



Overview

The Connecticut Department of Social Services (DSS) is currently undergoing a shift to paying for maternity care in HUSKY Health using a bundled payment, rather than paying only fee-for-service. This plan to adopt a maternity bundle is part of DSS' overarching goal to move toward paying for equitable care in a value-based way. DSS is anticipating a September 2024 launch for the maternity bundle pending federal approval.

The HUSKY Maternity Bundle Payment is a payment approach between HUSKY Health and healthcare providers who care for pregnant individuals for the services they provide throughout the pregnancy and shortly after the baby is born.

This payment approach supports pregnant individuals by providing high-quality care and services specific to the needs of members who are pregnant. Members benefit from this approach by being assured that they are receiving the care and services needed during the different stages of pregnancy to increase the likelihood of staying healthy and having a healthy baby. Other benefits include establishing a regular relationship between pregnant individuals and their providers to help identify additional resources that may be helpful to them and their newborns and ensure equitable care. This is accomplished through incentivizing high-quality care and specific beneficial services and through coordinating the services in the bundle.

We are working to ensure that information regarding specific changes for members and providers is effectively communicated. As more information on the design of the bundle is released, please be alert for opportunities to provide vital stakeholder feedback.

Equity is the driving force behind the HUSKY maternity bundle.

Each year, more than 50,000 pregnant individuals in the United States experience life-threatening complications; the highest rate among developed countries with Black pregnant individuals being three times more likely to die than White pregnant individuals.

HUSKY Health has a strong commitment to rectifying historical disparities in maternity care. Covering over 40% of births in Connecticut, DSS understands the vital importance of addressing and remedying disparities of access, utilization, and outcomes for birthing people, with an emphasis on birthing people of color. As such, equity is at the center of HUSKY Health's work on developing the Maternity Bundle Payment.

To promote health equity through the Maternity Bundle Payment, HUSKY Health will:

- Address and remedy disparities of access, utilization, and outcomes for pregnant individuals.
- Place particular emphasis on birthing people of color, with substance use disorders, and with a high social vulnerability index, as they are disproportionately affected by health disparities.
- Center the lived experiences of HUSKY Health members in the way we design and implement the Maternity Bundle Payment.

- Include bundle elements that promote equitable access to care and supports (e.g., doulas, breastfeeding supports).
- Examine all services through the lens of race and ethnicity to ensure we are working to close health equity gaps.

Key Concepts & Definitions

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| <p>Value-Based Care</p> | <p>A value-based care system ties provider payment to the value of care provided, measured with efficiency, cost, and quality. There are many models to provide value-based care. HUSKY Health is transitioning from OBP4P to the Maternity Bundle Payment as a more robust model. Key ideas in value-based care are described below.</p> |
| <p>Fee-for-Service vs. Bundled Payment</p> | <p>Under a fee-for-service model, providers bill on a schedule for each service. This incentivizes a high <i>volume</i> of care rather than efficient and high-quality care. In a bundled payment model, such as the HUSKY Maternity Bundle Payment, providers are compensated for each episode of care, where a target price is set for each patient. This incentivizes efficient and high-quality care, as described below.</p> |
| <p>Episode of Care</p> | <p>An episode of care describes the total amount of care provided to a patient during a set timeframe. Under the Maternity Bundle Payment, an episode of care (also referred to as a “maternity bundle” episode) begins 280 days before births and ends after 90 days postpartum.</p> |
| <p>Prospective Payment</p> | <p>Under the Maternity Bundle Payment, providers will be paid prospectively, starting as early as the second trimester (when triggered through billing) the month prior to service delivery. Payments will be based on the provider’s historical average cost, and payments will be made monthly.</p> |
| <p>Retrospective Payment & Reconciliation</p> | <p>A retrospective reconciliation and payment process take place after each episode of care. During this process, costs will be compared to the target price. An estimated target price for each episode of care will be set through a formula based on average statewide costs and the individual provider’s average costs. Additional services eligible for the bundle that were not paid for prospectively will be compensated. If the total cost of care is below the target price, the provider will benefit from shared savings (described below).</p> |

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| Shared Savings | Shared savings is an incentive for providers to provide efficient care. Providers benefit from keeping costs under the target price. Calculations are risk-adjusted to account for health and social risk disparities, and high-cost outliers are excluded from the shared savings calculation. |
| Pay for Reporting & Pay for Performance | Pay for Reporting ensures certain key services are being provided through the bundle. Pay for Performance measures quality outcomes, and therefore prevents stinting of care. Pay for Performance is stratified by demographic factors tied to health disparities, and a future quality bonus can encourage providers to seek ways of closing gaps where disparities exist. |
| Access to High-Valued Services | DSS plans to incorporate access to doula services and other essential supports, including lactation counseling, as core features of the upcoming HUSKY Maternity Bundle Payment program. The additional high-valued services aim to bridge the equity gaps for historically marginalized birthing people, including those with substance use disorders. |

Providers

At this time, non-FQHC practices are automatically part of the Maternity Bundle Payment if they perform 30 or more deliveries annually.

It is essential for providers participating in the bundle to give feedback. We will host several provider forums and publish more information based on these discussions. We have also met monthly with an advisory board to design the bundle.

More information on the bundle design, specific services (such as doulas), how to utilize and access additional services (such as group visits and outside behavioral health support), and billing/coding will be provided soon!