HUSKY Maternity Bundle Payment Program

Office Hours

August 2024

Welcome to the HUSKY Maternity Bundle Office Hours

Please see the meeting's ground rules below.

This forum will be recorded and posted to the DSS Youtube channel. Meeting materials will also be posted on the DSS Maternity Bundle website.

If you are not speaking, please mute yourself.

Please limit use of the Chat for Zoom technical and audio issues only.

Please use Q&A feature or raise your hand to ask questions.

Agenda

1. Program Status Update
2. Case Rate Development Data
3. Case Rate Billing Guidance
4. Q&A

Program Status Update: Revised Launch Date

In response to stakeholder feedback, DSS is revising the launch date for the HUSKY Maternity Bundle Payment Program to **January 1st, 2025.**

- This new payment model aims to strengthen maternal health and improve health outcomes for HUSKY Health members through improved quality of care and access, with an emphasis on reducing health disparities and improving the patient's care experience.
- To enable program success, DSS values providers as critical partners in this initiative and has aimed to incorporate and be responsive to stakeholder feedback throughout the design and implementation process.
- After careful consideration, DSS has decided to update the launch date of the program to enable consideration of program refinements and provide additional provider resources and guidance in response to stakeholder feedback.

Program Status Update: Opportunities Ahead

With the revised launch date, DSS will continue to engage stakeholders throughout this period, providing additional information and opportunities for providers to ask questions and share feedback.

Recently Accomplished

- ✓ Actuarial Modeling & Program Testing
- ✓ Draft Case Rates
- ✓ Historic Performance Reports
- ✓ Provider Resources: Video Guides and FAQs

Current Priorities

- ❑ Consideration of Program Refinements
- ❑ Billing Guidance & Updated FAQ
- ❑ Quality Measures Reference Guide
- ❑ CMS State Plan Amendment (SPA) Approval

Upcoming

- ❑ Provider Bulletin of payment policies and processes
- ❑ Final Performance Year Case Rates
- ❑ Performance Year Provider Reports

More information about the HUSKY Maternity Bundle can be found at this website: https://portal.ct.gov/DSS/Health-And-Home-Care/HUSKY-Maternity-Bundle

Case Rate Development Data

As part of the ongoing Actuarial Modeling & Program Testing (dry run of 2022 claims), DSS shared draft provider-specific Case Rates in March 2024. In response to provider requests, DSS recently provided additional Case Rate data for providers to:

1. Better understand how the Case Rates were developed
2. Provide more information to forecast revenue under the Case Rate methodology

[Provider Name]		[Billing Tax ID]			
Attributed Episodes	Trimester 1 FFS Payments	*Case Rate Development Details*			
		Trimesters 2, 3, Delivery & Postpartum FFS Payments		Average Months of Payments per Case	Draft Case Rate
		Total	Per Episode		

Note: Draft Case Rates are based on deliveries incurred from 10/1/2021 to 9/30/2022. Practices that have been acquired since the dry run period (10/1/2021 to 9/30/2022) are not included in the above.

Prior to Go Live, DSS will refresh the Case Rates with a more recent claim set to establish the rate that will be effective as of 1/1/2025.

Case Rate Development Data

- **Attributed Episodes** represents the number of maternity episodes that the Accountable Provider TIN was responsible for in the historic period.
- **Trimester 1 FFS Payments** represents total payment for maternal care services rendered during the first trimester, as reimbursed via fee-for-service (FFS) payments. Services rendered during the first trimester will not be included in the Case Rate.
- **Trimesters 2, 3, Delivery & Postpartum FFS Payments** represents total payment for maternal care services that will be included in the Case Rate, as reimbursed historically via FFS, during the second and third trimesters, delivery (if provided by the Accountable Provider TIN), and postpartum period – in total, and per episode.
- **Average Months of Payments per Case** represents the average number of months that the practice would have received a Case Rate payment in the historic period. Note that providers who trigger Case Rate at the start of second trimester will be eligible to receive Case Rate payments for each month of the episode that they are responsible for the attributed member's care (i.e., approximately 9 months for the full episode, including: second trimester, third trimester, and 3 months postpartum).
- **Draft Case Rate** represents the provider's monthly, provider-specific Case Rate payment amount for maternal care services provided during the second and third trimesters, delivery (if provided by the Accountable Provider TIN), and postpartum period. See the trigger event criteria for more details about the maternity bundle specialty types included in the development of the Case Rate.

