



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs) and Certified Nurse Midwives (CNMs)
RE: Obstetrics Pay for Performance Program for Non-Participating Maternity Bundle Providers

The Department of Social Services (DSS) is instituting an updated Obstetrical Pay for Performance (OBP4P) in obstetrical care program for individuals covered under the HUSKY Health program beginning with dates of service January 1, 2026 until December 31, 2027.

Providers eligible to participate in the OBP4P program must be enrolled in the Connecticut Medical Assistance Program (CMAP) either as a family medicine physician, obstetrician/gynecologist, obstetric nurse practitioner, family medicine nurse practitioner, physician assistant, or certified nurse midwife, be providing obstetric care and **not** eligible to participate in the HUSKY Maternity Bundle Payment program.

The aim of the OBP4P program is to improve pregnancy outcomes and the overall care of pregnant individuals while decreasing the incidence of avoidable maternal mortality and morbidity through:

- Encouraging early entry into prenatal care.
- Identifying risk factors contributing to maternal morbidity and mortality.
- Increasing engagement in postpartum and ongoing primary care.
- Encouraging the use of self-measured blood pressure devices for pregnant members with hypertension or at risk for preeclampsia.

As a reminder, obstetrical OBP4P payments are in addition to current fee-for-service payments.

To be eligible for OBP4P payments, obstetrical services must be performed by eligible providers on dates of service January 1, 2026, through December 31, 2027. Only episodes of

care for which eligible providers have completed an online obstetrics (OB) notification form will be eligible for the OBP4P program. Notification forms must be submitted by January 31, 2027 for calendar year (CY) 2026 and January 1, 2028 for CY 2027, to be eligible.

OBP4P Performance Measures

DSS will base OBP4P payments on the following updated performance measures (with their associated point values):

Prenatal Measures	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: <ul style="list-style-type: none">• Blood pressure check• Evaluation for co-morbidities including:<ul style="list-style-type: none">○ Cardiovascular disease○ Diabetes○ Hypertension○ Clotting disorders○ Substance Use 2. Assessment of social determinants of health	20
Self-measured blood pressure (BP) for members with hypertension in addition to usual perinatal care visits and provider measured BP. To meet this measure, a prescription for a BP monitoring device must be issued.	60

Postpartum Measures	Points
Full term (39 weeks gestation), vaginal delivery	60
At least one postpartum visit occurring within 21 days of delivery.	50
A comprehensive postpartum visit occurring between 22 and 84 days after delivery that addresses all the following: <ul style="list-style-type: none"> • Future pregnancy planning • Contraceptive options/choices • Ongoing medical conditions • Behavioral health issues • Substance use/misuse 	30

DSS will collect data from claims and the online OB notification forms to determine the provider OBP4P payments. Payments will be made after allowing for six (6) months of claims run out.

Provider OBP4P Enrollment

Providers can enroll in the program by completing an OBP4P registration form. Providers can access the OBP4P registration form at: <http://www.huskyhealthct.org/providers.html>.

Maternity Bundle Payment Program

Providers eligible for the Maternity Bundle Payment Program are not eligible to participate in the OBP4P Program. To learn more about the maternity bundle and monitor the progress of its implementation go to:

- [HUSKY Maternity Bundle](#)

For questions related to the HUSKY Maternity Bundle Payment program, please contact:

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For questions related to the obstetrics OBP4P program, please contact DSS's Medical Administrative Services Organization,

Community Health Network of Connecticut, Inc. (CHNCT) at: obp4pquestion@chnct.org.

Important OBP4P FAQs

1. Who can participate in the OBP4P program for Non-Maternity Bundle providers?

- To participate in the OBP4P program, a provider must be enrolled in the Connecticut Medical Assistance Program (CMAP) as a family medicine physician, obstetrician/gynecologist, obstetric nurse practitioner, family medicine nurse practitioner, physician assistant, or certified nurse midwife; be providing obstetric care; and
- They must not qualify for participation in the Maternity Bundle. Currently, FQHC providers, and providers who perform fewer than 30 deliveries annually, aren't eligible to participate in the Maternity Bundle.

2. Is participation in the OBP4P program required?

No, OBP4P is a voluntary program.

3. What is required to participate in the OBP4P program?

There are two required steps:

- Complete a one-time OBP4P registration form.
- Once your OBP4P registration is approved, submit an OBP4P notification form for each HUSKY Health member you provide obstetrical care to during the OBP4P cycle.

4. Where can I find the OBP4P notification form?

The OBP4P notification form is accessible via the HUSKY Health secure provider portal.

5. How many OBP4P notification forms need to be completed for each member?

One notification form is completed and submitted at the end of the member's pregnancy, following their postpartum visits.

6. Does an OBP4P notification form need to be submitted if the member had a termination, miscarriage, or fetal demise?

Yes, an OBP4P notification form should be submitted in those situations as well.

7. What type of information is entered on the OBP4P notification form?

Patient demographics, date of pregnancy confirmation, first prenatal visit, completion of Social Determinants of Health (SDOH) and Maternal Risk Factor screenings, delivery outcome, and attendance at postpartum visits.