

Obstetric Pay for Performance Summary



A summary of the overall performance of participating providers including perinatal profiles of submitted member data.

Date Range: June 1, 2015 to September 11, , 2015

Introduction

The Department of Social Services is introduced a second OBP4P beginning on June 1, 2015 for obstetrical services occurring between June 1, 2015 to November 30, 2015. Eligible CMAP provides include;

- Family medicine physicians
- Obstetrician/gynecologists
- Obstetric nurse practitioners
- Family medicine nurse practitioners
- Physician assistants
- Certified nurse midwives

Measures and Incentives

Participating OBP4P providers will accrue points for episodes of care where an online perinatal notification was submitted. The measures with their associated points are described in Table 1.

Table 1 OBP4P Measures

Measure	2015 Point Value	2014 Point Value	Point Value Difference
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	10	5	+5
First prenatal visit within 14 days of a confirmed pregnancy	15	25	-10
At least one (1) postpartum visit within 21-56 days postpartum	30	25	+5
Appropriate use of 17-alpha-hydroxyprogesterone in women who have a history of spontaneous singleton preterm birth.	10	30	-20
Full term, vaginal delivery after spontaneous labor whenever medically possible	35	30	+5

Provider Engagement

Participating Provider Practice Detail¹

Date Range: June 1, 2015 to September 11, 2015

Count by Practice Type

Family Medicine	1
FQHC	3
Group Practice	29
Private Solo Practice	6
Total Practices	39
Number of Unique Providers	139

116

The 2015 OB provider participation is 54.51% (n=139) of the 2014 OB provider participation (n=255).

Delivery Hospitals

OBP4P providers reported the following as the hospitals where they perform the majority of their deliveries:

Delivery Hospitals/Location	
BRIDGEPORT HOSPITAL INC	
BRISTOL HOSPITAL	
THE CHARLOTTE HUNGERFORD HOSPITAL	
DANBURY HOSPITAL	
GRIFFIN HOSPITAL	
HARTFORD HOSPITAL	
HOME BIRTHS	
LAWRENCE AND MEMORIAL HOSPITAL	
MANCHESTER MEMORIAL HOSPITAL	
MIDSTATE MEDICAL CENTER	
MIDDLESEX HOSPITAL	
ST MARY'S HOSPITAL	
STAMFORD HOSPITAL	
THE CHARLOTTE HUNGERFORD HOSPITAL	
THE HOSPITAL OF CENTRAL CONNECTICUT	
WATERBURY HOSPITAL	
YALE AT ST RAPHAEL	
YALE NEW HAVEN HOSPITAL	
Total Unique Hospitals	18

x1

¹ Data Source: Submitted OBP4P 2015 Provider Registrations Form

Member (Patient) Profile²

Gestational Weeks at Time of First Visit

n=1026 members

Gestational Weeks at Time of First Visit		
1 to 6 weeks	134	13.06%
7 to 12 weeks	635	61.89%
13 to 19 weeks	148	14.42%
20 to 26 weeks	60	5.85%
27 weeks or more	41	4.00%
Not Reported	8	0.78%
Total Members	1026	100.00%

Gravidity

n=1026 members

Gravida		
First Pregnancies (Primigravida)	195	19.01%
Subsequent Pregnancies (Gravida >1)	831	80.99%
Total Members	1026	100.00%

Perinatal Risk Stratification

* Per provider designation as high risk via OB notification form

n=1026 members

Perinatal Risk Stratification		
High Risk	170	16.57%
Low Risk	856	83.43%
Total Members	1026	100.00%

