January 10, 2024

To: Department of Social Services, Medical Policy Unit
Via email to Public.Comment.DSS@ct.gov
From: Ellen Andrews, PhD, Executive Director, CT Health Policy Project
andrews@cthealthpolicy.org
Re: Public Comment on SPA 24-M: Bundled Payment for Maternity Services

Thank you for the opportunity to comment on DSS's plans to implement a bundled Medicaid payment for maternity care. I am the Executive Director of the Connecticut Health Policy Project, a non-partisan, non-profit organization that works to improve the affordability and quality of health care for all Connecticut residents. The Project's work focuses on at-risk, underserved populations. Since our founding in 1999, we have especially focused on the health of Medicaid members.

While the CT Health Policy Project commends DSS's efforts to include new forms of care for pregnant Medicaid members, such as doula services and lactation supports, we are concerned about the unintended consequences of significant payment changes to financially reward providers for lowering the costs of their patients' care. We are concerned that the proposed quality metrics will be inadequate to protect patients from underservice (lack of access to necessary medical care) and adverse selection (avoiding care for more challenging or difficult patients, who need it the most).

The recent closures of birthing centers across Connecticut also raise concerns about the involuntary nature of this payment policy, for both providers and patients, and the potential impact on maternity care capacity for both Medicaid patients and nonmembers. We are particularly concerned about providers dropping out of the HUSKY program or limiting their participation, as happened under capitated managed care organizations.

Our specific comments and concerns, in no particular order:

- We are glad that, for the present time, only upside risk is proposed. However, while incentives to deny necessary care and cherry pick more lucrative patients are lower in upside risk, the potential remains.
- We are glad to see that DSS is developing an "underutilization strategy to monitor and protect against underservice and adverse member selection."[1] We look forward to seeing this critical system of member and community health protection.
    - Monitoring for underservice and adverse selection are entirely inadequate in PCMH Plus and the state's benchmarking/cost cap programs.

[1] DSS answers to advocates' questions, October 30, 2023

    - It is also critical that if any gap or reduction in access or quality is identified, corrective action in the payment policy, potentially including withdrawing the policy, will be taken.
    - Penalties should be considered in repeated or extreme cases to deter underservice, adverse selection, and any other gaming/distortion of the system.
- There must be robust, timely monitoring for any changes in maternity capacity or reductions in access or adequacy of care for Medicaid members, in total and for traditionally underserved populations.
- We are very concerned that, unlike in PCMH Plus, patients will not have an opportunity to opt-out of the payment model. Even if patients learn about and are concerned about providers' incentives in the new program, switching providers is often not a realistic option. In essence, this is a mandatory program for pregnant HUSKY members.
- We would like more information on the patient (and provider) education campaigns to ensure people understand their provider's incentives have changed, they are aware that their providers will benefit by reducing their cost of care, and are making informed decisions to protect their family's health.
    - Member education was severely mismanaged in the PCMH Plus program.
- We are concerned by the choice of quality measures.
    - Most of the measures are process, not outcome measures.
    - There is only one that touches on behavioral health, and it is only a screen and is not attached to payment
    - Maternal depression is too common and, without treatment, can lead to serious consequences for parents and children.
- We are glad DSS agrees that patient experience of care is important for tracking and holding providers accountable. We look forward to seeing your plan for this.
- We are also very interested in seeing the attachment point for provider risk. This will be important both to ensuring access to care for at-risk patients, and for providers to ensure the new payment model will be sustainable. This could be very important to whether providers continue to participate in Medicaid and how many patients they accept.
- We are concerned that provider performance reports will be delayed by two years. Providers need timely feedback to improve care delivery.
    - Again, we look forward to seeing your underutilization policy. Quality performance must be connected to underservice monitoring.
    - We are pleased to see the inclusion of quality improvement plans for underperforming providers and practices. This should be accompanied by any necessary resources from DSS including data and/or technical assistance.
- Medicaid members often enter the program when they become pregnant, and eligibility may end after the postpartum period. Efforts to address unmet needs, beyond maternity care, for previously uninsured members is key.
    - This should be a quality measurement.
- We support parity in payment rates between OB/GYNs and certified nurse midwives. This decision respects patient choice and expands capacity.

- While you don't expect any net change in program costs with the change, it will be important to monitor changes in spending and utilization carefully.
- We commend your attempts to risk adjust payments for patients' social needs. While Area Deprivation index (ADI) is an imperfect measure, it's a start. It will be critical to monitor its impact on access to care, both positive and negative.
- We are concerned that data on services for patients will be reduced in the transition to $0-pay claims starting in the second trimester. Missing information was a perennial problem in HUSKY under capitated managed care organizations.
- Extension of the bundle to include care for newborns is ambitious and carries potentially serious unintended consequences. We look forward to seeing the impact of the upside maternity bundles on newborn health and whether the risks of expanding the bundle is necessary.

Thank you again for this opportunity to comment. We look forward to seeing how this policy change impacts the health of HUSKY members and maternity care for all Connecticut.