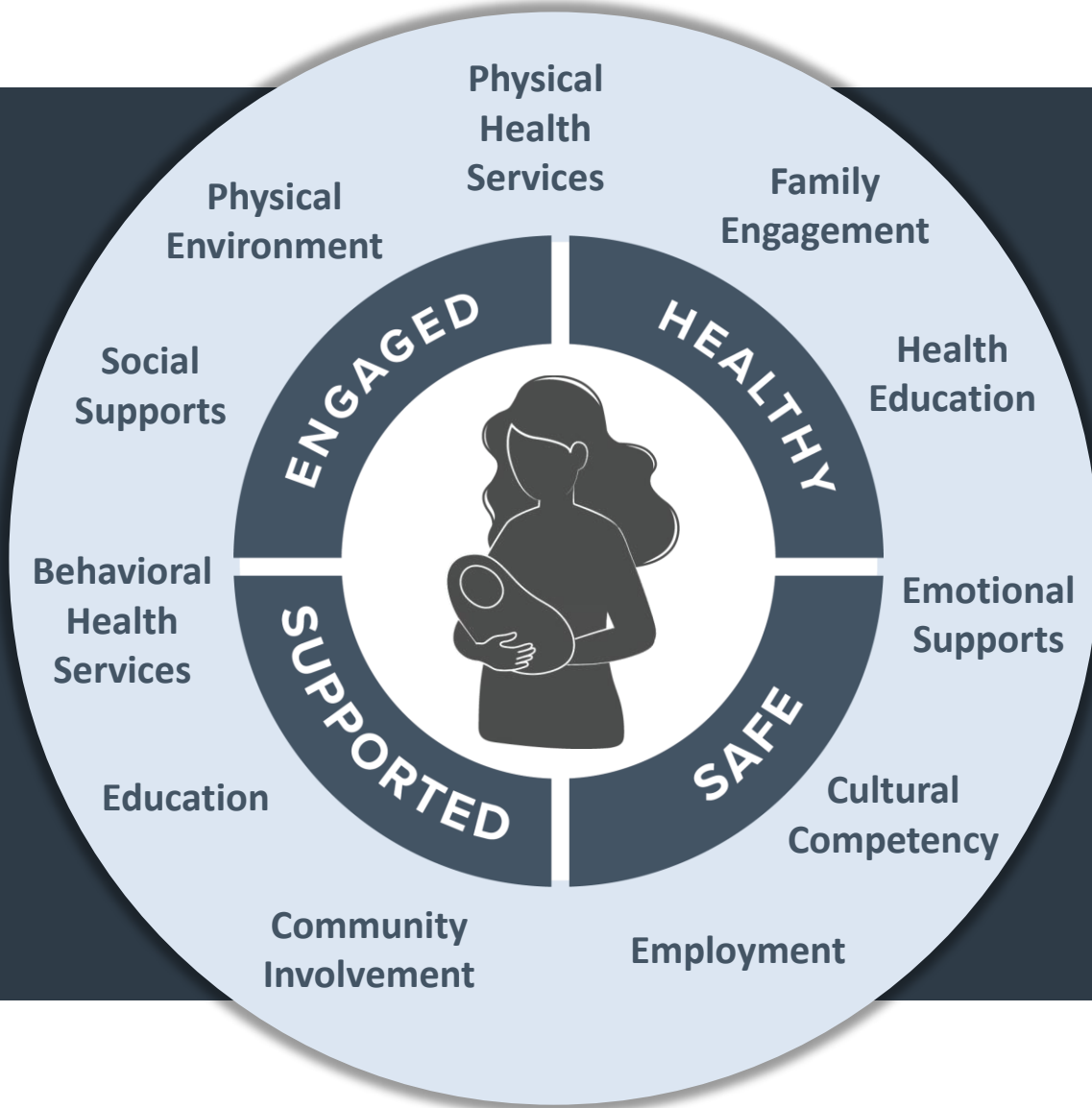


Maternal and Infant Support Program (MISP) Update

MISP-Related Policy Changes Effective 1/1/22



Coordinating Policy, Process and Practice

Integration of non-traditional services into the traditional healthcare system

What is the Maternal and Infant Support Program (MISP)?

