

# HUSKY Maternity Bundle Payment Program

*MAPOC Women & Children's Committee*

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A business of Marsh McLennan



# Program Go Live Update

DSS anticipates implementing the HUSKY Maternity Bundle Payment Program on **September 1, 2024**, pending federal approval.

- It is possible that DSS may be able to launch the bundle payment program earlier than this date but will not do so without giving a 3 month notice to providers if launching earlier than September 1, 2024.
- The decision to delay the launch was made after carefully considering several factors including the need for the Centers for Medicare & Medicaid Services' (CMS) approval, further programmatic development, and the need for further stakeholder engagement.

## Next Steps

### Current Priorities

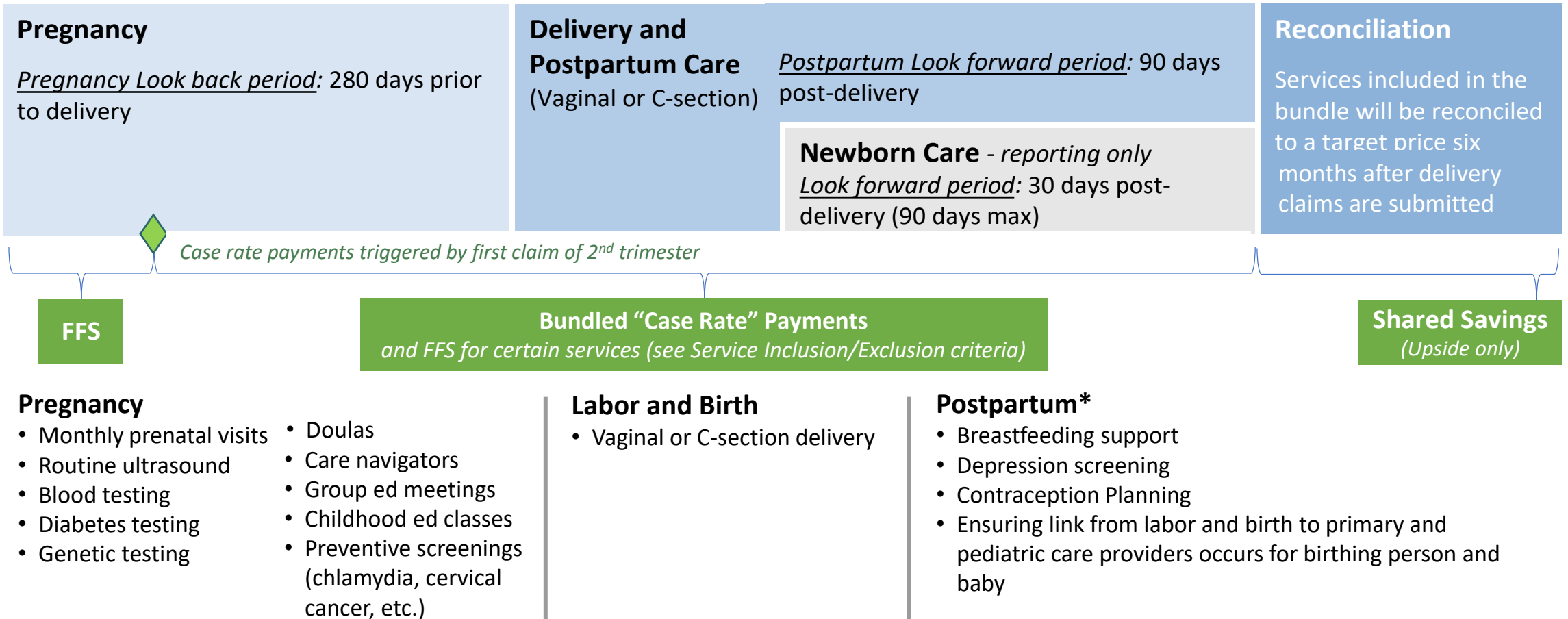
- CMS State Plan Amendment (SPA) Approval
- Actuarial Modeling
- Program Readiness

### Upcoming Work

- Provider FAQs
- Provider Bulletin of bundled payment policies and processes
- Program Testing (dry run of 2022 claims)
- 2022 Provider Historic Performance Reports
- Additional Provider Forums & Advisory Council Meetings

# DSS Maternity Bundle Overview

An episode of care describes the total amount of care provided to a patient during a set timeframe. In this program, the “**Maternity Bundle**” episode includes services across all phases of the perinatal period (prenatal, labor & delivery, postpartum), spanning 280 days before birth and 90 days postpartum.



