

## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **SPA 25-L: Supplemental Payment for Obstetrical Services Program – Restructuring Scoring for 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 January 1, 2025, this SPA will amend Attachment 4.19-B of the Medicaid State Plan to restructure the scoring of the performance measures.

The purpose of this SPA is to restructure the scoring of the performance measures for a smaller pool of eligible obstetric providers. Overall, the context of the performance measures has not changed; however, due to the smaller pool of eligible obstetric providers, it is necessary to adjust the scoring of these measures. The smaller pool of eligible obstetric providers is the result of the launch of the maternity bundle incentive program.

#### **Fiscal Impact**

This SPA will not change annual aggregate expenditures because DSS anticipates the full \$600,000 allocated for this supplemental payment will continue to be paid per state fiscal year, based upon 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 25-L: Supplemental Payment for Obstetrical Services Program - Restructuring Scoring for 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 January 10, 2025.

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**e. Supplemental Reimbursement for Obstetrical Services**

a. Supplemental payments to eligible obstetrical providers shall be paid from a maximum pool of funds of ~~\$1,260,000~~ per measurement period identified below to obstetrical providers that meet performance measures described below and shall be paid only during each state fiscal year identified below. Performance data will be calculated using paid claims data from Connecticut's Medicaid Management Information System and the online prenatal and postpartum notification forms received from providers without errors. Only episodes of care for which providers use the online obstetric notification forms will be eligible for this supplemental payment.

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b. For the performance measurement period of ~~July 1, 2021~~ January 1, 2025 through ~~June 30, 2022~~ December 31, 2025 and for each state fiscal year thereafter (~~July~~ January 1 through ~~June 30~~ December 31), participating obstetrical providers shall be awarded a ~~performance measure points~~ performance measure point based on the following criteria.

i. ~~5 points: Completion of the prenatal online notification forms within 14 days of the first prenatal visit.~~

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~~ii.i. 30-20 points: First prenatal visit and risk identification within 14 days of a confirmed pregnancy, where at a minimum all of the following have occurred:~~

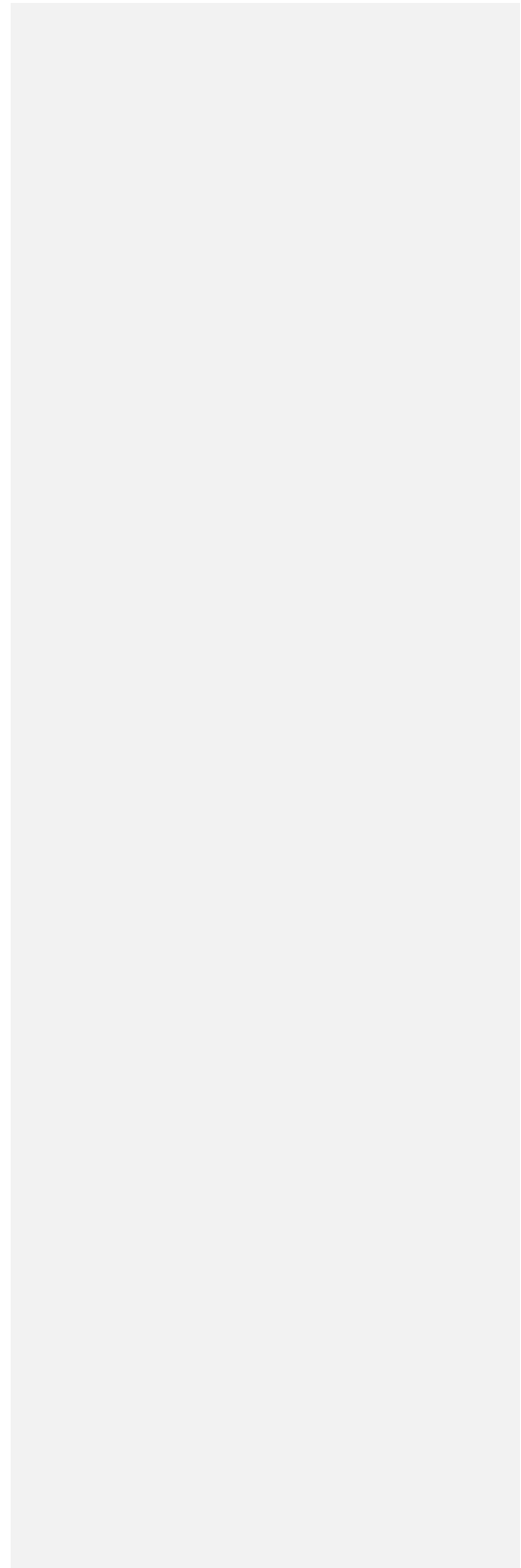
- a. Maternal risk screening, including but not limited to:
  - a. Blood pressure
  - b. Evaluation for co-morbidity, especially including:
    - i. Cardiovascular disease
    - ii. Diabetes
    - iii. Hypertension
    - iv. Clotting disorders
    - iv-v. Substance use
  - b. Assessment of social determinants of health ~~screening.~~

~~iii. 25 points: Low dose aspirin prophylaxis for members at high or moderate risk of preeclampsia according to American College of Obstetricians and Gynecologists (ACOG) guidelines. To meet this measure, both of the following must have occurred:~~

- a. ~~A prescription for low dose aspirin was given~~
- b. ~~Low dose aspirin was prescribed between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.~~

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- ~~iv-ii.~~ 25-60 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-iii.~~ 50-60 points: Full term (39 weeks gestation), vaginal delivery ~~after spontaneous labor.~~
  - ~~vi-iv.~~ 15-50 points: At least one postpartum visit within 21 days of delivery, ~~21-56 days postpartum~~
  - ~~vii.~~ 5 points: ~~Completion of the postpartum online notification forms within 14 days of the first occurring postpartum visit.~~
  - ~~viii-v.~~ 15-30 points: A comprehensive postpartum visit occurring between 22 and 84 days after delivery that addresses all ~~of the~~ of the following:
    - a. Future pregnancy planning
    - b. Contraceptive options/choices
    - c. Ongoing medical conditions
    - d. Behavioral health issues
    - e. Substance use/misuse
- c. 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 ~~200,120,000~~ 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.
- d. 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.

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TN # 25-L  
Supersedes  
TN # 21-0023

Approval Date

Effective Date 01/01/2025