CT DSS Maternity Bundle

Advisory Council Meeting
January 24th, 2023

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Bundled Payment Program Development

Key Bundled Payment Design Topics for Discussion

Date	Meeting	Upcoming Discussion Topics
1/17 & 1/24	Provider Discussion Group Maternity Bundle Advisory Meeting	Quality & payment methodology. Input on outstanding policy questions.
2/22	Maternity Bundle Advisory Meeting	Review of final bundle design.

AGENDA

- Quality Measures and Methodology
  - Final Measure List
    - Designation of P4R/P4P
  - Methodology tying quality to payment
- Encounter Form Completion
- Prospective Payment Amount
- Multiple Births
- Attribution Rules
- Questions

Reminder of Quality Measure Goals and Prioritization

In addition to the Maternity Bundle's Key Outcome Measures on overall program success, Quality Measures will assess provider-level performance on critical activities and outcomes.

- Quality Measures will be used for reporting on provider performance to support improvements in care. In certain cases, Quality Measures will be tied to accountability and payment.
- The initial measures under consideration reflect early stakeholder input as well as the following design principles:
  - **Alignment with other state initiatives and quality measure sets** (CMS Adult/Child Core, CT OHS, SEHP)
  - **Focus on outcomes and processes that reduce maternal disparities**
  - **Ensuring utilization of key services within the bundle**
  - **Feasible to collect and report**
- Quality Measures will be stratified by race, ethnicity, and language (REL) when possible.
- DSS may update the quality measures, specifications, and designation of pay for performance vs. pay for reporting as quality best practices evolve.
  - Additional measures, such as Patient Care Experience measures, are under consideration for Year 2 pending feasibility to implement.

Maternity Bundled Payment Year 1 Quality Measure Set

	Quality Measure	Description	Measure Source	Data Source
Pay for Performance	Maternal Adverse Events	Proportion of deliveries >= 20 weeks gestation with any of 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization, using claims information for risk adjustment (34 risk variables).	NQF #3687e ePC-07	Claims based. Maternal delivery hospitalization.
	Cesarean Birth	Proportion of cesarean deliveries among NTSV deliveries.	NQF #0471e ePC-02	Claims based. Maternal delivery hospitalization.
	Low Birth Weight (LBW)	Proportion of infants with ICD codes for light for gestational age, small for gestational age, low birthweight, or ICU care for low birthweight infant on newborn record among all births.	Existing DSS Measure	Claims based. Newborn delivery hospitalization.
	Prenatal Care	Proportion of pregnancies where first prenatal care visit occurred in first trimester.	NCQA #1517 (Admin only)	Shadow claim (all prenatal care claims) or encounter form.
	Postpartum Care	Proportion of deliveries with at least two postpartum visits within 7-90 days after delivery.	NCQA #1517 (Admin only)	Shadow claim (all postpartum claims up to 90 days after delivery) or encounter form
Pay for Reporting	Doula Utilization	Proportion of births attended by doula. *(Additional measures are still under consideration pending feasibility of data collection)*	Custom Measure	Encounter form
	Breastfeeding	Assesses the number of newborns exclusively fed breast milk during the newborn's entire hospitalization. *(Additional measures are still under consideration consideration pending feasibility of data collection)*	NQF #0480 PC-05, NQF #0480e PC-05	Encounter form
	Behavioral Health Risk Assessments	Percentage of patients, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: screening for depression, alcohol use, tobacco use, drug use, and intimate partner violence screening.	NQF# MC-3	Encounter form
	Preterm Birth/Preterm Labor	Number of LBW/Premature Babies among the total number of deliveries.	Revised SEHP Measure	Claims based. Maternal and newborn delivery hospitalization.
	Contraception	Proportion of persons with a CPT, HCPCS, ICD-10 DX or PCS, or NDC code for LARC in postpartum period.	NQF #2902	Claims-based (postpartum maternal claims).

Encounter Form Completion – Straw Person Design

Note: New encounter forms will be designed for the Maternity Bundle program, and the OBP4P program's encounter form will be subset.

*Specific questions to be included on the encounter forms to be shared once drafted

Rational

- DSS is planning to share data with providers on a quarterly basis so collecting this information as early as available will aid in being able to provide meaningful, actionable data to providers

Discussion:
How could providers operationalize submitting details for the encounter form at two stages? Would providers see this as helpful to bundled payment program performance?

