



## **Maternity Kick Payment Guide**

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# Maternity Kick Payment Guide

## 1.0 Maternity Kick Payment Introduction

### 1.1 Background

This guide is designed to support the Health Maintenance Organizations (HMOs) in reporting of the maternity deliveries for reimbursement in the Badgercare Plus program. Each pregnant member is covered for all care related to the pregnancy, delivery and any complications that may occur during pregnancy and up to 60 days postpartum. The Maternity Kick Payment is made to the HMO outside of the monthly Capitation payment.

The Maternity Kick Payment Rate is determined annually by the Department's Actuary, on a regional basis. The Maternity Kick Payment Rate includes both costs for direct delivery services and indirect maternity related services such as pre-natal care, post-natal care, fetal laboratory testing, sonograms, etc.

## 2.0 Maternity Kick Payment Guide

The Maternity Kick Payment Guide and MS Excel Maternity Kick Payment Report Template can be found on the Forward Health portal at:

[https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Managed%20Care%20Organization/reports\\_data/reportsData.htm.spage](https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Managed%20Care%20Organization/reports_data/reportsData.htm.spage)

Examples of the templates can be found on later pages of this guide.

## 3.0 Contracts

The contract language can be found in Article XV F – Payments to HMOs, Maternity Delivery Report

## 4.0 Maternity Kick Payment Report Template Format

The template represented the information the HMO must send to the Department in order to receive the Maternity Kick Payment.

### 4.1 HMO Name

Enter the name of the designated HMO.

## **4.2 Month of Birth**

Enter the three character month of birth for the newborn in which you are submitting payment.

## **4.3 Year of Birth**

Enter the four digit year for the newborn in which you are submitting payment.

## **4.4 Mother's MA ID**

Enter the ten digit Mother's Medicaid Identification number. HMOs must include the appropriate amount of leading zeros in the MA ID to fulfill this requirement.

## **4.5 Baby MA ID**

(Optional) Enter the ten digit Baby's Medicaid Identification (MA ID) number. HMOs must include the appropriate amount of leading zeros in the MA ID to fulfill this requirement.

## **4.6 Baby Last Name**

(Optional) Enter the last name of the newborn in which you are submitting payment.

## **4.7 Baby First Name**

(Optional) Enter the first name of the newborn in which you are submitting payment, if it is not available populate with either "Baby Girl" or "Baby Boy".

## **4.8 Mother's County Code**

Enter the Mother two digit county code at the time of birth. If the Mother's county code is only one digit, the HMO must include the leading zero to the county code.

## **4.9 Removal Status/HMO Comment**

Enter any changes from previous reports e.g. requested recoupment, etc. Please include an "R" if a recoupment as well as the month/year in which this was reported. All other fields should be included as well.

## 4.0 Maternity Kick Payment Report Template Format

### **EXAMPLE**

Populate the template accordingly.

<b>HMO NAME</b>	<b>MONTH OF BIRTH</b>	<b>YEAR OF BIRTH</b>	<b>MOTHER MA ID</b>	<b>BABY MA ID</b>	<b>BABY LAST NAME</b>	<b>BABY FIRST NAME</b>	<b>MOTHER'S COUNTY</b>	<b>REMOVAL STATUS/ HMO COMMENT</b>
Your HMO	APR	2015	0123456789		Shork	Baby Girl	01	
Your HMO	MAY	2014	0000000000		Pepper	Baby Boy	44	
Your HMO	JUN	2015	0555555555		Bundle	Baby Girl	51	
Your HMO	JAN	2014	9542320562		Joy	Baby Boy	40	
Your HMO	DEC	2015	0488888888		Howard	Baby Girl	40	
Your HMO	OCT	2014	9999999999		Love	Baby Boy	51	

## 5.0 Reporting Time Frames

HMOs are required to submit the Maternity Kick Payment Report Template within **15 calendar days after of the end of the month** for each reporting month (i.e. HMOs will report June births before July 15).

