

Appendix D: Maternity Care Bundled Payment Models

This appendix presents the Summary Review of Selected Maternity Care Initiatives. Results reported are based on studies of varying statistical rigor and extrapolated from publications.

Episode Definition	Episode Timing	Patient Population	Service Inclusion/Exclusion	Accountable Entity	Payment Flow	Episode Price	Level and Type of Risk	Quality Metrics	Patient Engagement	Results	
Tennessee Health Care Improvement Innovation Initiative	Low-risk pregnancy with live birth	40 weeks prior to delivery through 60 days after delivery or discharge	<p>Mother only</p> <p>Exclusions: Various comorbidities, maternal death, any indication of leaving AMA, triggering events occurring at FQHC/RHC, and use of TPL</p>	<p>Prenatal: Related medical claims, related medication, or emergency department claims</p> <p>Delivery: All claims</p> <p>Postpartum – Days 1-30: Non-Inpatient Admissions (readmissions), ED claims not resulting in readmission, other pharmacy/professional/facility claims with an inclusion code</p> <p>Postpartum – Days 31-60: All related medical claims and medications</p>	<p>Physician or midwife who delivers the baby</p> <p>Global Billing Code: Tax ID of the billing provider or group</p> <p>No Global Billing Code: Tax ID of the billing provider or group responsible for delivery</p>	FFS with retrospective reconciliation	<p>End of an episode: Costs are totaled and adjusted using a risk weight based on: woman's age, health conditions, and complications during pregnancy.</p> <p>PAP's end of year average adjusted cost is compared to "Commendable" and "Acceptable" levels established by each payer.</p> <p>Pregnancies with a cost greater than the 99.73rd percentile after adjustment and certain comorbidity pregnancies will be excluded from PAP's annual average adjusted cost.</p>	Upside and downside risk	<p>Gain sharing: Screening rates for HIV, group B streptococcus (GBS), cesarean section</p> <p>Informational only (not for gain sharing): Screening rates for gestational diabetes, asymptomatic bacteriuria, hepatitis B specific antigen, Tdap vaccination</p>	NA	Available late 2016

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Arkansas Health Care Payment Improvement Initiative	Low-risk pregnancy with live birth	Roughly 40 weeks before delivery through 60 days postpartum	Mother only Exclusions: Various comorbidities and high-risk pregnancy	Inclusions: All prenatal care, care related to labor and delivery, and postpartum maternal care, including labs, imaging, specialist consultations, and inpatient care Exclusions: Patient costs that are incurred during the episode time period that are not related to the maternity episode	Physician or nurse midwife (provider or provider group) who delivers the baby and performs the majority of prenatal care (identified by claims with the appropriate global OB bundle procedure, prenatal care bundle procedure, or office visit procedure)	FFS with retrospective reconciliation	FFS payments during episode, retrospective adjustment based upon patient comorbidities Provider average episode cost is compared to Commendable, Acceptable, Unacceptable thresholds that are established by each payer annually. When providers have 5+ episodes, an average episode cost in the Commendable range, and have met the quality metrics, they are eligible to share in savings. For providers that have 5+ episodes and an average cost in the Unacceptable range, they share in the risk.	Upside and downside risk	Performance metrics are linked to payment, but reporting metrics are not. Cost savings require a provider to meet quality thresholds on all performance metrics and report data for reporting metrics. Quality Metrics (80% threshold): prenatal screenings and appropriate utilization of diagnostic tests Performance quality metrics linked to shared savings: HIV, GBS, and chlamydia screenings. Reporting only metrics: gestational diabetes screening, UTI or asymptomatic bacteriuria screening, hepatitis B-specific antigen screening, and cesarean section utilization rate.	NA	Medicaid cesarean section rate reduced from 38.6% (baseline) to 33.5% (2014), with an estimated 2-4% direct savings to date. Preliminary results show an increase in reported screenings. From 2012 to 2014, chlamydia screening increased from 65% to 90% and group B strep screening increased from 90% to 93%.

