

Appendix A: Eligible providers and provider delivery locations for AE

Who is eligible to participate in TMaH?

Eligible Partner Delivery Locations may include but are not limited to hospitals, Birth Centers, obstetrician-gynecology practices, mental and behavioral health practices, FQHCs/clinics, Tribal sites, and other points of care.

Eligible Partner Providers may include but are not limited to obstetrician-gynecologists, all types of midwives, physicians, fetal medicine specialists, nurses, mental and behavioral health practitioners, and other clinical and support staff, such as doulas, home visiting staff, lactation consultants, and Perinatal Community Health Workers.

Locations and Providers must provide care and services in Hennepin County, where the model is piloting.

At the time of application, providers at applying organizations must meet one of the following conditions:

- enrolled as a Minnesota Medicaid provider,
- contracted with a Minnesota managed care plan, or
- employed with an organization supporting Medicaid beneficiaries.

Providers must be licensed and/or credentialed and in good standing with applicable state and federal oversight bodies and must have or obtain a National Provider Identifier through the National Plan and Provider Enumeration System to bill for services.

TMaH is encouraging eligible organizations to partner and apply together in alignment with model components. MN's TMaH model is strongly encouraging the inclusion of safety net providers and community organizations. Partners will determine how the partnership would function and how payments would be split across care and services. Partners will share proposed structure in the application. Partnership and collaboration within the model could operate in a few different ways.

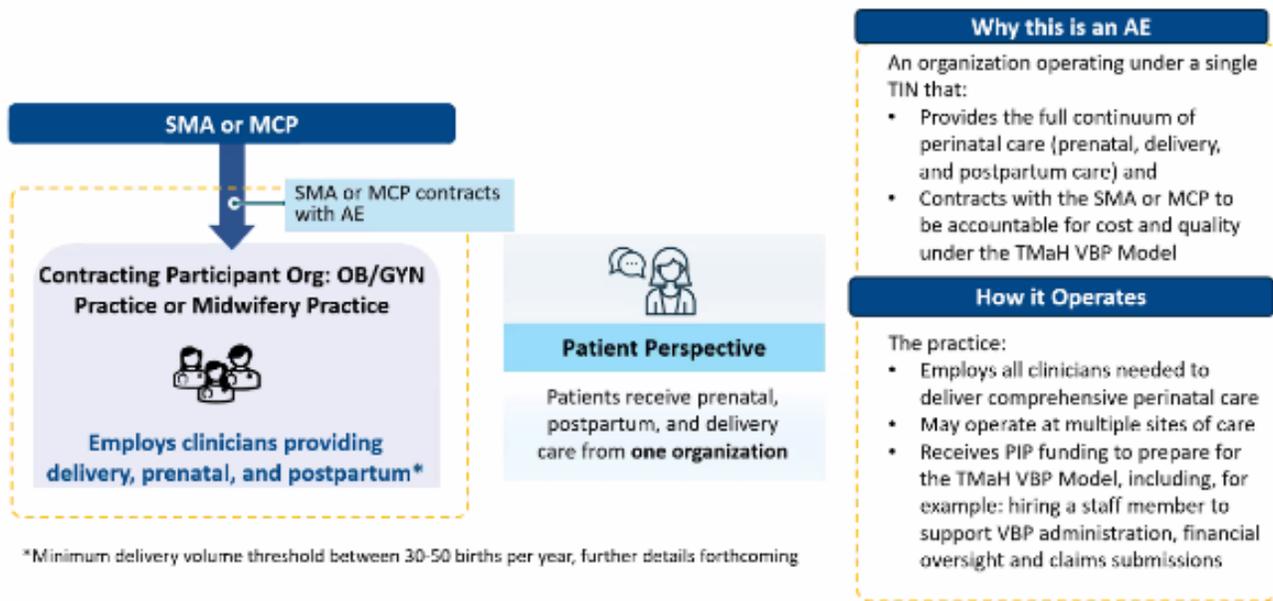
Partners come together as an “Accountable Entity” (AE) to apply

A TMaH Accountable Entity (AE) is the practice(s) accountable for care in the TMaH model. These are clinics or practices providing maternal health services, including OB-GYN practices, FQHCs, and birth centers.