[Provider Name]		[Billing Tax ID]			
Attributed Episodes	Trimester 1 FFS Payments	*Case Rate Development Details*			
		Trimesters 2, 3, Delivery & Postpartum FFS Payments		Average Months of Payments per Case	Draft Case Rate
		Total	Per Episode		

Case Rate Billing Guidance

Trigger Event Criteria

Beginning in the second trimester, Accountable Providers (billing Tax ID) can initiate the Case Rate payment by billing a claim that meets the trigger event criteria below:

- Perform 30 or more deliveries annually
- Submit a claim with 1) a trigger diagnosis code (outlined in the Code List on the DSS website here), 2) one of the following Evaluation &Management (E&M) codes 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, and 3) with a qualifying place of service location: 11 (office), 19 (off-campus outpatient hospital), or 22 (on-campus – outpatient hospital).
  - ***Place of Service Update:*** Please note the update on the Place of Service criteria, which aligns with DSS' goal to identify appropriate attribution changes between participating Accountable Providers in office and outpatient hospital settings.
- Bill as a qualifying maternity bundle specialty type: Obstetrics and Gynecology (including the Maternal Fetal Medicine subspecialty), Family Medicine, Certified Nurse Midwife, Obstetric Nurse Practitioner, Family Nurse Practitioner, and Women's Health Nurse Practitioner.

Global Billing Guidance

For practices who do not currently bill using these criteria, this will represent a billing practice change.

- When possible, DSS recommends that practices bill to meet the trigger event criteria to ensure that your practice maintains episode attribution.
- DSS is working to create further guidance related to global code billing, particularly for members with Medicaid as secondary insurance is forthcoming.

Next Steps and Additional Resources

Next Steps

- ❑ In the near future, DSS will provide an updated FAQ, billing examples, and additional information pertaining to billing and payment processes.
- ❑ As additional program updates become available, DSS will also hold more provider forums.

Additional Resources

- For additional information about this program, please visit the DSS Maternity Bundle Website.
- Program specifications and other provider resources can be found in the Details of Connecticut's Maternity Bundle section.

Appendix

Program Overview

Program Start Date: January 1st, 2025

Eligible Providers: Maternity practices who deliver 30 or more births per year

Key Design Components:

- Provider-specific **"Case Rate" payments** to encourage flexibility in care delivery
- Episode cost calculated through **retrospective reconciliation**
- **Quality measures** to ensure high-quality care and improvements in care
- **Social and clinical risk adjustment** to reward providers who care for Medicaid members with greater social and health needs

Program Highlights:

- New coverage of **doula and lactation support** services
- Opportunity for **"incentive" payments** (shared savings) without downside risk

Maternity Episode

An episode of care describes the total amount of care provided to a patient during a set timeframe. In this program, the maternity episode includes services across all phases of the perinatal period, spanning 280 days before birth to 90 days postpartum.

Maternity Episode

- **Pregnancy** — 280 days prior to delivery
- **Labor and Delivery**
- **Postpartum** — 90 days post delivery
- **Newborn** (Reporting only) — 30-90 days post delivery

First trimester: Fee-For-Service payment

Case Rate Payment

A Case Rate may begin in the second trimester and continues until 90 days postpartum.
(Fee-For-Service payment will continue for services not covered by the Case Rate.)

New Covered Services

Reimbursed via Case Rate Add-on Payment

Reconciliation

Quality Methodology

Incentive Payment

Maternity Episode Services

See the full list on the following slide.

Pregnancy

- Monthly prenatal visits
- Routine ultrasound
- Blood testing
- Diabetes testing
- Genetic testing
- Doulas
- Care navigators
- Group ed meetings
- Birth ed classes
- Preventive screenings (chlamydia, cervical cancer, etc.)

Labor & Delivery

- Vaginal delivery
- C-section delivery

Postpartum

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

Case Rate Payments

Accountable Providers will receive monthly case rate payments for a subset of prenatal and postpartum services.

- **What?** For a subset of services, DSS will make monthly "case rate" payments for the majority of prenatal and postpartum care that a birthing person receives.
  - Each provider's initial Case Rate is based on historical second trimester, third trimester, delivery (if performed by the Accountable Provider), and postpartum claim expense for historically attributed episodes.
  - The rates will be rebased, not more frequently than once every 12 months.
  - A Case Rate may begin in the 2nd trimester. Claims submitted in the first trimester will be paid fee-for-service.
  - If/when a different provider takes over the patient's case within the second or third trimester, the Case Rate for the original Accountable Provider will cease.
- **Who?** Case Rate payments will be paid to the Accountable Provider to which the birth is attributed.
- **Why?** DSS designed the maternity bundle's Case Rate payment to give providers greater flexibility in how they deliver care.

