

EVALUATING EXPANDED BILLING: IMPACT ON HOME VISITING SERVICES

Sandra Tang, Ph.D., Zaiyi Jiang, M.P.P., & Robin Jacob, Ph.D. | University of Michigan Youth Policy Lab



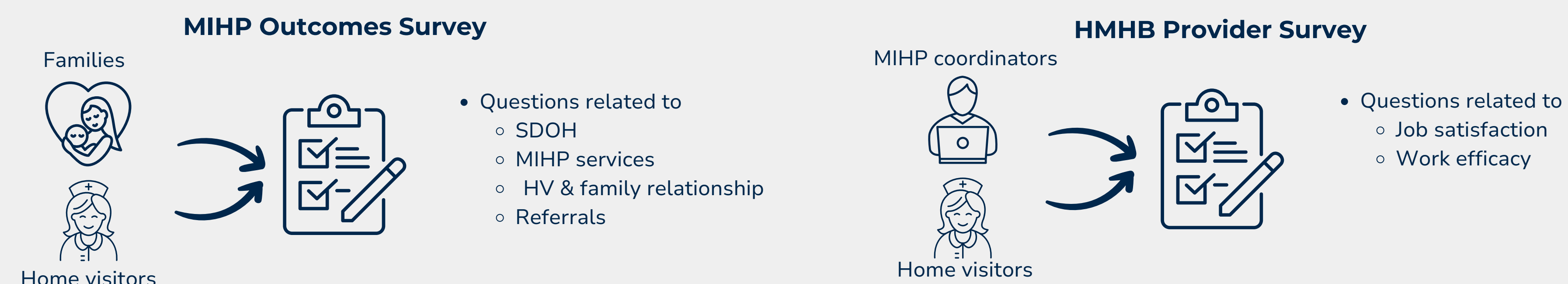
INTRODUCTION

Michigan's **Maternal Infant Health Program (MIHP)** is a statewide home visiting program that aims to support the health and wellness of Medicaid-eligible families during pregnancy and infancy. To help home visitors better serve families with high levels of need, the Michigan Department of Health and Human Services (MDHHS) launched the MIHP Healthy Moms, Healthy Babies (HMHB) pilot program to allow a subset of MIHP providers to offer additional home visiting services to families considered "high risk" for adverse outcomes. The Youth Policy Lab partnered with MDHHS to evaluate the impact of these expanded home visiting services on social determinants of health (SDOH), health equity, and other outcomes for families.

STUDY DESIGN

The pilot program involved nearly **60 MIHP agencies**. About half of the participating MIHP agencies were randomly assigned to the treatment group that was able to bill for additional visit time, an additional home visit, care coordination, and a discharge visit for beneficiaries who scored "high risk" on the Maternal or Infant Risk Identifier at enrollment. The remaining agencies were assigned to the control group and could only bill for the additional discharge visit in addition to their regular billing.

We developed two surveys to measure the pilot impact on families and participating agencies:



CONCLUSION & IMPACT

Overall positive impact on families' self-reported social determinants of health

- Based on the analysis of survey responses from 1,700 individuals who participated in the pilot.
- Suggests Michigan families would benefit from expanding and institutionalizing this enhanced billing program.

Statewide rollout of the pilot program

- Governor Whitmer's FY 2024-2025 budget, signed into law in July 2024, included ongoing program funding.
- Starting on Oct 1, 2024, Medicaid began reimbursing the enhanced pilot services (additional home visits, extended visit time, care coordination, and discharge visits) for all participating families at all MIHP agencies statewide.

ACKNOWLEDGEMENTS

We would like to thank our MDHHS partners, particularly the MIHP team who made this work possible, and the many MIHP agency staff who completed surveys, participated in focus groups, and helped ensure the smooth implementation of the program, and all families who took the time to complete surveys to share their experiences with the MIHP.