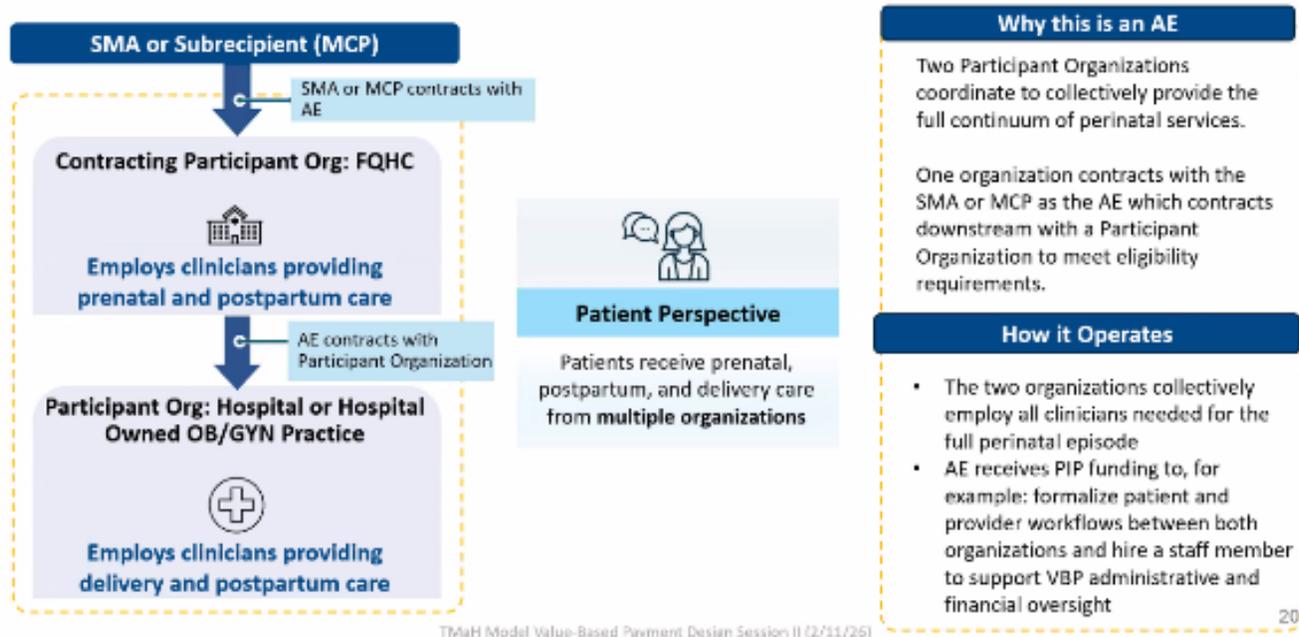
The AE must provide the full range of perinatal care (prenatal, delivery, and postpartum care), which can be provided among different organizations within the AE.

Hospitals may serve as participants in the AE, but are restricted from serving as the primary AE organization unless they provide the full range of perinatal care (prenatal, labor/delivery, and postpartum care) AND contractual assurances that at least 80% of the AE's portion of the shared savings payment will be given to the individuals who provided a majority of the prenatal and postpartum care.

