



Transforming Maternal Health (TMaH) Model

Overview Webinar

April 3, 2024

Overview of the TMaH Model

What is the TMaH Model?

TMaH will support participating state Medicaid agencies in developing a whole-person approach to pregnancy, childbirth, and postpartum care.

Model Structure

- ✓ Provides technical assistance and resources to up to 15 state Medicaid agencies
- ✓ Improves access to an expanded and inclusive maternal health care workforce
- ✓ Focuses on pregnant and postpartum women with Medicaid and Children's Health Insurance Program (CHIP) coverage



Model Goals

- Improve experience of care for pregnant and postpartum mothers
- Reduce avoidable adverse outcomes, such as severe maternal morbidity and mortality
- Increase access to midwifery and doula services

TMaH Model Participants

Who can participate?

Medicaid agencies in the 50 states, D.C., and U.S. territories are eligible to apply. The model includes three years of technical assistance during the Pre-Implementation Period to prepare participants for model implementation. CMS will issue awards for up to fifteen states.



State Medicaid Agencies (SMAs)

SMAs are the only eligible applicants. Each selected SMA will be eligible to receive up to \$17 million in funding to support model implementation over the course of 10 years. States must implement certain elements of the model in a substate or statewide region.



Managed Care Entities (MCEs)

Participating MCEs in selected states will collaborate with SMAs to create and implement a plan to participate.



Maternity Care Providers and Supports

Health systems, hospitals, birth centers, health centers, maternity care providers, maternal quality advocacy organizations, and community-based organizations are invited to coordinate with SMAs and MCEs to participate.

Cooperative Agreement Funding

TMaH model provides SMAs with state-specific support in the form of funding and TA. The goal of this support is to improve maternal health care by working with states to reduce regional and other barriers and increase coverage/access for their Medicaid and CHIP beneficiaries.

Model Participation

As part of participation in the model, SMAs will receive up to **\$17 million total over the 10-year model.**

Cooperative Agreement Funding Uses:



Medicaid Staff Time



IT Infrastructure Investments



Training



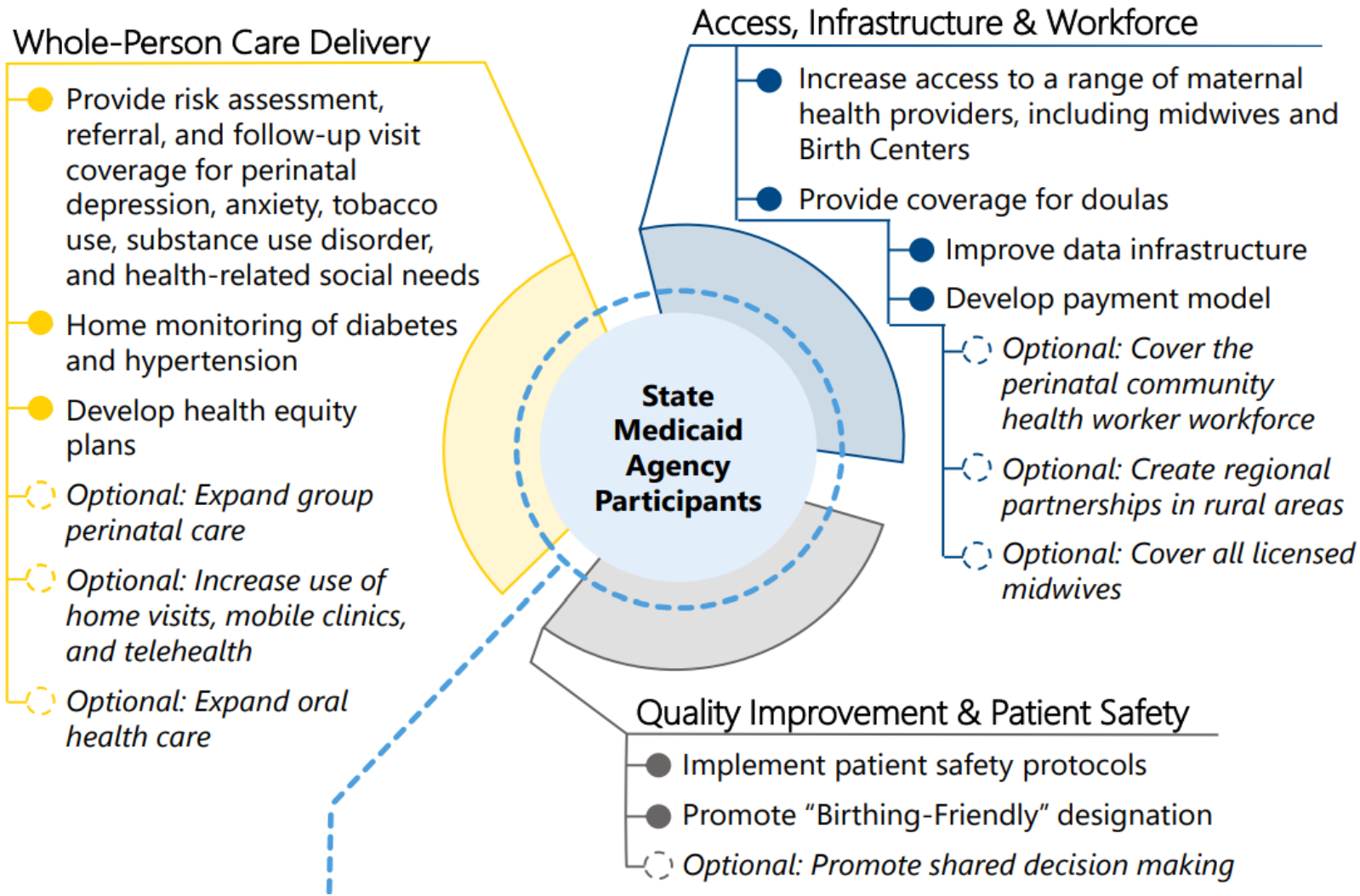
Partnership Development



Other Precursor Steps for the Implementation Period

TMaH Model Elements






TMaH Model Elements



Access, Infrastructure & Workforce





Adequate provider capacity and coverage are critical for access to care and provision of whole-person care along the prenatal, pregnancy, delivery, and postpartum continuum.

TMaH Required Elements	Examples of TA Service
Increase Access to the Midwifery Workforce 	<ul style="list-style-type: none"> • Help SMAs to assess midwifery workforce capacity to identify opportunities for recruitment and expanded coverage of licensed midwives in the state • Support payment analyses for determining fee schedule updates, and the creation of billing pathways for midwives (and obstetricians) to consult with maternal fetal medicine specialists • Provide guidance to connect SMAs with local and state resources to expand opportunities and marketing around midwives
Increase Access to Birth Centers 	<ul style="list-style-type: none"> • Conduct payment analyses for determining fee schedule updates • Provide guidance for establishing sustainable reimbursement rates for birth centers
Cover Doula Services 	<ul style="list-style-type: none"> • Provide support to cover doula services through Medicaid authorities, including payment analyses and guidance on payment levels, as appropriate • Help SMAs establish doula advisory councils • Provide guidance/training for doulas to help them enroll in Medicaid and learn about reimbursement structures and billing procedures • Conduct provider awareness/education to create supportive care environments for doula care
Improve Data Infrastructure 	<ul style="list-style-type: none"> • Support to link Medicaid data with records and data-matching across social service and benefit programs like WIC/SNAP and Medicaid to address cross-program enrollment gaps • Guidance to providers and other organizations around data privacy, permitted use and disclosures • Support to improve the collection and stratification of demographic data
Develop Payment Model 	<ul style="list-style-type: none"> • Guide discussions on the specification of a payment model, including which Medicaid authority to use to implement payment model • Support analytics to forecast the impact of potential payment model parameters on utilization, cost and quality outcomes using historic data • Facilitate engagement and communicate payment model implementation plan to providers and other stakeholders • Assist with managed care contracts for maternal health quality and access improvement, as appropriate

Quality Improvement & Safety






TMaH will support SMAs as they partner with Perinatal Quality Collaboratives (PQCs) to implement evidence-informed maternal health interventions and help bring their hospitals and health systems to attain the “Birthing-Friendly” designation.

TMaH Required Elements	Examples of TA Service
Support Implementation of Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles 	<ul style="list-style-type: none"> Assist in facilitating connections with Perinatal Quality Collaborative (PQC) to support hospitals to implement relevant AIM patient safety bundles at the recommendation of Health Resources and Services Administration (HRSA)
Attain “Birthing-Friendly” Hospital Designation 	<ul style="list-style-type: none"> Provide guidance to hospitals and health systems partnering with TMaH SMAs on how to attain the CMS “Birthing-Friendly” hospital designation by aligning with criteria and identifying collaboratives for participation Provide guidance on marketing and displaying the designation on provider directories

Whole-Person Care Delivery



TMaH will support participating SMAs as they assess and plan to overcome challenges related to personalized maternal health care, such as home visits and partnerships with CBOs that use screening data to support patients who need additional medical and non-medical supports.

