



Maternity Kick Payment Guide

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Version	Date	Change Log
3.0	1/31/18	Added clarification on third party liability paid claims

Maternity Kick Payment Guide

1.0 Maternity Kick Payment Introduction

This guide is designed to support Managed Care Organizations (MCOs) in reporting maternity deliveries for reimbursement in the Badgercare Plus – Standard program as the payment is made outside of the monthly capitation payment process.

The Annual Maternity Kick Payment Rates can be found in the BadgerCare Plus Rate Report. MCOs should reference the rate report and contract which covers the delivery date as well as mother's rate region for the appropriate reimbursement rate. The rate report and contract also details the services covered by the Maternity Kick Payment.

2.0 Maternity Kick Payment Guide

The Maternity Kick Payment Guide can be found on the Managed Care Forward Health portal at:

https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Reimbursement_and_Capitation/Home.htm.spage#mkpg

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

3.0 Contracts

The contract language governing this payment be found in Article XV F – Payments to MCOs, Maternity Delivery Report

4.0 Maternity Kick Payment Report Template Format

The template represents information the MCO must send to the Department in order to receive a Maternity Kick Payment.

4.1 MCO Name

Enter the name of the reporting MCO.

4.2 Month of Birth

Enter the three character month of birth (first three letters) for the newborn in which you are requesting payment.

4.3 Year of Birth

Enter the four digit birth year of the newborn for which you are requesting payment.

4.4 Mother's MA ID

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

4.5 Baby MA ID

(Optional) Enter the Baby's ten digit Medicaid Identification (MA ID) number. MCOs 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 for which you are requesting payment.

4.7 Baby First Name

(Optional) Enter the first name of the newborn for which you are requesting 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 MCO must include the leading zero to the county code. A crosswalk of county codes to rate region can be found in Appendix C of this guide.

4.9 Removal Status/MCO 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

4.10 Maternity Kick Payment Report Template Format

EXAMPLE

Populate the template accordingly.

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

5.0 Reporting Time Frames

MCOs are required to submit the Maternity Kick Payment Report Template within the first **15 calendar days** of each month in order to receive payment for that month.

The Department requires MCOs to submit 80 percent of their deliveries within 6-8 months of the date of birth and 100 percent of the deliveries within 13 months of the date of birth. Deliveries reported after 13 months of the date of birth require Department approval before submitting them for reimbursement.

6.0 Maternity Kick Payment Report Template Format and Naming Convention

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

XXXX KICK PAYMENT NEWBORNS MMY (XXXX = last four digits of the MCO 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

The Maternity Kick Payment report must be provided monthly to the State's fiscal agent via the secure FTP site in order to receive the Maternity Kick Payment. Maternity Kick Payment questions, appeals or requests to receive reimbursement outside of the specified time frames should be directed to Bureau of Fiscal Management (BFM) via email (DHSDMSBFM@dhs.wisconsin.gov).

8.0 Maternity Reimbursement Methodology

The Department will provide reimbursement for **one eligible delivery per pregnancy 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 Standard members. BadgerCare Plus Childless Adult and SSI members are not eligible for Maternity Kick Payments. The Department will not reimburse any encounters resulting in abortions. Deliveries completely covered by third party liability (TPL) after January 1, 2017 are not eligible for reimbursement. The MCO must have paid for at least some of the delivery costs from the resulting approved codes in order to receive reimbursement. MCOs are asked to consult the Department with special or unusual cases.

A delivery event as of January 1, 2017 is defined by the following APR-DRG Codes:

Wisconsin Department of Health Services Maternity Kick Payment APR-DRG Delivery Event Coding Logic	
APR-DRG	Description
540	Cesarean Delivery
541	Vaginal Delivery w Sterilization &/or D&C
542	Vaginal Delivery w Complicating Procedures excluding Sterilization &/or D&C
560	Vaginal Delivery

Births prior to January 1st, 2017 will continue to use the ICD-10 and CPT logic outlined in Appendix A.

Births prior to October 1st, 2015 will continue to use the ICD-9 and MS-DRG logic outlined in Appendix B.