Measure Weights for Pay for Reporting (P4R) vs. Pay for Performance (P4P)

Weights

- Maternal Adverse Events and Cesarean Births will be weighted with highest priority (3)
- Pay for Reporting measures will be weighted lowest (1)
- All other Pay for Performance measures will be weighted between them (2)

Reporting

- The five Pay for Reporting measures will require encounter form data submissions, similar to the OBP4P program
- DSS will release billing and encounter form guidance prior to program launch

	P4P or P4R	Metric %	Metric Weights
Maternal Adverse Events	P	18%	3
Cesarean Births	P	18%	3
Postpartum Care	P	12%	2
Prenatal Care	P	12%	2
Low Birth Weight	P	12%	2
Preterm Birth/ Preterm Labor	R	6%	1
Breastfeeding	R	6%	1
Contraception	R	6%	1
Doula Utilization	R	6%	1
BH Risk Assessments	R	6%	1
Total		100%	

Maternity Bundle Key Design Elements - Quality Score Methodology

Quality scorecards use provider baseline data to set quality performance targets against which performance during the live program is measured. DSS anticipates shifting to statewide target rates for quality measures in subsequent years as needed.

Quality Score Methodology

- **Step 1 – Normalization:** (Rate - baseline Min Rate) / (baseline Max Rate - baseline Min Rate)) * 100
- **Step 2A – Inversion** (if needed so that higher rates = better performance): Individual Metric Score = 100 - Normalized Rate
- **Step 2B – Guardrail Check:** Ensure inverted scores are within the 0%-100% range
- **Step 2C – Performance Tier Quality Score:** Combined Metrics Score of all measures = Sum (individual metric score * metric weight)
- **Step 2D – Pay for Performance (P4P) Combined Score:** Combined Metrics Score of P4P measures only = sum (individual metric score * metric weight)
- **Step 3 – P4P Change of Baseline:** Change from baseline = Performance period combined score - baseline performance target combined score
- **Step 4 – Improvement Tier Quality Score:** Percent Change for P4P measures only = Performance period combined score - baseline combined score) / baseline combined score * 100

Context: *Example illustrates quality score calculations for a provider with the criteria below.*

(1) Demonstrates high quality of care performance across most quality measures compared to the peer group in Year 0 (see Historical Baseline Performance Period)

(2) Maintains and improves high quality of care performance in Year 1 (see Year 1 Performance Period)

(3) Reports on 4 of 5 measures, including reporting measures

Example Scenario

Historical Baseline Performance Period (P4P measure rates only)

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5	Combined Metrics
6.7%	77.3%	70.6%	28.5%	25.2%	52.2%

Year 1 Performance Period (P4P & P4R measure rates)

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5	P4R
5.4%	77.5%	75.4%	27.9%	24.2%	Yes for 4 of 5 metrics

Minimum & Maximum Rates of Peer Group (P4P measures only)

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5	P4R Metrics
Minimum	5.5%	72.2%	70.6%	28.5%	24.7%	N/A
Maximum	10.0%	78.6%	76.4%	36.2%	32.9%	

Step 2A (Inversion) and 2B (Guardrail Check)

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5	P4R Metrics
100.0%	82.8%	82.8%	100.0%	100.0%	N/A

Step 2C - Performance Tier Quality Score - Combined Metrics (All Measures)	Step 2D: Combined Metrics (P4P Only)	Step 3: Change from Baseline (P4P Only)	Step 4: - Improvement Tier Quality Score - % Change from Baseline (P4P Only)
90.1%	66.5%	14.3%	27.4%

Maternity Bundle Key Design Elements - Quality Score Impact to Payment

Proposed implementation is to look at both overall performance and percent improvement over baseline, where providers receive payment in accordance with their highest earnings percentage between the two tier options.

Payment Methodology

- **Step 1:** Map **Performance Tier Quality Score** to Performance: % Earnings
- **Step 2:** Map **Improvement Tier Quality Score** to Improvement: % Earnings
- **Step 3A:** Use the higher % Earnings between the Performance and Improvement Tiers to determine the Final % of Earnings
- **Step 3B:** If the Final % of Earnings is 70% (lowest tier), earnings are conditional upon submitting a quality improvement plan

Draft Performance Tiers

Overall Performance	Performance Tier	Performance: % Earnings
<60%	D	70%
60-75%	C	80%
76-90%	B	90%
>90%	A	100%

Draft Improvement Tiers

Improvement	Improvement Tier	Improvement: % Earnings
<3%	D	60%
3-5%	C	70%
5-10%	B	80%
10%+	A	90%

