

Maternity Admission for Delivery Reporting

Goals and Objectives

1. To create a method to track the number of deliveries by obtaining data on maternity admissions.
2. To provide a means to identify maternity patients who are hospitalized two days or less and deliver vaginally or four days or less and deliver by cesarean section for inclusion in the quality review program.

Policy

Effective July 1, 2005, hospitals must report all admissions for deliveries with a length of stay of two days or less for vaginal delivery and four days or less for a cesarean section delivery to HSM. The maternity patient must be eligible for Medicaid and have inpatient days remaining at the time of admission to the hospital. These admissions for delivery must be reported to HSM within 15-calendar days post discharge from the hospital. A treatment authorization number (TAN) will be issued to cover the patient's length of stay up to 2 days for a vaginal delivery or up to 4 days for a cesarean section delivery. The provider may submit reports of admissions to HSM via the Web, telephone or fax.

A Notice of Reported Maternity Admission will be sent to the provider (hospital) indicating the treatment authorization number (TAN) and dates of service. HSM will notify the provider within 2 business days of receipt of the report and all necessary information. HSM will maintain a database of all reported maternity admissions and will provide DOM with data reports in accordance with contract requirements.

Certain maternity admissions are excluded from the reporting requirements. Exclusions are listed below:

- Patients not eligible for Medicaid at the time of admission or at any point during the hospitalization.
- Patients who have used all allotted inpatient days for the Medicaid fiscal year.
- Acute care cases in which the patient has Medicare Part A and Part B coverage unless inpatient Medicare benefits are exhausted. Note: Patients with Medicare Part A and Part B do not require reporting if the patient also has private insurance.
- Maternity stays of 3 days or more for vaginal deliveries and 5 days or more for cesarean section deliveries require certification through HSM's certification process and are not reported. (See Inpatient Obstetrical and Newborn Policy.)

Reporting Maternity Admissions

When preparing to report a maternity admission, the hospital must verify the beneficiary's Medicaid eligibility. If the beneficiary is not eligible or has used all inpatient days, or meets other exclusion criteria as noted above, the admission should not be reported to HSM.

To expedite the reporting process, HSM encourages facilities to use the Web or telephone option. Web reporting provides the hospital with a TAN immediately upon completion of the reporting transaction, therefore it is highly encouraged. For telephonic reporting, having a completed report form available at the time of the call may reduce the amount of time necessary to complete the reporting process.

A report of maternity admission for delivery must be submitted to HSM within 15-calendar days post discharge. The chart on the following page lists the methods available for reporting maternity admissions.

Method of Submission	Provider's Responsibilities	HSM's Responsibilities
Web	<p>Within 15-calender days of discharge:</p> <ul style="list-style-type: none"> ○ Verify that the case requires reporting (i.e., is not excluded). ○ Go to www.hsom.org. ○ Click "Report Maternity Admission." ○ Log in and complete the online form accurately. (See page 3 for instructions on obtaining a login.) 	<p>Upon completion of the reporting transaction:</p> <ul style="list-style-type: none"> ○ Issue a TAN covering the reported length of stay if the beneficiary is eligible and has remaining inpatient benefits. ○ Fax a written notification of the TAN to the provider.
Telephone	<p>Within 15-calender days of discharge:</p> <ul style="list-style-type: none"> ○ Verify that the case requires reporting (i.e., is not excluded). ○ Complete the "Medicaid Maternity Reporting—Admission for Delivery" form accurately (Included in this policy and procedure). ○ Call HSM at 1-888-557-1923 and provide the information to HSM. 	<p>During the telephone call:</p> <ul style="list-style-type: none"> ○ Enter the information provided by the provider into our system if reporting is required for the beneficiary's stay. ○ Issue a TAN covering the reported length of stay. ○ Fax a written notification of the TAN to the provider.
Fax	<p>Within 15-calender days of discharge:</p> <ul style="list-style-type: none"> ○ Verify that the case requires reporting (i.e., is not excluded). ○ Complete the "Medicaid Maternity Reporting—Admission for Delivery" form accurately (Included in this policy and procedure). ○ Fax the form to HSM at 1-888-557-1927. 	<p>Upon receipt of the Fax:</p> <ul style="list-style-type: none"> ○ Review the form to ensure that the information is complete and legible. ○ Notify the requester if the form is incomplete or illegible via telephone. ○ Notify the provider by telephone that the report cannot be processed. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ○ Issue a TAN covering the reported length of stay. ○ Fax a written notification of the TAN to the provider within two business days of receipt of all necessary information.

Please Note:

1. HSM provides a list of ICD-9-CM diagnoses codes for deliveries. The list can be found on our Web site at www.hsom.org as well as in this manual.
2. HSM will monitor occurrences of late reports for identification of patterns.
3. The provider is notified of the TAN within two business days of receiving the report and all necessary information via fax.
4. Written notices will include:
 - Date of notice
 - Date(s) of service
 - The length of stay (number of hospital days reported)
 - The treatment authorization number (TAN)

Obtaining a Login for Reporting Maternity Admissions via the Web

- Providers who use our electronic review service and/or the Web-based help line, may use their same user ID and password to login and report maternity admissions via the Web.
- Providers who do not have a login may request one. To request a login, visit www.hsom.org, print and complete the "Maternity Reporting Login Request" form and fax to 601-360-4967. Providers may also call the inpatient help line at 601-360-4949 to request a login.