Maternity Episode Services

Included Services	Excluded Services
➢ OB/licensed midwife Professional Services ➢ ***In-house*** OB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, and ED) including professional delivery fees ➢ OB/licensed midwife Professional-related Behavioral Health Evals, including screening for depression and substance use ➢ Screenings (general pregnancy, chlamydia, cervical cancer, intimate partner violence, anxiety) ➢ ***In-house*** OB/licensed midwife imaging ➢ ***In-house*** labs and diagnostics ➢ Prenatal group visits ➢ Birth education services ➢ Care coordination activities ➢ Any of the above services provided via telehealth • *If performed outside the participating Accountable Provider:* OB/licensed midwife imaging & labs • Birth Centers and hospital costs related to maternity care • Specialist/Professional Services related to maternity (e.g., anesthesia) • General Pharmacy related to maternity	• Pediatric Professional Services • Neonatal Intensive Care Unit (NICU) • Behavioral Health & Substance Use services • Long-acting reversible contraception (LARC) • Sterilizations • DME (e.g., blood pressure monitors, breast pumps) • High-cost medications (specifically, HIV drugs and brexanolone) • Hospital costs unrelated to maternity (e.g., appendicitis) • Other Care, including Nutrition, Respiratory Care, Home Care, etc. • Maternal Oral Health services

Key: ➢ Services reimbursed and included in the Case Rate.
• Services reimbursed Fee-For-Service

Target Price

The provider-specific target price is the expected total cost of care for the maternity episode based on a blend of the statewide average cost for maternity care and the provider's historical cost.

