

ATTACHMENT 29

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Maternity Delivery Kick Payment

ADMINISTRACIÓN DE SEGUROS DE SALUD


23 - 00045*Q*

NÚMERO DE CONTRATO

ATTACHMENT 29 – MATERNITY DELIVERY KICK PAYMENT

 This attachment provides the methodology PRMP will use to determine maternity deliveries for ASES reimbursement under Plan Vital (no Platino carriers). This payment is in addition to the monthly capitation payment process.

Report Template:

 On a monthly basis, the contracted insurer must submit the files of claims and encounters included in Attachment 9 Information System in the report format provided by PRMP on 837 format, according to last version of 837 format layout.

These files will be the primary source for the maternity kick of payment.

ASES will use the encounter/claim data submitted by the contracting insurer, which will be auditable by ASES, to determine the number of deliveries eligible for payment. Only one (1) payment is made per delivery. The contract insurer will receive the amount fee indicated as established in Attachment 11 for each delivery that is reported and validated by PRMP. If during a validation process, the data or the audit does not provide evidence of the reported delivery(ies), PRMP can retroactively recoup the maternity kick of payment. Each delivery claim must be submitted as an institutional or professional claim with a

CPT procedure code and/or ICD 10 diagnosis code listed on the tables below.

Maternity Delivery Kick Payment

| CPT Procedure Code | Description |
|--------------------|---|
| 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care |
| 59409 | Vaginal delivery only (with or without episiotomy and/or forceps) |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care |
| 59510 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care |
| 59514 | Cesarean delivery only |
| 59515 | Cesarean delivery only; including postpartum care |
| 59610 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| 59612 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps) |
| 59614 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care |
| 59618 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery |
| 59622 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including |

ADMINISTRACIÓN DE SEGUROS DE SALUD

23 - 000450

NÚMERO DE CONTRATO

| ICD10 Diagnosis Code | Description |
|----------------------------|---|
| Z370 | Single live birth |
| Z371 | Single stillbirth |
| Z372 | Twins, both liveborn |
| Z373 | Twins, one liveborn and one stillborn |
| Z374 | Twins, both stillborn |
| Z3750 | Multiple births, unspecified, all liveborn |
| Z3751 | Triplets, all liveborn |
| Z3752 | Quadruplets, all liveborn |
| Z3753 | Quintuplets, all liveborn |
| Z3754 | Sextuplets, all liveborn |
| Z3759 | Other multiple births, all liveborn |
| Z3760 | Multiple births, unspecified, some liveborn |
| Z3761 | Triplets, some liveborn |
| Z3762 | Quadruplets, some liveborn |
| Z3763 | Quintuplets, some liveborn |
| Z3764 | Sextuplets, some liveborn |
| Z3769 | Other multiple births, some liveborn |
| Z377 | Other multiple births, all stillborn |
| Z379 | Outcome of delivery, unspecified |

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23 - 000450

NÚMERO DE CONTRATO

Maternity Delivery Kick Payment

| Rate FFY26 | Description |
|------------|--|
| \$9,117.80 | Maternity/Newborn Kick Payment (Attachment 11, Amendment N contract Plan Vital 23-000047) |

cash
800



ADMINISTRACIÓN DE SEGUROS DE SALUD

23 - 0 0 0 4 50

NÚMERO DE CONTRATO

Maternity Delivery Kick Payment

Validation and Claims Process

1. MCO's will be required to include all paid Maternity Kick Payment claims in their latest version of file 837, consistent with contractual requirements.
2. The 837 file must be uploaded to the FTP Server in the corresponding folder as indicated by PRMP. Each delivery claim must be submitted as an institutional or professional claim with a CPT procedure code and/or ICD 10 diagnosis code applicable listed on the tables above.

3. 837 file must be sent by insurers (MCOs) and accepted on validation process.

4. PRMP will perform various quality control validations to determine which claims are payable using the following criteria:
 - a. MCO'S contracted by ASES for PSG or Plan Vital (no Platino carrier).
 - b. Services provided to eligible beneficiaries of the Plan Vital population.
 - c. Non-duplicated invoices (MIP- Date of service -from -to).
 - d. The date of service must be during the eligible period as determined by PRMP in the 834 files.
 - e. Beneficiary with confirmed enrollment notified by PRMP in the 834 files.
 - f. The beneficiaries must be between the ages of 9 and 65.
 - g. There must be at least six (6) months between childbirth claims.
5. Due to the nature of the claim the purpose is to pay for a delivery process, the CPT codes and/or the ICD 10 applicable should be included in the claim in order to process the payment.
6. After the payment is made, which will be included in the 820 files, the System Information Office will issue a file with the total payments made by the MCO's.

ADMINISTRACIÓN DE SEGUROS DE SALUD

23 - 000450

NÚMERO DE CONTRATO

Maternity Delivery Kick Payment

Timeliness of Payment:

Payments will be made monthly for claims paid and encounters. The final payment will be made no later than the close of the quarter following the termination of this contract. The contracted insurer shall have ninety (90) days to object to payment (See Section 22.3.1 from insurer (MCO) contract. Any objection submitted past this term shall be deemed waived.



ADMINISTRACIÓN DE SEGUROS DE SALUD

23 - 000450

NÚMERO DE CONTRATO