

MATERNAL INFANT HEALTH PROGRAM (MIHP) EXCEPTION REQUEST

Please use the form below to submit an exception request for MIHP services.

PART A: To be completed by the MIHP Provider and submitted to MDHHS MIHP.

Date:	MIHP Agency:	Name of Requestor:
Email of Requestor:	Beneficiary Type: <input type="checkbox"/> Maternal <input type="checkbox"/> Infant	
Type of Request: <input type="checkbox"/> Enroll infant between 12 through 15 months of age. <input type="checkbox"/> Continue MIHP visits after 18 months of age. <input type="checkbox"/> Enroll beneficiary whose enrollment showed no risk. <input type="checkbox"/> Provide additional infant visits. <input type="checkbox"/> Provide additional maternal visits due to NICU admission.		
Beneficiary Medicaid Health Plan (MHP) or Fee-for-Service (FFS): <input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> Fee for Service <input type="checkbox"/> HAP <input type="checkbox"/> McLaren <input type="checkbox"/> Meridian <input type="checkbox"/> Molina <input type="checkbox"/> Priority Health <input type="checkbox"/> United Health <input type="checkbox"/> Upper Peninsula Health Plan		
Beneficiary Name:	Medicaid ID:	DOB:
Provide a detailed rationale below for the request, including identified risks, services/support to be provided by the MIHP, and a transition plan if applicable.		
If requesting additional visits: # of visits thus far: _____ # of additional visits requested <i>above policy</i> : _____ for a total # of: _____ visits		
Additional comments or clarification:		

Upon Completion of Part A: Send to MDHHS MIHP via secure email (MIHP@Michigan.gov) or fax (517-763-0366).

PART B: To be completed by MDHHS MIHP and submitted to the MHP if applicable. If Fee-for-Service or the Medicaid Health Plan requests that no notification be provided, it will be completed and submitted directly to the MIHP Provider.

Date:

MDHHS MIHP Staff:

Select only if applicable: Part A was submitted via fax and is provided as an attachment.

Determination: Approval recommended as requested Approval recommended with adjustment
 Approval granted (FFS) Outside the scope of MIHP; Defer to MHP

MDHHS MIHP exception approval recommended/provided for the following:

- Enroll infant between 12 through 15 months of age.
- Continue MIHP visits after 18 months of age.
- Enroll beneficiary whose enrollment showed no risk.
- Provide additional infant visits.
- Provide additional maternal visits due to NICU admission.

Additional Reminders or Specifications (if applicable):

- Enrollment must occur by 15 months of age and MIHP discharge must occur by 18 months of age with transition to a more age-appropriate program.
- If additional visits requested:
MDHHS MIHP recommends ____ additional visits above policy, for a total of ____ visits.
- Outside the scope of MIHP: the MHP can provide further guidance and approval if they support continuation of visits. Care coordination and billing inquiries should be directed to the MHP for services that extend after completion of MIHP services. Per Medicaid there is no prior authorization needed for additional visits beyond the scope of MIHP, that are reimbursed by the health plan. As a reminder, infants must be discharged from MIHP by 18 months, even if services are continued based on MHP approval.

Additional comments or clarification:

Upon Completion of Part B: Send to Medicaid Health Plan if applicable (or to the MIHP Provider if not applicable).

PART C: To be completed by Medicaid Health Plan staff and submitted to the MIHP Provider.

If part C is not applicable:

MDHHS MIHP review only; MHP authorization not required and remaining fields below are to be blank.

Date: _____ **Medicaid Health Plan:** _____

Medicaid Health Plan Staff: _____

Determination: Approval granted Not granted

MHP exception approval provided for the following:

- Enroll infant between 12 through 15 months of age
- Continue MIHP visits after 18 months of age
- Enroll beneficiary whose enrollment showed no risk
- Provide additional infant visits
- Provide additional maternal visits due to NICU

Additional Reminders or Specifications:

- If additional visits requested: _____ additional visits above policy are authorized, for a total of _____ visits.
- Other: _____

Additional comments or clarification:

Upon Completion of Part C: Send to MIHP Provider and CC MDHHS MIHP (MIHP@Michigan.gov).

Note to MIHP Agency - Record Maintenance Reminder

- Keep this completed document in the beneficiary chart.
- Document this exception on page 2 of the *MHP Communication Tool (5650)*, sent monthly to the MHP.
- Please work with the MHP case management team to assure optimal resources are provided and for continued follow up when the family is transitioned from MIHP.

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