\*To align with HUSKY’s expanded 12-month of postpartum coverage (effective April 1, 2022), DSS will conduct reporting on services provided within 365 days post-delivery to inform whether to include a 12-month postpartum period in the bundle’s financial reconciliation bundle after Year 1 or later.

# Doula Services

With the goal to connect members with doulas as soon as possible, DSS will utilize a dual approach to provide and fund doula access: (1) paying doulas through the maternity bundle and (2) paying doulas fee-for-service directly.

## Doula Payment Approaches:

### 1. Paying through the bundle

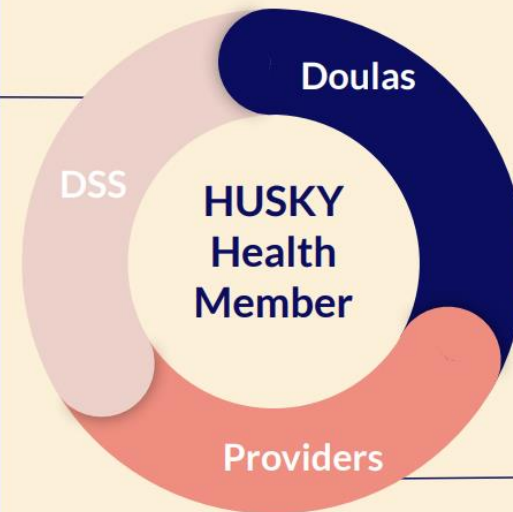
The picture to the right outlines envisioned roles and responsibilities for doulas to receive payment through the bundle.

### 2. Paying fee-for-service

DSS will initiate direct FFS payments to doulas on or after the launch of the maternity bundle, pending Department of Public Health's doula certification, which is slated to begin in Fall 2023.

## Integration Roles

- Pay a PMPM to providers
- Set bundle performance parameters
- Set reimbursement rate for doula services, paid to providers
- Provide draft supporting materials to facilitate provider + doula partnerships
- Pursuing parallel, direct FFS doula pathway pending DPH credentialing



- Engage with providers
- Meet DPH draft competencies
- Report visits + outcomes to providers
- Invoice provider for services

- Coordinate doula relationship
- Assist with member referrals
- Set practice doula rate + pay doulas
- Collect and report outcomes to DSS

# Lactation Supports

DSS will also provide HUSKY members with access to lactation supports by paying lactation consultants through the maternity bundle.

## Recommendations for Provider Practices:

- 1) **Maternity Bundle providers should provide first-line breast feeding education and support to all members.** This includes information about the benefits of breastfeeding, as well as support for mothers who are struggling. It could also include existing or developed tools to assist mothers gauge breastfeeding success. This program could include online modules, in-person classes, and one-on-one support from lactation consultants.
- 2) **Providers should also screen all members for potential breastfeeding difficulties or additional risk factors that may require additional expertise.** Utilize or develop a screening tool to identify members who are at risk for breastfeeding problems. This tool could be used by nurses, midwives, IBCLCs and other healthcare providers during prenatal and postpartum visits.
- 3) **Finally, providers should ensure appropriate access to International Board-Certified Lactation Consultants (IBCLCs) for members at risk or presenting with clinical problems related to breastfeeding/lactation.** Establish a system for members who need clinical lactation support with breastfeeding. This system could connect members with IBCLCs who are available to provide in-person, video, or phone support.

*Providers should respect the choice of birthing people who do not wish to breastfeed.*