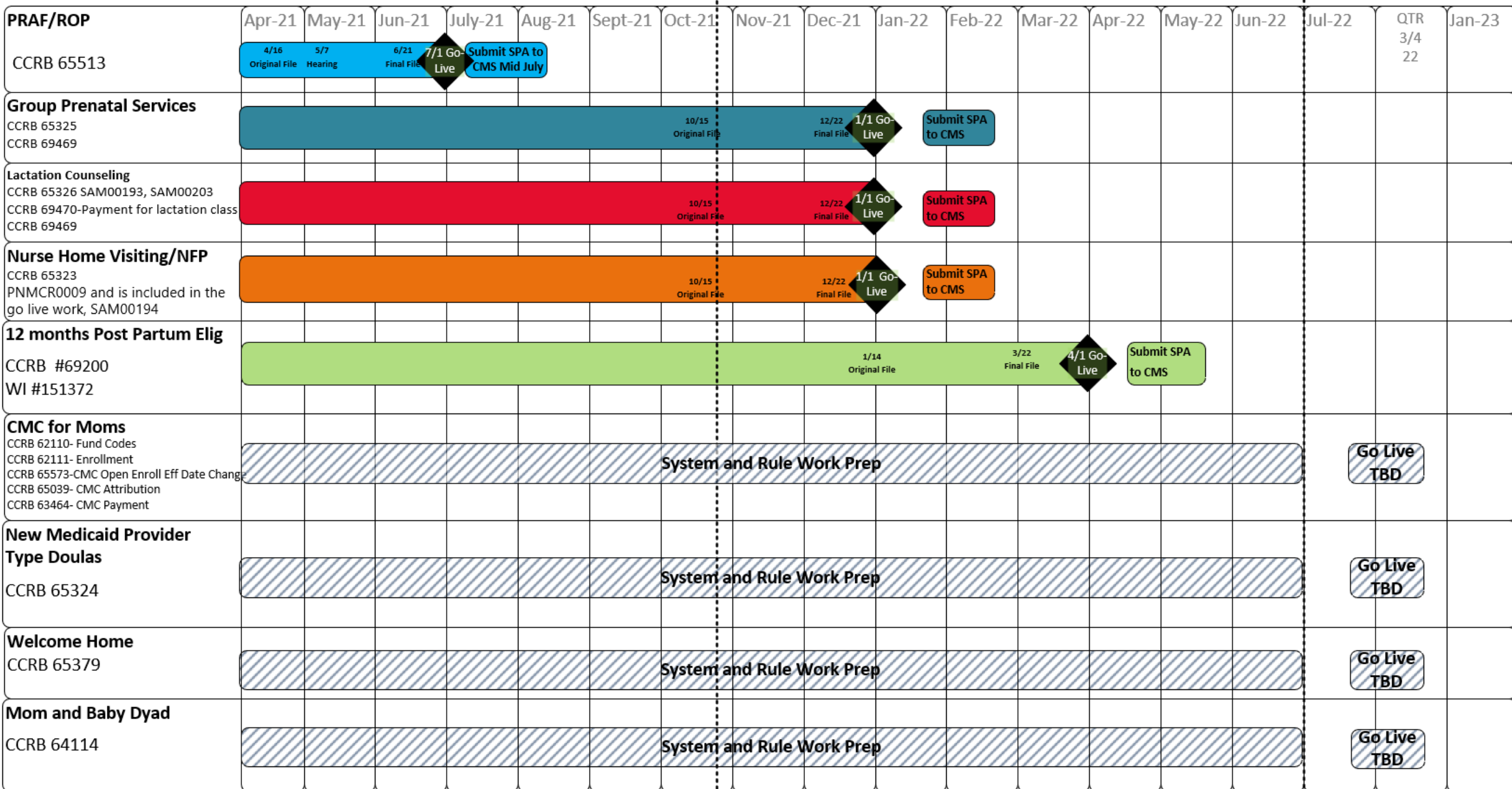


MISP is the umbrella term for program changes that provide additional support to moms and babies and includes:

