Tribal FQHCs should use appropriate Healthcare Common Procedure Coding System (HCPCS) code as identified in the table above.