Scan to read the full report



ABOUT YOUTH POLICY LAB

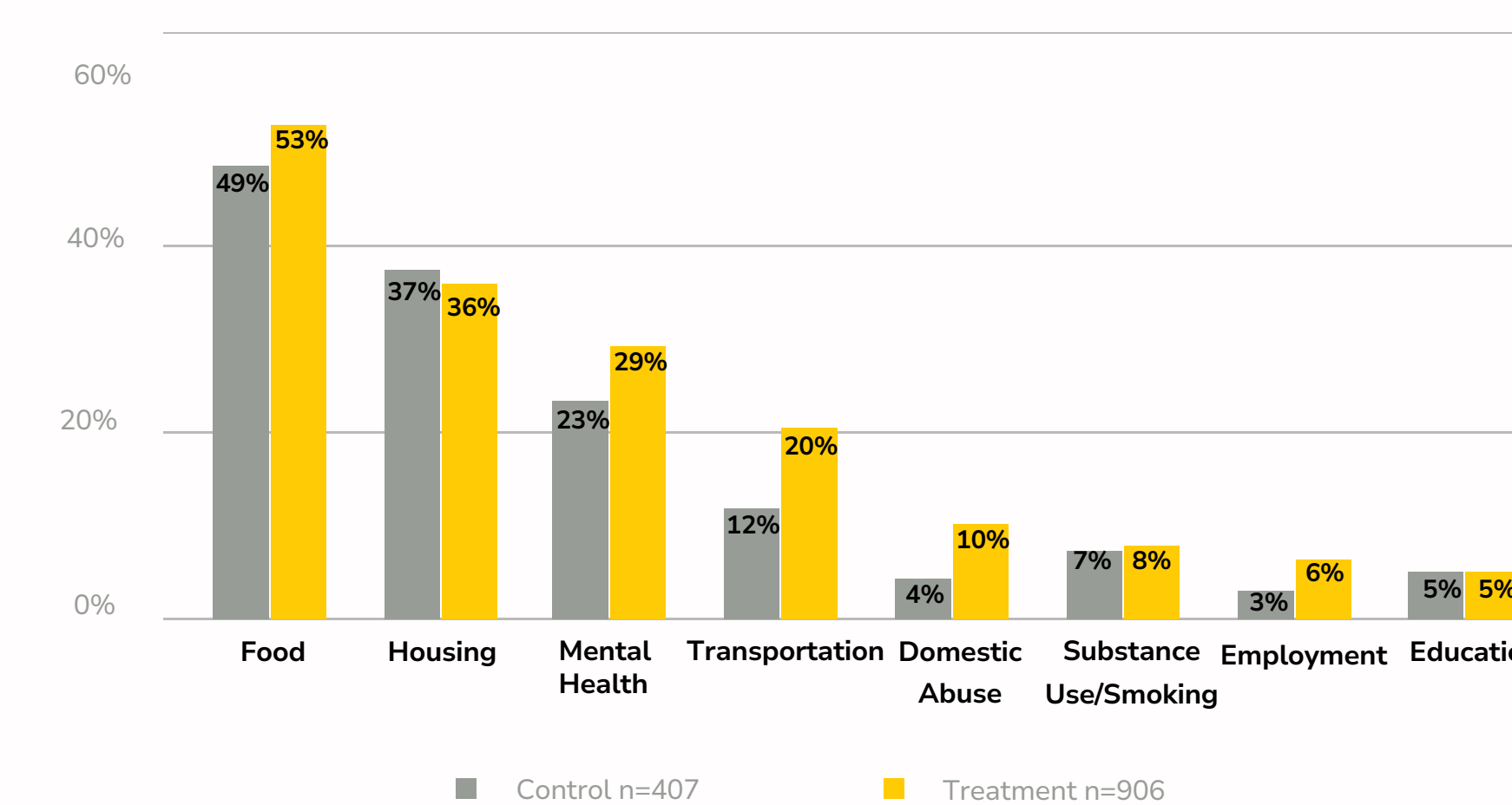
Launched in 2016, the Youth Policy Lab envisions a world where partner-driven and policy-centered research fuels positive social change. Our mission is to inform public policy decisions that impact youth by analyzing data and evaluating programs to help society answer its most pressing questions.

KEY FINDINGS

The HMHB pilot had beneficial impacts on the families served by MIHP agencies who were able to bill for enhanced services. We identified positive impacts (defined as two or more percentage points difference between treatment and control groups) on nine of the 17 primary outcomes we explored. We found increases in the number of referrals by home visitors, benefits for independent agencies, and particularly large impacts for Black families and first-time parents.

