

**Covered Families & Children (CFC) Delivery
Payment Reporting Procedures and
Specifications for ODM Managed Care Plans -
MITS**

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Summary of Logic

The MITS delivery kick payment and take-back process will consist of 2 logical parts. One will be the payment process and the other will be the take-back process. The take-back process will run prior to the payment process, but both will run monthly in the same nightly cycle as the other capitation-related processes.

The **Payment Process** is based on 2 different sets of criteria. The “base” criteria are defined in detail below. Basically, it is the minimum criteria necessary for an encounter claim to be considered for possibly generating a kick payment. Examples of base criteria include the procedure codes, diagnosis codes, etc... Encounters that meet the base criteria are edited against more detailed criteria. Those that fail the detailed editing are sent to the errors report. The “triggering” encounter may either be Institutional or Professional. The first claim received that meets the base and detailed criteria is what will generate the payment - it does not matter if the first claim is Institutional or Professional. Encounters that don't meet the base criteria are not included in the Delivery Payment Errors report (see mockup at the end of this document).

Those that pass both the base criteria and the detailed editing will have a payment generated and are included in the Delivery Payments report (see mockup at the end of this document). They are also included as a detail item in the HIPAA 820.

Examples of how the payment process will work are included further below in this document.

The BASE CRITERIA for generating the delivery kick payment is:

- 1)
 - a - HCFA-1500 encounter claim (region 70 – Encounter Claims or region 64 – Adjustments, Encounters);
 - b - Has a 'paid' status and MCP paid > \$0 for the delivery;
 - c - In Claims History (aim01);
 - d - Date Final is between the first and last day of the last full calendar month;
 - e - Encounter was “paid” (processed) under the CFC program.
 - f - Diagnosis/CPT codes are in the following list:

837- P

ICD-9 Diagnosis Codes:	
V24.0	Postpartum care and examination immediately after delivery
V27.x	Outcome of Delivery (must be used in conjunction with one of the ICD-9 codes and/or CPT codes listed below)
Except for code 650, the following codes must have a 5th digit equal to 1 or 2 to qualify for the delivery payment:	
640-649	Complications mainly related to pregnancy
650-659	Normal delivery and other indications for care in pregnancy, labor and delivery
660-669	Complications occurring mainly during the course of labor and delivery
670-676	Complications of the puerperium
CPT Codes:	
59400-59410	Vaginal Delivery, Antepartum and Postpartum Care
59510-59515	Cesarean Delivery
59610-59622	Delivery After Previous Cesarean Delivery

Or

2)

- a - UB-92 encounter claim (region 70 – Encounter Claims or region 64 – Adjustments, Encounters);
- b - Has a 'paid' status and MCP paid > \$0;
- c - In Claims History (aim01);
- d - Date Final is between the first and last day of the last full calendar month;
- e - Encounter was "paid" (processed) under the CFC program.
- f - Diagnosis/CPT codes are in the following list:

837- I

ICD-9 Procedure Codes	
72.x	Forceps, vacuum, and breech delivery
73.09	Other artificial rupture of membranes at the time of delivery
73.22	Internal and combined version with extraction
73.51	Manual assisted delivery - manual rotation of fetal head
73.59	Manually assisted delivery - other manually assisted delivery
73.8	Operations on fetus to facilitate delivery
73.9X	Other operations assisting delivery
74.x	Cesarean section and removal of fetus

837- I

ICD-9 Diagnosis Codes:	
V24.0	Postpartum care and examination immediately after delivery
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CPT Codes:	
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59510-59515	Cesarean Delivery
59610-59622	Delivery After Previous Cesarean Delivery

The DETAILED CRITERIA for generating this payment is:

- a - Recipient is female;
- b - Recipient is OVER the age of 12;
- c - Claim has not been adjusted;
- d - Recipient has enrollment in the CFC program as of the claim's date of first Service;
- e - Claim was billed within 460 days of the date of last service;
- f - Payment has not already been made for recipient for other delivery claims within 180 days of current claim's date of last service (plus or minus 90 days)
- g - Recipient is enrolled with the MCP as of the date of first service.
- h - For institutional encounters, there will be no restrictions on provider type. However, for professional encounters:
 - If provided, the rendering provider information will be used for provider type determination
 - If the rendering provider information is not included on the encounter, then the billing provider information will be used for provider type determination
 - Provider's information (NPI) contained on the encounter and used for provider type determination must have a valid Medicaid provider number or a Medicaid provider reporting number within ODM's provider master file
 - Encounter must not contain the following provider types (numbers subject to change in MITS):

