

## DEPARTMENT OF SOCIAL SERVICES

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### **SPA 21-AD: Supplemental Payment for Obstetrical Services Program - Modifications to Specified Quality Performance Measures**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

Effective on or after July 1, 2021, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to update the following performance measures for the supplemental reimbursement for obstetrical services, which is also known as the obstetrics pay-for-performance program. Specifically, this SPA implements two changes: First, measure v. in the approved state plan is revised to read as follows: “Full term (39 weeks gestation), vaginal delivery”. That measure previously awarded points only for full-term vaginal deliveries after spontaneous delivery. Second, measure vi. in the approved state plan is revised to read as follows: “At least one postpartum visit within 21 days after delivery.” That measure previously had a timeframe of within 21-56 days after delivery.

The purpose of this SPA is to align this quality performance measure updated American College of Obstetricians and Gynecologists (ACOG) clinical recommendations. The first change reflects that current ACOG guidelines provide that pregnant individuals should be offered the choice of labor induction, including discussion of the potential risks and benefits. The second change reflects that ACOG current guidelines provide for an early postpartum visit within 21 days after delivery to address acute issues, which is then followed by ongoing care as needed and ending with a visit from 22 to 84 days after delivery.

#### **Fiscal Impact**

This SPA will not change annual aggregate expenditures because DSS anticipates that the full \$1.2 million allocated for this supplemental payment will continue to be paid per state fiscal year, which is not changing based on the quality measure revision implemented by this SPA.

#### **Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: [Public.Comment.DSS@ct.gov](mailto:Public.Comment.DSS@ct.gov) or write to: Department of Social Services, Medical Policy Unit,

55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 21-AD: Supplemental Payment for Obstetrical Services Program - Modification to Specified Quality Performance Measures”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 14, 2021.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Connecticut

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- iv. 25 points: Self-measured blood pressure for members with hypertension in addition to usual perinatal care visits and provider measured blood pressures. To meet this measure, a prescription for a BP monitoring device must be issued.
  - v. 50 points: Full term (39 weeks gestation), vaginal delivery-~~after~~ spontaneous labor.
  - vi. 15 points: At least one postpartum visit within 21-~~56~~ days postpartum~~after~~ delivery
  - vii. 5 points: Completion of the postpartum online notification forms within 14 days of the postpartum visit.
  - viii. 15 points: A comprehensive postpartum visit occurring between 22 and 84 days after delivery that addresses all of -the following:
    - 1. Future pregnancy planning
    - 2. Contraceptive options/choices
    - 3. Ongoing medical conditions
    - 4. Behavioral health issues
    - 5. Substance use/misuse
- b. To calculate each obstetrical provider's performance payment, a provider's earned performance measure points during the performance period are summed and divided by the total number of points for all participating obstetrical providers during the performance period. This product calculates a provider's "payout percentage". Each obstetrical provider's performance payment will be the "payout percentage" multiplied by the available supplemental pool. If the participation in this program results in less than 200,000 total performance points among all obstetrical providers participating in this program during a performance measurement period, the maximum dollar value for each performance measure point is five dollars.
- c. In order to account for claims submission delay, payment will be made on or after the day that is six months after the performance measurement period.