



Transforming Maternal Health (TMaH) Model

Value-Based Payment Glossary

Overview

This glossary offers a common set of definitions for terminology specific to the Transforming Maternal Health (TMaH) Value-Based Payment (VBP) Model to provide State Medicaid Agencies (SMA) and other stakeholders with a clear, consistent reference for shared definitions and orientation.

Note: All definitions are subject to revision based on analysis and stakeholder input. If changes are made, this glossary will be updated

Term	Definition
Accountable Entity (AE)	Provider organization(s) that deliver prenatal, labor and delivery, and postpartum (“perinatal”) care and agree to be accountable for cost and quality outcomes as part of the TMaH VBP Model. An AE is identified based on the taxpayer identification number (TIN) of a Participant Organization, which serves as the single legal entity that forms a business relationship with the SMA or a managed care plan (MCP) for purposes of participation in the TMaH VBP Model. An AE may be structured as a single organization or multiple organizations that formally join together under a contracting participant organization’s TIN to meet model requirements. Even if multiple organizations join together, one primary TIN must contract with the SMA or MCP and downstream with other Participant Organizations to meet AE requirements. Examples of entities that can become an AE include, but are not limited to: obstetrics and gynecology (OB/GYN) practice, hospital-based OB/GYN practice, family medicine practice, federally qualified health center (FQHC), midwifery practice, or birth center.
Attribution	The method used to assign patients and their health care outcomes to specific providers. Patient attribution in the TMaH VBP Model establishes the patient panel for which an AE is accountable for cost and quality outcome.
Delivery Setting	The site of care where a patient delivers a baby (e.g., hospital, birth center, etc.).
Excluded Services	Services that are not included in calculations for the purposes of determining prospective monthly payments or retrospective reconciliation under the TMaH VBP Model.
Included Services	The services included in calculations for the purposes of determining prospective monthly payments or retrospective reconciliation under the TMaH VBP Model, such as professional services and certain facility and diagnostic services.
Prospective Monthly Payment (Case Rate)	Fixed monthly payments, also called a case rate, paid to an AE for the cost of providing care to patients attributed to that AE. In the TMaH VBP Model, prospective monthly payments will begin when a prenatal visit occurs in the second trimester and continue monthly through 60 days postpartum. Prospective monthly payments are calculated individually for each AE based on historic professional claims costs of included services and re-calculated annually based on costs from the prior year.

Term	Definition
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.
Non-Attributable Delivery	A scenario where an AE-attributed patient receives labor/delivery services from a practice that is not a participating AE in the TMaH VBP Model.
Participant Organization	An organization that may on its own be an AE, if it meets all AE criteria, or partners with one or more additional Participant Organizations to form an AE. Participant organizations, either individually or collectively, provide the basis for shared savings and shared losses determinations through financial reconciliation.
Partner Organization	A non-clinical organizations that will partner with the SMA or AE to implement the model, including but not limited to state public health departments, Perinatal Quality Collaboratives, maternal mortality review committees, managed care plans, community-based organizations, universities and other non-clinical organizations.
Perinatal Episode of Care (Perinatal EOC)	The full course of maternal care during the perinatal period (prenatal, labor and delivery, and postpartum) for which the VBP is based.
Prenatal	The period before birth (~280 days prior).
Postpartum	For the purposes of TMaH Model VBP calculations, the 60-day period post birth.
Prenatal Care Setting	The FQHCs, OB/GYN clinics, family medicine practices, birth centers, and other maternal health settings, including the delivery of telehealth, where prenatal care is delivered. The prospective monthly payment is triggered by submission and receipt or a prenatal visit claims code in this setting.
Provider Infrastructure Payment (PIP)	Time-limited payments made by the SMA or a subrecipient to TMaH-participating providers or other entities on behalf of providers, primarily during the Pre-Implementation Period to support health care delivery transformation activities within six approved domains: patient safety initiatives and maternal care assessment, quality measure reporting, data integration, team-based care, enhanced access to care, and connections to community-based organizations (CBOs).
Quality Measures (Value-Based Payment)	Measures used to track and link value-based payments to quality of care. The measures that will partially affect payment are still being finalized.
Retrospective Reconciliation	A comparison of the total cost of maternal health care services provided by the AE included in the episode of care to a risk-adjusted target price, adjusted based on quality measures, to determine the shared savings payment (or losses).
Risk Adjustment	A process used to account for differences in the health status and expected medical costs of patients when comparing outcomes, setting payments, or evaluating performance. Risk adjustment can be used to adjust the target price and/or quality benchmarks in VBP models.

Term	Definition
Safety Net Provider	<p>A community health services entity providing services on a sliding payment scale, including:</p> <ol style="list-style-type: none"> 1. All Federally Qualified Health Centers (FQHCs), including those reimbursed via the Federal prospective payment system (PPS) rate or bill at the Tribal/Indian Health Service All Inclusive Rate (AIR) 2. Rural Health Clinics 3. American Indian and Alaska Native (AI/AN) Healthcare service sites operated by: <ol style="list-style-type: none"> a. Indian Health Service (IHS) b. Tribes or Tribal organizations under the Indian Self Determination and Education Assistance Act (ISDEAA), and c. Urban Indian organizations under title V of the Indian Health Care Improvement Act (IHCIA) 4. Safety Net Hospitals <ol style="list-style-type: none"> a. Hospitals receiving Disproportionate Share Hospital (DSH) payments or meeting federal DSH criteria b. Critical Access Hospitals c. Rural Emergency Hospitals.
Shared Losses	Repayment owed by the AE if average costs for attributed TMAH episodes are above the risk-adjusted target price.
Shared Savings	Incentive payment earned by the AE if average costs for attributed TMAH episodes are below the risk-adjusted target price and quality requirements are met.
Subrecipient	Entities who administer and/or distribute PIPs and VBPs to AE. Subrecipients may include managed care plans, foundations, or entities with experience dispersing similar payments.
Switch	When a patient receives care from more than one AE during the perinatal period.
Target Price	The expected cost for maternity care services based on an AE’s historical costs for the included services in TMAH’s episode of care. CMS will risk adjust the target price to account for variation in the average risk profile of an AE’s patient panel.
Tax Identification Number (TIN)	A unique number assigned by the Internal Revenue Service to identify a legal entity for tax and billing purposes.
Transfer	When a patient moves into a different level of care based on clinical need.
Value-Based Payment (VBP)	A way of paying for care that links payment to quality and cost performance rather than the quantity of services provided.
Transforming Maternal Health Value-Based Payment Model (TMAH VBP Model)	Refers to the set of payment and quality requirements that apply to an AE participating in the model. It includes the components used to determine both prospective monthly payments and retrospective reconciliation.