Transforming Maternal Health (TMaH) Model

Overview Webinar

February 28, 2024

Introductions and Welcome Remarks

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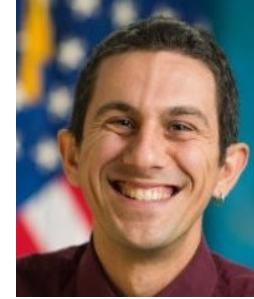
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Today's Speakers

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Agenda

Welcome Remarks

Disclaimer

All information provided in the Model Overview webinar is potentially subject to change.

When published, the Notice of Funding Opportunity (NOFO) will be the sole source of information about TMaH Model details and the application process.

TMaH Model Overview

Maternal Health Landscape

Despite spending more per capita on maternal health care than any other nation, the U.S. has disproportionately high rates of adverse pregnancy outcomes as compared to other high-income nations.

Nutritional and Preventive Care Disparities

Pregnant women with low income have **higher rates of maternal mortality,** and those living with limited access to nutritious food have higher odds of conditions such as preeclampsia, gestational hypertension, gestational diabetes, and preterm labor.[1,2]

Research shows that **Black people** are **less likely to receive preventive health care**, in part due to under-utilization of prenatal and postpartum care.[3]

Risk Stratification and Screening

Many maternal care practices **do not risk-stratify** to ensure that the level of care addresses unique needs. Payment structures do not incentivize risk-stratified care.[4]

It is estimated that **33%** of pregnant women **are not screened for perinatal depression**, even though it is recommended for all pregnant women.[5]

Workforce Shortages Reduce Access to Care

Ratio of only **11 obstetrician-gynecologists** (OB-GYNs) and **4 midwives** for every 1,000 live births.[6]

Less than **50% of rural U.S. counties** have a hospital providing obstetric services.[7]

TMaH Model Alignment with CMS Strategy

In alignment with the CMS Innovation Center's Strategic Refresh, TMaH will work to drive accountable care, advance health equity, support innovation, foster partnerships to achieve system transformation, and improve the maternal health care experience.

Innovation Center Priorities and Strategic Refresh

A HEALTH SYSTEM THAT ACHIEVES EQUITABLE OUTCOMES THROUGH HIGH QUALITY, AFFORDABLE, PERSON-CENTERED CARE

DRIVE ACCOUNTABLE CARE

ADVANCE HEALTH EQUITY

SUPPORT INNOVATION

ADDRESS AFFORDABILITY

PARTNER TO ACHIEVE SYSTEM TRANSFORMATION

Strategic Refresh White Paper is available at https://innovation.cms.gov/strategic-direction-whitepaper

CMS defines health equity as: The attainment of the **highest level of health** for all people, where everyone has a **fair and just opportunity** to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

TMaH Structure

TMaH's required and optional elements are structured around three key areas designed to improve maternal health care and birth outcomes while reducing health disparities in Medicaid and Children's Health Insurance Program (CHIP).

CMS will select up to 15 state Medicaid agencies (SMAs) to receive support and carry out TMaH elements by partnering with managed care plans, maternal health providers and supports, CBOs, hospitals, health systems, and additional agencies within the implementation region(s) or statewide.

Access to Care, Infrastructure, and Workforce

Maternal health educational resources and community partnerships to support greater access to valuable resources, such as midwives, doulas, and birth centers, as well as enhanced data collection and linkage to improve information sharing

Quality Improvement and Safety

Quality initiatives and protocols with the goal of making childbirth safer and improving overall experience for mother and baby

Whole-Person Care Delivery

Comprehensive and risk-appropriate screening and referral protocols and increased coverage of care options to ensure that every mother receives care that is customized to meet their specific needs

TMaH Model Timeline

TMaH model's approach to maternal health includes a Pre-Implementation Period focused on tailored, state-specific technical assistance (TA) that will prepare SMAs to successfully implement the care delivery interventions and payment methods in the Implementation Period.

Pre-Implementation Period (Model Years 1-3)	Implementation Period (Model Years 4-10)
January 2025 – December 2027	*January 2028 – December 2034*

Pre-Implementation Period (Model Years 1-3)

Combines technical and financial support to SMAs and their partners to advance the TMaH delivery and payment model. All SMAs will:

- Identify managed care plans if applicable, maternal health providers and supports, and community-based organizations (CBOs) to receive TA and infrastructure funds from TMaH, which will begin in Model Year 3

- Receive TA as needed for required model elements and state-specific assistance for any optional elements they choose

- Be required to submit quarterly reports that detail progress on model implementation and specific operational activities

Implementation Period (Model Years 4-10)

Builds on the TA to SMAs, managed care plans, providers and CBOs during the Pre-Implementation Period to achieve the key payment reforms and interventions they developed in state-specific value-based alternative payment models.

