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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 18-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations/ Boston Regional Office

October 16, 2018

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 18-0025, submitted to my office on September 27, 2018 and approved on October 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to provide supplemental payments for obstetrical providers based on quality performance measures, with points specified in the SPA for each measure, out of a total pool of funds of \$1,200,000 per state fiscal year outlined in the SPA.

This SPA's approval is effective July 1, 2018, as requested by the State.

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
18-0025

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
July 1, 2018

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT. (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1905(a)(5), (6), (17), and (21) of the Social Security

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$600,000 (costs; no costs in FFY 2018 or 2019, see
cover letter for explanation)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1(a)i(M)
(Deleted)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Attachment 4.19-B, Page 1(a)i(M)
Attachment 4.19-B, Page 1(a)i(N)

10. SUBJECT OF AMENDMENT: Effective July 1, 2018, SPA 18-0025 amends Attachment 4.19-B of the Medicaid State Plan to provide supplemental payments for obstetrical providers based on quality performance measures, with points specified in the SPA for each measure, out of a total pool of funds of \$1,200,000 per state fiscal year outlined in the SPA. These payments will be made based on the measurement period described in the SPA and each provider's performance in achieving measurement points based on the specified criteria.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:
September 27, 2018

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue, 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 27, 2018

18. DATE APPROVED: October 15, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS:

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 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.
- 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.