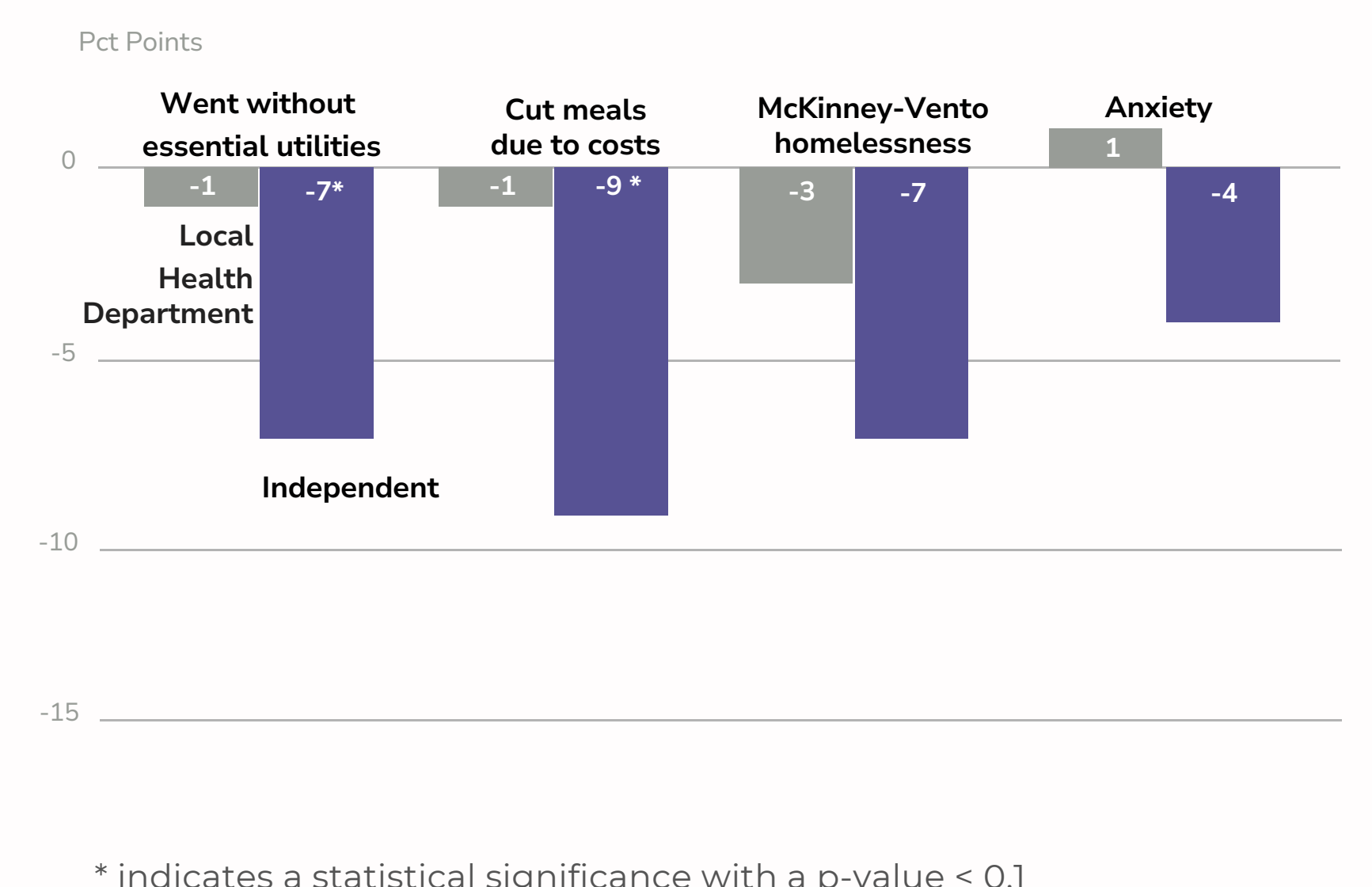
Referrals by Home Visitors

- Home visitors in the treatment group agencies were more likely to refer families for additional support and services.
- This pattern of increased referrals matched the reductions observed in family outcomes in food insecurity & domestic abuse, and improvements in employment & mental health.