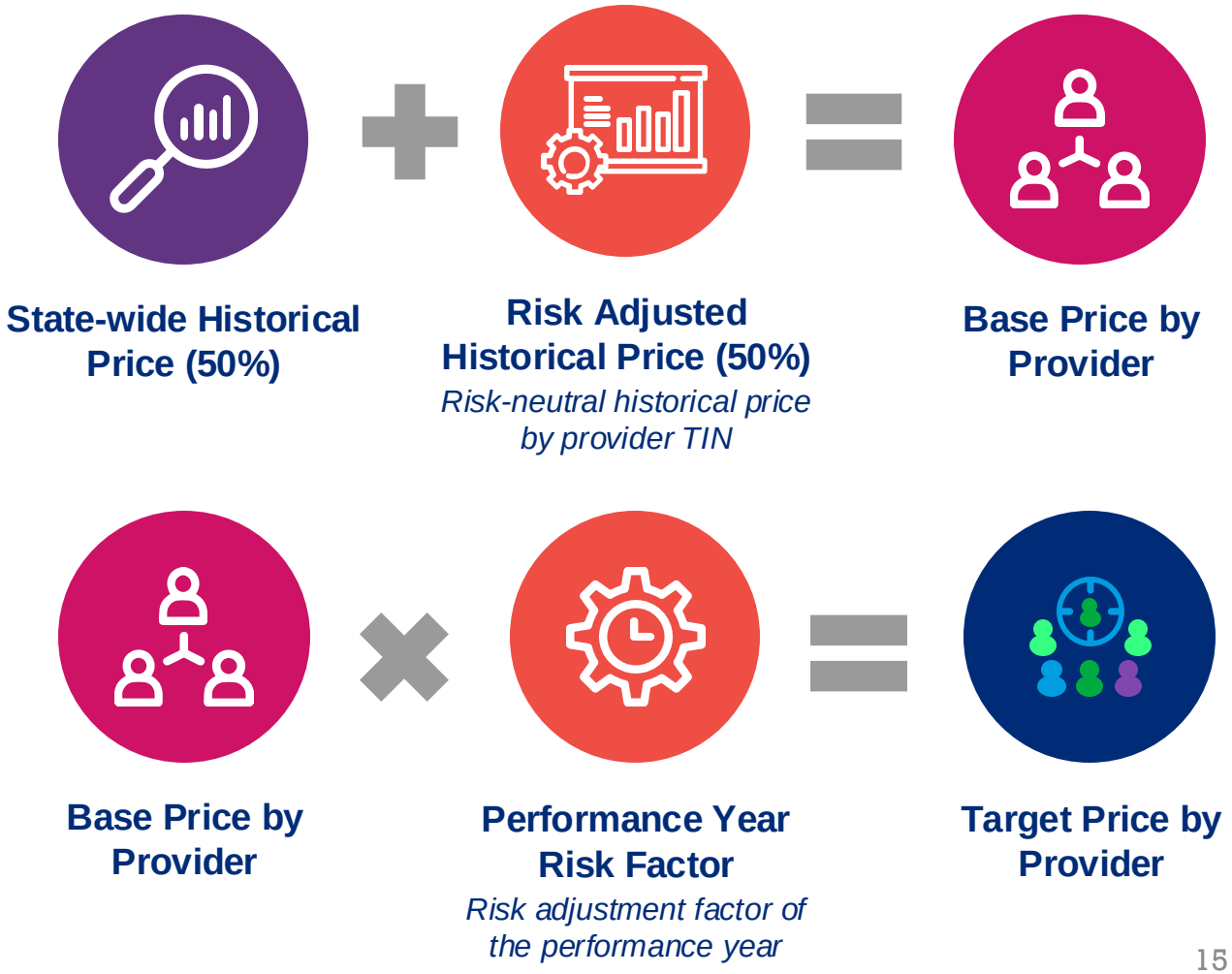
Historical Price

- Calculate the average standardized* episode cost of all services by provider TIN.
- Winsorize outliers — set the total episode cost thresholds between the fifth and 99th percentile.
- Trending — utilize the institutional knowledge from CT Department of Social Services, such as fee schedule changes.

** Standardization includes applying standard fee schedule by diagnosis related group and severity level. This process will be used for inpatient hospitals and some other services, if applicable.*

Risk Adjustment Factor

The historical year's risk adjustment factor, integrated with the Area Deprivation Index (an area-level measure of socioeconomic factor) will be used to risk adjust the historical price.



Quality Measures and Weights

This program has ten quality measures: five are Pay for Performance measures and five are Pay for Reporting measures.

Pay for Performance (71% Total)

1 Cesarean Birth (24%)

The proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, via cesarean birth.

2 Postpartum Care (18%)

Measures rate of timeliness of postpartum care for the maternity bundle project.

3 Prenatal Care (12%)

Measures the timeliness of prenatal care for the maternity bundle project.

4 Low Birth Weight (12%)

The proportion of infants with the International Classification of Diseases codes for light for gestational age, small for gestational age, low birth weight, or intensive care units care for low birthweight infants on newborn records among all births.

5 Maternal Adverse Events (6%)

The proportion of deliveries > = 20 weeks gestation with any of 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization, risk-adjusted using claims data.

Pay for Reporting (29%)

6 Contraception (6%)

The proportion of mothers with Live Deliveries that reported Contraceptive use within 90 days of Delivery

7 Preterm Birth/Labor (6%)

The proportion of preterm births/labors among the total number of live births

8 Doula Utilization (6%)

Proportion of births attended by a doula.

9 Breastfeeding (6%)

Assesses the proportion of newborns exclusively fed breast milk during the newborn's entire hospitalization.

10 Behavioral Health Risk Assessment (6%)

Proportion of patients who gave birth and received a behavioral health screening risk assessment at the first prenatal visit of those patients who gave birth and had at least one prenatal visit

Quality Methodology and Scoring

Performance Tier Score Calculation

There are four steps to calculating the Performance Tier Score:

- **Step 1:** Normalize each Pay for Performance Metric against the Historical year minimum and maximum values.
  - Pay for Reporting Metrics are assigned a value of 1 if data for the metric is present otherwise 0 if no data is present.
- **Step 2:** Invert the appropriate metrics such that a higher score is better.
- **Step 3:** Ensure that the metrics are within the boundaries of 0 and 1.
- **Step 4:** Utilize the metric weights to calculate a final composite, metric-weighted Performance Score.

Improvement Tier Score Calculation

There are three additional steps to calculate the Improvement Tier Score:

- **Step 1:** The improvement tier score is calculated with the same steps as the Performance Tier Score, but from the Pay for Performance Metrics only.
- **Step 2:** Take the difference in the Current (2022) Pay For Performance Score from the Historical (2021) Pay For Performance Score.
- **Step 3:** Divide the difference between the Current (2022) and Historical (2021) scores to get the Improvement Tier Score.

