Transforming Maternal Health (TMaH) Model Payment Design Factsheet

TMaH model will support participating state Medicaid agencies (SMAs) in developing a whole-person approach to pregnancy, childbirth, and postpartum care. This factsheet introduces a brief overview of TMaH’s payment design strategy.

Model Timeline

CMS will partner with up to 15 SMAs, who will enter into Cooperative Agreements with CMS. Participating SMAs will receive funding to prepare a TMaH payment model and build infrastructure that supports a sustainable, whole-person approach to maternal health.

Model Year (MY)

**TMaH Start** MY1-3
SMAs receive Technical Assistance* to develop and implement TMaH

MY3
Provider Infrastructure Payments are made to providers

MY4
Quality & Performance Incentive Payments are made to eligible providers

MY5-10
SMAs implement their Roadmap to Value-Based Care

TMaH Payment Strategy

Participating SMAs will agree to implement payment arrangements that are consistent with TMaH, which are briefly described on this factsheet. CMS will work closely with SMAs on the policy changes and analyses needed to successfully implement these payment approaches.

Model Year 3
SMAs will use a portion of their funding to pay providers for care delivery transformation activities and data infrastructure while TA continues.

Model Year 4
Providers will be eligible for upside-only performance incentive payments. These payments will reward provider excellence on quality measures that align with model goals as well as achievement of a cost benchmark.

Model Year 5
SMAs will transition to a value-based payment model designed to incentivize the delivery of whole-person care that improves maternal health outcomes and reduces disparities while maintaining or reducing Medicaid & CHIP program expenditures.

*For more information about the Technical Assistance that will be made available to TMaH participants, please refer to the Technical Assistance Factsheet on the TMaH website.

**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.
Quality and Performance Incentive Payments

SMAs will pay providers quality and performance incentives based on Model Year 4 performance. Performance incentive payments will be overlaid on existing provider reimbursement structures.

**Anticipated Performance Measures***:
- Low-risk Cesarean delivery
- Timeliness of prenatal care
- Timeliness of postpartum care
- Screening for Depression and Follow-up
- Severe Obstetric Complications

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

Roadmap to Value

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

- The Year 5 payment model will include payments to providers based on quality and cost outcomes.
- CMS will work with SMAs to develop the payment methodology, which will be informed by infrastructure payments, quality and performance incentive payments, as well as the latest research on maternity value-based payment arrangements.

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

Additional Information on TMaH

Visit the TMaH Website:

Subscribe to the TMaH Model Listserv:
[https://public.govdelivery.com/accounts/USCMS/subscriber/topics](https://public.govdelivery.com/accounts/USCMS/subscriber/topics)

Email: TMAHModel@cms.hhs.gov