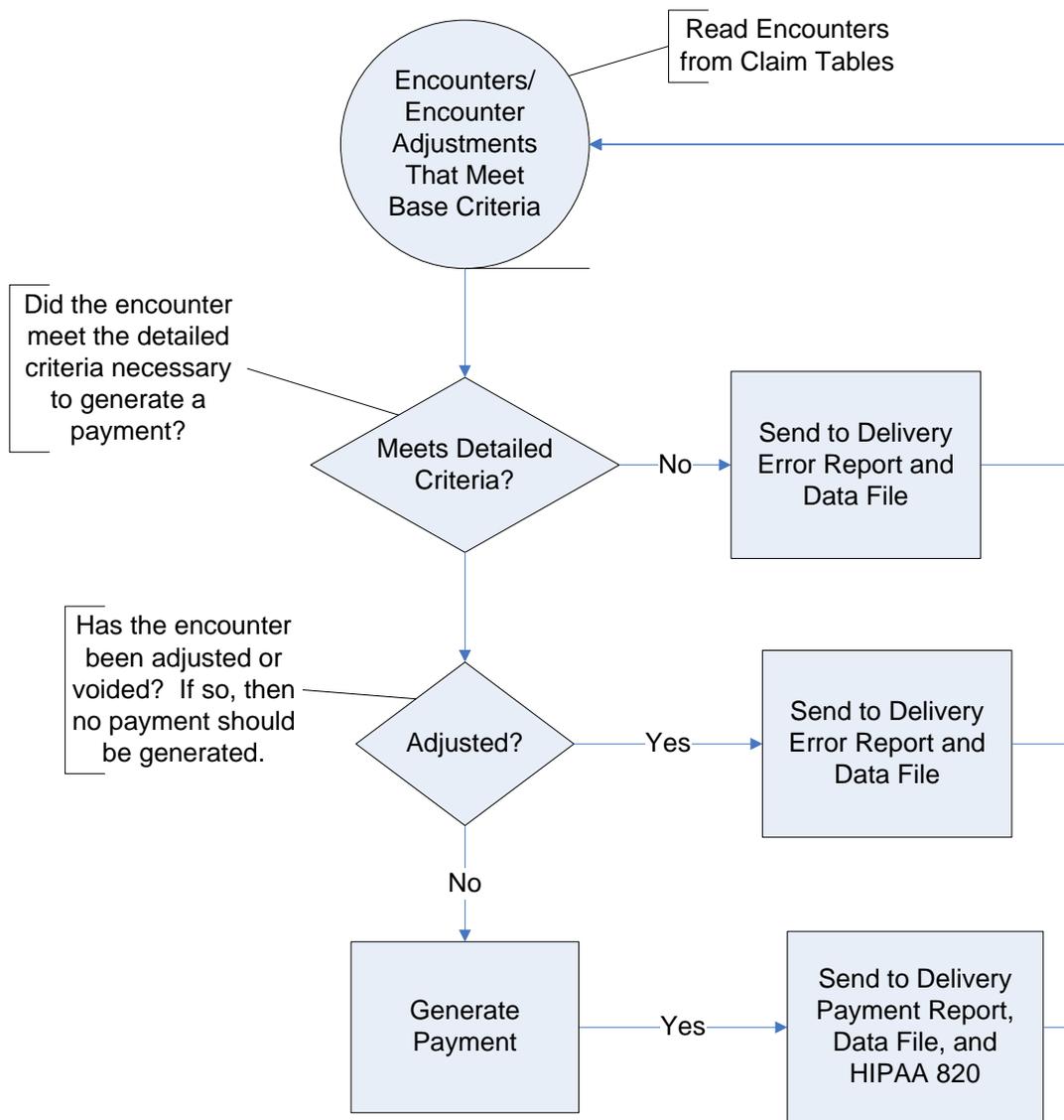
Provider Type	Provider Type Description
27	Chiropractor, Individ.
30	Dentist, Individual
31	Dentist, Group
35	Optometrist, Individual
36	Podiatrist, Individual
37	Chiro/Mechano, Individ.
44	Hospice
47	Mechanotherapist
55	Prof School Clinic – Optometry
56	Prof School Clinic – Dentistry
61	Optometrist, Group
62	Podiatrist, Group
64	Mechanotherapist , Group
68	Chiro/Mechano-Thrpst, Group
70	Pharmacy
75	Optician
76	Medical Equip. Supplier
77	Health Maintenance Orgn
98	Lienholder
99	Tape Intermediary