# Maternal Adverse Events Update

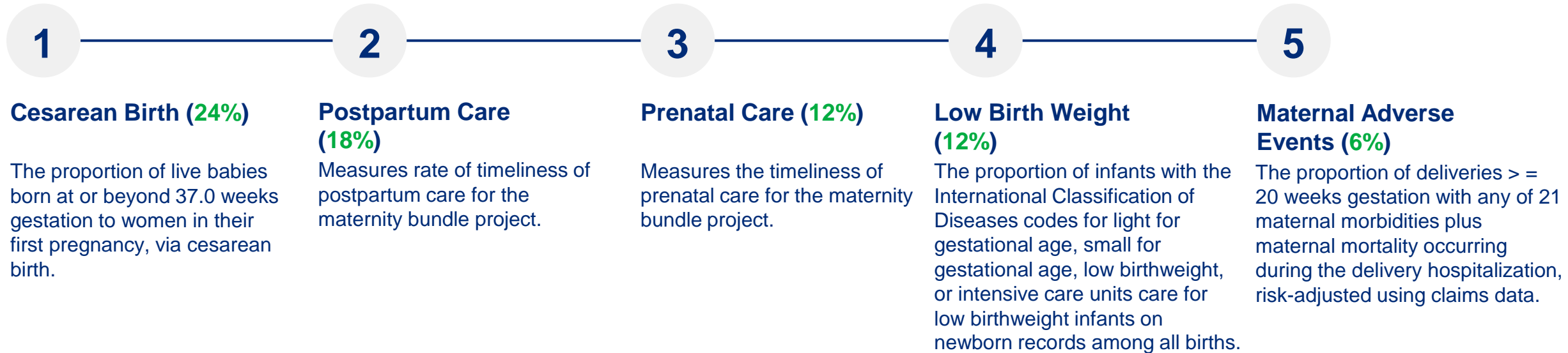
## DSS Feels that the MAE Measure is Important to Keep as Part of the P4P Portion of the Quality Program

Measure Description	Provider Feedback About the Measure	DSS Considerations in Evaluating the Measure	Recommended Changes to the Measure Based on Provider Feedback
<ul style="list-style-type: none"><li>The proportion of deliveries <math>\geq 20</math> weeks gestation with any of 21 maternal morbidities plus maternal mortality occurring during the delivery hospitalization, using claims information for risk adjustment (30 risk variables).</li></ul>	<ul style="list-style-type: none"><li>Based on a measure created for measuring the quality of hospital labor and delivery services</li><li>Focuses on conditions that are heavily influenced by hospital clinical care protocols</li><li>Not developed for the purpose of assessing the quality of care delivered by community OB practices.</li></ul>	<ul style="list-style-type: none"><li>Disproportionate impact maternal adverse events have on birthing people of color</li><li>Importance and support the advisory group has placed on this goal in the past</li><li>Yale CORE (which developed the original measure for CMS) has modified it for DSS and is assisting with the implementation</li><li>The measure is risk-adjusted and accounts for small number variation at the provider level</li></ul>	<ul style="list-style-type: none"><li>Adjust the impact of the measure from 18% to 6% for the first year with the aim of:<ul style="list-style-type: none"><li>Further validating the measure</li><li>Increasing the importance of the measure in future years pending further measure refinement</li></ul></li></ul>

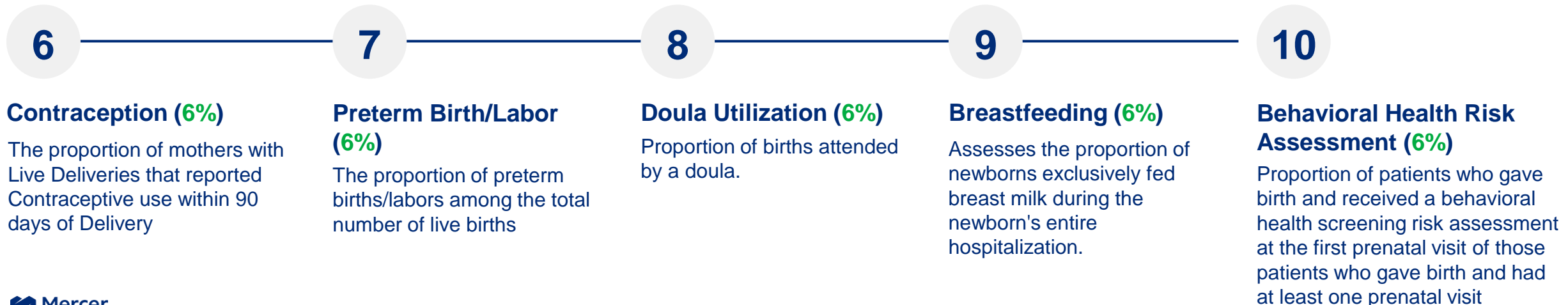


# Quality Measures and Weights

## Pay for Performance (71% Total)



## Pay for Reporting (29%)



# Illustrative Methodology Example - Draft

## Performance Tier Calculation

## Improvement Tier Calculation

Raw Data is normalized such that the scores can range between 0% (low performance relative to the historical year) and 100% (high performance relative to the historical year) for each of the 10 metrics

