Connecticut Pay for Performance in Obstetrics Care Program

In 2013, Connecticut Medicaid, HUSKY Health, established the pay for performance in obstetrics care program. The goals of the model are to improve overall care of pregnant women, newborn outcomes, and the incidence of avoidable mortality and morbidity (CTMAP 2014).[1] Under the model, obstetrical providers participating in Medicaid are eligible for bonus payments if they meet certain quality and access measures (CTMAP 2019).

Under contract with MACPAC, RTI International conducted interviews and examined five states (Arkansas, Connecticut, Colorado, North Carolina, and Tennessee) implementing value-based payment initiatives to improve maternity care in Medicaid. This case study includes an overview of the Connecticut pay-for-performance model, details how the model is defined, describes the payment methodology, and summarizes the available research on the model's effects on cost and quality.[2] MACPAC has also published case studies for the other study states, as well as an issue brief summarizing the key findings (MACPAC 2021a–e).

Overview

Under the Connecticut model, participating providers are eligible for bonus payments if they meet certain quality and access measures. They do not face financial penalties and measures of performance are not related to costs. HUSKY Health continues to make fee-for-service (FFS) payments to participating providers for perinatal care; bonus payments are calculated retrospectively. The model is voluntary for providers and only operates within the Medicaid program.

Design Parameters

Duration. Bonus payments are based on prenatal and postpartum measures of care delivered between from 12-28 weeks of gestation to 22-84 days after delivery (CTMAP 2019).

Market participation. The pay-for-performance program is only available for services paid for by Medicaid.

Provider participation. Provider participation is voluntary. To participate, the accountable provider must be enrolled in the Connecticut Medical Assistance Program either as a family medicine physician, obstetrician/gynecologist, obstetric nurse practitioner, family medicine nurse practitioner, physician assistant, or certified nurse midwife, and be providing obstetric care to Medicaid enrolled patients (CTMAP 2019). Over the course of four program cycles, provider participation in the model has increased (Table 1).

TABLE 1. Pay for Performance in Obstetrics Care: Provider Participation, Cycles 1-4

Cycle	Period	Number of participating providers
1	07/01/2013–06/30/2014	255
2	06/01/2015–11/30/2015	186
3	07/01/2018–06/30/2019	340
4	08/01/2019–06/30/2020	420

Source: CTMAPOC 2019.

Patient population and attribution. The model aims to include all pregnant women enrolled in Medicaid, regardless of health status (UWCT 2019). However, patients are only attributed to the model if their provider elects to participate. The participating provider must complete a prenatal online notification form so that the patient is attributed to that provider or practice, and care is factored into the bonus calculation.

During Cycle 4 (August 1, 2019 – June 30, 2020), the program included 12,000 pregnancies, representing approximately 62 percent of 16,000 HUSKY-funded pregnancies (Rutledge 2020).

Exclusions. As long as their provider participates and completes the prenatal notification form, patients are not excluded from the model for health conditions or other reasons.

Payment Methodology

The bonus payment amount is dependent on two primary factors: provider performance on the quality measures and the total amount of state funding in the bonus pool and statewide participation in the program.[3] Cost of care is not a factor in determining bonus payments.

Bonus payments are calculated retroactively and made annually after allowing for six months of claims to be processed. For example, the most recent cycle includes obstetrical services performed by eligible providers with dates of service from August 1, 2019, through June 30, 2020, with bonus calculations made beginning in January 2021 (CTMAP 2019).[4] Participating providers are eligible for bonus payments in addition to FFS payments already received, and do not face financial penalties if their performance is low.

Quality measures

Eight measures are used to determine provider performance, with each measure allotted a certain amount of points, with a maximum of 170 points per delivery (Table 2). Providers report on these measures to HUSKY Health.

At the provider level, the bonus payment is based on how many points are earned and the more Medicaid enrolled patients a provider serves, the greater the opportunity to earn points. It thus creates a financial incentive to serve more women enrolled in Medicaid and to perform well on the quality measures, especially those measures worth more points. For example, a provider will receive 50 out of 170 points if the pregnant woman delivers full term, vaginally after spontaneous labor. The provider receives another 5 points for the completion of a notification form within 14 days of the postpartum visit (Table 2).