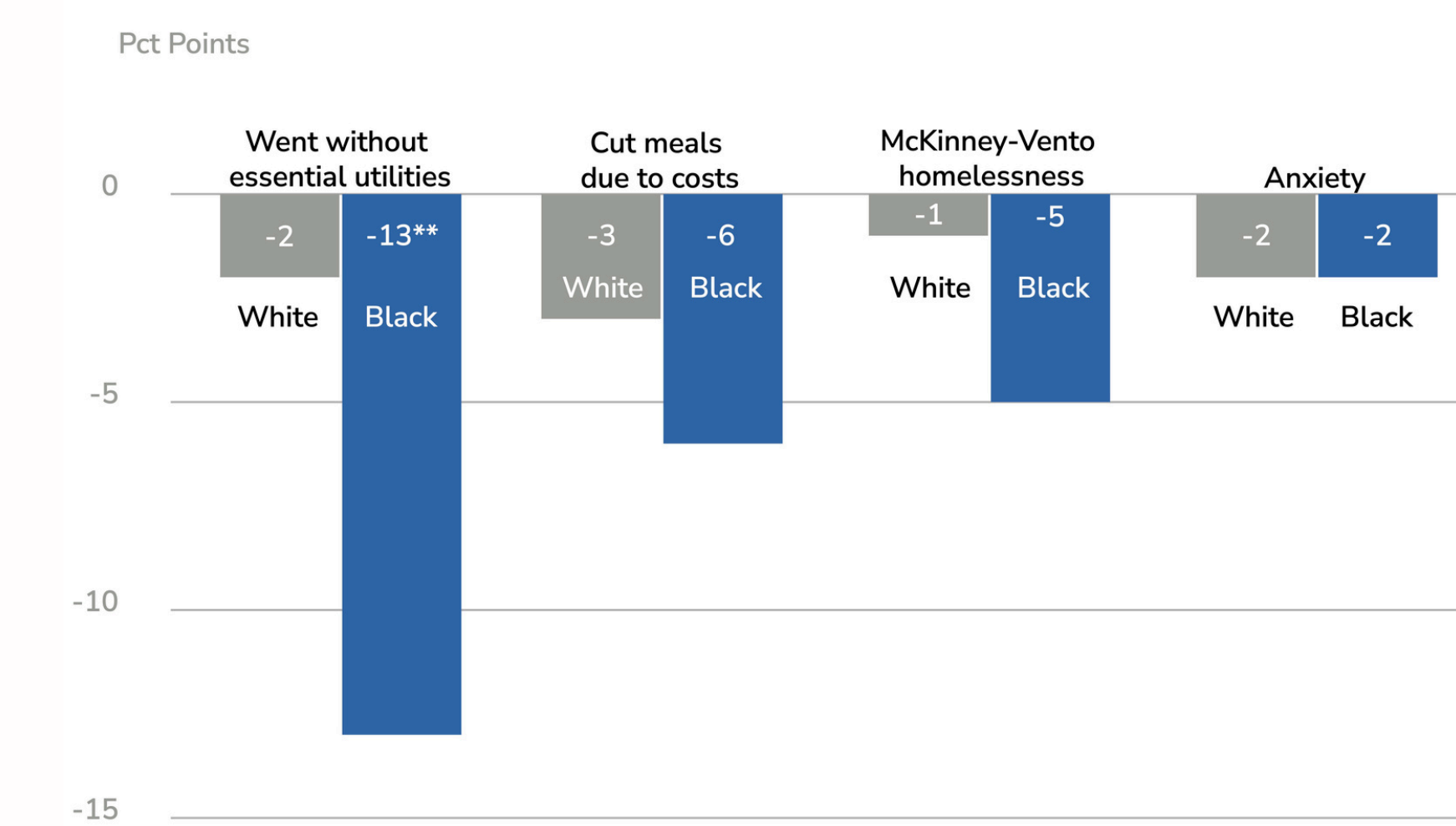
Impact on Families by Agency Type

- Families served by **independent agencies** in the treatment group were much less likely to report utility disruptions & food insecurity.