The Performance Tier Score is developed using **ALL** quality measures

The Improvement Tier Score is developed using **ONLY** pay for performance measures

Performance Score  
of 90%

Improvement Score  
of 80%

Final Score is MAX of  
Performance Score and  
Improvement Score  
90%



# Methodology and Assumptions Overview - Draft

## Performance Tier Score Calculation

There are four steps to calculating the Performance Tier Score:

- **Step 1:** Normalize each Pay for Performance Metric against the Historical year minimum and maximum values.
  - Pay for Reporting Metrics are assigned a value of 1 if data for the metric is present otherwise 0 if no data is present.
- **Step 2:** Invert the appropriate metrics such that a higher score is better.
- **Step 3:** Ensure that the metrics are within the boundaries of 0 and 1.
- **Step 4:** Utilize the metric weights to calculate a final composite, metric-weighted Performance Score.

## Percentage of Shared Savings Earned

- The Performance Tier Score and Improvement Tier Score are each cross-walked to a Percentage of Shared Savings Earned. **The maximum Percentage of Shared Savings Earned between the two scores is selected as the final Percentage of Shared Earning Earned.**

## Improvement Tier Score Calculation

There are three additional steps to calculate the Improvement Tier Score:

- **Step 1:** The improvement tier score is calculated with the same steps as the Performance Tier Score, but from the Pay for Performance Metrics only.
- **Step 2:** Take the difference in the Current (2022) Pay For Performance Score from the Historical (2021) Pay For Performance Score.
- **Step 3:** Divide the difference between the Current (2022) and Historical (2021) scores to get the Improvement Tier Score.

## Performance Tier Score

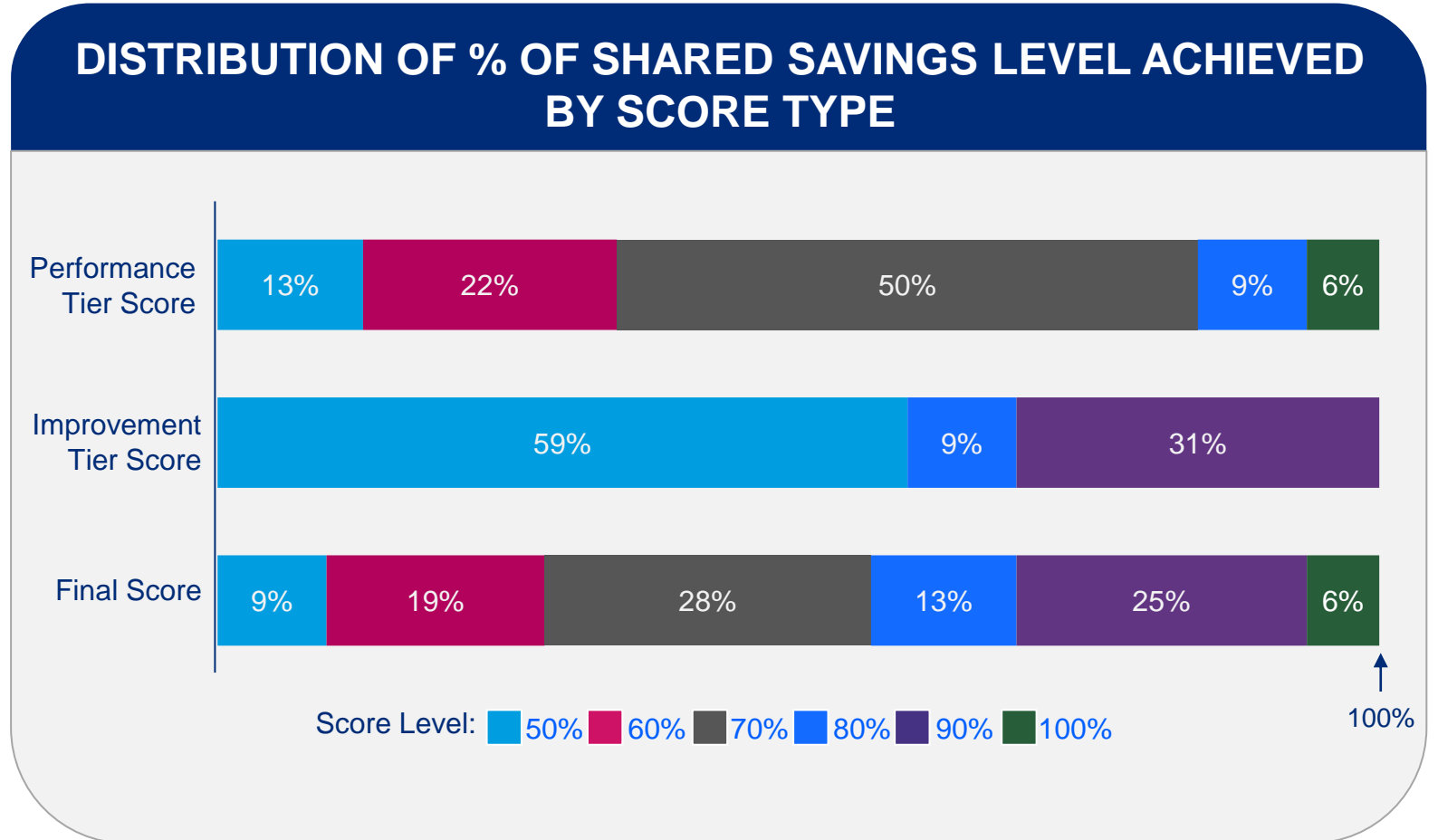
Overall Performance	Performance Earnings Tier	Performance: % Shared Savings
< 55 <sup>th</sup> Percentile of peer group	F	50%
55–60 <sup>th</sup> Percentile of peer group	D	60%
60–70 <sup>th</sup> Percentile of peer group	C	70%
70–75 <sup>th</sup> Percentile of peer group	B	80%
75–80 <sup>th</sup> Percentile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

