

CT Maternity Bundled Payment Program

Advisory Council Meeting

September 20th, 2022

Agenda

Topic	Timing
Welcome	5 Minutes
Process Update	5 Minutes
Recap of Bundle Building Block Feedback	5 Minutes
Services Included in the Bundle	40 Minutes
Next Steps	5 Minute

Maternity Bundle Roadmap – Process Update



Upcoming Discussions

- Hybrid approach: Prospective payment/Retrospective reconciliation against bundle benchmark
- Pricing Methodology
- Quality Measures (continued)

Recap of Bundle Building Block Feedback

Building Block Design Components

Newborn Care: In Year 1, include newborn care (30 days) in provider reporting, then phase in financial accountability for newborn care over time

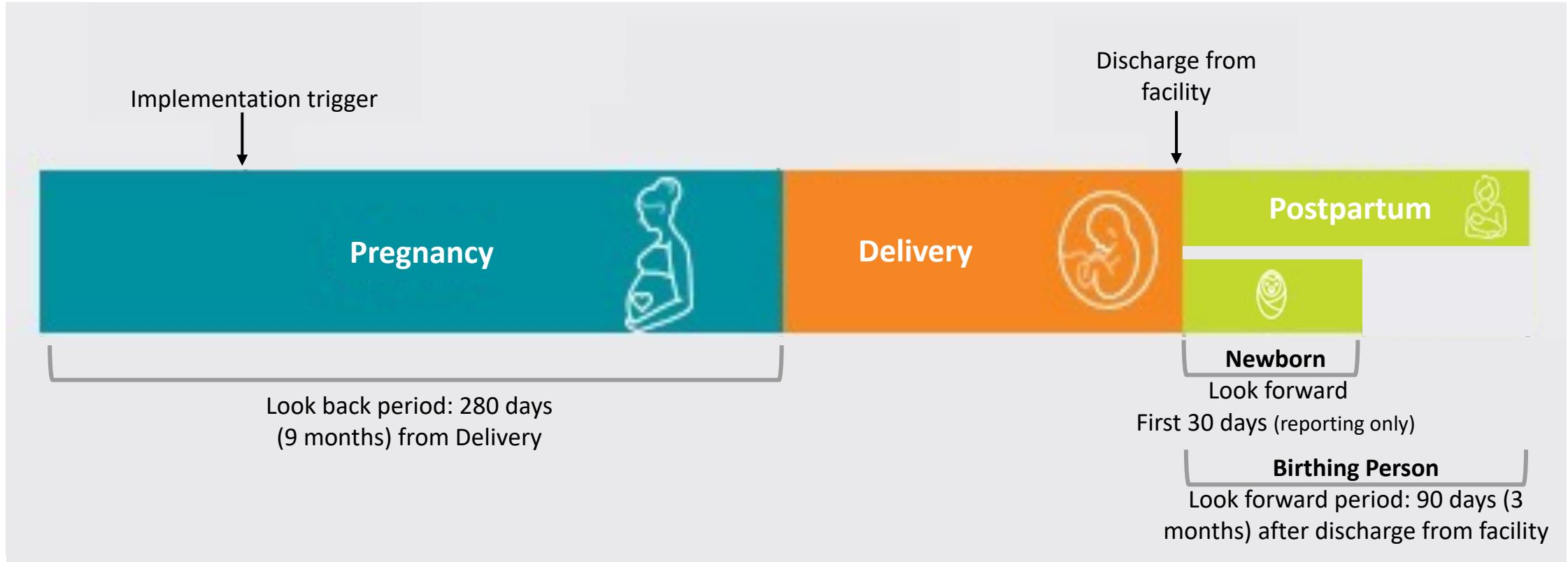
Postpartum Care: In Year 1, include 90 days postpartum in the bundle for financial accountability, while reporting on the postpartum period for 365 days.

Member and Provider Exclusion Criteria: Less than 10% of cases are projected to be dropped as a result of total member and provider exclusions.

Updates to Feedback & Questions Received

- **Mental health care:** Services related to screenings and assessments for mental health disorders and alcohol/substance done in the maternal health provider practice are included within the bundle. Services for the actual treatment of psychiatric conditions by behavioral health professionals are not part of the episode definitions and are therefore not included in the bundle.
- **Prenatal care enrollment for inclusion in the pregnancy episode:** The birthing person must have at least one claim for a service included in the episode during the first or second trimester.
- **Outlier cases:** The majority of outlier cases are dealt with through the winsorization/truncation methodology, which caps total episode costs at the 99th percentile of whatever was observed historically and used to price.
 - Several of the clinical terminations/exclusions are intended to ensure that complex and costly cases that are more difficult to care for are not part of the program.