- Pregnancy Risk Assessment Form (PRAF) updates and increased reimbursement
- Report of Pregnancy (ROP) creation and reimbursement
- Group pregnancy services
- Lactation consultants and services, including DME updates
- Nurse home visiting
- 12-month postpartum Medicaid coverage
- Continuation of Ohio Equity Institute Infant Mortality Grants through MCOs
- Comprehensive Maternal Care
- Welcome home visits
- Doulas and doula services
- Mom and Baby Dyad

Today

Big 5 Go Live



Group Prenatal Care (OAC 5160-21-04)

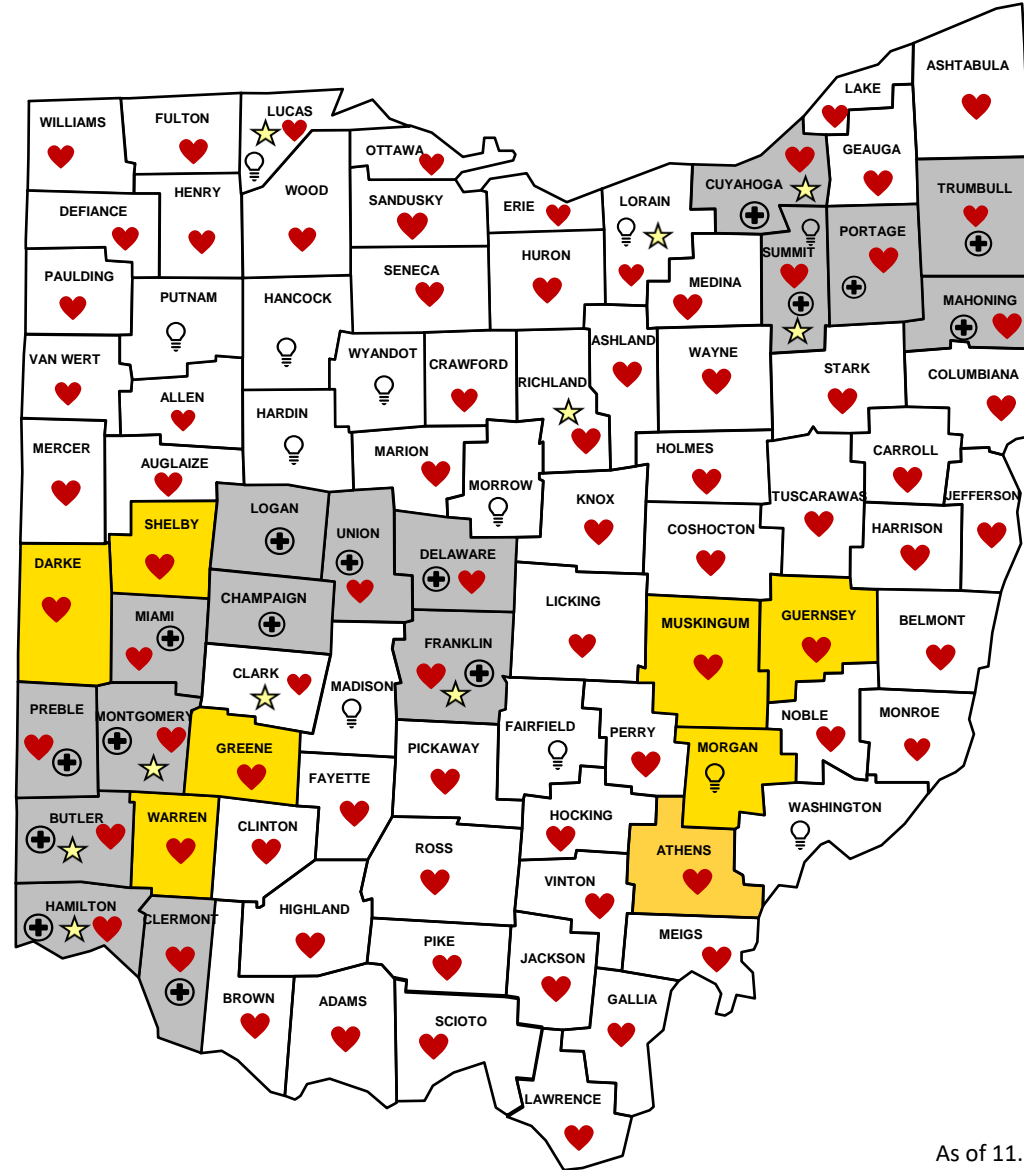
- Allows ODM and the MCPs to reimburse for group prenatal care services (e.g. CenteringPregnancy), while continuing to reimburse for pregnancy education such as Lamaze and tobacco cessation
 - » Group pregnancy care (evidence-based pregnancy education) represented by CPT code 99078 billed in conjunction with a 99211, 99212, or 99213 E&M code by a physician, physician assistant, or advanced practice registered nurse
 - Limit of six sessions per pregnancy
 - » Other group pregnancy education without the care component will bill using S codes
 - No corresponding E&M code needed
 - Limit of 12 sessions per pregnancy
 - » Coding and rate changes will be updated to appendix DD of the Medicaid payment rule
 - » A Medicaid Transmittal Letter (MTL) will be published to provide Ohio Medicaid providers coverage and claim submission guidance