The **Take-Back Process** will be fairly simple: If an encounter that caused a delivery kick payment to be generated gets adjusted (for any reason) or voided, then the original payment will be taken back.

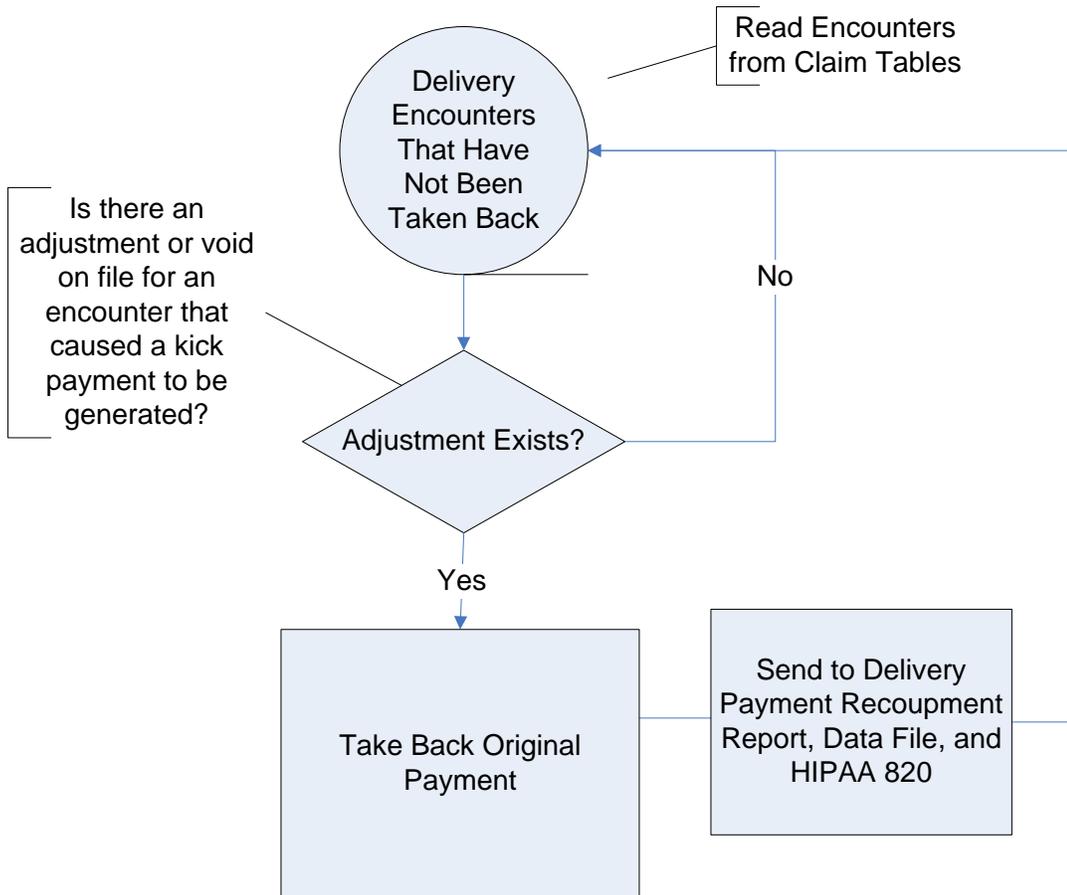
Examples of how the take-back process will work are included further below in this document.

