

# **Transforming Maternal Health (TMaH) Model**

## **Model Overlaps Policies Fact Sheet**

States, health care providers, and other entities may wish to participate in multiple CMS Center for Medicare and Medicaid Innovation (Innovation Center) models or value-based care initiatives to accelerate innovation in care delivery, advance team-based care, improve population health outcomes, and reduce unnecessary health care procedures and expenditures. This fact sheet details the TMaH Model's policy regarding participation overlapping with Innovation Center models cited below. As new models are announced, the Innovation Center will evaluate on a case-by-case basis whether TMaH Model participants may simultaneously participate in those new models; these policies will be described in updates to this document.

#### State Participation Combinations

States selected to participate in the TMaH Model will receive cooperative agreement funding to support model activities. The TMaH Model may operate in a statewide or in a sub-state region. States participating in other Innovation Center models are permitted to apply for the TMaH Model and should consider the following guidance as they explore participation combinations.

**Concurrent operation with** no restrictions: The following models can concurrently operate within a TMaH Model state or sub-state region with no restrictions:

- Making Care Primary (MCP) Model
- Cell and Gene Therapy (CGT) Access Model

## **Concurrent operation with restrictions:**

The following model can concurrently operate within a TMaH Model state or sub-state region, with the condition that providers cannot participate in both models:

• Innovation in Behavioral Health (IBH) Model

The following model can concurrently operate within a TMaH Model state, with the conditions that it must operate in a different sub-state region and that providers cannot participate in both models:

• States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

#### Provider Level Overlaps

The TMaH Model is a state-based model, where a broad set of partners, including partner providers, partner care delivery locations and partner organizations (e.g. State Public Health Departments, Managed Care Plans, Perinatal Quality Collaboratives and community-based organizations) will be critical collaborators for model success. Participating states will implement a payment model that will support a whole-person approach to pregnancy, childbirth, and postpartum care that addresses the physical and mental health, and health-related social needs experienced during pregnancy.

Partner providers include maternal health providers and practices providing maternity care services to Medicaid and CHIP beneficiaries in the TMaH Model. These providers include but are not limited to obstetriciangynecologists, midwives, physicians, maternal-fetal medicine specialists, nurses, and other clinical and support staff, such as doulas and perinatal community health workers. Partner care delivery locations where maternity



care services are provided to Medicaid and CHIP beneficiaries include hospitals, birth centers, health centers, federally qualified health centers (FQHCs), Tribal sites of care and other points of care.1

Information on model overlaps is provided below. These policies will be further described in the TMaH Model's Cooperative Agreement. Policies described in this fact sheet are subject to change and any such changes will be outlined in updates to this document and finalized in the legal agreements.

Table: TMaH Model: Permitted Overlaps

TMAH Model Interested Party	CGT Overlap	MCP Overlap	IBH Overlap	AHEAD Overlap
<b>State:</b> model can overlap on a statewide basis	Permitted	Permitted	Permitted	Permitted
<b>Sub-State:</b> model combination can operate within the same sub-state region concurrently	Permitted	Permitted	Permitted	Not Permitted
<b>Provider:</b> providers within the state can participate in model combination concurrently, and receive both model payments	N/A*	Permitted	Not Permitted	Not Permitted
<b>Beneficiary:</b> beneficiaries within the state may receive combination of model services concurrently	Permitted	Permitted	Permitted	Permitted

<sup>\*</sup>The CGT Model does not include practice or provider participants.

#### Details on provider overlaps not permitted between TMaH and IBH models:

- Participating hospitals and practices, including FQHCs, may not simultaneously receive TMaH Model payments and IBH Model payments.
- In the event of a state participating in both TMaH and IBH models, such providers should work
  with their states and the Innovation Center to understand the participation options for each
  model.

## Details on sub-state and provider overlaps <u>not permitted</u> between TMaH and AHEAD models:

## Sub-state overlaps:

- States may only concurrently operate the TMaH and AHEAD models if each model is implemented in separate, non-overlapping sub-state regions.
- States implementing both TMaH and AHEAD models in separate sub-state regions could implement the maternal care delivery innovations and covered services statewide.

#### • Provider overlaps:

 Participating hospitals and practices may not simultaneously receive TMaH Model payments and AHEAD Model hospital global budget payments.

**For additional assistance:** The Innovation Center recognizes that applicants may have questions about these policies. Applicants may submit questions to the TMaH Model team at <a href="mailto:TMAHModel@cms.hhs.gov">TMAHModel@cms.hhs.gov</a>.

<sup>&</sup>lt;sup>1</sup> For the purposes of overlaps, the Innovation Center will likely identify partner providers and care delivery sites by their federal Taxpayer Identification Number and/or National Provider Identifier.