Example Scenarios

Provider Group	Performance Tier	Performance: % Earnings	Improvement Tier	Improvement: % Earnings	Final % of Earnings
Group 1	B	90%	D	60%	**90%**
Group 2	C	80%	D	60%	**80%**
Group 3	D	70%	A	90%	**90%**
Group 4	A	100%	A	90%	**100%**
Group 5	D	70%	A	90%	**90%**
Group 6	D	70%	D	60%	**70%***
		Step 1		**Step 2**	**Step 3A**

***Step 3B:** Group 6 earnings are conditional, contingent upon submission of a quality improvement plan

Example from prior page:
90.1% performance and 27.5% improvement =
Performance Tier A and Improvement Tier A.
Therefore:
Provider would earn 100% of payment

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Prospective Payment Amount

- The prospective payment will be paid during the prenatal and postpartum periods.
- The payments are based on each provider's historically provided services during the prenatal and postpartum periods and exclude delivery costs.
- Draft monthly prospective payments average $149 and vary from $57 to $195 (5th percentile to 95th percentile).
- An additional $21/month will be included for breastfeeding support and doulas.
  - Note: DSS is still determining how to handle the Doula and Breastfeeding payments during retrospective reconciliation.
- These numbers are draft and are subject to change.

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Multiple Births

- Multiple births make up about 2.2% of deliveries.
- Multiple births that have been identified in the data are more costly (approximately 1.7 times) than singleton births.
- Multiple births are being considered for inclusion in the prospective payment.
  - As noted previously, DSS is still determining how to handle the Doula and Breastfeeding payments during retrospective reconciliation.
- In the reconciliation, multiple births would be excluded from the target price and effectively paid at fee-for-service rates.
- ***Discussion:*** *Are there concerns about including multiple births, where providers may incur greater costs than average that would not be compensated until the retrospective reconciliation?*

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Attribution Rules

- Pregnancies for maternity providers that provide care during the prenatal period but do not perform the delivery are planned for inclusion.
- This broadens the reach of the program and allows for attribution for providers that do not perform deliveries
- ***Discussion:*** *Is providing prenatal care sufficient to warrant shared savings/costs? Are there any other concerns with inclusion of these providers?*

Questions?
Additional Feedback?

CONTACT US

Winter Tucker, MPH

Winter.Tucker@optumas.com

Martin McNamara

martin.mcnamara@optumas.com

Bri Shipp

bri.shipp@optumas.com

Appendix: Measures under Consideration for Year 2 and Beyond

Quality Measurement Area	Recommendations	Reporting Required
Patient Care Experience	**Continue to research scales and measures**	Patient reported
Doula Utilization	**Consider development of additional measures**: Proportion of pregnancies with prenatal doula support (claims); Proportion of postpartum persons with doula support (claims); Proportion of pregnant persons offered doula services (patient or provider reported); Experience of doula care	Claims, encounter form, or patient reported
Breastfeeding	**Consider development of new measure** using data from an encounter form: Proportion of postpartum persons offered breastfeeding support services after delivery discharge	Encounter form
Vaginal Births After Cesarean (VBAC)	Consider development of **Trial of labor after cesarean (TOLAC) measure:** Proportion of pregnant persons with a code indicative of labor or failed labor among those with a prior cesarean code.	Claims or encounter form
Early Elective Delivery	Consider development of a measure of **elective deliveries 37-38 weeks** if/when gestational age becomes available in data (not from ICD-10)	Electronic Health Record (EHR) or encounter form
Contraception	**Consider development of new measure**: Proportion of pregnant or postpartum persons offered contraceptive counseling	Claims or encounter form

Appendix: Quality Measure Alignment

When feasible, DSS opted to align Year One quality measures with measures from the CMS Adult/Child Core Set and the CT OHS Core Set.

Quality Measure	Measure Source	DSS Year 1 Maternity Bundle Measure Set	2023 CMS Core Measure Set	2022 OHS Core Measure Set	SEHP measures
Maternal Adverse Events	NQF #3687e ePC-07	x			x
Cesarean Birth	NQF #0471e ePC-02	x	x		x
Low Birth Weight (LBW)	Existing DSS Measure	x	x		x
Prenatal Care	NCQA #1517 (Admin only)	x	x	x	
Postpartum Care	NCQA #1517 (Admin only)	x	x	x	
Doula Utilization	Custom Measure	x			
Breastfeeding	NQF #0480 PC-05, NQF #0480e PC-05	x			
Behavioral Health Risk Assessments	NQF# MC-3	x	x (Measure is not specific to birthing persons)		x
Preterm Birth/Preterm Labor	Revised SEHP Measure	x			x
Contraception	NQF #2902	x	x		