

310 - DELIVERY SUPPLEMENTAL PAYMENT

EFFECTIVE DATES: 10/01/08, 12/01/12, 10/01/13, 03/01/15, 06/01/15, 10/01/15,
10/01/18, 10/01/22

APPROVAL DATES: 11/16/09, 11/15/12, 11/21/13, 02/12/15, 05/12/15, 10/27/15,
09/06/18, 05/12/22

I. PURPOSE

This Policy applies to ACC and ACC-RBHA Contractors. This Policy outlines the process for the payment of the delivery supplement to Contractors when the Contractor has an enrolled member who delivers during a prospective enrollment period.

II. DEFINITIONS

For purposes of this Policy:

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| GLOBAL OBSTETRICAL (OB) PACKAGE | Includes <i>all</i> OB visits prior to delivery, the delivery, postpartum visits, and all services associated with admission to and discharge from a hospital. |
| PRIOR PERIOD COVERAGE (PPC) | The period of time prior to the member's enrollment, during which a member is eligible for covered services. The timeframe is from the effective date of eligibility (usually the first day of the month of application) until the date the member is enrolled with the Contractor. Refer to A.A.C. R9-22-701. If a member made eligible via the Hospital Presumptive Eligibility (HPE) program is subsequently determined eligible for AHCCCS via the full application process, prior period coverage for the member will be covered by AHCCCS Fee-For-Service (FFS) and the member will be enrolled with the Contractor only on a prospective basis. |
| STATE ONLY TRANSPLANT MEMBERS | Individuals who are eligible under one of the Title XIX eligibility categories and found eligible for a transplant, but subsequently lose Title XIX eligibility due to excess income become eligible for one of two extended eligibility options as specified in A.R.S. § 36-2907.10 and A.R.S. § 36-2907.11. |

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

GENERAL

When the Contractor has an enrolled member who delivers during a prospective enrollment period, the Contractor will be entitled to a supplemental payment (i.e., delivery supplemental payment). The delivery supplement is intended to cover the costs of a pregnant member's hospital and professional services related to the delivery of their newborn(s) and prenatal and postpartum care when billed using the Global Obstetrical (OB) Package. The delivery supplement is also paid when the infant is stillborn. State Only Transplant, Prior Period Coverage (PPC), and individuals who are diagnosed with a Serious Mental Illness (SMI) with contract types C, D, and W are not eligible for the delivery supplemental payment.

1. When an eligible member delivers during a prospective enrollment period, the Contractor will be entitled to a supplemental payment.
2. All live births shall be reported within one year of birth in order for the Contractor to receive a delivery supplemental payment.
3. All live births shall be reported by the member's Contractor through the AHCCCS Online Provider website: <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>. Births reported by any State Agency will not be eligible for a delivery supplemental payment.
4. All stillbirths shall be reported in compliance with AMPM Policy 410 in order for the Contractor to receive a delivery supplemental payment.