Maternity Payment Bundle



Pregnancy:

- Monthly prenatal visits
- Routine ultrasound
- Blood testing
- Diabetes testing
- Genetic testing

- Doulas
- Care navigators
- Group ed meetings
- Childhood ed classes
- Preventive screenings (chlamydia, cervical cancer, etc.)

Labor and Birth:

- Vaginal or C-section delivery

Postpartum:

- Breastfeeding support
- Depression screening
- Contraception Planning
- Ensuring link from labor and birth to primary and pediatric care providers occurs for birthing person and baby

Preview of Payment Approach

Hybrid Payment Approach: prospective payment to providers for services provided by OB/certified midwife + retrospective settlement of total costs associated with the services included in the maternity bundle, including related services outside the OB practice.

Prospective Payment	Retrospective Reconciliation
Accountable providers will be paid a set amount of money for certain services that an expecting individual will need	Retrospective (e.g., at the end of the bundle) reconciliation will give accountable providers the opportunity to be eligible for incentive (e.g., shared savings) payments based on maternity-related care provided during the perinatal period and for certain predetermined outcomes.

- **Rationale:** Prospective payment model supports providers with needed capital for practice transformation activities to achieve DSS' goals, while hybrid approach enables accountability for providers without setting up systems to pay external providers/hospitals.

Today's Focus: Review services included in the bundle and designations for Prospective Payment, Retrospective Reconciliation, or FFS

Principles for Prospective, Retrospective and FFS Designation

The following criteria was used to define the suggested list for which services would be paid prospectively, which would be reconciled retrospectively, and which would be excluded from the bundle and paid FFS.

Principles	
Services included for Prospective Payment	<ul style="list-style-type: none">• Services provided in-house/directly by the accountable OB/licensed midwife• Services that predictably happen during the course of pregnancy OR that should happen during the course of pregnancy• High-value services, including doulas and breastfeeding support
Services included for Retrospective Reconciliation	<ul style="list-style-type: none">• Services provided outside of the accountable OB/licensed midwife practice• Services that predictably happen during the course of pregnancy
Fee for Service for Excluded Services	<ul style="list-style-type: none">• Services provided by either the accountable OB/licensed midwife or another provider• Services that are uncommon during the course of pregnancy

Note: Awaiting technical verification of this approach to identify and evaluate potential limitations

Services Included in the Bundle

Text in yellow was added based on stakeholder feedback

Design Element	Straw Recommendation			Rationale
For each covered service:	<p>Hybrid model: pay prospectively for a select set of services included in bundle, with retrospective settlement of other services. Defined list of services excluded from the bundle and paid fee-for-service.</p>			
(A) Include in bundle <ol style="list-style-type: none"> 1. Pay prospectively 2. Settle retrospectively (B) Exclude from the bundle (Pay Fee for Service (FFS))	A) Include in Bundle <ol style="list-style-type: none"> 1. Pay Prospectively <ul style="list-style-type: none"> • OB/licensed midwife Professional Services • OB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, Emergency Dept) • OB/licensed midwife Professional-related Behavioral Health Evals, including screening for depression & substance use • In-house OB/licensed midwife imaging • In-house labs & diagnostics • Screenings (general pregnancy screenings + screenings for chlamydia, cervical cancer + screenings for IPV, anxiety) • Routine vaccinations • Doulas • Breastfeeding support (breastfeeding support is included with broad spectrum of provider types, not limited to CHWs) • Child education services • Care coordination activities • Any of the above services provided via telehealth 	A) Include in Bundle <ol style="list-style-type: none"> 2. Settle retrospectively <ul style="list-style-type: none"> • Hospital-based costs related to maternity (Inpatient, Outpatient, Emergency Dept) • Birth Centers • Specialist/Professional Services related to maternity (e.g. anesthesia) • General Pharmacy related to maternity • OB/licensed midwife imaging & labs outside of OB/licensed midwife practice 	B) Exclude from Bundle <p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • Sterilizations • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high- cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc • Maternal Oral Health services 	

Notes:

- Under the maternity bundle program, HUSKY Health members will retain full coverage to all Medicaid-covered services and benefits *and* gain new benefits, including doula care and breastfeeding support. (Services “excluded from the bundle” will not have its associated costs of care factored into bundle payment pricing or reconciliation.)
- DSS is awaiting technical verification of the straw recommendation approach to identify and evaluate potential limitations