TMaH Required Elements	Examples of TA Service
<p>Home monitoring of diabetes and hypertension</p> 	<ul style="list-style-type: none"> • Assist analysis of existing Medicaid coverage and reimbursement for home monitoring to ensure collaborating providers can track and monitor chronic conditions remotely • Assist SMAs in operationalizing the implementation of home monitoring and guidance for obtaining funding to cover cost of telehealth platforms, training, and equipment for home monitoring of diabetes and hypertension • Assist SMAs in partnering with Public Health departments and other organizations (e.g., university) in the design and implementation of home monitoring
<p>Risk assess and screen, refer, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and Health Related Social Needs</p> 	<ul style="list-style-type: none"> • Provide resources to evaluate prenatal to postpartum care delivery patterns and utilization and to guide the development and implementation of medical and social risk assessments to inform risk-appropriate care • Assist analysis of community resource gaps for addressing behavioral health needs and Health-Related Social Needs (HRSNs) of pregnant and postpartum individuals • Provide guidance to ensure that workflows and quality measures include recommended screening and follow up for maternal depression, anxiety, tobacco use, and substance use disorder
<p>Develop Health Equity Plan</p> 	<ul style="list-style-type: none"> • Support SMAs in developing Health Equity Plans, including resources for data analyses to understand disparities, identify and track specific improvement goals, address data collection and infrastructure gaps, and ensure patients are having their translation and transportation needs met

Optional TMaH Elements



TMaH includes optional elements that are intended to help SMAs improve care delivery and access to care, especially in rural areas. SMAs may select one or more optional elements in their NOFO application.



Cover Certified Midwives and Certified Professional Midwives

Support SMAs to cover certified midwives and certified professional midwives licensed in the state through Medicaid authorities



Cover Perinatal CHWs

Support SMAs with additional guidance to cover perinatal CHWs through Medicaid authorities



Promote Shared Decision-Making

Support SMAs to develop and implement patient decision aid resources to enhance shared decision-making; promote shared decision aids across patient population to improve use



Expand Oral Health Care

Support SMAs in identifying and addressing barriers in perinatal access to oral health care, including provider education and payment analysis



Create Regional Partnerships in Rural Areas

Provide support to bolster regional partnerships in rural areas among birth centers, CBOs, community hospitals and larger hospitals/health systems for risk management



Extend Medicaid to 12 Months Postpartum

Support SMAs in amending state plans to include coverage of Medicaid for 12 months postpartum



Expand Group Perinatal Care

Support SMAs in amending state plans to include coverage of group care



Increase Use of Home Visits, Mobile Clinics, and Telehealth

Provide guidance to SMAs using Medicaid authorities in connection with home visits for prenatal and postpartum care and on how to work with managed care plans to offer home visiting services; provide additional guidance to expand scope to new outreach clinics in rural communities

Technical Assistance

Technical Assistance: Learning and Resources

TA will be provided to SMAs during the Pre-Implementation Period. Based on the SMA's approved implementation region(s), some funding and resources will be transferred from SMAs to managed care plans, maternal health providers and supports, and CBOs to implement TMaH elements.

One-on-One Support may include:

CMS will provide support to SMAs as they implement their state-specific plan to meet TMaH requirements and monitor progress, such as:



**PAYMENT ANALYSES
OF REIMBURSEMENT
RATES**



**COST AND QUALITY
BENCHMARKING
GUIDANCE**



**PROCESS
IMPROVEMENT
COACHING**



**GUIDANCE TO
ENGAGE CBOs TO
ADDRESS HRSNS**

Additional Support:

CMS will also offer opportunities for peer-to-peer engagement and group learning, such as:



**CASE STUDIES &
INNOVATION
SPOTLIGHTS**



**ONLINE
COLLABORATION
PLATFORM**



WEBINARS



**AFFINITY AND
ACTION GROUPS**

Introduction to TMaH Payment Structure

Payment Approach Overview



TMaH's payment approach will support SMAs as they work with managed care plans, maternal health providers and supports, and CBOs during the Pre-Implementation Period to build capacity, and SMAs will develop and implement the value-based payment model.