TABLE 2. Pay for Performance in Obstetrics Care: Performance Measures, Cycle 4

Measure	Measure type	Points
Completion of the prenatal online notification form within 14 days of the first prenatal visit or first occurring postpartum visit	Process	5
First prenatal visit and risk identification within 14 days of a confirmed pregnancy[1]	Process	30
Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia according to ACOG guidelines[2]	Process	25
Self-measured blood pressure (BP) for members with hypertension in addition to usual perinatal care visits and provider-measured BP.	Process	25
Full-term (39 weeks gestation), vaginal delivery after spontaneous labor	Outcome	50
Completion of the postpartum online notification forms within 14 days of the first occurring postpartum visit	Process	5
At least one postpartum visit occurring within 21 days of delivery	Outcome	15
Comprehensive postpartum visit occurring between 22 and 84 days after delivery[3]	Outcome	15

Notes: Cycle 4 occurred from August 1, 2019 to June 30, 2020. ACOG is American College of Obstetricians and Gynecologists.
[1]Where at a minimum all of the following have occurred: 1) Maternal risk screening, including but not limited to blood pressure, 2) Co-morbidity, especially: cardiovascular disease, diabetes, hypertension, clotting disorders, 3) Social determinants of health screening.
[2]To meet this measure, both of the following must have occurred: a prescription for low-dose aspirin was given, low-dose aspirin was prescribed between 12 and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.
[3]Visit must address: future pregnancy planning, contraceptive options/choices, ongoing medical conditions, behavioral health issues, substance use/misuse.
Source: CTMAPOC 2019.

Payment calculation

To calculate the bonus payments for accountable providers, Connecticut Medicaid begins by determining how much to pay for each point earned by totaling the number of points earned by all providers. Then, the bonus pool (the total funding amount available for payments) is equally divided across the total number of points earned across all pregnancies to calculate the payout per point. Each accountable provider is then paid for each point earned.[5]

As of July 1, 2018, the bonus pool totaled $1,200,000 for the fiscal year. In the fourth cycle (August 1, 2019 – June 30, 2020), the model had attributed 12,000 patients. Connecticut Medicaid did not report how many points were earned in total across all patients.

Examples

To illustrate how the payment model works, assume that all participating providers earned 100 points out of 170 for all 12,000 attributed pregnancies. The total number of points earned across all providers (1,200,000) is then divided by the bonus pool amount ($1,200,000). This equals $1.00 per point. The accountable

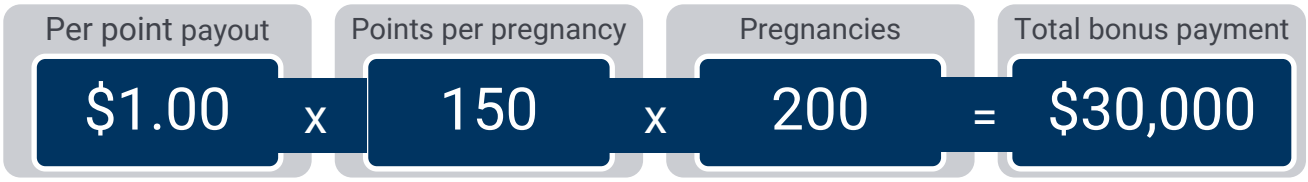
provider would be paid $1.00 for each point earned. With a score of 100, the provider would be paid $100.00 for each pregnancy (Figure 1).

