

HUSKY Maternity Bundle Payment Program

Historic Performance Report Overview

June 2024

Key Program Components

Maternity
Episode

Accountable
Providers

Case Rate
Payment

New
Covered
Services

This presentation will focus on:

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:



How does reconciliation work?



What historic cost and quality details will I receive prior to Go Live?



What services are included in reconciliation?



What is the target price?



How does quality impact the incentive payment?

How does reconciliation work?

At the end of the Performance Year, DSS will perform a reconciliation process to determine whether Accountable Providers are eligible for incentive payments (upside only).

The process below outlines how DSS will calculate the incentive payment during reconciliation. If **actual cost** for the episode is below the **target price** (i.e., there are **net savings**), providers will receive an **incentive payment** (up to 50% of net savings) based on their **final quality score**.



- Bundles will be reconciled once per year.
- For year one, providers will not be responsible for losses, but will share a portion of savings based on their quality measure performance.

What historic cost and quality details will I receive prior to Go Live?

As part of the ongoing Actuarial Modeling & Program Testing (dry run of 2022 claims), DSS published draft provider-specific Historic Performance Reports in June 2024.

Historic Performance Report Goals – DSS generated this report for providers to:

1. To better understand the program's reconciliation process
2. To receive illustrative provider-specific data based on historic program simulation

The Historic Performance Report includes:

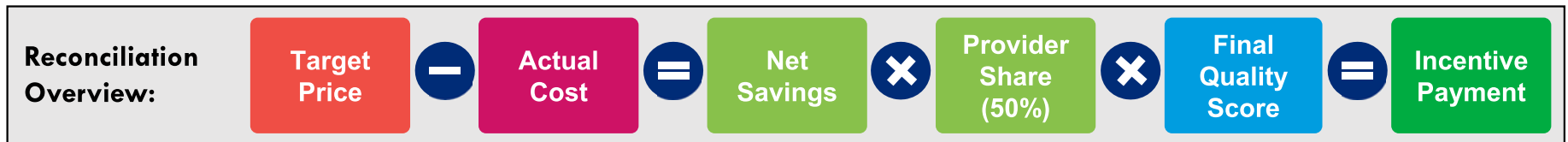
- Provider-specific historic cost and quality performance, based on claim experience for deliveries that occurred from 10/1/2021 to 9/30/2022
- Methodological details describing how each component was calculated
- *Report excerpts are shown on the following slides.*

Please note this report is not predictive of how providers will perform in the first performance year.

Historic Performance Results: Reconciliation

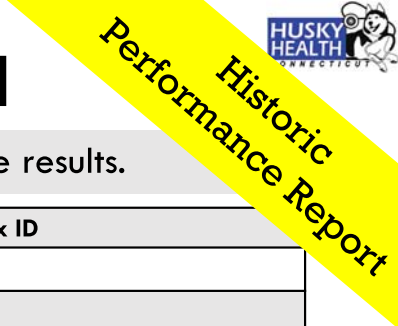
For the illustrative purposes of historical program testing, DSS generated provider specific results based on claim experience for deliveries that occurred from 10/1/2021 to 9/30/2022.

Provider Name		Billing Tax ID				
DRAFT Historic Performance Results – For Program Testing Only						
Attributed Episodes	Target Price	Actual Cost	Net Savings	Provider Share (50%)	Final Quality Score	Incentive Payment



Note: Practices that have been acquired since the dry run period (10/1/2021 to 9/30/2022) are not included in the above.

Please note this report is not predictive of how providers will perform in the first performance year.



Historic Performance Results: Quality Measure Detail

For the illustrative purposes of historical program testing, DSS generated provider specific quality score results.

Provider Name				Billing Tax ID			
DRAFT Historic Performance Results – For Program Testing Only							
	Metric	Metric Weight	Program Year Performance (Percentile)	Performance Tier Score Calculation	Improvement Tier Score Calculation** (P4P Only)		
Pay for Performance	Cesarean Births	24%					
	Postpartum Care	18%					
	Prenatal Care	12%					
	Low Birth Weight	12%					
	Maternal Adverse Events	6%					
(1 = Data is present; 0 = No data is present)							
Pay for Reporting	Contraception	6%					
	Preterm Birth/ Labor	6%					
	Doula Utilization*	6%					
	Breastfeeding*	6%					
	BH Risk Assessments*	6%					
% Shared Savings							
Final Quality Score (MAX of Performance and Improvement)							

For the purposes of historical program testing: Baseline Year = 10/1/20 to 9/30/21; Program Year = 10/1/21 to 9/30/22.

A blank cell indicates that the measure's denominator is below the credibility threshold; these measures are excluded from the tier score calculations.

*No historical data was available for these Pay for Reporting measures. The Contraception metric was used as a placeholder to demonstrate the reporting tier calculation.

**Pre-baseline year (10/1/19 to 9/30/20) data was not available; hence the Baseline year measure results were used as a placeholder to demonstrate the improvement tier calculation.

What services are included in reconciliation?

Reconciliation will consider all episode services, both those included in the Case Rate and those paid FFS.