- SMAs may implement aspects of the model regionally or statewide

- In Model Year 4, providers will receive incentive payments for reaching select quality and patient safety benchmarks

- Beginning in Model Year 5, SMAs will begin to implement their state-specific, value-based alternative payment model

Audience Poll
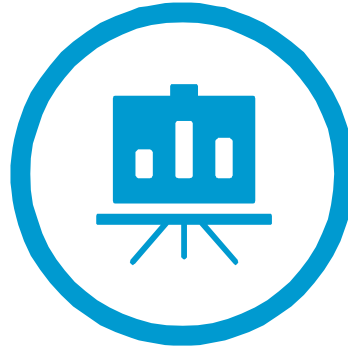
Is your state interested in applying to the Transforming Maternal Health (TMaH) model?

a) Yes

b) Unsure

c) No

d) Not applicable – We are not a Medicaid agency

Eligibility

Benefits of Participation in TMaH

CMS designed TMaH to build a supportive structure for participating SMAs to develop infrastructure that supports a whole-person approach to pregnancy, childbirth, and postpartum care. The following are state-level supports that will be available in TMaH.

Infrastructure Funding and Resources

Access to funding that can support certain infrastructure investments (e.g., staffing, analytics)

Key features:

- Each awarded SMA will be eligible for up to $17 million dollars during the model's 10-year period
- Three years of tailored TA from a team of policy and analytic experts

Option for Statewide or Sub-state Implementation

Option for SMAs to implement TMaH statewide or within a certain region(s) of the state to address gaps unique to their patient population(s)

Key features:

- Only SMAs are eligible to apply; CMS will award up to 15 SMAs
- CMS will work with SMAs to develop a maternity value-based payment arrangement for sub-state or statewide implementation

Health Equity Advancement

TA support to drive critical health interventions and evaluate progress towards addressing disparities for underserved populations

Key features:

- State-specific TA to support providers, including safety net providers
- SMAs will develop and implement a Health Equity Plan unique to their population

Collaboration & Learning

Learning community of SMAs and partners to share new knowledge and resources in preparation for Implementation Period

Key features:

- CMS Learning System Strategy
- Resources and guidance for SMAs, managed care plans and providers

Eligibility & Partnerships

CMS will accept applications for TMaH from SMAs. CMS will work with SMAs, who will work with managed care plans (where applicable) and maternal health providers and supports to implement the model.

State Medicaid Agencies (SMAs)

SMAs are the **only eligible applicants**. Medicaid agencies in the 50 states, D.C., and U.S. territories are eligible to apply. CMS will issue awards for up to 15 states.

Managed Care Plans

Participating managed care plans in selected states (where applicable) will collaborate with SMAs to create and implement a plan to participate.

Maternal Health Providers and Supports

Health systems, hospitals, birth centers, federally qualified health centers (FQHCs), maternal quality advocacy organizations, maternal health providers and supports, Tribal providers, safety net providers, and CBOs will coordinate with SMAs and managed care plans to participate.

Additional information about the participation requirements will be available in the TMaH Notice of Funding Opportunity (NOFO) released in Spring 2024.

TMaH Implementation

SMAs may implement the model regionally at a sub-state level or statewide. Sub-state awards allow for the most rigorous evaluation and are encouraged by CMS but applications for both types will be accepted. Proposals for TMaH implementation will be subject to CMS approval.

Sub-state award

- ✓ SMAs will propose a substate region for TMaH implementation in their NOFO application
  - — Allows for an in-state comparison group to evaluate TMaH's impact on maternity care experience and outcomes
  - — Patients receiving maternity care services (including prenatal, birth, and postpartum services) may not overlap between the implementation and comparison groups
  - — Proposals for implementation will be subject to CMS approval
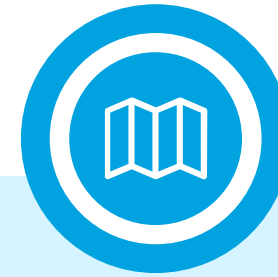
Statewide award

- ✓ Requires SMA to work with CMS to define an out-of-state comparison group with similar demographic composition, resource availability, population size, and density; birth outcomes and disparities, and Medicaid policy
- ✓ TA, expansion of all TMaH services, and the value-based payment model offered across the entire state

TMaH Elements

Overview of TMaH Elements

TMaH introduces elements across three key areas that work together to improve maternal health care and birth outcomes while reducing health disparities. Each area contains required elements for participating SMAs to implement, and optional elements that SMAs may choose to implement based on their state's priorities or patient population needs.

