Transforming Maternal Health (TMaH) Model

Office Hour

August 21, 2024

Housekeeping & Logistics

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PARTICIPATE

If you have questions for the TMaH Model Team, please use the Q&A box on the bottom of your screen.

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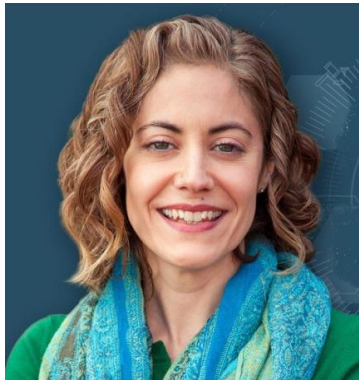
Closed captioning is available at the bottom of the screen.

Agenda

1. Welcome and Introductions
2. Payment Model
3. Regional Plan
4. Questions and Answers
5. Closing and Resources

Today's Presenters & Panelists

Kevin Koenig, M.P.P.
Payment Lead, Transforming Maternal Health Model



Jennifer Morone, PhD, MHS, MA-ATR, RN
Social Science Research Analyst, Transforming Maternal Health Model

Linda Streitfeld, M.P.H.
Project Lead, Transforming Maternal Health Model

Djene Sylla
Grants Management Specialist, Office of Acquisition & Grants Management

Payment Model

Payment Approach Overview

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

Provider Infrastructure Payments

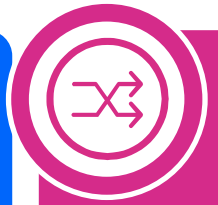
Model Year 3
(Pre-Implementation Period)

A portion of Cooperative Agreement funds will be used by SMAs to pay Partner Providers and Partner Care Delivery Locations for activities related to TMaH elements

Quality and Cost Performance Incentives

Model Year 4
(1st Year of Implementation Period)

Providers 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; Cooperative Agreement funding cannot be used for these payments



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

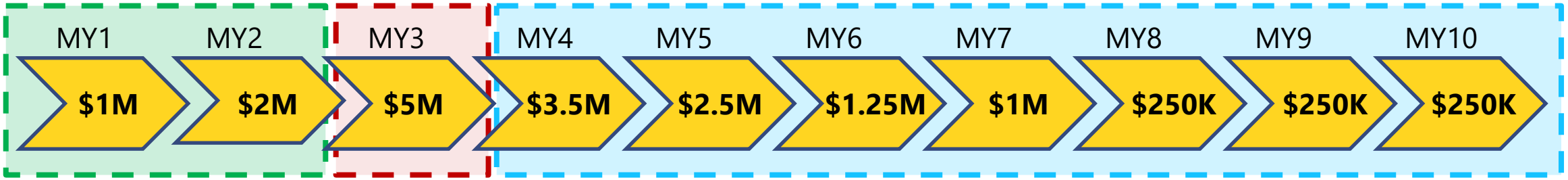
Funding

The following visual demonstrates an overview of the flow of TMaH Model funding from CMS to SMAs.

CMS will award **up to $17M** to each **state Medicaid agency.**

SMAs will use initial funding to plan and prepare for implementation.

In Model Year 3, SMAs will use a portion of their Cooperative Agreement funding to **pay Partner Providers** and **Partner Care Delivery Locations** for care delivery transformation activities.