Included Services	Excluded Services
<ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> • <i>If performed outside the participating Accountable Provider:</i> 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 	<ul style="list-style-type: none"> • 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

What is the 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.

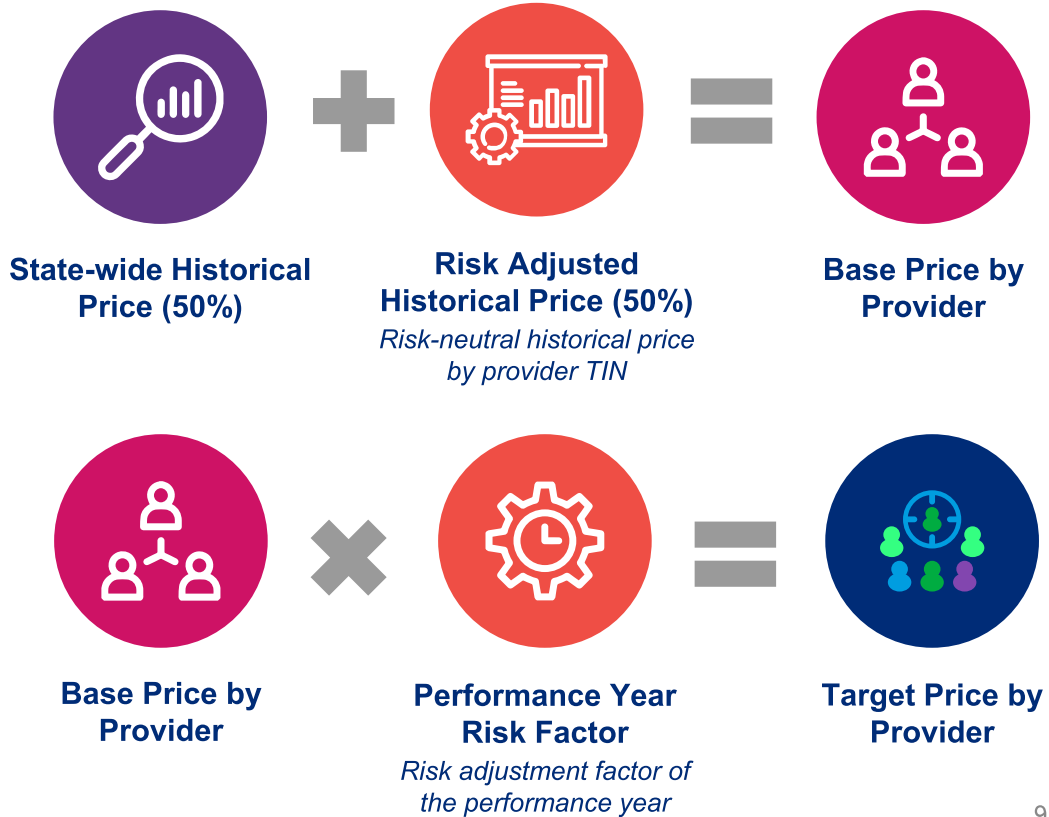
Historical Price

- 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.*

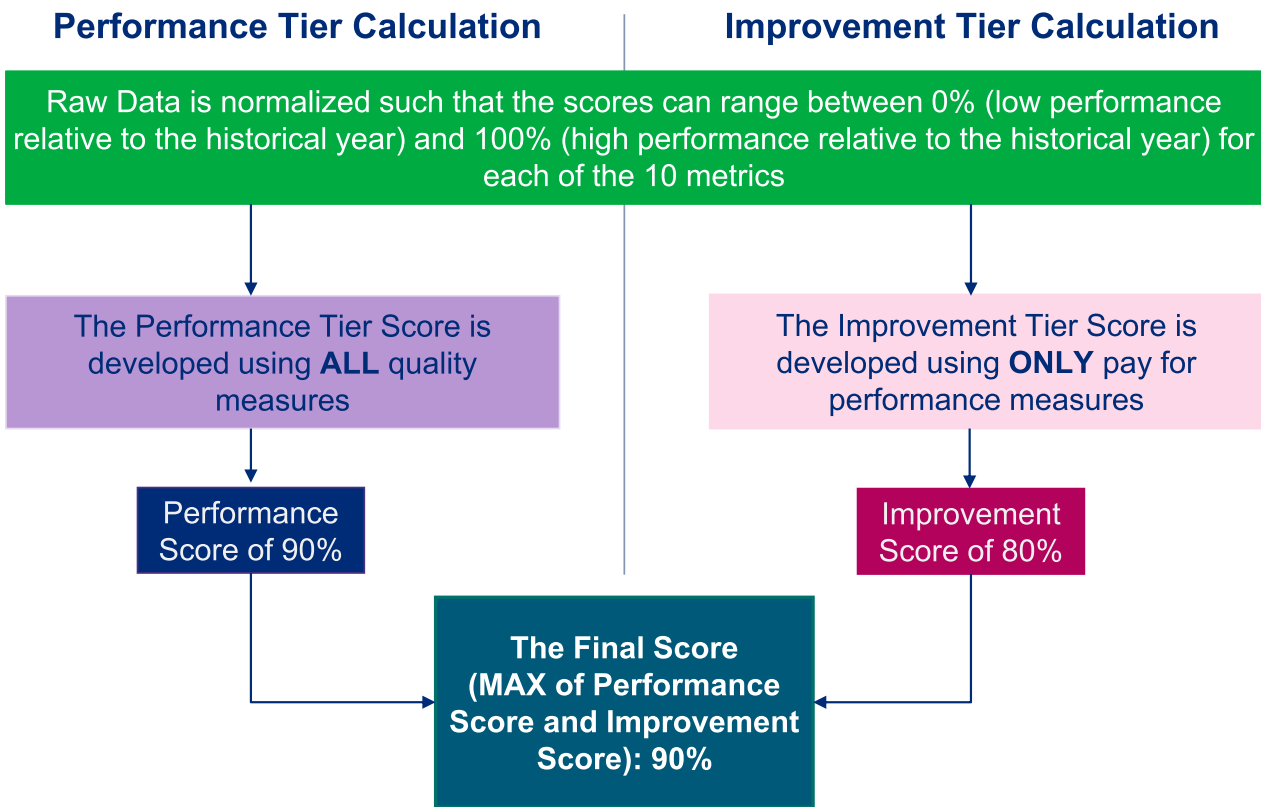
Risk Adjustment Factor

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.



How does quality impact the incentive payment?