Access to Care, Infrastructure, and Workforce

Maternal health educational resources and community partnerships to support greater access to valuable resources, such as midwives, doulas, and birth centers, as well as enhanced data collection and linkage to improve information sharing

Quality Improvement and Safety

Quality initiatives and protocols with the goal of making childbirth safer and improving overall experience for mother and baby

Whole-Person Care Delivery

Comprehensive and risk-appropriate screening and referral protocols and increased coverage of care options to ensure that every mother receives care that is customized to meet their specific needs

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		• 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		• Conduct payment analyses for determining fee schedule updates • Provide guidance for establishing sustainable reimbursement rates for birth centers
Cover Doula Services		• 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		• 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		• 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	• 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	• 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
Home monitoring of diabetes and hypertension	• 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
Risk assess and screen, refer, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and Health Related Social Needs	• 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
Develop Health Equity Plan	• 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

Audience Poll
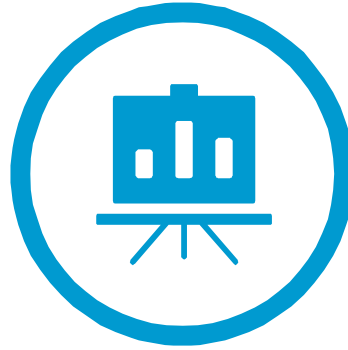
Is your state thinking about implementing the TMaH model at a sub-state level or statewide?

     a)   Statewide

     b)   Sub-state

     c)   Unsure

     d)   Not applicable - We will not apply or are not a Medicaid agency

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

Audience Poll
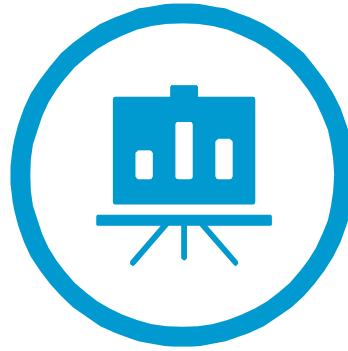
Which of the optional elements is your state most interested in using TMaH resources to implement?
Please select one or two that best apply.

a) Cover certified midwives and certified professional midwives

b) Cover perinatal CHWs

c) Create regional partnerships

d) Extend Medicaid to 12 months postpartum

e) Shared decision-making

f) Expand group perinatal care opportunities

g) Increase use of home visits, mobile health, and telehealth

h) Expand oral health care

i) Not applicable - We will not apply or are not a Medicaid agency

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

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

GUIDANCE TO SUPPORT USE OF MEDICAID AUTHORITIES

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

Health Equity

TMaH's health equity goal is to reduce disparities in severe maternal morbidity among pregnant and postpartum Medicaid and CHIP beneficiaries. CMS will partner with SMAs to design and deliver interventions to high need areas that show evidence or promise of improving on identified disparities and/or the health of Medicaid and CHIP beneficiaries.

Health Equity Activities and Deliverables in Each Phase of the Model

Application	Pre-implementation (Model Years 1-3)	Implementation (Model Years 4-10)
In the application, SMAs will answer questions about health disparities in the state that are designed to help them prepare to build a Health Equity Plan (HEP).	SMA will receive TA to build out their HEP including: • Conducting analyses to better understand health disparities • Identifying specific goals and tactics for improvement • Tracking progress toward these goals • Expanding on existing health equity-related activities The HEP will guide ongoing efforts in data collection, staff hiring, strategic community engagement, leadership engagement, and prioritizing populations for intervention planning.	The SMA continues set-up and implementation of interventions designed in the Pre-implementation Period, including: • Health Equity Plan goals supported by Technical Assistance • Health Related Social Needs (HRSN) Data Collection and Screening • Patient Safety Improvement

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	Quality and Cost Performance Incentives	Roadmap to Value-Based Care
Model Year 3 (Pre-Implementation Period)	**Model Year 4** (1st Year of Implementation Period)	**Model Year 5** (2nd Year of Implementation Period)
A portion of Cooperative Agreement funds will be used by SMAs to pay providers for activities related to TMaH elements	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	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