High Level Flow Charts

MTS Delivery Kick Payment Logic



MIT S Delivery Kick Payment Take-back Logic



Examples

Scenario #1: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. No adjustments or void requests have been submitted.

Outcome #1: In the monthly capitation cycle, a kick payment will be generated. It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report (see mockup at the end of this document) that details which encounter ICN caused the payment to be generated, and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #2: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, but some (or all) of the detailed criteria/edits for generating a kick payment are not met. No adjustments or void requests have been submitted.

Outcome #2: In the monthly capitation cycle, a kick payment will NOT be generated. The encounter will be listed in the Delivery Payment Errors report (see mockup at the end of this document) that explains what detailed criteria the encounter did not meet. It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #3: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that does NOT meet all of the base criteria for generating a kick payment. No adjustments or void requests have been submitted.

Outcome #3: In the monthly capitation cycle, a kick payment will NOT be generated. The encounter will NOT be listed in the Delivery Payment Errors report and its corresponding data file.

Scenario #4: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that does NOT meet all of the base criteria for generating a kick payment. An adjustment (aka daughter) claim (identified by region 64) was submitted during the same month that DOES meet all of the base criteria as well as the detailed criteria/edits. The "daughter" claim has not been adjusted or voided.

Outcome #4: In the monthly capitation cycle, a kick payment will be generated (triggered by the daughter encounter claim). It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report that details which encounter ICN (the region 64 daughter) caused the payment to be generated, and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #5: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. A period of time later (2 months for example), the MCP submits a void request for that encounter.

Outcome #5: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...). In the monthly capitation cycle that follows the void request, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupsments report (see mockup at the end of this document) and data file.

Scenario #6: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. A period of time later (2 months for example), the MCP submits an adjustment (daughter) for the original encounter. The daughter claim does NOT meet the base criteria for generating a kick payment.

Outcome #6: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...). In the monthly capitation cycle that follows the receipt of the adjustment, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupsments report and data file. No new payment will be generated as a result of the receipt of the daughter claim.

Scenario #7: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. A period of time later (2 months for example), the MCP submits an adjustment (daughter) for the original encounter. The daughter claim meets the base criteria for generating a kick payment, but does NOT meet all of the detailed criteria/edits for generating a kick payment.

Outcome #7: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...). In the monthly capitation cycle that follows the receipt of the adjustment, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupsments report and data file. No new payment will be generated as a result of the receipt of the daughter claim.

The daughter encounter will be listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet. It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #8: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. A period of time later (2 months for example), the MCP submits an adjustment (daughter) for the original encounter. The daughter claim meets both the base criteria for generating a kick payment as well as the detailed criteria/edits for generating a kick payment.

Outcome #8: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...). In the monthly capitation cycle that follows the receipt of the adjustment, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupsments report and data file.

A new payment will be generated as a result of the receipt of the daughter claim. It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report that details which encounter ICN (the region 64 daughter) caused the payment to be generated, and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #9: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, but some (or all) of the detailed criteria/edits for generating a kick payment are NOT met. No adjustments or void requests have been submitted. A separate encounter was submitted during the same month that meets all of the base criteria, as well as all of the detailed edits/criteria.

Outcome #9: In the monthly capitation cycle, a kick payment will NOT be generated as a result of the first encounter. The first encounter will be listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet. It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

A kick payment WILL be generated as a result of the second encounter. It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report that details which encounter ICN caused the payment to be generated, and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #10: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed edits/criteria.. No adjustments or void requests have been submitted. A separate encounter was submitted during the same month that meets all of the base criteria, as well as all of the detailed edits/criteria.

Outcome #10: In the monthly capitation cycle, a kick payment WILL be generated as a result of the first encounter. It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report that details which encounter ICN caused the payment to be generated,

and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

A kick payment will NOT be generated as a result of the second encounter. The second encounter will be listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet (i.e. duplicate payment/payment already made). It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #11: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment. A second encounter was submitted during the same month that meets all of the base criteria, as well as all of the detailed edits/criteria.