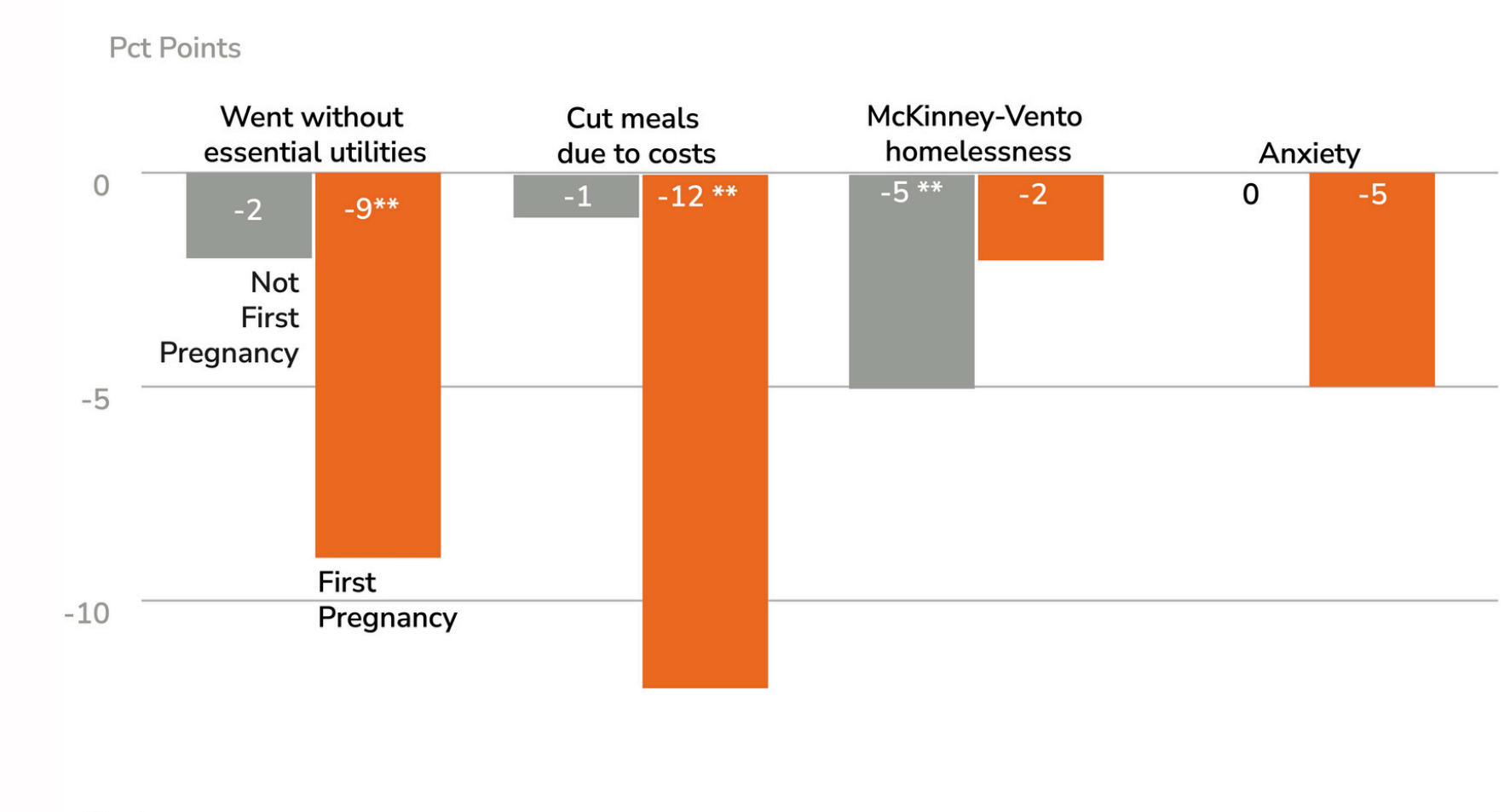


Impacts on Black Families & First-Time Parents

- Reduced the number of Black families who reported that they had gone without essential utilities in the last month by 13 percentage points
- Reduced the number of first-time parents who reported that they had cut meals due to cost in the last month by 12 percentage points



** indicates a statistical significance with a p-value < 0.05



** indicates a statistical significance with a p-value < 0.05