SMAs 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

Team Based Care

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

Quality Measure Reporting

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

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

Enhanced Access to Care

- Offer at least one alternative to traditional office visits to increase access to care, such as expanded hours
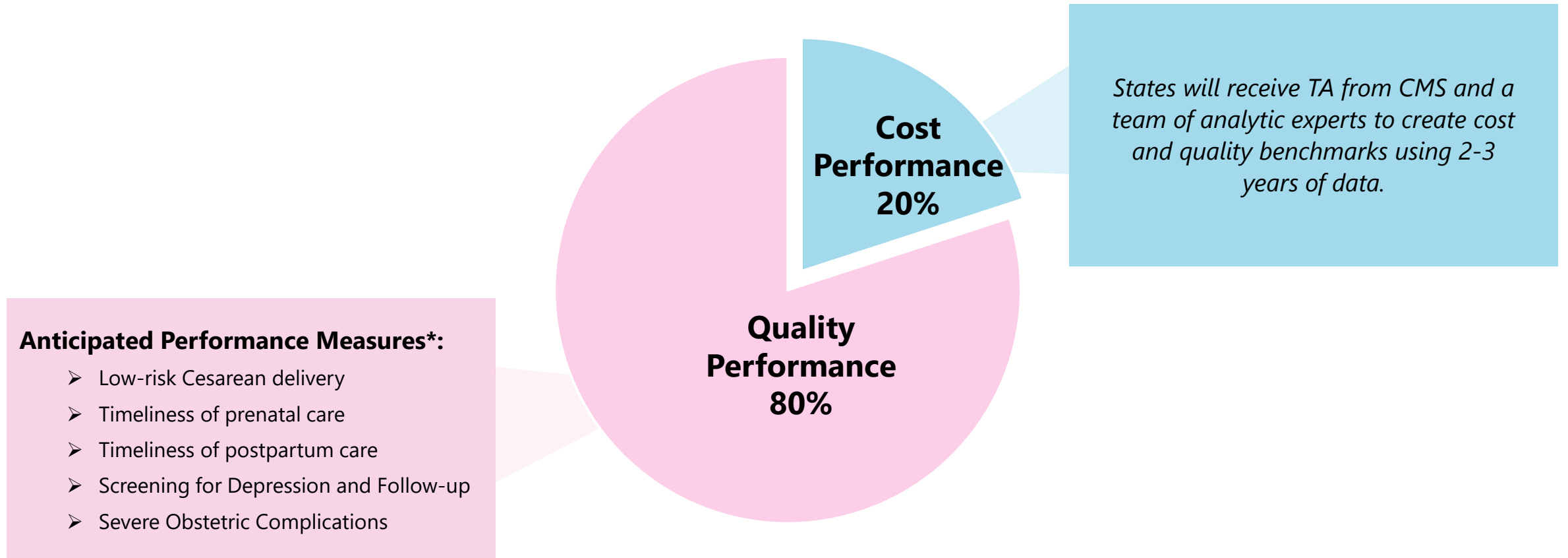
Connections to CBOs to Address HRSNs and Behavioral Health Needs

- 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

SMAs 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.

Cost Performance 20%

States will receive TA from CMS and a team of analytic experts to create cost and quality benchmarks using 2-3 years of data.

Quality Performance 80%

Anticipated Performance Measures*:

