

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) Supplemental Reimbursement for Obstetrical Providers (SPA 15-031)

The State of Connecticut Department of Social Services (DSS) proposes to submit an amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services. The proposed Medicaid State Plan Amendment (SPA) will provide for supplemental reimbursement for obstetrical providers.

Changes to Medicaid State Plan

Effective on or after June 10, 2015, SPA 15-031 will amend the Medicaid State Plan to provide for supplemental reimbursement for obstetrical providers based on quality performance measure points specified in the SPA out of a total pool of funds of \$1,200,000 per calendar year specified in the SPA. These payments will be made based on the measurement periods specified in the SPA and each provider's performance in achieving measurement points based on the specified criteria.

Fiscal Information – Estimated Annual Change to Medicaid Expenditures

Based on the information that is available at this time, this SPA will result in increased annual aggregate expenditures of approximately \$1,200,000 in calendar year 2015 and \$1,200,000 in calendar year 2016.

Additional Information

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be sent to Christopher A. LaVigne, Office of Reimbursement & Certificate of Need, Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105 (Phone: 860-424-5719, Fax: 860-424-4812, Email: Christopher.Lavigne@ct.gov). Please reference the relevant SPA number (*e.g.*, SPA 15-031 – Supplemental Reimbursement for Obstetrical Providers). Members of the public may also submit written comments about this SPA. Written comments may be submitted in the same manner as requests no later than June 24, 2015.

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

e. Supplemental Reimbursement for Obstetrical Services

- a. Supplemental payments to obstetrical providers shall be paid from a maximum pool of funds of \$1,200,000 per calendar year to obstetrical providers that meet performance measures described 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. The initial performance measurement period shall be the period of July 1, 2013 through June 30, 2014, with payments made during calendar year 2015. The second performance period shall be the period of June 1, 2015 through November 30, 2015 with payments made during calendar year 2016.
- b. For the performance measurement period of July 1, 2013 through June 30, 2014, participating obstetrical providers shall be awarded a performance measure points based on the following criteria.
 - i. 5 points: Completion of the prenatal and postpartum online notification forms within 14 days of the first prenatal visit and within 14 days of the postpartum visit.
 - ii. 25 points: First prenatal visit within 14 days of a confirmed pregnancy.
 - iii. 25 points: At least one postpartum visit within 21-56 days postpartum.
 - iv. 30 points: Full-term, vaginal delivery after spontaneous labor whenever medically possible.
 - v. 30 points: Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.
- c. For the performance measurement period of June 1, 2015 through November 30, 2015 participating obstetrical providers shall be awarded a performance measure points based on the following criteria.
 - i. 10 points: Completion of the prenatal and postpartum online notification forms within 14 days of the first prenatal visit and within 14 days of the postpartum visit.
 - ii. 15 points: First prenatal visit within 14 days of a confirmed pregnancy.
 - iii. 30 points: At least one postpartum visit within 21-56 days postpartum.
 - iv. 35 points: Full term vaginal delivery after spontaneous labor whenever medically possible.
 - v. 10 points: Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.
- d. 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

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

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.

TN # 15-031
Supersedes
TN # NEW

Approval Date _____

Effective Date 06-10-2015