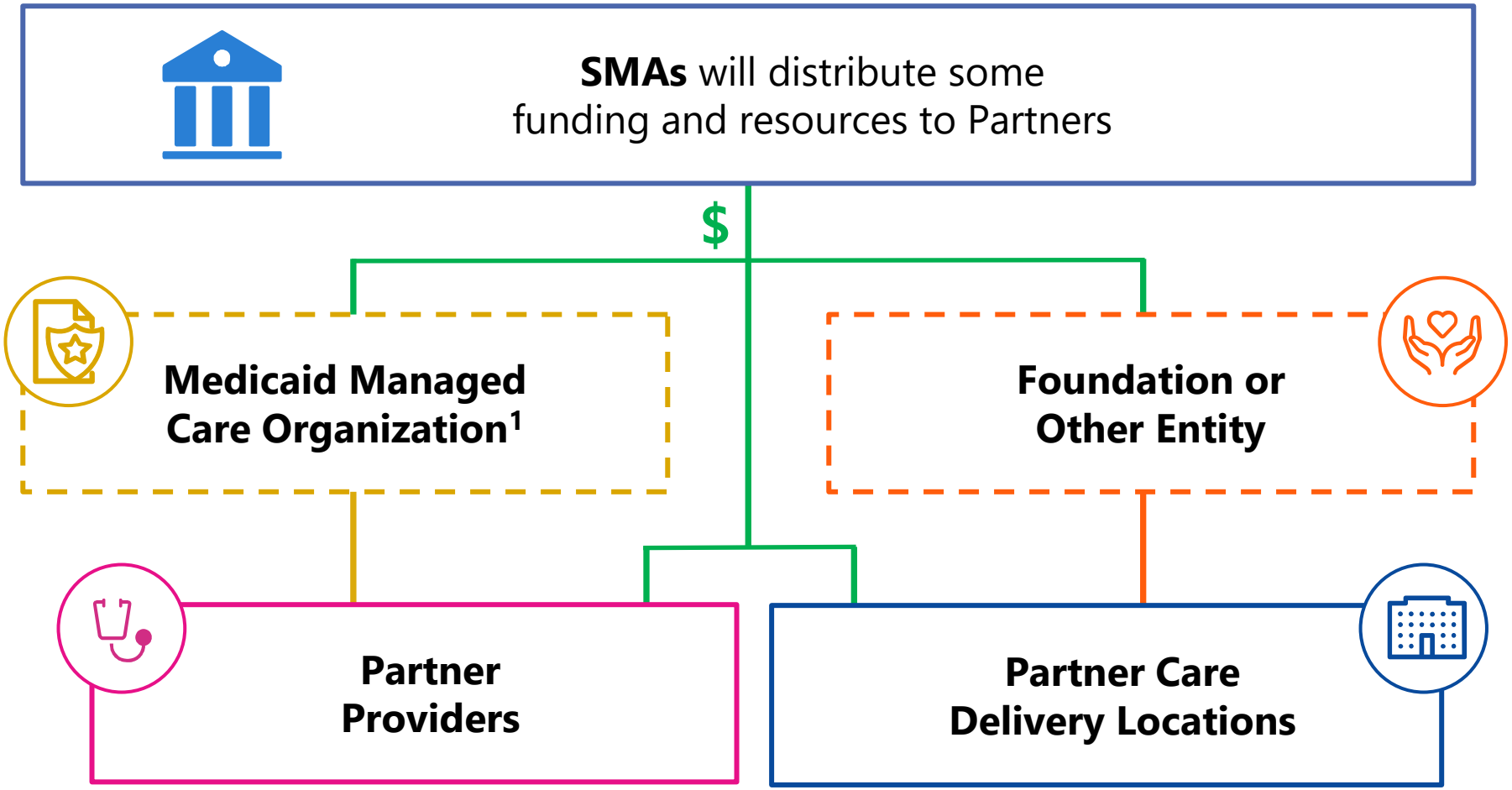


In Model Year 4, SMAs will implement their Quality and Cost Performance Incentive Payment approach. **Partner Providers** and **Partner Care Delivery Locations** may earn a percentage of a provider's total Medicaid payments for pregnancy-related services for TMaH Model-attributed patients. By the end of Model Year (MY) 5, SMAs will implement a sustainable, value-based payment arrangement.

Award amounts may vary based on factors such as the size and needs of Medicaid and CHIP populations to be served by the Model, as well as the overall scope of project as described in the application. All awards are subject to availability of funds. Annual budgets are subject to negotiation, and the maximum funding amounts listed in the graphic above are not guaranteed.