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.

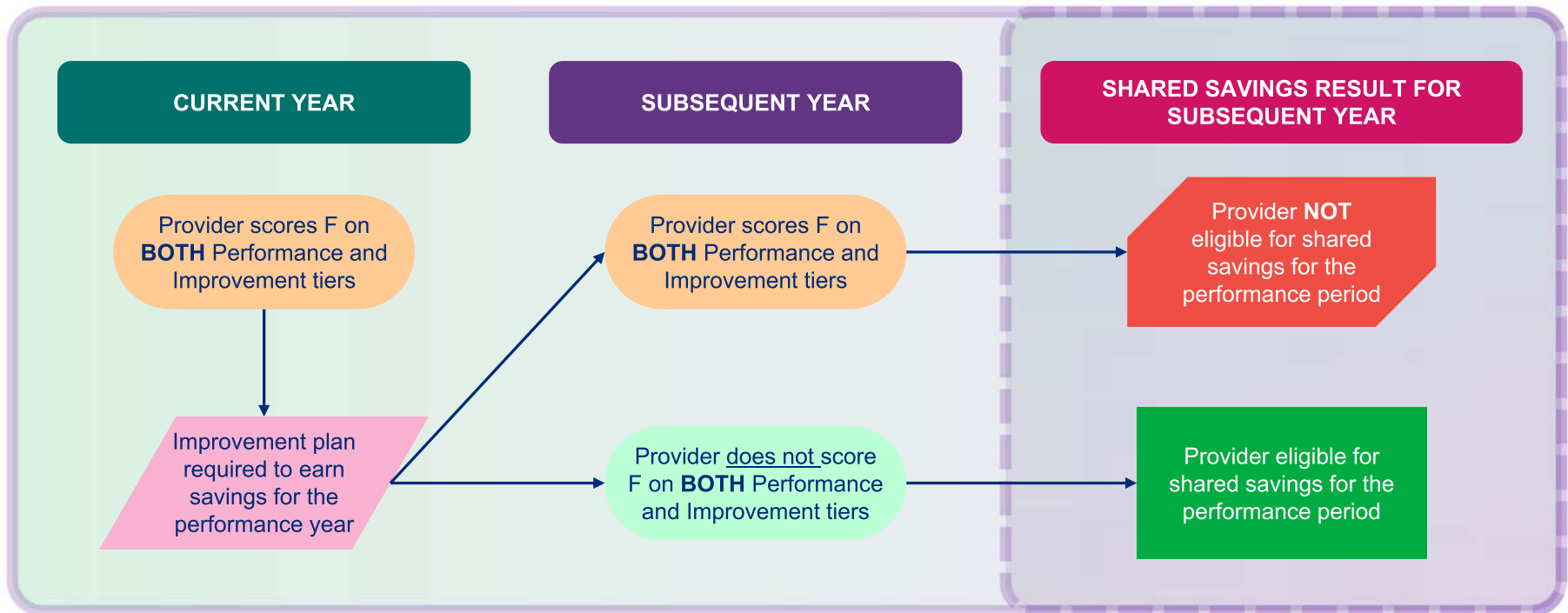


Performance Tier Score		
Overall Performance	Performance Earnings Tier	Performance: % Shared Savings
< 55 th Percentile of peer group	F	50%
55–60 th Percentile of peer group	D	60%
60–70 th Percentile of peer group	C	70%
70–75 th Percentile of peer group	B	80%
75–80 th Percentile of peer group	A	90%
>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

How does quality impact the incentive payment?

- 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.



Additional Provider 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.