

Table of Contents-CT 15-0031

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved 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

August 13, 2015

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

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-031 approved July 31, 2015 and submitted to my office on June 26, 2015. This SPA proposed to amend section 4.19B of the Connecticut State Plan in order to provide supplemental payments for obstetrical providers based on quality performance measures, with points specified in the SPA for each measure. These payments will be made based on the measurement periods described in the State Plan and each provider's performance in achieving measurement points based on the specified criteria.

This SPA has been approved effective June 10, 2015, as requested by the State.

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

- Attachment 4.19B, page 19(a)i(M) and (N)

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal 
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-031	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: June 10, 2015	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2015 \$600,000 (costs) b. FFY 2016 \$600,000 (costs)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Pages 1(a)i(M) and (N)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) New

10. SUBJECT OF AMENDMENT: Effective June 10, 2015, SPA 15-031 amends Attachment 4.19-B of the Medicaid State Plan in order 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 calendar year outlined in the SPA. These payments will be made based on the measurement periods 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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border: 1px solid red; padding: 2px; display: inline-block;">/s/</div>	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: June 26, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 26, 2015	18. DATE APPROVED: July 31, 2015
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: June 10, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border: 1px solid red; padding: 2px; display: inline-block;">/s/</div>
21. TYPED NAME: Richard R. McGreal	22. Division of Medicaid & Children's Health Operations

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 calendar year to obstetrical providers that meet performance measures described 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. The initial performance measurement period shall be the period of July 1, 2013 through June 30, 2014, with payments made during calendar year 2015. The second performance period shall be the period of June 1, 2015 through November 30, 2015 with payments made during calendar year 2016.
- b. For the performance measurement period of July 1, 2013 through June 30, 2014, participating obstetrical providers shall be awarded performance measure points based on the following criteria.
- i. 5 points: Completion of the prenatal and postpartum online notification forms within 14 days of the first prenatal visit and within 14 days of the postpartum visit.
 - ii. 25 points: First prenatal visit within 14 days of a confirmed pregnancy.
 - iii. 25 points: At least one postpartum visit within 21-56 days postpartum.
 - iv. 30 points: Full-term vaginal delivery after spontaneous labor whenever medically possible.
 - v. 30 points: Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.
- c. For the performance measurement period of June 1, 2015 through November 30, 2015 participating obstetrical providers shall be awarded performance measure points based on the following criteria.
- i. 10 points: Completion of the prenatal and postpartum online notification forms within 14 days of the first prenatal visit and within 14 days of the postpartum visit.
 - ii. 15 points: First prenatal visit within 14 days of a confirmed pregnancy.
 - iii. 30 points: At least one postpartum visit within 21-56 days postpartum.
 - iv. 35 points: Full-term vaginal delivery after spontaneous labor whenever medically possible.
 - v. 10 points: Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.

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

- d. 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.