Funding - Model Year 3

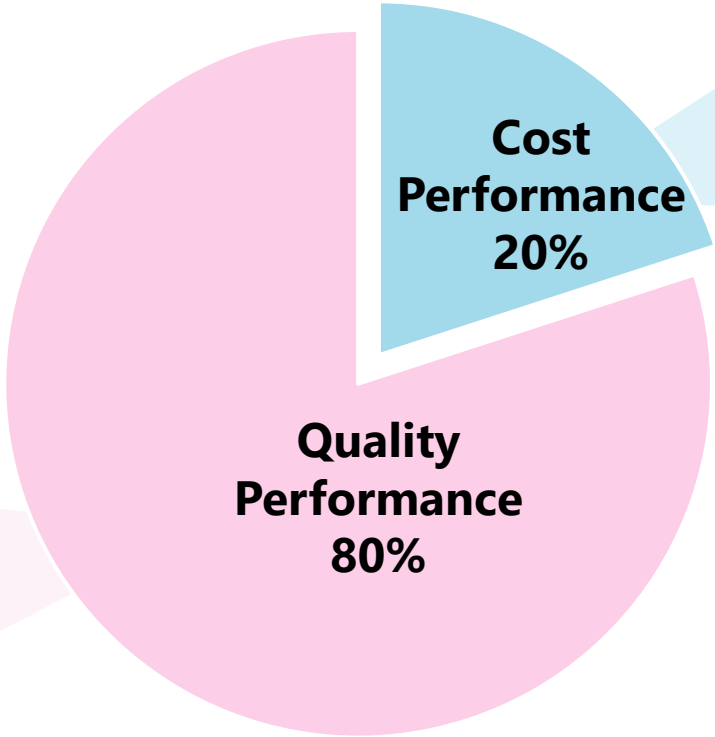
The visual on this slide demonstrates how funding will continue to flow from SMAs to Partners, including Partner Providers, Partner Care Delivery Locations, and Partner Organizations, starting in Model Year 3.



[1]SMAs in states that have implemented managed care in their Medicaid or CHIP programs are required to collaborate with at least one risk-based managed care plan to implement the model.

Quality and Cost Performance Incentives

In Model Year 4, Partner Providers and Partner Care Delivery Locations will become eligible for upside-only performance payments to be paid by SMAs based on Model Year 4 performance. Cooperative Agreement funding cannot be used for these payments.



States will receive technical assistance (TA) from CMS and a team of analytic experts to create cost and quality benchmarks using two to three years of data.

Anticipated Performance Measures[1]:

- Low-risk Cesarean Delivery
- Timeliness of Prenatal Care
- Timeliness of Postpartum Care
- Screening for Depression and Follow-up
- Severe Obstetric Complications

[1]More information about the mandatory quality measures and other select quality assurance measures are available in *Section A.4.3.3 Quality Measures* of the TMaH Model Notice of Funding Opportunity (NOFO).

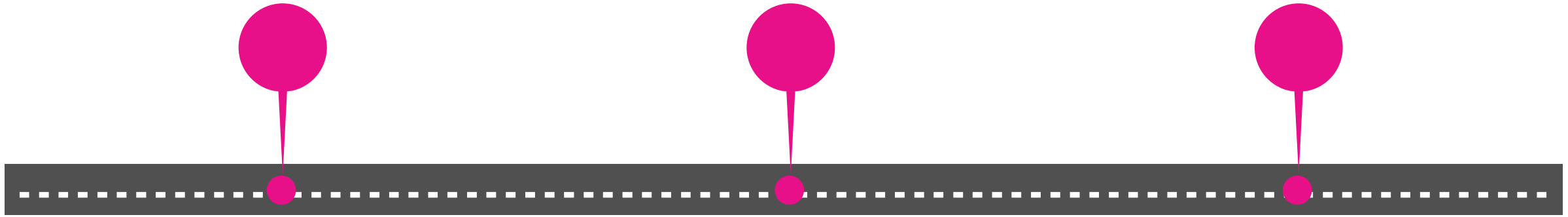
Roadmap to Value

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.



Payment Model Q&A

Please **submit questions via the Q&A box** to the right of your screen.

Regional Plan

Regional Plan

States interested in participating must propose to either implement the model statewide or in a sub-state region specified by ZIP codes or counties.

Applicants will submit their **Regional Plan** with their **TMaH Model application**. Proposals for TMaH Model test region will be subject to CMS approval.

- The test region must **average no fewer than 1,000 combined Medicaid and Children's Health Insurance Program** (CHIP) covered births per year (between the calendar years 2015-2020).
  - CMS encourages applicants to select a region that includes rural, underserved, and Tribal areas in its proposed test region, where appropriate.
  - Sub-state implementation is preferred for evaluation reasons.[1]
- CMS understands that in some states and territories the minimum number of births may not occur in any sub-state region and therefore certain states or territories may need to implement the model state- or territory-wide to meet the 1,000 birth a year minimum.

[1]For more information on evaluation, please refer to *Section F.6.1.2 Evaluation* of the TMaH Model Notice of Funding Opportunity application.

