

# Statewide Medicaid Managed Care Managed Medical Assistance Kick Payments

October 3, 2016



A **kick payment** is a method of reimbursing eligible health plans in the form of a separate, one-time, fixed payment made by the Agency for Health Care Administration (Agency) for a specific service. The Agency currently pays the health plan one kick payment for each heart, lung, and liver transplant service; however, starting mid-October, the Agency will pay the health plan one kick payment for each obstetrical delivery service provided on or after September 1, 2016. These services will be required to be billed using the fee-for-service guidelines the same way that transplants are currently billed.

**NOTE:** Health plans must also submit encounters for these services within the encounter guidelines and timeframes.

## Effective Dates

Health plans serving enrollees in the Managed Medical Assistance (MMA) program may request kick payment(s) for enrollees who receive obstetrical delivery services beginning September 1, 2016. Changes to the Florida Medicaid Management Information System will be made by mid-October, and then obstetrical delivery kick payments will be retroactively billable.

## Submitting Kick Payments

Kick payments can be submitted as X12 837 Professional (837P) non-encounter transactions, through the Direct Data Entry (DDE) or Trade Files option of the secure Web Portal.

For kick payment purposes, an obstetrical delivery includes all births resulting from the delivery; therefore, if an obstetrical delivery results in multiple births, the Agency will make only one kick payment. The kick payment amount is the same, regardless of the delivery outcome (live or still birth), the mode of delivery (vaginal or cesarean), or the setting in which the delivery occurs (hospital, birth center, or in the home). The allowed procedure codes are:

- 59410 (vaginal delivery)
- 59515 (cesarean delivery)

Claims for kick payment must be submitted within the required Medicaid fee-for-service claims submittal timeframes.

## Web Portal

The secure Web Portal offers Direct Data Entry (DDE), as well as a Trade Files option to users. The Agency encourages health plans to use DDE to bill for kick payments, as it provides real-time processing, in addition to simplifying the NPI crosswalk, and will create a simpler and more efficient billing process.

### *What you need to know:*

- Web Portal DDE claims are not subjected to NPI-related denials; however, claims uploaded via the Trade Files option will follow the processing requirements for X12 transactions as described below.
- The user name of the account linked to the MMA Provider Type 70 Web Portal user account must be used when accessing the secure Web Portal.

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- When completing the DDE claim, the health plan must enter its 9 digit Medicaid Provider ID as the rendering provider ID number.

## X12 Transactions

### 837 Professional Claim

Kick payments are filed using the 837P (non-encounter) transaction.

*What you need to know:*

- The ISA06 of the 837P must contain the health plan's fee-for-service (non-encounter) specific trading partner ID. This number must match what is contained in the GS02 segment. Plans should follow the fee-for-service instructions provided in the [837P Companion Guide](#).
- Kick payments are subject to NPI edits, as well as all other fee-for-service edits. The health plan will need to ensure that the NPI crosswalk maintains a one-to-one match with the MMA Provider Type 70 provider file.
- Since the health plan is registered as an individual, the rendering provider information submitted in loop 2310B of the 837 X12 transaction should be left blank.

### 835 Transaction

*What you need to know:*

- Fee-for-service 835s are generated weekly.
- The claim submission will be assigned a non-encounter Region Code.  
**Example Region Codes:**
  - 20 – X12 claims with no attachments
  - 21 – X12 claims with attachments
  - 22 – Web Portal claim with no attachments
  - 23 – Web Portal claim with attachments
  - 10 – Paper claim with no attachments
  - 11 – Paper claim with attachments
  - 59 – Web Portal adjustment or void
- Plans may verify the non-encounter CARC/RARC using the FMMIS CAQH/CORE EOB-X12 Adjustment Code Crosswalk, located on the [Submission Information](#) page in the public Web Portal.

## More Information – Resources

### Hewlett Packard Enterprise

- For assistance with the Web Portal or claims submitted for kick payment, please contact the Florida Encounter Support Helpdesk at [florida.encounter.support@hpe.com](mailto:florida.encounter.support@hpe.com).
- To learn how to bill Professional claims through the Web Portal, review the Professional Claim Form Presentations on the [Training Presentations](#) section of the public Web Portal.



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- For rate questions, contact your Plan Contract Manager.
- For assistance with X12 Transactions, contact the EDI Helpdesk at [edi.encounter.support@hpe.com](mailto:edi.encounter.support@hpe.com).
- To reset your Web Portal password, call Provider Services at 1-800-289-7799, Option 5.
  - Available 8am-5pm ET, M-F

## Agency for Health Care Administration

- For information regarding SMMC and related policies (including the Policy Transmittal, which will be available soon), visit the Agency website at <http://ahca.myflorida.com/> or call the Provider Support Call Center at 1-877-254-1055.