Percentage of Shared Savings Earned

- The Performance Tier Score and Improvement Tier Score are each cross-walked to a Percentage of Shared Savings Earned. **The maximum Percentage of Shared Savings Earned between the two scores is selected as the final Percentage of Shared Earning Earned**.

Performance Tier Score

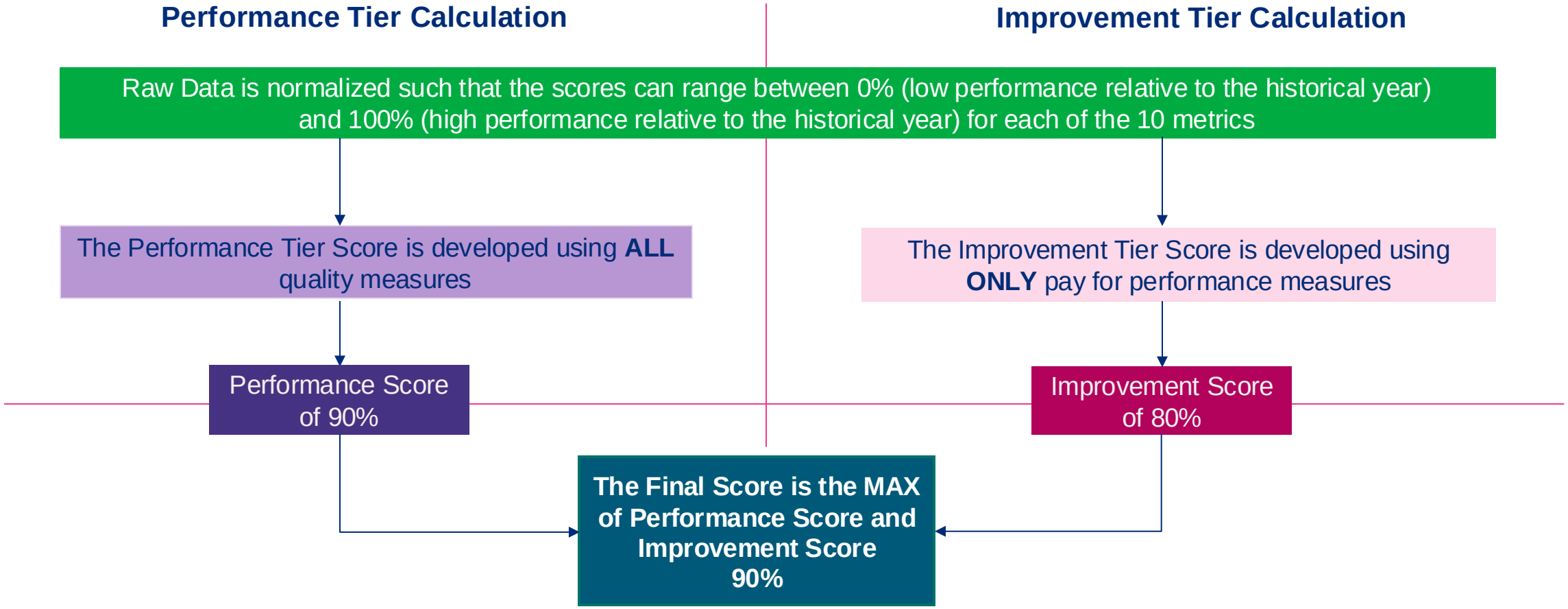
Overall Performance	Performance Earnings Tier	Performance: % Shared Savings
< 55th Percentile of peer group	F	50%
55–60th Percentile of peer group	D	60%
60–70th Percentile of peer group	C	70%
70–75th Percentile of peer group	B	80%
75–80th Percentile of peer group	A	90%
> 80th Percentile of peer group	S	100%

Improvement Tier Score

Improvement	Improvement Earnings Tier	Improvement: % Shared Savings
<0%	F	50%
0–3%	D	60%
3–5%	C	70%
5–10%	B	80%
10%+	A	90%

Quality Methodology Example

The distribution of incentive payments will be adjusted based on the Accountable Provider's quality performance. The example below illustrates how DSS will produce the final quality score.



Quality Gate Check

- Accountable Providers who fall into Tier F for both the Performance Earnings Tier and the Improvement Earnings Tier will be required to submit a quality improvement plan in order to earn incentive payments.
- In the subsequent year, if an Accountable Provider consecutively maintains quality performance in Tier F for both tiers, the provider will be ineligible for the incentive payment that year.