² Data Source: OBP4P 2015 provider submitted online OB notifications forms

Risk Factors ³

17HP Candidates

Members with a history of a singleton preterm birth

n=831 members

17HP Candidates

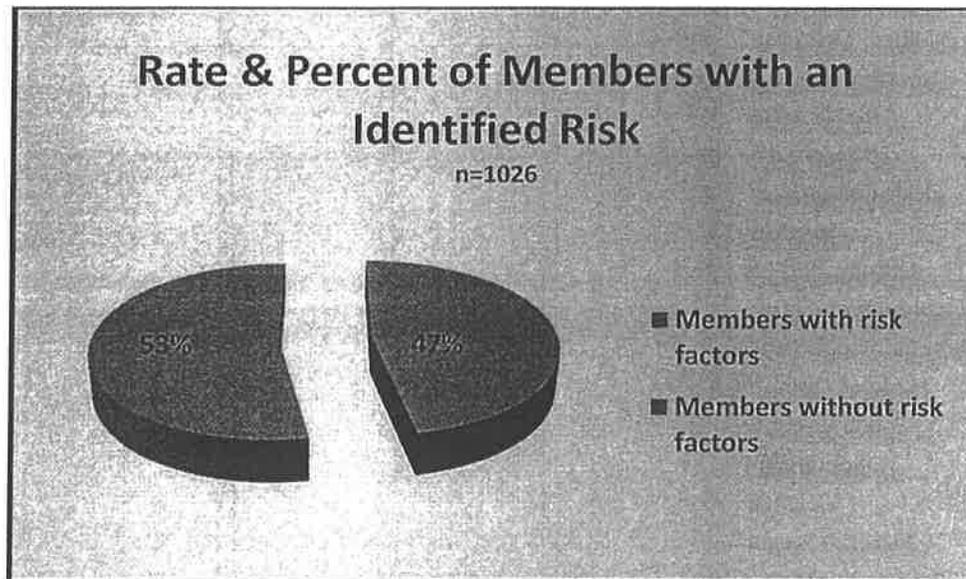
Candidate, 17P may be indicated	32	3.85%
Not a candidate, 17P not indicated	799	96.15%
Total Members	831	100.00%

Rate & Occurrence—Overall Member Risk

n=1026 members

Members

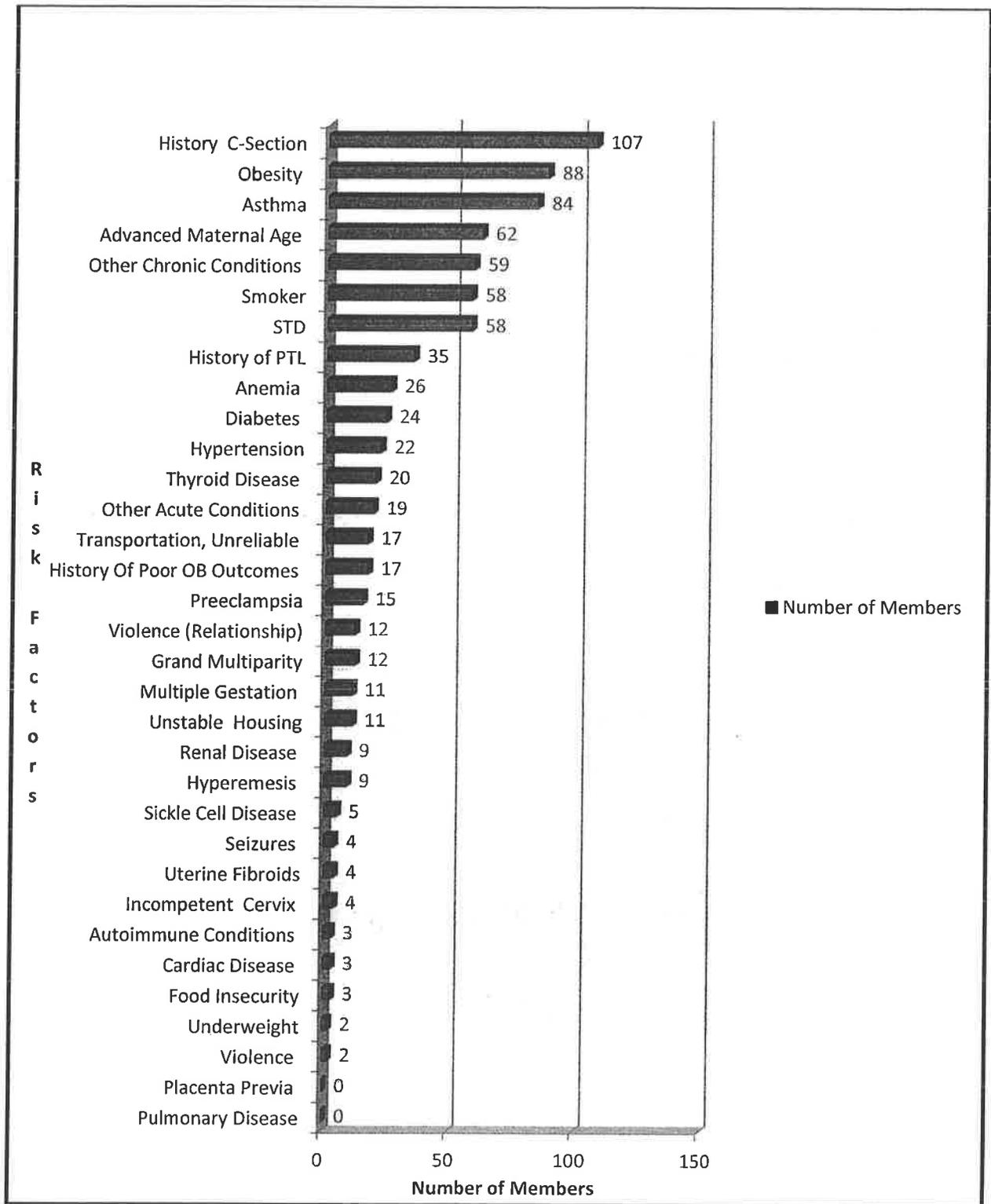
Members with risk factors	483	47.00 %
Members without risk factors	543	53.00 %
Total Members	1026	100.00%



