



HUSKY Maternity Bundle Payment Program - Quality Measures Guide

The HUSKY Maternity Bundle Payment Program (Maternity Bundle Program) is a value-based care program which implements an episode-based payment model for maternity care services. With an emphasis on reducing health disparities and improving the patient's care experience, this program aims to drive high-value, coordinated, and efficient maternity care through the use of Case Rate payments (episode-based payments), upside-only incentive payments (shared savings), performance and reporting-based quality measures, and expanded services that support positive maternal and infant health outcomes.

This guide provides information on the Maternity Bundle Program quality measures.

The Maternity Bundle Program has 10 quality measures; five pay for performance measures and five pay for reporting measures. Claims and non-claims sources will be utilized to produce the measures. Seven measures will be sourced from adjudicated claims information and three measures will utilize data submitted by OB providers via the [CT Maternity Bundle Encounter Form](#).

- Pay for Performance measures:
 - Maternal Adverse Events (claims based)
 - Cesarean Birth (claims based)
 - Low Birth Weight (claims based)
 - Prenatal Care (claims based)
 - Postpartum Care (claims based)
- Pay for Reporting measures:
 - Doula Utilization (Encounter Form based)*
 - Breastfeeding (Encounter Form based)
 - Behavioral Health Risk Assessments (Encounter Form based)
 - Preterm Birth/Labor (claims based)
 - Contraception (claims based)

Quality-related questions and answers can be found in the Comprehensive Program FAQ, which can be found at the DSS website [here](#).

**Pay for Reporting quality measures for practices that have opted out of the Doula Care Case Rate Add-on Payment by completing a Doula Care Case Rate Add-on Payment Opt Out Form will be weighted according to the Measure Weight, "No Doula Add-On."*

Measure Name	Data Source	Measure Description	Denominator Description	Numerator Description	Measure Weight
Common Denominator Exclusion Criteria for all Pay for Performance Measures (unless otherwise stated in the measure description): <ul style="list-style-type: none"> i. Exclude members (birthing person) where a miscarriage/fetal demise occurs ii. Exclude members (birthing person) with Dual Medicare/Medicaid Coverage iii. Exclude if member (birthing person) expired during any part of the pregnancy iv. Exclude if member (birthing person) is less than eight years of age or greater than 64 years of age 					
Pay for Performance					
Cesarean Birth	Claims data	Proportion of cesarean deliveries among Nulliparous, Term, Singleton, Vertex (NTSV) births.	The number of live NTSV births at or beyond 37 weeks gestation during the reporting period. Length of stays > 120 days are excluded.	The number of NTSV births in the denominator delivered by cesarean section.	23.53%
Postpartum Care	Claims data	Proportion of deliveries with at least two postpartum visits within seven-90 days after delivery.	The number of live birth deliveries during the reporting period. Members must be continuously enrolled for 90 days after delivery date. Members with hospice services during the reporting period are excluded.	The number of members in the denominator who received at least two postpartum care visits between seven and 90 days after the delivery date. Multiple visits on the same day count as one visit.	17.65%
Prenatal Care	Claims data	Proportion of deliveries with a prenatal care visit in the first trimester or within 42 days after the enrollment start date.	The number of live birth deliveries during the reporting period. Members must be continuously	The number of members in the denominator who received a prenatal care visit in the first trimester, or who received a	11.76%

Measure Name	Data Source	Measure Description	Denominator Description	Numerator Description	Measure Weight
			enrolled 43 days prior to delivery date. Members with hospice services during the reporting period are excluded.	prenatal care visit between the enrollment start date and 42 days after the enrollment start date for members not enrolled during the first trimester.	
Low Birth Weight (LBW)	Claims data	Proportion of newborns with low birth weight among all births.	The number of births during the reporting period.	The number of newborns in the denominator with a diagnosis of light for gestational age, small for gestational age, low birthweight, or ICU care for low birthweight infant.	11.76%
Maternal Adverse Events	Claims data	Proportion of deliveries \geq 20 weeks gestation with one or more maternal morbidities or maternal mortalities occurring during the delivery hospitalization. The rate is risk adjusted for pre-existing conditions present on admission.	The number of delivery hospitalizations \geq 20 weeks for live births or stillbirths during the reporting period.	The number of deliveries in the denominator with severe obstetric complications not present on admission or maternal mortalities that occur during the delivery encounter.	5.88%

Measure Name	Data Source	Measure Description	Denominator Description	Numerator Description	Measure Weight	
					Doula Add-On	No Doula Add-On
Pay for Reporting						
Doula Utilization ¹	Encounter Form data	Proportion of births attended by doula.	The number of deliveries during the reporting period.	The number of members in the denominator who received doula support as documented on the Encounter Form.	5.88%	N/A
Breastfeeding ²	Encounter Form data	Proportion of newborns exclusively fed breast milk during the newborn's entire hospitalization.	The number of deliveries during the reporting period.	The number of newborns exclusively fed breast milk during the delivery hospitalization as documented on the Encounter Form.	5.88%	7.36%
Behavioral Health Risk Assessments ²	Encounter Form data	Proportion of members with deliveries during the reporting period who received a behavioral health screening risk assessment at the first prenatal visit that included the following screenings: screening for depression, alcohol use, tobacco use, drug use, and intimate partner violence.	The number of deliveries with a prenatal visit during the reporting period.	The number of members in the denominator who received a behavioral health screening risk assessment that included all of the required screenings as documented on the Encounter Form.	5.88%	7.36%
Preterm Birth/Preterm Labor	Claims data	Proportion of preterm births among the total live births.	The number of live birth deliveries during the reporting period.	The number of births in the denominator that were <37 weeks of gestation.	5.88%	7.36%
Contraceptive Care-Postpartum Women	Claims data	Proportion of members age 15 to 44 who had a live birth and received a most effective, moderately effective, or Long-Acting Reversible Contraception (LARC)	The number of live births during the reporting period for members age 15 to 44. Members must	The number of members in the denominator who received a most or moderately effective	5.88%	7.36%

Measure Name	Data Source	Measure Description	Denominator Description	Numerator Description	Measure Weight	
					Doula Add-On	No Doula Add-On
		method within 90 days of delivery.	be continuously enrolled for 90 days after the date of delivery.	contraception or LARC within 90 days after delivery.		

¹ 100% Encounter Form submission threshold required for measure reporting/payment.

² 90% Encounter Form submission threshold required for measure reporting/payment.

Additional Information

For more information about the Maternity Bundle Program, the Connecticut Department of Social Services (DSS) has created a Program Overview and Glossary, Frequently Asked Questions, and video presentation about the program. Additional information can be found at the DSS Maternity Bundle website [here](#).

If you have questions about the Maternity Bundle Program, please contact your dedicated regional Provider Engagement Services representative at 1.800.440.5071, option 4, Monday – Friday, from 8:00 a.m. – 6:00 p.m.