➢ Low-risk Cesarean delivery

➢ Timeliness of prenatal care

➢ Timeliness of postpartum care

➢ Screening for Depression and Follow-up

➢ Severe Obstetric Complications

*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

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

By the end of Model Year 5, SMAs 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 SMAs 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.
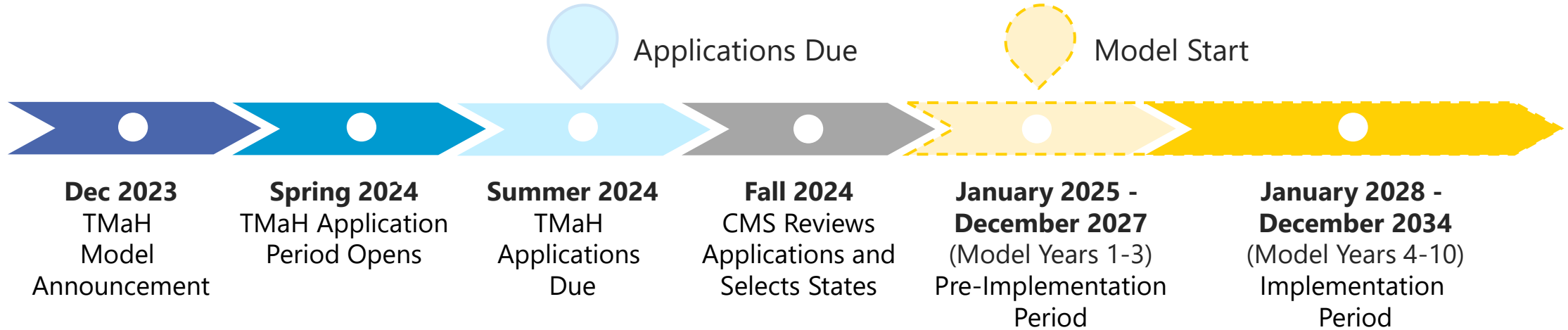
The Model Year 5 payment model may **include risk-adjusted prospective payments** to providers with **retrospective reconciliation** on quality and cost outcomes.
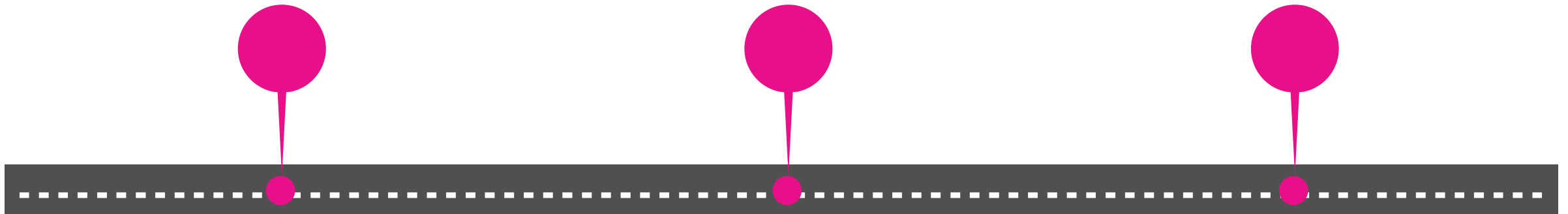
Application and Next Steps

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.

Applications Due

Model Start

Dec 2023	Spring 2024	Summer 2024	Fall 2024	January 2025 - December 2027	January 2028 - December 2034
TMaH Model Announcement	TMaH Application Period Opens	TMaH Applications Due	CMS Reviews Applications and Selects States	(Model Years 1-3) Pre-Implementation Period	(Model Years 4-10) Implementation Period

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.

Questions and Answers

Closing and Resources

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-fact-sheet.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!

Thank you for attending today's TMaH Model Overview Webinar!

Citations

[1]Singh, G. "Trends and Social Inequalities in Maternal Morbidity across the U.S., 1969-2018." *International Journal of Maternal and Child Health and AIDS*, 2021, available here.

[2]Tipton, Matthew and Wagner, Sarah et. al., "Association of Living in a Food Desert with Pregnancy Morbidity." *Obstetrics & Gynecology*, 2020, available here.

[3]Parekh N, Jarlenski M, et al. "Prenatal and Postpartum Care Disparities in a Large Medicaid Program." *Maternal and Child Health Journal*, 2018, available here.

[4]Peahl, A, Gourevitch R, Luo, E et al. "Right-Sizing Prenatal Care to Meet Patients' Needs and Improve Maternity Care Value," *Obstetrics & Gynecology,* 2020, available here.

[5]Sidebottom A and Vacquier M, et. al. "Perinatal depression screening practices in a large health system: Identifying current state and assessing opportunities to provide more equitable care." *Archives of Women's Mental Health*, 2021, available here.

[6]Tikkanen R, Munira FZ, et al. Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. *The Commonwealth Fund*, 2020, available here, under exhibit 3.

[7]Kozhimannil KB, Interrante JD, et al. Changes in Hospital-Based Obstetric Services in Rural US Counties, 2014-2018. *JAMA*. 2020, available here.

[8]CMS will work with each SMA to conduct data analyses to create a risk-adjusted payment amount. State and local healthcare spending for maternity care may be considered.

[9]CMS will release more information about the mandatory quality measures and other select quality assurance measures with the TMaH Notice of Funding Opportunity in Spring 2023.