

Figure 5 : Overview of Maternity Care Episode Design Element Recommendations

*For a more detailed summary of recommendations, see Figure 3 of the White Paper*

# MATERNITY – DESIGN ELEMENTS

## Episode Design Parameters for Maternity and Prenatal Care

**DRAFT FOR PUBLIC COMMENT**



1. Episode Definition	2. Episode Timing	3. Patient Population	4. Services	5. Patient Engagement
Episode includes prenatal care, labor and birth, and postpartum care for low-risk women and babies.	Episode begins 40 weeks pre-birth and ends at 30 days postpartum for the baby, 60 days postpartum for the woman.	Women whose pregnancies are considered to be low-risk and their babies.	All services provided during pregnancy, labor and birth, and post-partum for the woman. Nursery or pediatric services are not included.	Patient engagement must be supported at all stages, including provider selection, shared care planning, and prenatal and parenting education.
6. Accountable Entity	7. Payment Flow	8. Episode Price	9. Type and Level of Risk	10. Quality Metrics
Provider best able to engineer change in the way care is delivered to the patient and able to accept risk. Clinician (not the hospital) may best fit this description for maternity care.	Payment flow – either upfront FFS or prospective payment – depends on the unique characteristics of the model's players.	Balance single and multiple providers and regional utilization history. Reflect the cost of services that achieve the goals of the episode payment model.	Upside and/or downside risk, depending on the model.	Clinical and Patient-Reported Outcome Measures of both the woman and the baby.