Example 1: Single Organization as the AE



Example 2: Two or More Organizations as the AE

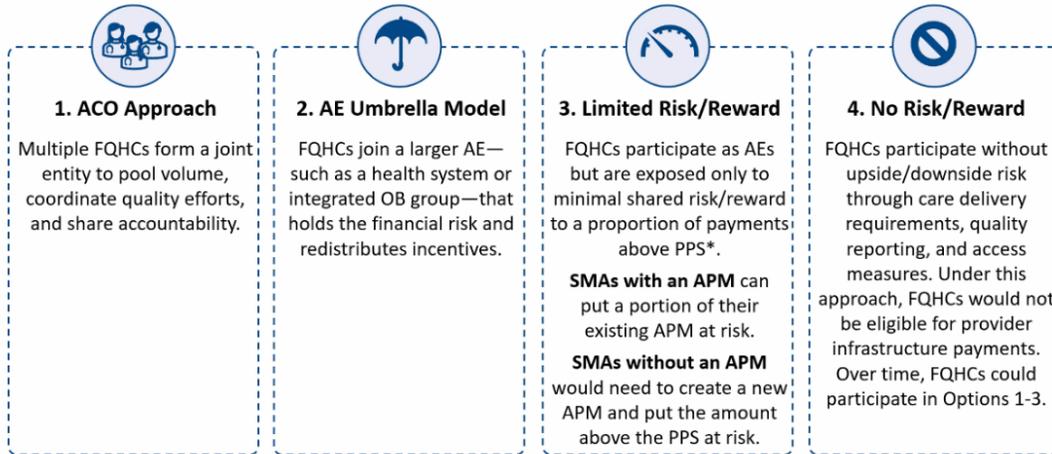


Safety Net Provider (SNP) Participation—Safety net providers such as FQHCs and tribal organizations and clinics can serve as the primary applicant but must apply jointly with a site location that does deliveries if they do not provide delivery care.

Unique SNP reimbursement structures require flexibility related to phased-in downside risk and potentially the case rate payment:

- FQHCs: The Medicaid Prospective Payment System (PPS) is the single required rate that states must pay FQHCs for a single visit. Many SMAs pay an alternative rate either equal to or greater than the PPS rate, known as an Alternative Payment Methodology (APM) rate
- Tribal Health Providers: The Indian Health Service (IHS) All-Inclusive Rate (AIR) is the U.S. Office of Personnel Management-determined payment methodology for Medicaid or Medicare services furnished in IHS-operated or Tribally operated (Section 638) facilities.

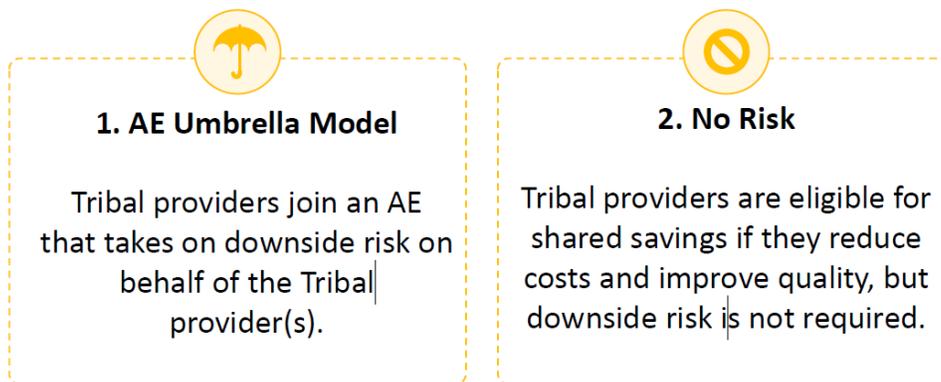
Optional Pathways for FQHC Participation



*Payments above PPS are designed to ensure cost coverage, rather than incentive payments.

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Optional Pathways for Tribal Health Participation



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AEs must be identified by a tax identification number (TIN). Even if multiple organizations come together, there must be a primary single TIN forming a business relationship with one of Minnesota's Managed Care Plans.

This accountable entity will be responsible for:

- meeting cost and quality outcomes
- complying with model terms and conditions
- distributing shared savings and losses

Selected AEs will need to submit a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) between all participating organizations prior to final award.

Who cannot be an AE?

- × Individual clinicians without organizational infrastructure
- × Hospitals that do not provide prenatal or postpartum services cannot be an AE on their own but can join with others
- × Practices/FQHCs where providers do not perform labor/delivery cannot be an AE on their own but can join with others
- × AEs below minimum delivery volume requirement of 30-50 births/year*

*CMS has proposed 30-50 births as the minimum delivery number for AE eligibility. This number is subject to change based on CMS guidance.