Lactation Services and Breastfeeding (OAC 5160-8-42 and 10-25)

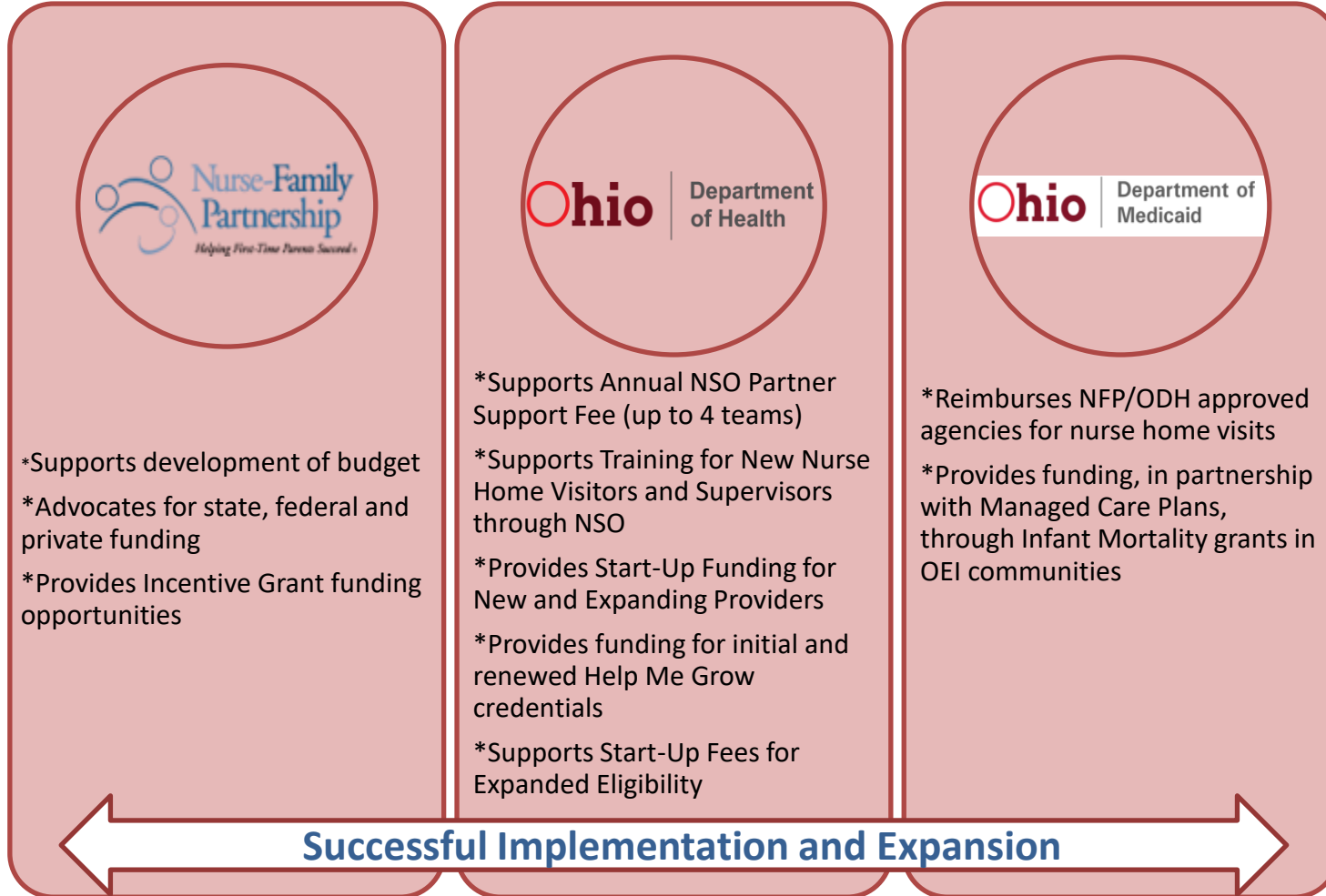
- Physicians, Physician Assistants, Advanced Practice Registered Nurses currently bill for lactation services with an Evaluation and Management Code (E&M)
- Added S9443 as a code for outpatient hospital setting billing grouped under EAPG 428 when billed alone
- Dietitians may provide lactation consulting services in accordance with 5160-8-41
- Modified breast pump coverage to cover more supplies, accessories, and frequent replacement
- Working on making the process of getting breastfeeding resources covered by Medicaid easier and more transparent, in partnership with ODH/WIC, OHA, and the MCPs
- Future work includes adding provider specialty for other licensed providers and RNs to bill for S9443 when IBCLC certified