FIGURE 1. Pay for Performance in Obstetrics Care: Example Payment Methodology

Source: RTI 2021

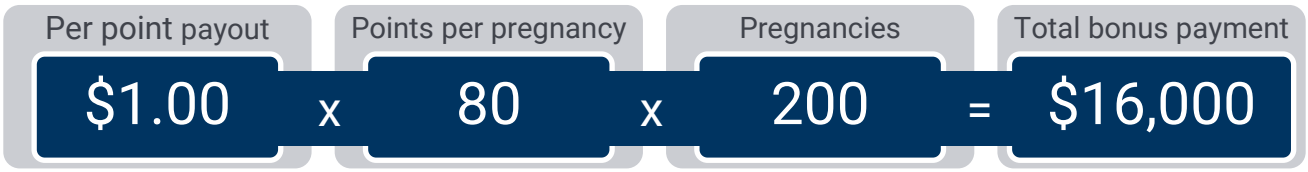
Providers are paid retrospectively based on the number of attributed patients served and points earned. Bonus payments increase for every point earned and pregnant Medicaid patient served. If the per point payout were $1.00, a provider earning 150 points across 200 patients, would earn $30,000 (Figure 2). However, a provider earning 80 points across 200 patients would have a total bonus payment of $16,000 (Figure 3). (For simplicity, these examples assume that each provider scores the same across their entire patient panel.)

FIGURE 2. Example Payment of Provider with Higher Quality Metric Performance



Source: RTI 2021

FIGURE 3. Example Payment of Provider with Lower Quality Metric Performance



Source: RTI 2021

Model Effects

Cost savings

Costs are not included in this model (CTMAPOC 2019).

Changes in quality measures

No formal evaluation has been conducted to assess the effect of the pay-for-performance obstetrics model. While Connecticut Medicaid reports on quality measures over time, improvement has been mixed and changes cannot necessarily be attributed to the model (Table 3). Over the course of the three cycles, the share of participating providers who delivered infants full term, vaginally after spontaneous labor increased. However, the share of providers completing the prenatal form and seeing patients within 14 days of a confirmed pregnancy decreased (CTMAPOC 2019). Provider participation has grown over time, and therefore the performance changes may reflect differences in the pool of providers.

TABLE 3. Pay for Performance in Obstetrics Care: Performance on Measures, Cycles 1-3

Measure	Cycle 1 (July 2013–June 2014)	Cycle 2 (June 2015–Nov 2015)	Cycle 3 (July 2018–June 2019)
Completion of the prenatal online notification form within 14 days of the first prenatal visit and/or first occurring postpartum visit	54.89%	46.67%	51.16%
First prenatal visit within 14 days of a confirmed pregnancy	85.09	84.68	71.36
Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth	N/A	N/A	N/A
Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia	N/A	N/A	N/A
Self-measured blood pressure (BP) for members with hypertension in addition to usual perinatal care visits and provider measured BP.	N/A	N/A	N/A
Full-term (39 weeks gestation), vaginal delivery after spontaneous labor	34.19	35.24	48.38

Completion of the postpartum online notification forms within 14 days of the first occurring postpartum visit	N/A	N/A	N/A
At least one postpartum visit occurring within 21 days of delivery	N/A	N/A	N/A
At least one postpartum visit within 21–56 days postpartum	86.42	78.71	86.25
Comprehensive postpartum visit occurring between 22 and 84 days after delivery	N/A	N/A	N/A

Notes: N/A is not applicable and reflects measures that were not reported in the cycle.
Source: CTMAPOC 2019s

Endnotes

[1] MACPAC uses the terms pregnant and postpartum women because these are the terms used in Medicaid statute and regulations. However, other more inclusive terms are increasingly being used in recognition that not all individuals who become pregnant and give birth identify as women.

[2] MACPAC developed this case study based on the results from RTI International's interviews and unpublished state profiles. Connecticut Medicaid reviewed the unpublished profile for accuracy.

[3] Connecticut Medicaid refers to the bonus pool as the supplemental funding pool.

[4] The performance cycles are noncontinuous. Cycle one started on July 1, 2013 and ended on June 30, 2014. Cycle two started on June 1, 2015 and ended on November 30, 2015. Cycle three started on July 1, 2018 and ended on June 30, 2019 and cycle four started August 1, 2019 and ended on June 30, 2020.

[5] There is a limit on the payout per point. If fewer than 200,000 total performance points are earned during the cycle, the maximum payout per point is set at $5.00. This cap is intended to protect against higher than anticipated payments that could result from low provider participation.

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