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Community Health Choice Low-risk and high-risk deliveries with severity markers	Mother: 270 days prior to delivery through 60 days post discharge Newborn: Initial delivery stay and all services/costs up to 30 days post discharge	Mother and newborn Exclusions: First phase: Currently Level 4 NICU stay Second phase: Planning on using individual stop/loss limits	All prenatal care and services related to delivery. Blended cesarean section and vaginal delivery rate Blended nursery levels 1, 2, and 3 Exclusions: Level 4 NICU stays	OB/GYNs from two multispecialty group providers who are participating in the pilot	FFS with retrospective reconciliation	Use historical average costs and adjust based on risk factors (e.g., age, comorbidities, clinical severity markers). Year 1: Use quality scorecard for monitoring and setting benchmarks. Year 2: Set quality thresholds for shared savings. Year 3 and beyond: Move away from current contractual payments to flat dollar or other budget payments with reconciliation.	Upside reward only in Year 1 with move to upside and Downside risk in Year 2 Reconciliation occurs at the end of each year of the pilot.	Normal birth weight: Prenatal care and screenings; Delivery care (cesarean section rate, elective deliveries); Postpartum care with depression screening; Baby care (breastfeeding, hepatitis B vaccine) Low birth weight: Similar to above plus NICU infection rates Patient-reported outcome measures: Hardcopy survey is mailed, and results are accepted in hardcopy or online. Additional measures for monitoring purposes	Active with community groups that promote prenatal care	Results not yet available

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<p>Providence Health & Services</p> <p>The Pregnancy Care Package</p>	Low-risk pregnancy	Positive pregnancy confirmation until 6 weeks after delivery	Mother and newborn	<p>All prenatal and postpartum care, including check-ups, prenatal tests, education, psychosocial support, labor, delivery, hospital stay, and postpartum care.</p> <p>Doulas and patient navigators are also included services.</p>	Nurse midwife	Prospective	Fixed, negotiated fee	Upside and downside risk	NA	NA	First implementation at nurse midwife-based clinic: 10% reduction in overall pregnancy costs and a cesarean section rate of 19%
<p>Geisinger Health System (GHS)</p> <p>Perinatal ProvenCare Initiative</p>	<p>Low-risk pregnancy</p> <p>Exclusions: Late referrals, high-risk patients, members without continuous enrollment during the entire episode or other primary coverage</p>	<p>Prenatal: Identification of pregnancy in the first or second trimester</p> <p>Postpartum: Concludes with postpartum visit 21-56 days post delivery</p>	<p>Mother only</p> <p>Exclusions: Neonatal care</p>	<p>All prenatal, labor and delivery, and postpartum care; at least 12 continuous weeks of prenatal care and delivery must be performed by a GHS provider.</p> <p>Global payment includes technical and professional, physician, consultations, and supporting clinicians</p> <p>Prenatal: Professional and outpatient services only Postpartum: Inpatient readmissions, outpatient, and professional Exclusions: Care provided by non-GHS providers</p>	GHS provider	Prospective	Fixed rate for episode	Upside and downside risk	103 evidence-based elements of care are incorporated, measured, and tracked for compliance.	"Patient Compact" was developed so that patients could become partners in their own care.	<p>Preliminary results: Improved in nearly all 103 measures identified; reduced NICU admissions by 25%; 23% reduction in NICU use; 26% reduction in cesarean sections; 68% reduction in birth trauma.</p> <p>Since 2011, Geisinger has not performed an early induction or elective cesarean before 41 weeks unless medically indicated.</p> <p>No cost savings have been made publicly available to date.</p>

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<p>Pacific Business Group on Health (PBGH)</p> <p><i>PBGH Blended Case Rate</i></p>	High- and low-risk pregnancy	Hospital labor and delivery only	Mother only	Blended case rate for all facility and professional fees rendered during labor and delivery for both vaginal and cesarean section births	<p>Hospital accountable for the facility blended rate.</p> <p>Medical group practice accountable for the professional blended rate.</p>	Prospective	Rate for cesarean section and vaginal birth the same and negotiated between payer and hospital, and payer and physician group, respectively.	Upside and downside risk with no prospective risk adjustment	<p>Rate of cesarean sections performed among primary, low-risk (NTSV) births</p> <p>Incidence of unexpected newborn complications is also used as a balancing measure.</p>	NA	<p>Three hospitals in pilot demonstrated a 20% decrease in cesarean section rates, which was sustained.</p> <p>Also, no changes in incidence of unexpected newborn complications.</p>
<p>American Association of Birth Centers (AABC)</p> <p><i>Bundled Payment Proposal</i></p>	Low-risk pregnancy	Enrollment in freestanding birth center through and including 6-week postpartum care visit	Mother and newborn care through first 28 days of life	<p>Prenatal care, nutrition, patient navigation, care coordination, discussion of options for birth, breastfeeding and childbirth preparation instruction, health education and support to avoid preventable complications, labor and birth in the birth center, newborn care and home visits</p> <p>Large birth center includes lab services, ultrasound, obstetrician, and perinatal visits</p> <p>Includes facility fee and professional fee at time of birth in the birth center.</p>	Freestanding birth center (FSBC)	FFS with retrospective reconciliation	<p>Small birth centers would receive incentive payments for each participant provided with enhanced services.</p> <p>Large birth centers would receive a bundled rate for professional and facility services with shared savings for overall cost savings.</p>	<p>Small birth centers: upside reward only</p> <p>Large birth centers: upside and downside risk</p>	<p>Number of prenatal visits, cesarean birth rate, elective delivery before 39 weeks, preterm birth and low birth weight rates, breastfeeding initiation and continuation, NICU admissions, perineal integrity, and completion of the 6-week postpartum visit</p>	<p>Prenatal education, enhanced prenatal care, doulas, peer counselors, and continuous support during labor and birth.</p> <p>Client experience surveys</p>	Birth centers typically achieve average cesarean rates of 6% for women admitted to birth center in labor, 1.59% episiotomy rate, and 0.11% elective delivery rate before 39 weeks of pregnancy.

