

## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **SPA 18-T: Supplemental Reimbursement for Obstetrical Services**

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.

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

Effective on or after July 1, 2018, SPA 18-T 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 state fiscal year specified in the SPA. These payments will be made based on the measurement period specified in the SPA and each provider's performance in achieving measurement points based on the criteria specified in the SPA.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$1,200,000 in State Fiscal Year 2019.

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

This SPA is posted on the DSS website at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on "Publications" and then click on "Updates." Then click on "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 (or Phone: 860-424-5067). Please reference "SPA 18-T: Supplemental Reimbursement for Obstetrical Services".

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 5, 2018.

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

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**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 state fiscal year 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.
- b. For the performance measurement period of July 1, 2018 through June 30, 2019, participating obstetrical providers shall be awarded a performance measure points based on the following criteria.
  - i. 10 points: Completion of the prenatal online notification forms within 14 days of the first prenatal visit.
  - ii. 30 points: First prenatal visit within 14 days of a confirmed pregnancy.
  - iii. 20 points: Appropriate use of 17-alpha hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.
  - iv. 50 points: Full term (39 weeks gestation), vaginal delivery after spontaneous labor.
  - v. 30 points: At least one postpartum visit within 21-56 days postpartum
  - vi. 10 points: Completion of the postpartum online notification forms within 14 days of the postpartum visit.
- 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 200,000 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.