

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Kimberly Lorick

**Phone Number:**

Initial

Public Comment

Final

**Brief description of policy:**

This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) fiscal year (FY) 2025 budget appropriations of Public Act 121 of 2024. From state appropriated funds, Section 1302 of the Act directs MDHHS to expand coverage of Maternal Infant Health Program (MIHP) services.

**Reason for policy (problem being addressed):**

MIHP supports families in addressing social determinants of health, including stable housing, food accessibility, education, employment, parenting support, access to treatment for substance use disorder and mental health challenges and additional social services. Effective October 1, 2024, MDHHS will implement expanded coverage of MIHP services, including additional home visits, enhanced care coordination services, and a discharge visit.

**Budget implication:**

budget neutral

will cost MDHHS \$ 2,412,858 for Fiscal Year 2025 (\$804,286 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:	

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2436-MIHP	<b>Date:</b> September 9, 2024

**Comments Due:** October 14, 2024  
**Proposed Effective Date:** October 1, 2024  
**Direct Comments To:** Kimberly Lorick  
**E-Mail Address:** [Lorickk1@michigan.gov](mailto:Lorickk1@michigan.gov)  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Policy Subject:** Medicaid Coverage of Maternal and Infant Health Services

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

**Distribution:** Medicaid Health Plans (MHP), Integrated Care Organizations (ICO), Practitioners, Hospitals, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), Local Health Departments (LHD), Maternal Infant Health Program (MIHP) Providers

**Summary:** Effective for dates of service on and after October 1, 2024, Medicaid will reimburse MIHP providers for following services: additional home visits, enhanced care coordination services, and discharge visit.

**Purpose:** MIHP supports families in addressing social determinants of health, including stable housing, food accessibility, education, employment, parenting support, access to treatment for substance use disorder and mental health challenges and additional social services. Effective October 1, 2024, MDHHS will implement expanded coverage of MIHP services, including additional home visits, enhanced care coordination services, and a discharge visit.

**Cost Implications:** \$2,412,858 for fiscal year 2025 (\$804,286 GF)

**Potential Hearings & Appeal Issues:** None anticipated.

<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted: _____	<b>Public Notice Required:</b> 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"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b> _____	<b>Phone Number</b> _____
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**Signature Printed:**

**Bureau/Administration** *(please print)*

**Date**

**Comment001**

**Revised 6/16**

**Bulletin Number:** MMP 24-36

**Distribution:** Medicaid Health Plans (MHP), Integrated Care Organizations (ICO), Practitioners, Hospitals, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Tribal Health Centers (THC), Local Health Departments (LHD), Maternal Infant Health Program (MIHP) Providers

**Issued:** September 9, 2024

**Subject:** Medicaid Coverage of Maternal and Infant Health Services

**Effective:** October 1, 2024

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

This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) fiscal year (FY) 2025 budget appropriations of Public Act 121 of 2024. From state appropriated funds, Section 1302 of the Act directs MDHHS to expand coverage of Maternal Infant Health Program (MIHP) services.

Effective for dates of service on and after October 1, 2024, in addition to currently covered program services, Medicaid will reimburse MIHP providers for additional home visits, enhanced care coordination services and a discharge visit for beneficiaries. These enhanced care management services will support families in addressing social determinants of health, including stable housing, food accessibility, education, employment, parenting support, access to treatment for substance use disorder, mental health challenges and healthy infant growth and development.

## **General Information**

MIHP services are preventive health services provided by an agency that is certified by MDHHS. The purpose of MIHP is to reduce infant mortality and morbidity. This is an objective of both the State of Michigan and the federal government, which funds this program. The goal of the MIHP is to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.

**Reimbursement Considerations and Billing Guidelines**

**Report the additionally covered MIHP services as follows:**

<b><u>Services</u></b>	<b><u>HCPCS/CPT Code</u></b>	<b><u>Description</u></b>	<b><u>Rate</u></b>
<b>*Additional Home Visit</b>	H1001	One-time additional face-to- face (including audio-visual) professional visit.	\$92.09
<b>*Complex Home Visit with Additional Face-to-Face Time</b>	99600	Single code for all face-to- face services (including audio-visual) provided in a single day.  Report for visits lasting more than 60 minutes in length.	\$138.14
<b>Enhanced Care Coordination Time</b>	T2022	Report for provider office- based phone calls, referrals, and non-face-to-face time.  Report when at least 30 minutes of MIHP home visitor time is spent in care management activities during a calendar month.	\$77.06
<b>*Discharge Visit (1 per Beneficiary)</b>	H1004	Report for a face-to-face discharge visit (including audio-visual) lasting at least 30 minutes in length.  Do not report if the only activity involves sharing the survey – a visit must be completed.	\$108.89

Claims should include a primary diagnosis code for an infant-related or pregnancy-related condition. Providers are encouraged to report a secondary diagnosis reflecting a social determinant of health (SDOH) utilizing the ICD-10 codes in the category range Z55-X65.

**\*Denotes services that may be billed via telemedicine**

All audio-visual MIHP telehealth services must be reported with:

- Modifier 95 for audio-visual services.
- Report the place of service (POS) code that would be reported as if the beneficiary were in person for the visit (e.g., home or office).

All Medicaid practitioner rates are reviewed and updated annually and published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Maternal Infant Health Program.

## Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Kimberly Lorick at [LorickK1@michigan.gov](mailto:LorickK1@michigan.gov).

Please include “Medicaid Coverage of Maternal and Infant Health Services” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS 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-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration