

# **HUSKY Maternity Bundle Payment Program**

## **Case Rate Overview**

March 2024

# Key Program Components

Maternity  
Episode

Accountable  
Providers

*This presentation will focus on:*

Case Rate  
Payment

New  
Covered  
Services

Incentive  
Payment

Quality  
Methodology

More information about the HUSKY Maternity Bundle Payment Program can be found at the DSS website [here](#).

# Presentation Goals

This presentation aims to answer the following questions:



When will I receive my Case Rate payment details?



What are Case Rate payments?



What services are included in the Case Rate?



What is the Case Rate Add-On Payment?



When does my Case Rate payment start?



When does my Case Rate payment stop?



How does the Case Rate impact billing and payment?

# When will I receive my Case Rate payment details?

## Draft Dry Run Rates

- As part of the ongoing Actuarial Modeling & Program Testing (dry run of 2022 claims), DSS published draft provider-specific Case Rates in March 2024.
- Draft Case Rates are based on deliveries incurred from 10/1/2021 to 9/30/2022.

Providers will receive a draft case rate letter with the following information:

	Billing Tax ID	Medicaid ID Receiving Payment	DRAFT – For Program Testing Only	
			Case Rate	Attributed Episodes
Provider Name				

Prior to Go Live, DSS will refresh the Case Rates with a more recent claim set to establish the Case Rate that will be effective as of 9/1/2024.

# What are Case Rate payments?

- **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, and postpartum claim expense for historically attributed episodes.
  - The rates will be rebased, not more frequently than once every 12 months.
- **Who?** Case Rate payments will be paid to the Accountable Provider to whom the birth is attributed.
- **Why?** DSS designed the maternity bundle’s Case Rate payment to give providers greater flexibility in how they deliver care.

# What services are included in the Case Rate?

- OB/licensed midwife Professional Services
- OB/licensed midwife Professional-related hospitalization costs (Inpatient, Outpatient, and ED) including professional delivery fees, if performed by the Accountable Provider
- 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

# What is the Case Rate Add-On Payment?

- DSS plans to provide new service coverage of two community-based, peer resources: doula care and lactation supports. These high-value services aim to bridge the equity gaps for historically marginalized birthing people.
- An additional add-on payment of \$21/month will be provided to fund doula services and lactation supports.
- Add-on payments for doula care and lactation supports will not impact the opportunity for incentive payment earnings to encourage uptake of the new benefits.
- Doula services and lactation supports will be excluded from incentive payment calculations, and doula services will be subject to a retrospective true up.

# When does my Case Rate payment start?

## Case Rate Initiation & Trigger Codes

- Claims submitted in the first trimester will be paid fee-for-service.
  - Note that add-on payments for doula and lactation supports are, therefore, not provided in the first trimester.
- A Case Rate may begin in the 2nd trimester. Providers should indicate that they are the Accountable Provider for the patient by billing a claim in the second or third trimester with specific trigger codes to indicate pregnancy.
  - Trigger Codes are ICD-10-CM, HCPCS or service codes that formally attribute the beneficiary's episode to an Accountable Provider.
  - A full list of codes are available on are the DSS website [here](#).
- After the Case Rate is initiated, payments will be made monthly, continuing through 90 days postpartum.
  - See next slide for rules for provider changes of care and case rate termination criteria.



# When does my Case Rate payment stop?

## Change of Care and Termination Rules

**Attribution Change** – 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.

- Given that the Case Rate is developed based in part on historical cost and service utilization, the historical pattern of transitions of patient care has been built into the provider-specific Case Rate.
- A change of care (or attribution change) is determined through the submission of another claim with a trigger code by the practice that takes over care.
- When the attribution change is identified, the maternity episode and Case Rate payment will either be reattributed to the new Accountable Provider or transitioned to FFS payment.
- Episodes with a change in attribution will also be subject to a continuous lookback process, which will identify and recover duplicative payments made to Accountable Providers who did not provide care in the relevant month.
- For the retrospective reconciliation, episodes will be attributed to the practice group that reported the most recent trigger code in the second trimester.

**Case Rate Termination** – The Case Rate will cease if the following criteria are met:

- If a claim is submitted carrying a code indicating the pregnancy was miscarried/terminated.
- At 90 days postpartum

# How does the Case Rate impact billing and payment?

## Billing Requirements

- At program launch, providers will continue to bill all claims as usual to demonstrate services provided to the patient.

## Payment Method

- After the case rate is initiated:
  - Case Rate payments will be made at the end of each month.
  - The triggering claim and all subsequent claims meeting the services included in the case rate criteria will be zero-paid.
- For each practice (billing Tax ID entity), DSS will make Case Rate payments to the Medicaid (AVRS) ID that received the most revenue in the prior year.
  - In the Draft Case Rate letter, DSS indicated which Medicaid ID will receive the Case Rate for the practice.
  - Practices have the option to specify a different Medicaid ID to direct payment to, by request.

# Additional Provider Resources

For additional information about this program, see the following resources:

- [DSS Maternity Bundle Website](#)
- [Program Overview](#)
- [Program Specification](#)
- [Draft Code List](#)