³ Data Source: OBP4P 2015 provider submitted online OB notifications forms

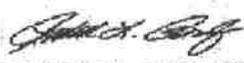
Rate & Occurrence—Individual Risk Factors

n=483



Reference Materials

Provider Bulletin

	Connecticut Medical Assistance Program Policy Transmittal 2015-20	Provider Bulletin 2015-39 May 2015
	 Roderick L. Bremby, Commissioner	Effective Date: June 1, 2015 Contact: Robert W. Zawoski @ 860-424-5583

TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants and Certified Nurse Midwives (CNMs)

RE: Obstetrics Pay for Performance Program

The Department of Social Services is introducing a second Pay for Performance (P4P) Program in obstetrics care, beginning June 1, 2015. The purpose of this program is to improve care for pregnant women and outcomes of newborns, who are covered under the HUSKY Health program. Obstetrical P4P payments are in addition to current fee-for-service payments.

The following providers are eligible to participate in the obstetric P4P Program: family medicine physicians, obstetrician/gynecologists, obstetric nurse practitioners, family medicine nurse practitioners, physician assistants and certified nurse midwives. All such providers must be currently enrolled in the Connecticut Medical Assistance Program (CMAP) network and must be providing obstetric care to eligible HUSKY Health clients.

To be eligible for P4P payments, obstetrical services must be performed on dates of service June 1, 2015 through November 30, 2015. Data will be collected through May 31, 2016 to allow for claims run out. Payments will be distributed in calendar year 2016.

The Department will base P4P payments on the following performance measures (with their associated point values):

Measure	Point Value
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	10
First prenatal visit within 14 days of a confirmed pregnancy	15
At least one (1) postpartum visit within 21-56 days postpartum	30
Appropriate use of 17-alpha-hydroxyprogesterone in women who have a	10

history of spontaneous singleton preterm birth.

Full term, vaginal delivery after 35 spontaneous labor whenever medically possible

The Department will collect data on the provider's performance of the P4P measures from claims and from the online prenatal and postpartum notification forms. Only episodes of care for which providers use the online obstetrics notification forms will be eligible for the P4P Program.

Eligible obstetric providers can enroll in the P4P program by logging into HUSKY Health's secure provider portal and completing an initial OBP4P practice registration form. Providers will receive confirmation of their enrollment in the OBP4P upon receipt and can begin submitting the online prenatal and postpartum notification forms effective June 1, 2015.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Responsible Unit: For questions related to the Obstetrics P4P Program, please contact the Department's Medical Administrative Services Organization, Community Health Network of Connecticut, at 1-877-606-5172 during the hours of 9:00 a.m.-4:00 p.m. or send your email to obp4pquestion@chnct.org.

Date Issued: May 2015.

For Prior Authorization questions, please contact Community Health Network of Connecticut (CHNCT) at 1-800-440-5071.
 As a reminder, DSS will no longer distribute paper communications to providers as of June 30, 2015. Please see PB15-23 for details.

OB Notification Form

Resource template of patient data needed to complete the online OB notification forms.

