ATTACHMENT 29

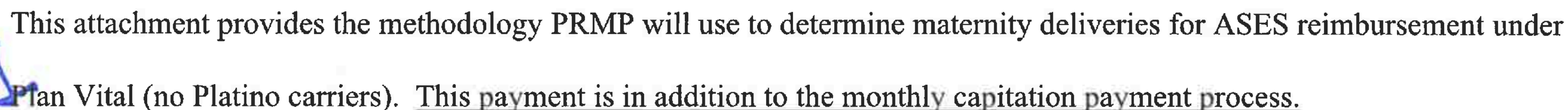
Maternity Delivery Kick Payment

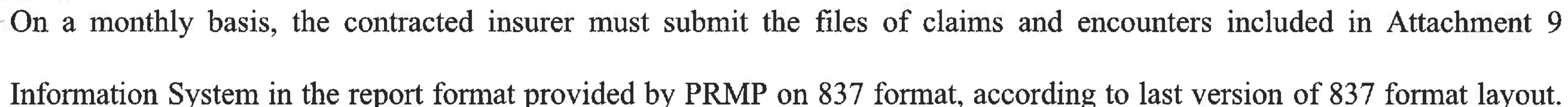
ADMINISTRACIÓN DE SEGUROS DE SALUD

23-00046Q

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.

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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

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

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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 <u>institutional or professional</u> 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.

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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.

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