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Baby+ Company	Low-risk pregnancy	Initial OB visit at birth center through 6 weeks postpartum	Mother and newborn	<p>Prenatal care, birthing plan, classes, postpartum care, newborn exam, metabolic screen, and medications</p> <p>Includes facility and professional fees</p> <p>Exclusions: labs, ultrasounds</p>	FSBC if low-risk pregnancy, uncomplicated delivery	FFS with retrospective reconciliation	<p>Working with payers to set pricing based on the outcomes (healthy mother and baby)</p> <p>Separate bundle rates if transferred before/during labor</p>	Incremental percentage at end of year if hit certain quality markers	NTSV cesarean, early elective delivery, exclusive breastfeeding during birth center stay, cesarean rate among women who entered labor in the birth center	<p>Measured by logging in to a patient's EHR's mirrored interface that allows for patients to record their experiences.</p> <p>Electronic experience surveys at 32 weeks and postpartum</p>	<p>More than 90% engagement</p> <p>NTSV rate: 11.8%</p> <p>Early elective rate: 0%</p> <p>Exclusive breastfeeding rate: 100%</p> <p>Cesarean rate for BC labors: 5.3%</p>

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The Minnesota Birth Center's BirthBundle™	Low-risk pregnancy	270 days prior to delivery and 56 days postpartum	Mother and newborn	<p>Prenatal care, labs within normal OB panel, ultrasound, and perinatal consults within reasonable scope, and birth</p> <p>Facility fee (birth center only, hospital facility fee outside of bundle) and professional fee at time of birth</p> <p>Baby assessment and facility fees at delivery</p> <p>24-hour postpartum assessment</p> <p>1-2 week and 6 week postpartum visit</p>	Birth center	<p>Model is prospectively determined budget but payment is currently retrospective</p>	<p>Use birth center historical data.</p> <p>Professional fees only are included if delivered in a hospital.</p> <p>Facility fees are FFS outside of bundle.</p> <p>If all care is within the birth center, facility and professional fees are included in the bundle.</p>	Upside and downside risk within the bundle	Patient-reported outcome measures	Prenatal/postpartum care surveys	Results not yet available, but significantly lower level of cesarean sections than the national average
Ohio Episode-Based Payment Model	Low-risk pregnancy with live birth	280 days prior to delivery until 60 days post delivery	<p>Mother only</p> <p>Exclusions: specific clinical and business exclusions</p>	<p>Relevant prenatal care and complications, delivery care, and relevant care and complications through the postpartum period, including readmissions relevant to the episode</p> <p>Exclusions: prenatal medications</p>	Physician/group delivering the baby	FFS payment with retrospective reconciliation	<p>Risk adjusted reimbursement per episode for each accountable provider</p> <p>Adjust average episode cost down based on presence of 70+ clinical risk factors</p>	<p>Positive incentive payment if average costs below Commendable levels and quality targets are met</p> <p>Pay negative incentive if</p>	<p>Linked to Incentive Payments: HIV Screening, GBS Screening, cesarean Rate, Postpartum Visit Rate</p> <p>For Reporting Only: % of episodes with gestational diabetes screening, % of episodes with prenatal hepatitis B screening,</p>	NA	NA

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						Removal of any individual episodes that are more than three standard deviations above the risk-adjusted mean	<p>average costs are above Acceptable level</p> <p>No impact if average risk-adjusted costs are between Commendable and Acceptable levels</p> <p>Incentive payment based on average across all episodes within a 12-month performance period</p>	<p>% of episodes with chlamydia screening, ultrasound rate</p> <p>Year 1: quality metric threshold will at a level where 75% of providers pass all metrics tied to incentive payments</p> <p>After Year 1: quality metric threshold will increase to top quartile performance over the next 5 years</p>		