ODH Funded Models

- ★ Moms and Babies First
- ⊕ Nurse Family Partnership In Existence
- Nurse Family Partnership Hiring or Planning
- ♥ Healthy Families America
- 💡 Parents As Teachers



Funding



Who will be funded by which funding stream?

ODM

Women must be Medicaid enrolled and meet the following:

- Asthma;
- Diabetes;
- Cardiovascular disease;
- Substance use disorder; or
- History of pre-term birth

The following provider types will be reimbursed:

- Federally Qualified Health Centers/Rural Health Centers;
- Professional Medicaid Groups (including hospital-based groups); and
- Ambulatory Health Care Clinics/Public Health Clinics

Covering services until baby turns 1 or mom loses eligibility, whichever comes later

ODH

Women who are not enrolled in Medicaid or do not have one of the conditions identified by Medicaid in rule;

Organizations that are not Medicaid providers identified in rule, including:

- Educational Service Centers; and
- Local Nonprofit Organizations

Services for families after baby turns 1 where mom loses Medicaid eligibility

Nurse Home Visiting Providers and Services (OAC 5160-21-05)

- ODM is creating a new provider specialty of Nurse Home Visitor (38/386)
 - » Enrollment began 10/4/2021
- Nurse Home Visitors will need to be certified to provide nurse home visiting services in alignment with ODH's Help Me Grow rules in OAC 3701-8 (specifically, Nurse Family Partnership certification)
- NHVs must affiliate with an ODM billing provider (e.g. MetroHealth)
 - » FQHCs and RHCs are paid their encounter rate
- Pregnant individuals are eligible for 30 visits per year
 - » each visit must be at least one hour in length
 - » additional visits can be provided with prior authorization as medically necessary
- Only women and the infants of women deemed “medically complex or high risk” as defined in rule will be eligible to receive reimbursement for services through Medicaid claims
 - » Risk of pre-term birth, asthma, diabetes, heart conditions
- ODH will function as a trading partner for NHV services using OCHIDS
 - » Providers will all still need to enroll with ODM/MCPs to receive payment
- Rule effective 1/1/22, ODH OCHIDS release scheduled for end of February

Upcoming MISP engagement in 2022

HB 142 doula bill

CMC stakeholder engagement

NextGen work post 7/1/22 go-live

Continued lactation support

ODM dashboards of MISP activities

Ongoing OEI IM grant support

Questions?