Services Included in the Bundle – Prospective Payment

Design Element	Straw Recommendation	A) Include in Bundle	Rationale
For each covered service:	Hybrid model: pay prospectively for a set of services. Defined list of services excluded.	1. Pay Prospectively <ul style="list-style-type: none">OB/licensed midwife Professional ServicesOB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, Emergency Dept)OB/licensed midwife Professional-related Behavioral Health Evals, including screening for depression & substance useIn-house OB/licensed midwife imagingIn-house labs & diagnosticsScreenings (general pregnancy screening for chlamydia, cervical cancer)Routine vaccinationsDoulasBreastfeeding support (breastfeeding support is included with broad spectrum of provider types, not limited to CHWs)Care coordination activitiesAny of the above services provided via telehealth	<ul style="list-style-type: none">Included services support DSS' goals and create appropriate incentives for providers to improve quality of care and reduce costs.Tie quality metrics to screenings, care coordination activities, and use of high-value support services to align clinical and financial incentives.
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1. Pay prospectively			
2. Settle retrospectively			
(B) Exclude from the bundle (Pay Fee for Service (FFS))			

Services Included in the Bundle – Retrospective Reconciliation

Design Element	Straw Recommendation	Rationale				
For each covered service:	<p>A) Include in Bundle</p> <p>2. Settle retrospectively</p> <ul style="list-style-type: none"> • Hospital-based costs related to maternity (Inpatient, Outpatient, Emergency Dept) • Birth Centers • Specialist/Professional Services related to maternity (e.g. anesthesia) • General Pharmacy related to maternity • OB/licensed midwife imaging & labs outside of OB/licensed midwife practice 	<p>services included in bundle, with retrospective settlement of other services included in bundle and paid fee-for-service.</p> <table border="1"> <thead> <tr> <th>A) Include in Bundle</th> <th>B) Exclude from Bundle</th> </tr> </thead> <tbody> <tr> <td>2. Settle retrospectively</td> <td> <p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high-cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc </td> </tr> </tbody> </table>	A) Include in Bundle	B) Exclude from Bundle	2. Settle retrospectively	<p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high-cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc
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Services Included in the Bundle – Exclusions paid FFS

Design Element	Straw Recommendation	Rationale
<p>For each covered service:</p> <p>(A) Include in bundle</p> <ol style="list-style-type: none"> 1. Pay prospectively 2. Settle retrospectively <p>(B) Exclude from the bundle (Pay Fee for Service (FFS))</p>	<p>Hybrid model: pay prospectively for a select set of services included in bundle, with retrospective settlement of other services.</p> <p>B) Exclude from Bundle</p> <p>Pay Fee for Service</p> <p><i>Excluded per 1st Order Decisions:</i></p> <ul style="list-style-type: none"> • Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) <p><i>Other Exclusions:</i></p> <ul style="list-style-type: none"> • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • DME (e.g. blood pressure monitors, breast pumps) • Select list of excluded high- cost medications • Hospital costs unrelated to maternity (e.g. appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc 	<ul style="list-style-type: none"> • Included services support DSS' goals and create appropriate incentives for providers to improve quality of care and reduce costs. • Tie quality metrics to screenings, care coordination activities, and use of high-value support services to align clinical and financial incentives.

Next Steps

- Incorporate feedback from today's discussion into the technical work for bundle services
- Upcoming Meetings:
 - September 27th – next Provider Payment focused discussion
 - October 18th – next Advisory Council meeting

Upcoming Maternity Bundle Advisory Meetings

- Feedback will be gathered in the monthly advisory meetings with ad hoc sessions, scheduled as needed to offer more focused discussions on specific topics
- The process will be iterative with opportunity to share feedback to drafted design elements

Advisory

Focused Discussions

Date	Meetings	Agenda Topic
6/21	Maternity Bundle Advisory	Solicit feedback on health equity framework for all design elements
7/19	Maternity Bundle Advisory	Discuss quality slate measure concepts and new measures for consideration
8/9	Focus: Provider Payment	Solicit feedback on postpartum and newborn care
8/23	Maternity Bundle Advisory	Provide process update and solicit feedback on draft maternity bundle building blocks design on postpartum and newborn care
9/20	Maternity Bundle Advisory	Solicit feedback on services included in the bundle
9/27	Focus: Provider Payment	Preview financial process
10/18	Maternity Bundle Advisory	Discuss quality measure slate updates
11/15	Focus: Provider Payment	Solicit feedback on proposed hybrid prospective & retrospective payment methodology and quality measure technical specifications
11/22	Maternity Bundle Advisory	Discuss payment methodology, including reconciliation, benchmarks, and episode pricing, as well as quality measures technical specifications
12/13	Maternity Bundle Advisory	Solicit feedback on financial risk, target pricing, and baseline performance, as well as provide update on Doula Integration
1/25	Maternity Bundle Advisory	Review final bundle design