Provider Infrastructure Payments

Model Year 3

(Pre-Implementation Period)

A portion of Cooperative Agreement funds will be used by SMAs to pay providers for activities related to TMaH elements



Quality and Cost Performance Incentives

Model Year 4

(1st Year of Implementation Period)

Provider will be eligible for upside-only performance incentive payments for excellence on quality measures that align with model goals as well as achievement of cost benchmarks



Roadmap to Value-Based Care

Model Year 5

(2nd Year of Implementation Period)

SMAs will transition to a value-based payment model designed to incentivize delivery of whole-person care that improves maternal health and reduces disparities

Provider Infrastructure Payments



SMAAs will disperse a portion of their Cooperative Agreement funding to participating providers within the implementation region(s) to support activities in the categories described below, subject to CMS approval during Model Year 3.^{8,9}



Patient Safety Initiatives and Maternal Care Assessment

- Implement the PQC-led AIM patient safety bundle without duplicating funding from HRSA, the Centers for Disease Control and Prevention (CDC), or any other federal or state source
- Achieve the “Birthing-Friendly” hospital designation
- Use of medical and social risk assessments to drive risk-appropriate care



Data Integration and Data-Driven Maternity Care

- Upgrade and improve health IT and data infrastructure as needed to meet model data collection and reporting requirements
- Complete regional and state-level interoperability processes
- Integrate screening, referral, and data exchange with CBOs to meet HRSNs and behavioral health needs



Team Based Care

- Support regular and ongoing interprofessional care team meetings and planned quality improvement activities



Enhanced Access to Care

- Offer at least one alternative to traditional office visits to increase access to care, such as expanded hours



Quality Measure Reporting

- Report data on mandatory quality performance measures
- Report data on other select quality assurance measures



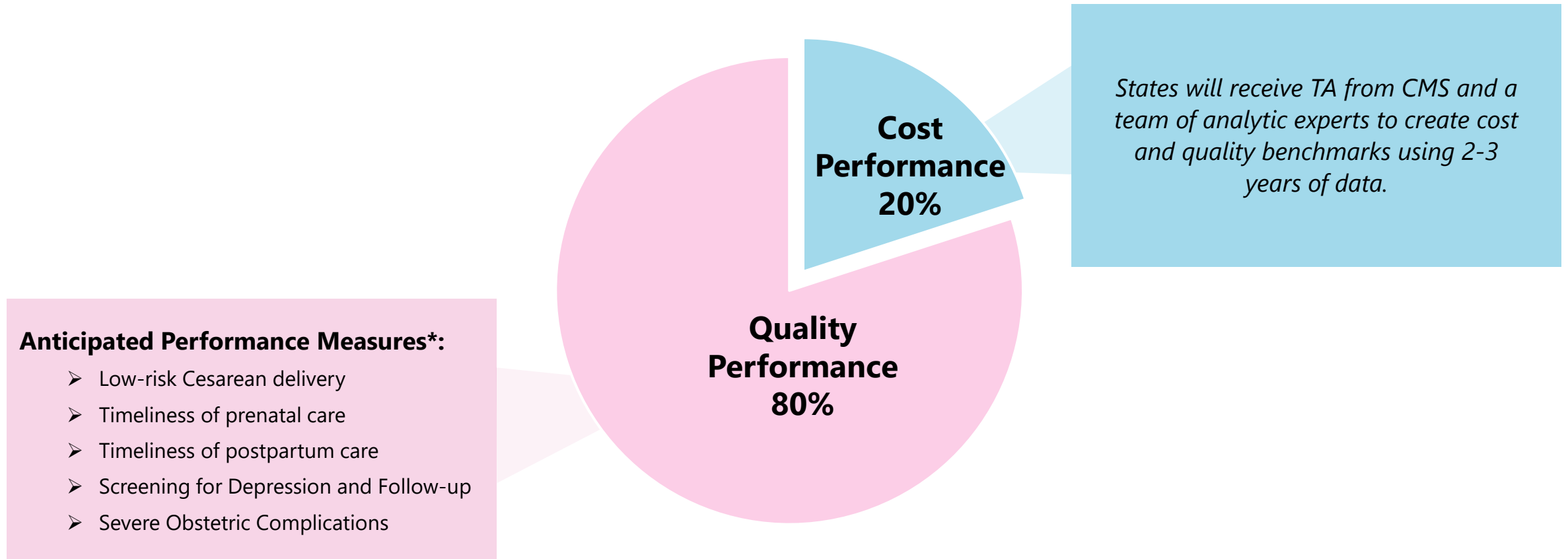
Connections to CBOs to Address HRSNs and Behavioral Health Needs

- Identify local entities that can help address HRSN and behavioral health needs and integrate them into screening, referral, and follow-up activities as appropriate

Quality and Cost Performance Incentives



SMA will pay providers quality and cost performance incentives based on Model Year 4 performance. Quality and cost performance incentives will begin with the Roadmap to Value by the end of Model Year 5.