# Model Results Observations - Draft

- 59% of providers would earn 70% to 80% of the Shared Savings using the Performance Tier score..
  - 59% of Providers did not improve or did worse than the prior year.
- The distribution of shared savings is well- balanced.
  - The average Earned Shared Savings is 74%, almost exactly at the centre point.
  - There is now a wider arrangement of Shared Earnings ranging from 50%–100% compared to only 70%–100%
  - 6% of Providers Obtained 100% of Shared Earnings.
- 50% of Shared Earnings is the lowest level of savings possible under this methodological approach.
  - 9% of Providers scored at 50% of Shared Earnings



# Underutilization Plan

## Risk Mitigation

- Clinical and social risk adjustment to prevent risk-based patient selection (“cherry picking”)
- Carve out specific services to prevent a reduction in the utilization of specific services
  - Examples: Vaccines, DMEs, Mental health/SUD services, and LARCs
- Quality Measures to drive improved outcome and increase perinatal services that monitor/encourage service utilization or that are impacted by the lack of prenatal care
  - Adverse Maternal Events, Prenatal Care, Postnatal Care, C-section rate, Low birth weight
- Timeframe of the bundle
  - Increases provider accountability in the preterm and postpartum

## Monitoring and Oversight

- Ongoing claims monitoring similar to PCMH+, but specific to the MB program
- Identify individuals who are financially expensive for providers from historical FFS data and monitor patients that either transition between providers more frequently and/or use not get into care early
- Consideration of other strategies to support the assessment of the member experience

# What's Next?

## Current Priorities

- CMS CMS State Plan Amendment (SPA) Approval
- Actuarial Modeling
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## Upcoming Work

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Provider Resources	Objective	Target for Release
Doula Resources	Provide doula service guidance for providers and for doulas	See <a href="#">DSS Doula Integration</a> webpage
Provider Bulletin	Provide technical details of the program's payment/billing policies and processes	Q1 2024
2022 Provider Historic Performance Reports	Share previews of each provider's draft case rate payment amount and anticipated performance in the HUSKY Maternity Bundle Program based on 2022 claims data	Q1 2024
Provider Forums	Discuss and review the historic performance reports and share best practices	Q1 2024
Lactation Support Resources & Other Service Guidance	Provide recommendations/guidance on new bundle benefits, including lactation supports, prenatal group visits, and mental health supports	Q2 2024

More information about the HUSKY Maternity Bundle can be found at this website: <https://portal.ct.gov/DSS/Health-And-Home-Care/HUSKY-Maternity-Bundle>