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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
John F. Kennedy Federal Building  
Boston, Massachusetts 02203



## **Boston Regional Operations Group**

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November 13, 2019

Dr. Deidre Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0026, submitted to my office on September 30, 2019 and approved on November 13, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to provide supplemental payments for obstetrical providers based on quality performance measures.

This SPA's approval is effective August 1, 2019, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, Pages 1(a)i(M)
- Attachment 4.19-B, Pages 1(a)i(N)

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Francis T. McCullough  
Director  
Division of Medicaid Field Operations  
East (Boston)  
Regional Operations Group  
Center for Medicaid and CHIP Services

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

1. TRANSMITTAL NUMBER:  
19-0026

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:  
August 1, 2019

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  
Act and 42 CFR 440.50, 60, 165 and 166

7. FEDERAL BUDGET IMPACT:  
a. FFY 2021 \$600,000 (no costs in FFY 2019 or 2020, see  
cover letter for explanation)

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  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: 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 \$1.2 million per state fiscal year (SFY) 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. DSS estimates that this SPA will increase federal expenditures by approximately \$600,000 in Federal Fiscal Year (FFY) 2021. (Payments will be made in FFY 2021 based on providers' performance during SFY 2020, after additional time to account for claim submission and processing.)

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: Kathleen M. Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:  
September 30, 2019

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 30 2019

18. DATE APPROVED: November 13, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME: Francis T. McCullough

22. TITLE: Director  
Division of Medicaid Field Operations-East

23. REMARKS:

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 measurement period 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 August 1, 2019 through June 30, 2020 and for each state fiscal year thereafter (July 1 through June 30), participating obstetrical providers shall be awarded a performance measure points based on the following criteria.
  - i. 5 points: Completion of the prenatal online notification forms within 14 days of the first prenatal visit.
  - ii. 30 points: First prenatal visit and risk identification within 14 days of a confirmed pregnancy, where at a minimum all of the following have occurred:
    1. Maternal risk screening, including but not limited to:
      - a. Blood pressure
      - b. Co-morbidity, especially:
        - i. cardiovascular disease
        - ii. diabetes
        - iii. hypertension
        - iv. clotting disorders
    2. Social determinants of health screening.
  - iii. 25 points: Low-dose aspirin prophylaxis for members at high or moderate risk of preeclampsia according to American College of Obstetricians and Gynecologists (ACOG) guidelines. To meet this measure, both of the following must have occurred:
    1. A prescription for low-dose aspirin was given
    2. Low-dose aspirin was prescribed between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery

TN # 19-0026  
Supersedes  
TN # 18-0025

Approval Date 11/13/19

Effective Date 08-01-2019

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

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- iv. 25 points: Self-measured blood pressure for members with hypertension in addition to usual perinatal care visits and provider measured blood pressures. To meet this measure, a prescription for a BP monitoring device must be issued.
- v. 50 points: Full term (39 weeks gestation), vaginal delivery after spontaneous labor.
- vi. 15 points: At least one postpartum visit within 21-56 days postpartum
- vii. 5 points: Completion of the postpartum online notification forms within 14 days of the postpartum visit.
- viii. 15 points: A comprehensive postpartum visit occurring between 22 and 84 days after delivery that addresses all of the following:
  - 1. Future pregnancy planning
  - 2. Contraceptive options/choices
  - 3. Ongoing medical conditions
  - 4. Behavioral health issues
  - 5. Substance use/misuse
- 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.

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TN # NEW

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