

# CT Department of Social Services HUSKY Health Maternity Bundle Update

January 11, 2022

# Background

## Births in Connecticut

- Medicaid covers over **40% of the births** in Connecticut
- Medicaid covers as high as **70%** of all births in large cities and distressed municipalities
- While c-section rates among white individuals served by Medicaid decreased between 2016-2019, c-section rates have **remained constant** for Black individuals
- Connecticut has the 8th highest NAS rate per 1,000 births in the country

## Medicaid Covered Birth By Year

2018 total	15474
2019 total	15218
2020 total	14907

- We understand there is large interest from this group and others in:
  - health outcomes/equity;
  - doulas;
  - midwife parity

# Current payment structure and bundle

DSS is working with the community to design a new way of paying for maternity care that gives us a tool to change the way care is delivered.

## Current Payment Model:

We separately pay for:

1. Hospital fees
2. Physician/Certified Nurse Midwife fees
3. Lab and other fees



Can lead to fragmentation and poor care coordination

## Planned Bundle:

We pay a bundled amount for:

1. The majority of care related to the pregnancy to the primary provider of care
2. We hold providers accountable for equity informed outcomes and certain cost, which can lead to them earning “shared savings”
3. Eventually providers can be at risk for some portion of the payment when costs or outcomes fall below a benchmark



Can lead to providers improving outcomes and efficiency

# Health equity is the central focus of DSS's maternity bundle program

## Race equity is a major part of health equity

- Address and remedy disparities of access, utilization and outcomes for pregnant people
- Place particular emphasis on pregnant people of color, pregnant people with substance use disorders, and pregnant people with a high social vulnerability index as these are the individuals disproportionately affected by health inequities
- Center the lived experiences of our members in the way we design and implement the maternity bundle
- Include bundle elements that promote equitable access to care and supports (e.g., doulas, breastfeeding supports)
- Examine all services through the lens of race and ethnicity to ensure we are working to close health equity gaps

## Key health equity metrics

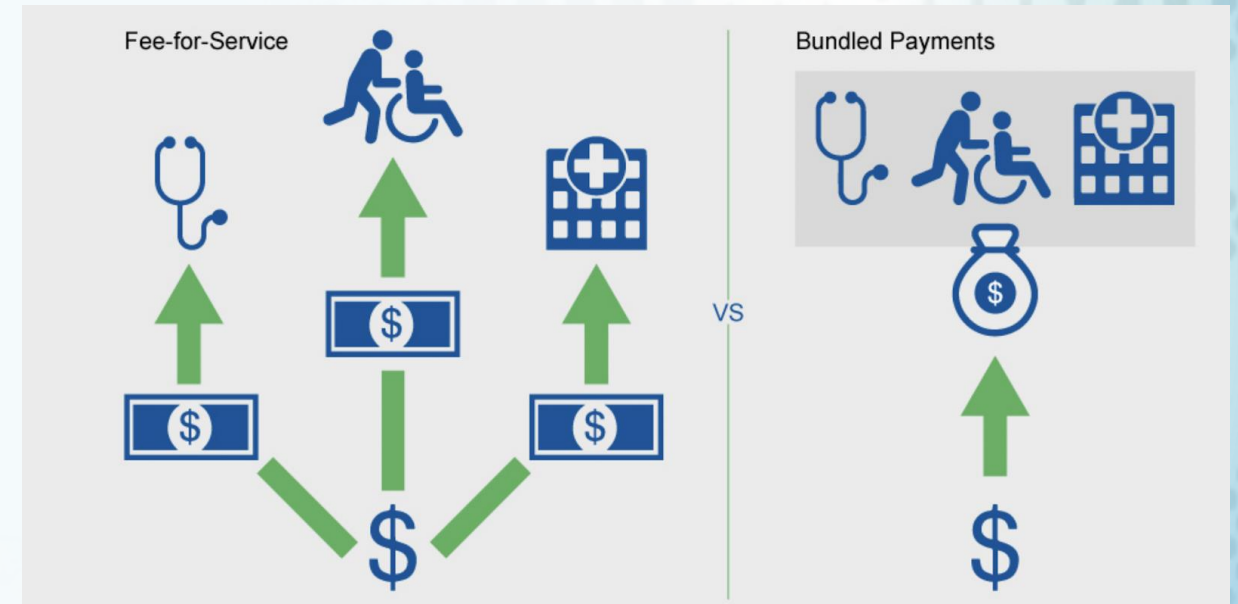
- Maternal mortality
- C-section
- Early elective births

**All metrics will be measured and stratified by race and ethnicity**

# What is a bundled payment?

Bundled payments are a form of **payment** that are designed to move away from fee-for-service reimbursement and toward value-based care. In a bundled payment model, providers are accountable for a **comprehensive payment for an episode of care**.

The bundled payment model is designed to encourage **greater efficiency and coordination** in the overall management of patients, **improving care quality and outcomes**, and **reducing costs**.



# Initial bundle design overview

## Element

## Preliminary Proposal

1

**Accountable entity (who receives and oversees the bundle)**

All Obstetrics (OB)/Certified Nurse Midwife practices in CT's Medicaid program, as well as Family Medicine providers who provide OB services

2

**Population included in the bundle**

All Medicaid births

3

**Bundle timing (when does it start/stop)**

40 weeks before birth/12 months postpartum (will be extended as of April 2022)

4

**Bundled rate determination**

Blended price using statewide and provider-specific utilization history with adjustment based on clinical risk.

# Certified Nurse Midwife payment parity for maternity bundle

## Rationale

- For the bundle there will be payment parity between CNM and OB-GYN's as CT DSS focuses more on outcomes for birthing individuals
- Payment parity for CNM implemented 7/1/21 based on Senate Bill 1202 (Section 333 of the implementer)

## Challenges

- Bundle rate parity may take a few years as the rate will be a blend between historical provider rates and a state wide average

# Doula inclusion in the bundle

## Rationale

- Data supports utilizing Doula's in helping to address and remedy disparities of access, utilization, and outcomes for pregnant individuals (especially those historically marginalized)
- Integrating Doula's into the bundle with the goal of creating a more interprofessional person centered care team

## Challenges

- Integration of Doula's into care teams that they have not historically been a part of will create administrative and integration hurdles for both traditional maternal health providers and Doula's
- Confirming how funding for Doula's flow to Doula's as part of the bundle
- Monitoring integration and availability of inclusive Doula's services into traditional maternal health providers