The Maternity Kick Payment Report Template can include deliveries for prior months (i.e. In the reporting month of June 2015, HMOs can submit births as far back as June 2014) however the Department is requiring HMOs to submit 80% of their prior year's deliveries within 6-8 months of the encounter date and 100% of deliveries within 13 months of the encounter date or date of birth. Special circumstances can be discussed with the Department within the 6-8 month time frame to avoid delay of payment.

## 6.0 Maternity Kick Payment Report Template Format and Naming Convention

The Maternity Kick Report Template is required to be sent in a Microsoft (MS) Excel format. The report should use the following naming convention for both the MS Excel and zipped files should be:

XXXX KICK PAYMENT NEWBORNS MMY (XXXX = last four digits of the HMO ID and MMY = current month and year).

An example of the naming convention is:

1234\_KICK\_PAYMENT\_NEWBORNS\_0515

## 7.0 Sending Maternity Kick Payment Report Template and Questions

This report must be provided monthly to the State's fiscal agent via the secure FTP site in order to receive the Maternity Kick Payment. The report should be zipped and sent in Microsoft Excel format. All Maternity Kick reports and questions should be directed to Bureau of Fiscal Management (BFM) via email (DHSDHCAABFM@dhs.wisconsin.gov).

## 8.0 Maternity Reimbursement Methodology

The Department will only reimburse for one eligible delivery per member. If a member has multiple births delivered for the same pregnancy, the subsequent birth(s) will not receive a maternity kick payment.

- Delivery services include the admission to the hospital for the delivery; admission history and physical examination; management of uncomplicated labor; and vaginal delivery (with or without episiotomy, with or without forceps) or cesarean (C-section) delivery.
- A multiple birth is the delivery of two or more neonates (i.e., twins, triplets, or other high-order multiples [quadruplets, etc.]) that have been carried by the same mother during the same pregnancy.

Maternity Kick Payments will be paid for deliveries to BadgerCare Plus members. SSI members are not eligible for Maternity Kick Payments. The Department will not reimburse any encounters resulting in abortions. HMOs are asked to consult the Department with special circumstances.

In terms of ICD-9 Diagnosis Codes and MS-DRG Codes, a delivery event is defined as follows:

- Any ICD-9 Diagnosis Code of 650, 65221, 65222, 64421, or 65421
- Any ICD-9 Diagnosis Code starting with 6695, 6696, 6697, or V27
- Any ICD-9 Diagnosis Code of 650-66992 and fifth digit is 1 or 2
- MS-DRG of 765, 766, 767, 768, 774, 775
- Any ICD-9 Diagnosis Code starting with 640 and 670 and fifth digit is 1 or 2

ICD-9 Diagnosis Codes are effective for deliveries with birth dates prior to October 1, 2015. Deliveries with birth dates on or after October 1, 2015, will be defined by either ICD10 outcome codes or CPT procedure codes. Refer to the addendum for the list of ICD10 outcome codes and CPT procedure codes.

Note: Encounters with ICD-9 Diagnosis Codes (first 4 Dx fields) starting with 630 are related to terminated pregnancies and are included in the non-maternity related capitation rates, thus are excluded from the maternity case rate development.

## 9.0 DHS Maternity Kick Payment Payout Detail Report

On a monthly basis, the Department determines the maternity kick payment per the Maternity Kick Payment Report Template report received from the HMOs. Once the HMOs submitted template has been reviewed for enrollment and duplicates, a Maternity Kick Payment Payout Detail Report will be distributed to each participating HMO via the secure FTP site. The report layout is provided below;

### **9.1 HMO Name**

The column details the HMOs name to which the payment will be paid.

### **9.2 Month of Birth**

The column details the month of birth for the newborn as reported on the template.

### **9.3 Year of Birth**

The column details the year of birth for the newborn as reported on the template.

### **9.4 Mother MA ID**

The column details the Mother's Medicaid ID number as reported on the template.

### **9.5 Baby MA ID**

(Optional) The column details the Baby's Medicaid ID number as reported on the template.