9.0 The Maternity Kick Payment Payout Detail Report

The Department will determine the Maternity Kick Payment monthly based on the Maternity Kick Payment Report Template report received from the MCOs. Once the report template has been processed, a Maternity Kick Payment Payout Detail Report will be distributed to each participating MCO via the secure FTP site. The file naming convention will be "MONTH_YEAR_KP PAYOUT_MCONAME". The report layout is provided below;

9.1 MCO Name

The column details the name of the MCO 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/MCO Comment

As reported by the MCO 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 Maternity 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 Maternity Kick Payment Payout

The column details the payment amount to the MCO.

9.15 Maternity Kick Payment Status

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

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

10.0 Maternity Kick Payment Payout Detail Report Example

An example of the Maternity Kick Payment Payout Detail Report is shown below

MCO NAME	MONTH OF BIRTH	YEAR OF BIRTH	MOTHER MA ID	BABY MA ID	BABY LAST NAME	BABY FIRST NAME	MOTHER'S COUNTY	REMOVAL STATUS/	PREVIOUS KP STATUS	MONTH OF ENROLLMENT	RATE REGION	KICK PAYMENT	KICK PAYMENT	REASON FOR NO KP PAYOUT
								MCO COMMENT		STATUS		RATE	RATE	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	
MCO XXXXXXXX	APR	2015	XXXXXXXXXX		Doe	John	13			XXXXXXXXXX	4 - Madison	\$X,XXX.XX	\$X,XXX.XX	

Appendix A – Births Prior January 1st, 2017 – ICD 10 Codes and Description

As of October 1st 2015, ICD-10 Diagnosis Codes and MS-DRG Codes, a delivery event are defined as follows: ICD-10 Diagnosis Code and CPT Code Maternity Delivery definitions

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	
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	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.
Z37.62	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	

Appendix A – Births Prior January 1st, 2017 – CPT Procedure Code and Description

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

MCOs will have to un-duplicate reported deliveries using the using the above CPT procedure codes. MCOs 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

Appendix B – Births Prior October 1st, 2015

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
- Any ICD-9 Diagnosis Code starting with 640 and 670 and fifth digit is 1 or 2
- MS-DRG of 765, 766, 767, 768, 774, 775

ICD-9 Diagnosis Codes are effective for deliveries with birth dates prior to October 1, 2015.

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.

Appendix C – County Code and Rate Region Crosswalk

RATE REGION 1 - NORTH	
COUNTY NAME	COUNTY CODE
Ashland	02
Barron	03
Bayfield	04
Burnett	07
Chippewa	09
Douglas	16
Dunn	17
Forest	21
Iron	26
Langlade	34
Lincoln	35
Marathon	37
Oneida	43
Pepin	46
Pierce	47
Polk	48
Price	50
Rusk	54
St. Croix	55
Sawyer	57
Shawano	58
Taylor	60
Vilas	63
Washburn	65
St Croix Tr	83
Menominee Tr	84
Red Cliff	85
Stockbridge	86
Potawatomi	87
Lac Du Flambe	88
Bad River	89
Sokaogon	91
Lac Courte	93

RATE REGION 2 - NORTHEAST	
COUNTY NAME	COUNTY CODE
Brown	05
Calumet	08
Door	15
Florence	19
Fond du Lac	20
Kewaunee	31
Manitowoc	36
Marinette	38
Oconto	42
Outagamie	44
Sheboygan	59
Waupaca	68
Winnebago	70
Menominee	72
Oneida Tr	92
RATE REGION 3 - WEST CENTRAL	
COUNTY NAME	COUNTY CODE
Adams	01
Buffalo	06
Clark	10
Crawford	12
Eau Claire	18
Green Lake	24
Jackson	27
Juneau	29
La Crosse	32
Marquette	39
Monroe	41
Portage	49
Richland	52

Trempealeau	61
Vernon	62
Waushara	69
Wood	71
Ho Chunk	90
RATE REGION 4 - MADISON	
COUNTY NAME	COUNTY CODE
Columbia	11
Dane	13
Dodge	14
Grant	22
Green	23
Iowa	25
Jefferson	28
Lafayette	33
Rock	53
Sauk	56
Walworth	64
RATE REGION 5 - SOUTHEAST	
COUNTY NAME	COUNTY CODE
Kenosha	30
Ozaukee	45
Racine	51
Washington	66
Waukesha	67
RATE REGION 6 - MILWAUKEE	
COUNTY NAME	COUNTY CODE
Milwaukee	40