A period of time later (2 months for example), the MCP submits an adjustment (daughter) for the original encounter. The daughter claim meets the base criteria for generating a kick payment, but does NOT meet all of the detailed criteria/edits for generating a kick payment.

Outcome #11: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...).

A kick payment was NOT generated as a result of the second encounter. The second encounter was listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet (i.e. duplicate payment/payment already made). It was also included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

In the monthly capitation cycle that follows the receipt of the adjustment, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupments report and data file. No new payment will be generated as a result of the receipt of the daughter claim. No new payment will be generated as a result of the second encounter that was submitted during the same month as the original encounter.

The daughter encounter will be listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet. It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Scenario #12: MCP submits (via a HIPAA 837) an original encounter (identified by region 70) that meets all of the base criteria for generating a kick payment, as well as all of the detailed criteria/edits for generating a kick payment.

A period of time later (2 months for example), the MCP submits an adjustment (daughter) for the original encounter. The daughter claim meets the base criteria for generating a kick payment, but

does NOT meet all of the detailed criteria/edits for generating a kick payment. A second encounter was submitted during the same month (as the adjustment) that meets all of the base criteria, as well as all of the detailed edits/criteria.

Outcome #12: In the monthly capitation cycle following the submission of the original encounter, a kick payment was generated (and included in the 820, the reports, etc...).

In the monthly capitation cycle that follows the receipt of the adjustment, the original payment will be taken back. The take-back will be included in the 820, in the Delivery Payments report and data file and in the Delivery Payment Recoupments report and data file. No new payment will be generated as a result of the receipt of the daughter claim.

The daughter encounter will be listed in the Delivery Payment Errors report that explains what detailed criteria the encounter did not meet. It will also be included in the Delivery Payment Errors data file that can be imported into a tool such as Excel. The Delivery Payment Errors report and data file are accessible via the Web Portal after a given MCP has logged into the site.

A kick payment WILL be generated as a result of the second encounter. It will be included as a separate item in the HIPAA 820, included in the Delivery Payments report that details which encounter ICN caused the payment to be generated, and also the Delivery Payments data file that can be imported into a tool such as Excel. The Delivery Payments report and data file are accessible via the Web Portal after a given MCP has logged into the site.

Report Mockups

Please note that these report mockups contain "wrapping" due to page size constraints.

Delivery Payments Report Layout

Report : MGD-0305-M
Run Date: MM/DD/CCYY

MITS

Process : MGDJM305
Run Time: 99:99:99

Medicaid Information Technology System

Location: MGD0305M
Page: 999

Delivery Payments

REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY

PMP REGION: XXX

PMP ID: 999999999 PMP NAME: XXX PMP TAX ID: 999999999

ENCOUNTER INTERNAL AMOUNT	DETAIL	MCP TRANSACTION	RECIPIENT	FIRST DATE	DATE
CONTROL NUMBER PAID	NUMBER	CONTROL NUMBER	NUMBER	OF SERVICE	TRANS PAID
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY
XXXXXXXXXXXX 999,999.99	999	XXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY

NUMBER OF CLAIMS = 999

PROVIDER TOTAL REIMB AMOUNT = 999999.99

*** END OF REPORT ***

Delivery Payment Recoupments Report Layout

Report : **MGD-0306-M**
 Run Date: **MM/DD/CCYY**
 Process : **MGDJM306**
 Run Time: **99:99:99**
 Location: **MGD0306M**
 Page: **999**

MITIS
 Medicaid Information Technology System
 Delivery Payment Recoupments
 REPORT PERIOD: **MM/DD/CCYY - MM/DD/CCYY**

PMP REGION: **XX**

PMP ID: **999999999** PMP NAME: **XX** PMP TAX ID: **999999999**

ORIGINAL ICN/ ADJUSTING ICN	ORIGINAL MCP TCN/ ADJUSTING MCP TCN	RECIPIENT NUMBER	ORIGINAL FIRST DATE OF SERVICE	DATE TRANS PAID	AMOUNT RECOUPED
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999,999.99
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX				
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999,999.99
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX				
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999,999.99
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX				

NUMBER OF CLAIMS = **99999**
 TOTAL AMOUNT RECOUPED = **999,999.99**

*** END OF REPORT ***