### **9.6 Baby Last Name**

(Optional) The column details the Baby's last name as reported on the template.

### **9.7 Baby First Name**

(Optional) The column details the baby's First name as reported on the template.

### **9.8 Mother's County Code**

The column details the Mother's County Code as reported on the template.

### **9.9 Removal Status/HMO Comment**

As reported by the HMO on the template.

### **9.10 Previous Maternity Kick Payment (KP) Status**

If this row includes the Mother's Medicaid ID number the Department has determined that the deliver is a duplicate of a previously paid kick payment. No reimbursement will be provided in this case.

### **9.11 Month of Enrollment Status**

If this row includes Mother's Medicaid ID number the Department has determined that the mother was enrolled in the month of delivery for reimbursement. If this row is blank the mother was not enrolled and reimbursement will not be provided in this case.

### **9.12 Rate Region**

The column details the Rate Region of the Mother in accordance to the County code submitted on the template.

### **9.13 KICK Payment Rate**

The column details the Department's calculated Maternity Kick payment rate per the county code and year of the delivery reported on the template.

### **9.14 KICK Payment Payout**

The column details the payment amount to the HMO.

### **9.15 Reason for No KP Payout**

The column provides an explanation to the HMO as to why the reimbursement was denied. HMOs are able to appeal this determination via email to the email box listed in section 7.0.

The HMO must provide a detailed explanation as part of the appeal.



# Addendum

MS Excel ICD-10 Diagnosis Code and CPT Code Maternity Delivery definition

ICD-10	ICD-10 Description	Notes
Z37.0	Single live birth	These codes definitively state there was a birth and provide the outcome of the instance of birth. They are not used in instances of abortion.
Z37.1	Single stillbirth	
Z37.2	Twins, both liveborn	They are required to be reported as a secondary code on all claims for delivery services, both the facility claim and the professional service claims.
Z37.3	Twins, one liveborn and one stillborn	
Z37.4	Twins, both stillborn	
Z37.50	Multiple births, unspecified, all liveborn	The previous ICD9-ICD-10 cross-reference was excessively complex and not exclusive to deliveries – some of the ICD-10 codes indicated delivery, others did not. However, per coding and reporting guidelines, these codes (in this file) must be reported for all delivery claims as a secondary code.
Z37.51	Triplets, all liveborn	
Z37.52	Quadruplets, all liveborn	
Z37.53	Quintuplets, all liveborn	
Z37.54	Sextuplets, all liveborn	
Z37.59	Other multiple births, all liveborn	
Z37.60	Multiple births, unspecified, some liveborn	
Z37.61	Triplets, some liveborn	
Z37.62	Quadruplets, some liveborn	
Z37.63	Quintuplets, some liveborn	
Z37.64	Sextuplets, some liveborn	
Z37.69	Other multiple births, some liveborn	
Z37.7	Other multiple births, all stillborn	
Z37.9	Outcome of delivery, unspecified	

CPT PROCEDURE CODE	DESCRIPTION
59400	Routine ob care,antepartum, vaginal delivery, post partum (Global)
59409	Vaginal delivery only
59410	Vaginal delivery, post partum
59510	Routine ob care,antepartum, cesarean delivery, post partum (Global)
59514	Cesarean delivery only
59515	Cesarean delivery, post partum
59610	Routine ob care, antepartum, vaginal delivery, post partum, after previous cesarean delivery (Global)
59612	Vaginal delivery only, after previous cesarean delivery
59614	Vaginal delivery, after previous cesarean delivery, postpartum
59618	Routine ob care, antepartum, cesarean delivery, post partum, following attempted vaginal delivery after previous cesarean delivery (Global)
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery, following attempted vaginal delivery after previous cesarean delivery, postpartum

**NOTE**

HMOs will have to unduplicate reported deliveries using the using the above CPT procedure codes. HMOs can receive multiple claims with the above CPT codes for a delivery based on the modifiers. Modifiers that can appear on multiple claims with the same CPT code for the same delivery include 22, 80,81,82, and AS.