**More information on TMaH Model performance measures will be shared in the Notice of Funding Opportunity. These measures are subject to change.*

Roadmap to Value

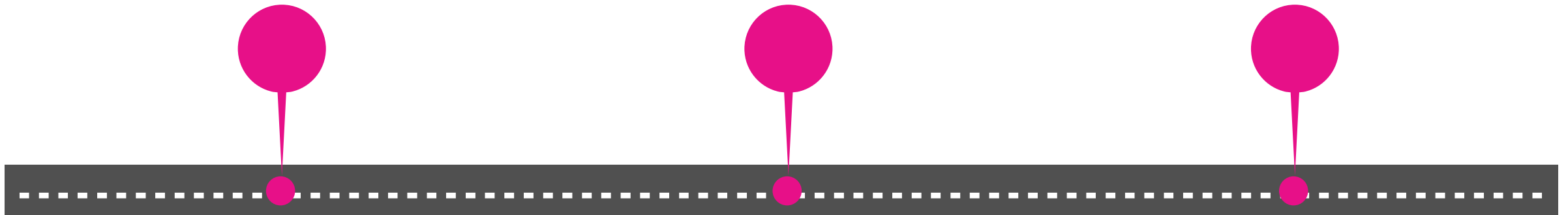


SMA may implement the TMaH model regionally or statewide. Regional implementation allows for the most rigorous evaluation.

By the end of Model Year 5, SMA will transition from the current payment methodology (e.g., FFS) in each state to a **value-based payment model** that supports investments with patient infrastructure and rewards performance on quality and cost measures.

CMS will work with SMA to **develop the payment methodology**, which will be informed by infrastructure payments, quality and cost performance incentive payments, as well as the latest research on maternity value-based payment arrangements.

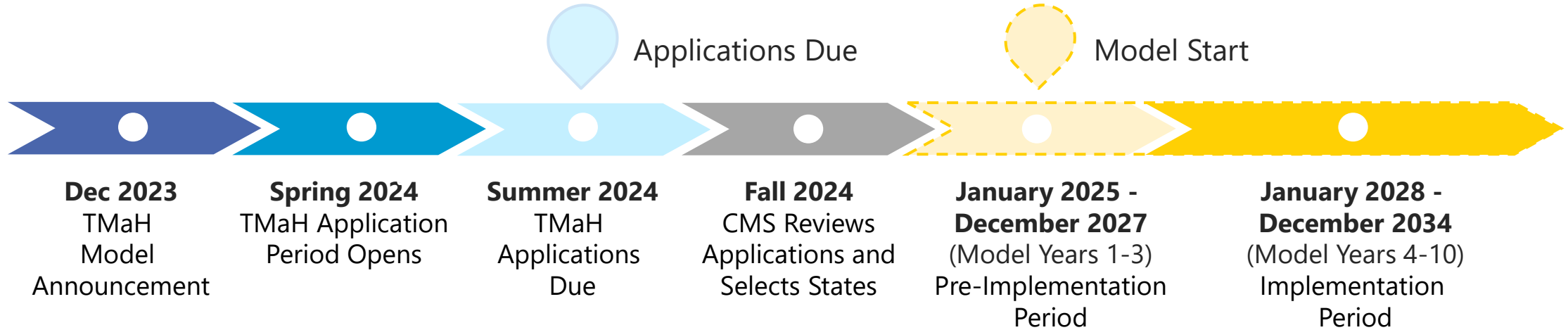
The Model Year 5 payment model may **include risk-adjusted prospective payments** to providers with **retrospective reconciliation** on quality and cost outcomes.



Application and Next Steps

Application Process and Timeline

The TMaH NOFO will be released in Spring 2024, which is when the TMaH application window will open. Interested SMAs can follow the steps below to stay up-to-date about TMaH and learn more about the application.



Interested in TMaH? Follow these Next Steps:



Sign up for the TMaH listserv

TMaH will announce when the TMaH NOFO is available using the [listserv](#). TMaH will also announce additional events and resources to help stakeholders understand the model before the application deadline.



Prepare for Application

The TMaH NOFO will be released in Spring 2024. Interested stakeholders can prepare for application by using the resources at the end of this presentation and submitting questions about TMaH to TMAHModel@cms.hhs.gov.

Additional Information and Resources

For more information and to stay up to date on upcoming TMAH events and resources:



Email

TMAHModel@cms.hhs.gov



Visit

www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model



Listserv

Sign up for updates
public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_13161



Additional TMAH Model Resources:

Overview Factsheet:

www.cms.gov/files/document/tmah-factsheet.pdf

Payment Design Factsheet

www.cms.gov/files/document/tmah-payment-design-fs.pdf

Technical Assistance Factsheet

www.cms.gov/files/document/tmah-tech-assistance-fs.pdf

Patient Journey Map

www.cms.gov/files/document/tmah-journey-map.pdf

Thank you!

