

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa DiLernia

Phone Number: 517-284-1203

Initial

Public Comment

Final

Brief description of policy:

Effective for services provided on and after May 1, 2019, this policy updates the coverage of services provided by certified nurse midwives (CNMs).

Reason for policy (problem being addressed):

To align covered services with those the CNM is currently able to provide under their professional scope of practice as defined in state law.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) 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?

None anticipated.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date: 12-28-18
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 1839-CNM	Date: January 7, 2019

Comments Due: February 11, 2019
Proposed Effective Date: May 1, 2019
Direct Comments To: Lisa DiLernia
Address: Program Policy Division/MDHHS/MSA/CCC 7th Floor
E-Mail Address: dilernial@michigan.gov
Phone: 517-284-1203 **Fax:** 517-241-8969

Policy Subject: Update to the Coverage of Certified Nurse Midwife Services

Affected Programs: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services

Distribution: Family Planning Clinics, Federally Qualified Health Centers, Hospitals, Medicaid Health Plans, Practitioners, Rural Health Clinics, Tribal Health Centers

Summary: Effective for services provided on and after May 1, 2019, this policy updates the coverage of services provided by certified nurse midwives (CNMs).

Purpose: To align covered services with those the CNM is currently able to provide under their professional scope of practice as defined in state law.

Cost Implications: Budget neutral.

Potential Hearings & Appeal Issues: None anticipated.

State Plan Amendment Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted: TBD	Public Notice Required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: December 28, 2018
--	---

Tribal Notification: Yes No - **Date:** November 16, 2018

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
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Family Planning Clinics, Federally Qualified Health Centers, Hospitals, Medicaid Health Plans, Practitioners, Rural Health Clinics, Tribal Health Centers

Issued: April 1, 2018 (Proposed)

Subject: Update to the Coverage of Certified Nurse Midwife Services

Effective: May 1, 2019 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services

Note: Implementation of this policy is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services (CMS).

This bulletin updates the coverage of services provided by licensed advanced practice registered nurses (APRNs) with the specialty certification of Certified Nurse Midwife (CNM). The information in this bulletin is effective for dates of service on and after May 1, 2019.

General Information

The Medicaid program covers medically necessary professional services provided by a Medicaid-enrolled CNM, as defined in §17210 of Public Act 368 of 1978 as amended, when all the following requirements are met:

- The services are the type considered to be physician services if furnished by a Doctor of Medicine or a Doctor of Osteopathy (MD/DO);
- The services are performed by a person who is licensed as an APRN under state law, with the CNM specialty certification granted by the Michigan Board of Nursing;
- The CNM is legally authorized to perform the service in compliance with state law; and
- The services are not restricted to physicians or otherwise excluded by Medicaid program policy or by federal and state statutes.

Covered Services

Covered professional services include those within the CNM's scope of practice as defined in state law. Services focus on inpatient and outpatient obstetric, gynecologic and women's primary health care. Services must be administered within the framework of an alliance agreement that provides for physician consultation and referral as indicated by the health of the beneficiary. Covered CNM services include the following:

- Maternity care, including antepartum care, hospital delivery and postpartum care;
- Newborn care;
- Primary care services for women throughout their lifespan, including physical exams;
- Diagnosis and treatment of common health problems;
- Gynecological services;
- Reproductive health services;
- Contraceptive services;
- Treatment of male partners for sexually transmitted infection and reproductive health; and
- The prescribing of pharmacological and nonpharmacological interventions and treatments that are within the CNM's specialty role, scope of practice, and state law.

Maternity Care

Medicaid covers antepartum care, delivery, and postpartum care when provided in compliance with Medicaid policy. Home deliveries and services associated with home deliveries are not covered. CNMs are encouraged to refer beneficiaries to the Maternal Infant Health Program given the presence of psychosocial or nutritional factors that could adversely affect the pregnancy or health and well-being of the mother or infant.

Antepartum Care

Coverage for antepartum care includes usual and customary antepartum services provided prior to delivery. If the provider initiated prenatal care within the first six months of pregnancy through the month of delivery, the appropriate antepartum care Current Procedural Terminology (CPT) code is covered. If the beneficiary is seen by multiple CNMs or physicians within a group practice, the antepartum care package may be covered.

Delivery

Deliveries performed by a CNM are covered in a licensed hospital setting only. Coverage of the delivery includes the usual and customary services associated with the hospital admission, management of labor, monitoring, vaginal delivery and resuscitation of the newborn infant when necessary.

Postpartum Care

Medicaid covers usual and customary inpatient and outpatient postpartum services provided after delivery. Routine care of the newborn in the hospital is covered for the provider who examines and provides the total hospital care of the newborn regardless of whether he or she performed the delivery.

Enrollment of Certified Nurse Midwives

A CNM who provides professional services to Medicaid beneficiaries is required to be a Medicaid enrolled provider and uniquely identified on claims. To enroll as a Medicaid provider, the CNM must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and enroll with an Individual (Type 1) National Provider Identifier (NPI). Refer to www.michigan.gov/medicaidproviders >> CHAMPS >> Register for MILogin Account for access to CHAMPS >> Accessing CHAMPS.

Practitioners who wish to provide services to Medicaid Health Plan (MHP) enrollees are encouraged to contact the individual MHP for additional enrollment, credentialing, and contract requirements.

Billing and Reimbursement for Certified Nurse Midwife Services

Professional claims must include the NPI of the CNM in the Rendering Provider field. Claims for services rendered by the CNM must be billed under the CNM's NPI and include the NPI of the supervising physician when applicable. Professional services are only covered when the CNM has personally performed the service and no other provider or entity has been paid for the service. Services provided jointly by the CNM and physician are covered for a single practitioner only.

Fee-for-Service reimbursement for CNM professional services is based upon limits and rates associated with physician professional services. Refer to the CNM fee schedule published at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics. Refer to the Medicaid Code and Rate Reference tool within CHAMPS for CNM Medicaid covered services.

MHPs are responsible for reimbursing contracted providers or subcontractors for their services according to the conditions stated in the subcontract established between the practitioner and the MHP. Noncontracted providers must comply with all applicable authorization requirements of the MHP and uniform billing requirements.

Refer to the Medicaid Provider Manual for additional guidelines and information regarding coverage of services, program enrollment, billing and reimbursement. The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.