# Transforming Maternal Health (TMaH) Model
## Maternal Health Care Team Factsheet

This factsheet describes maternal health care team engagement, available workforce resources, and examples of how care team members may benefit from the TMaH Model.

## Eligibility

The TMaH Model will provide state-specific technical assistance (TA) to participating state Medicaid agencies (SMAs) and partners to transform payment and care delivery to drive whole person care. Only state Medicaid agencies are eligible to apply to the model.

Although care team members are not eligible to apply directly, they are critical to the successful implementation of the TMaH Model. We encourage care team members to partner with their state Medicaid agency to support model implementation.

For information on eligibility requirements and timeline, see the TMaH Model Overview Factsheet.

### Maternal Health Care Team

The Maternal Health Care Team is a group of clinical and nonclinical professionals who collaborate to provide comprehensive maternal care and support. It may include obstetricians, midwives, fetal medicine specialists, nurses, doulas, social workers, lactation consultants, community health workers, behavioral health specialists, and other experts who specialize in maternal and infant health.

State Medicaid agencies will collaborate with maternal health care team members and a broad set of partners to implement the TMaH Model and receive TA support. Partners include providers such as hospitals, birth centers, obstetrician-gynecology practices, rural health clinics, federally qualified health centers (FQHCs), and Tribal sites, as well as organizational partners, including state public health departments, perinatal quality collaboratives (PQC), maternal mortality review committees, managed care plans, community-based organizations, universities, and other non-clinical organizations.

### To take part in the TMaH Model, providers must:

- ❑ Be enrolled in their applicable state Medicaid program in a participating state
- ❑ Be contracted with the local managed care plans if the provider practices in a state in which enrollment in a Medicaid managed care plan is mandatory for beneficiaries
- ❑ Be licensed and/or credentialed and in good standing with applicable state and federal oversight bodies
- ❑ Must have or obtain a National Provider Identifier through the National Plan and Provider Enumeration System to bill for services

Only provider types recognized by the applicable state Medicaid authority may take part in the TMaH Model.

### Benefits for Maternal Health Care Team

Additional coverage of provider types and transformation support funding. For additional details please refer to the Payment Design Factsheet.

CMS- and SMA-provided TA and guidance for implementing care transformation activities. For additional details please refer to the TA Factsheet.

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## Maternal Health Experience Transformation

TMaH Model will provide funding to transform the maternal health care experience in three key areas:

### 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

## Impact on Maternal Health Care Teams

TMaH Model will support state Medicaid agencies to strengthen the maternal health workforce by examining workforce capacity and reimbursement, expanding coverage and training availability, and incentivizing team-based care. Examples of potential impact are listed below.

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| **OB-GYNs** | The model's focus on team-based care will support OB-GYN practices to integrate midwives and doulas. Expanded access to innovations including remote patient monitoring and telehealth will support risk-appropriate care for patients. |
| **Midwives** | The model will include capacity and workforce building for midwives to identify options for recruitment and expanded coverage of licensed midwives in the state. CMS will support participating state Medicaid agencies as they analyze payment for maternal health and increase access to the midwifery workforce. |
| **Doulas** | States will receive support to identify a strategy to cover doula services using the appropriate Medicaid authority and develop a plan to grow the doula workforce. The model aims to increase access and comprehensive care for patients by expanding coverage and payment options for doula services. |
| **Perinatal Community Health Workers** | States will have the option to receive TA related to rate development and payment analyses to support coverage of perinatal community health workers. In addition, participants may decide to receive TA related to expansion of group perinatal care, such as guidance on how to offer virtual group care. |

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## Impact on the Patient Journey

Maternal Health Care Teams can use the patient journey map below to understand how the model improves care for mothers and their newborns by providing a whole-person approach to care. Jaya is an example patient who has a high-risk pregnancy due to her Type 2 diabetes and has food and housing insecurity.


### PRENATAL

Jaya meets with a **midwife** who learns about her **health, wellbeing, and social needs.**

Jaya is then connected with a care team that includes:

- **Doctor** who collaborates with the **midwife** to manage her type 2 diabetes and support her pregnancy.
- **Doula** who provides information and encouragement throughout pregnancy and helps her prepare for birth.
- **Social Worker** who helps Jaya move to a secure home and enroll in a healthy food program.

Jaya works with her care team to create a birth plan that feels right for her.

Jaya feels safe and supported, and controls her diabetes with a healthy diet throughout her pregnancy.

### BIRTH

Jaya and her care team discuss where she will give birth and Jaya decides on a hospital. They work together to follow through on Jaya's birth plan.

Jaya's **midwife** and **doula** are with her at every step in the birth process. After birth, her doula helps Jaya to feel comfortable caring for her new baby.

Jaya's **social worker** visits her at the hospital to help with the childcare plan and make sure Jaya's housing is secure.

Jaya and her baby are scheduled for follow up medical appointments with her **midwife** before they leave the hospital. Jaya's **doula** has already helped her prepare her home for the baby's arrival.

Jaya feels supported by her care team and prepared to go home. She and her baby are doing well because of the person-centered, team-based care she has received.

### POSTPARTUM

Jaya has 12 months of Medicaid coverage including access to her **doctor**, **midwife**, and **doula**. Jaya and her baby receive regular postpartum care and monitoring of her diabetes via telehealth and office visits throughout the year.

Jaya's **doula** visits her and the baby several times at their home. The doula answers questions, checks on their wellbeing, and helps Jaya know the signs of postpartum depression.

Jaya's **social worker** connects her to virtual group parenting classes and ensures that she continues to have healthy food and a stable home.

One year later, Jaya and her baby are thriving, eating well, and live at home. Jaya successfully cares for her baby and herself, thanks to the ongoing support she received from her care team.

## Additional Information on TMaH:

**Visit the TMaH Website:** https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model
**Listserv:** https://public.govdelivery.com/accounts/USCMS/subscriber/topics **Email:** TMAHModel@cms.hhs.gov