First Name	Last Name																						
Date of Birth: __/__/__	HUSKY Health Medicaid ID																						
Patient's Contact Information--Phone Numbers:																							
#1	#2																						
First Prenatal Appointment: __/__/__ Gestational weeks at the time of first prenatal appointment: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1 to 6 weeks</td><td><input type="checkbox"/></td></tr> <tr><td>7 to 12 weeks</td><td><input type="checkbox"/></td></tr> <tr><td>13 to 19 weeks</td><td><input type="checkbox"/></td></tr> <tr><td>20 to 26 weeks</td><td><input type="checkbox"/></td></tr> <tr><td>27 or greater</td><td><input type="checkbox"/></td></tr> </table> EDD: __/__/__	1 to 6 weeks	<input type="checkbox"/>	7 to 12 weeks	<input type="checkbox"/>	13 to 19 weeks	<input type="checkbox"/>	20 to 26 weeks	<input type="checkbox"/>	27 or greater	<input type="checkbox"/>	Do you consider this pregnancy to be high risk? Yes <input type="checkbox"/> Is this the patient's first pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/> If no (not a first pregnancy), does she have a history of spontaneous singleton preterm birth? Yes <input type="checkbox"/> If yes (hx of spontaneous singleton preterm birth) what is the date you plan on starting her on 17-hydroxyprogesterone Caproate? __/__/__ Additional Comments (if needed):												
1 to 6 weeks	<input type="checkbox"/>																						
7 to 12 weeks	<input type="checkbox"/>																						
13 to 19 weeks	<input type="checkbox"/>																						
20 to 26 weeks	<input type="checkbox"/>																						
27 or greater	<input type="checkbox"/>																						
Patient Risk Factors /Barriers (check all that apply)																							
Unstable Housing <input type="checkbox"/>	Lack of a stable source of food <input type="checkbox"/>	At risk for violence (environmental) <input type="checkbox"/>	At risk for violence (relationships) <input type="checkbox"/>																				
Multiple Gestation <input type="checkbox"/>	Obesity <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Sickle Cell Disease <input type="checkbox"/>																				
Renal Disease <input type="checkbox"/>	Underweight <input checked="" type="checkbox"/>	History of poor OB outcome(s) (specify) <input type="checkbox"/>	Other Chronic Conditions (specify) <input type="checkbox"/>																				
Autoimmune Disorders <input type="checkbox"/>	Diabetes <input type="checkbox"/>	History of PTL <input type="checkbox"/>	Placenta Previa <input type="checkbox"/>																				
STDs <input type="checkbox"/>	Cardiac Disease <input type="checkbox"/>	Preeclampsia <input type="checkbox"/>	Previous C Section <input type="checkbox"/>																				
Uterine Fibroids <input type="checkbox"/>	Asthma <input type="checkbox"/>	Hyperemesis <input type="checkbox"/>	Grand multiparity <input type="checkbox"/>																				
Seizure Disorders <input type="checkbox"/>	Pulmonary Disease <input type="checkbox"/>	Smoker <input type="checkbox"/>	Transportation issues <input type="checkbox"/>																				
Anemia <input type="checkbox"/>	Thyroid Disease <input type="checkbox"/>	AMA <input type="checkbox"/>	Incompetent Cervix <input type="checkbox"/>																				
Date your office was first aware of her pregnancy: __/__/__																							
Comments or additional information:																							
Complete this section after your patient delivers																							
Delivery Date: __/__/__																							
Gestational Age :																							
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C Section after trial of labor	<input type="checkbox"/>																						
Was labor induced? Yes <input type="checkbox"/> No <input type="checkbox"/>																							
Any Delivery Complications																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Birth Weight</th> <th style="width: 10%;">Baby</th> <th style="width: 10%;">A</th> <th style="width: 10%;">B</th> <th style="width: 10%;">C</th> </tr> </thead> <tbody> <tr> <td>Greater than or equal to 2500 grams</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Less than 2500 grams</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Less than 1500 grams</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Birth Weight	Baby	A	B	C	Greater than or equal to 2500 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Less than 2500 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Less than 1500 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Less than 1500 grams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
NICU Admission Yes <input type="checkbox"/> No <input type="checkbox"/>																							
Reason: _____																							
Postpartum Visit Date: __/__/__																							
Total Number of Prenatal Visits: _____																							
Breastfeeding		Yes <input type="checkbox"/> No <input type="checkbox"/>																					
PP Depression Screening Result		Positive <input type="checkbox"/> Negative <input type="checkbox"/> Did Not Assess <input type="checkbox"/>																					