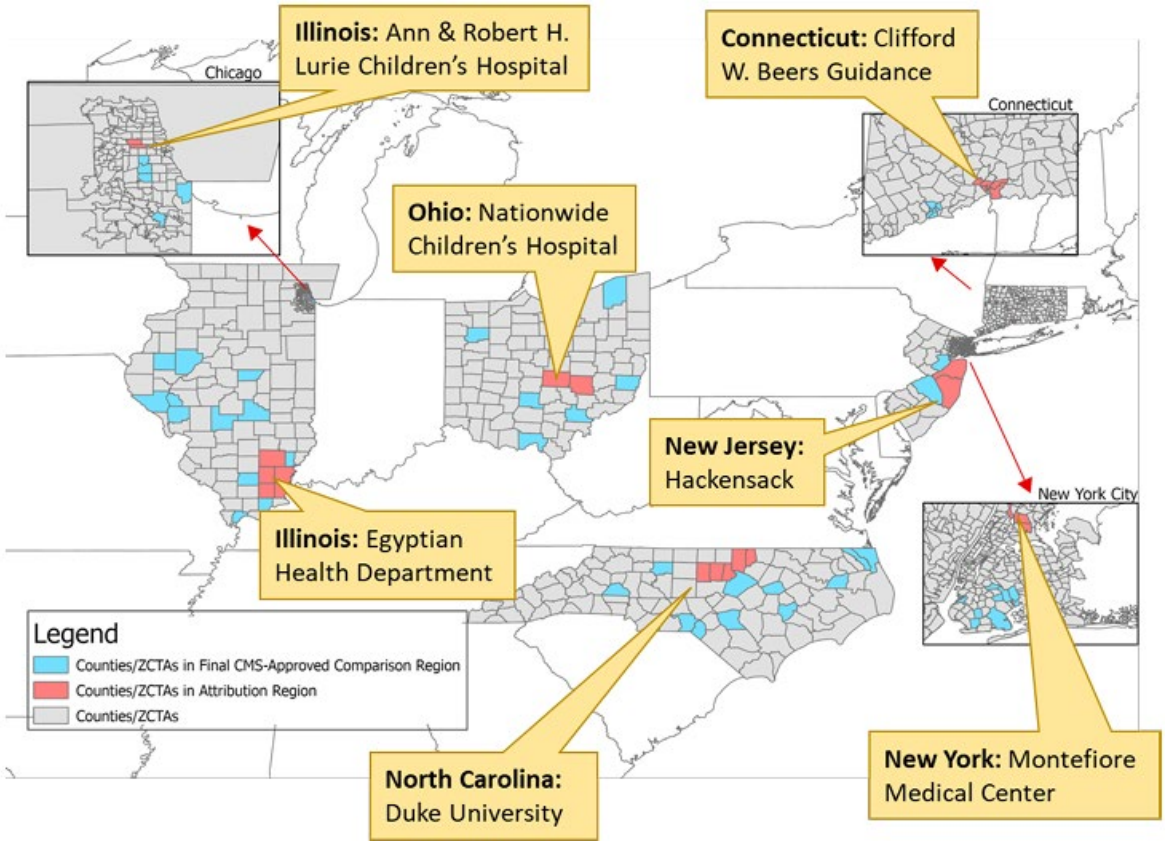
Sub-State Implementation

States must include a comparison group based on their Regional Plan in their application. States that select regional sub-state implementation must propose an in-state comparison group. States that select full state implementation must propose three out-of-state comparison groups.

Sub-state implementation with an in-state comparison group

- ✓ States will **propose a test region** comprised of **counties or ZIP codes**, as well as comparison region, in their NOFO application
  - Does not need to be geographically contiguous if multiple similar areas[1] are needed to meet the 1,000 births requirement (note InCK map). The comparison region also does not need to be geographically contiguous. Service use for maternity care (including prenatal, birth, and postpartum services) may not overlap between the test and comparison groups.
  - The intervention and comparison groups should be separated enough that the patients would not be expected to use the same health care providers or hospitals.
- ✓ In-state comparison group allows the evaluation to control for the individual state's laws, policies, and contexts over the course of the model for regional and patient-level impacts analysis.

Map of Integrated Care for Kids (InCK) Model Recipients[2] and Comparison Regions



[1]"Similar Areas" are considered populations that are similar as to demographics, population density, and health resources.
[2]Map of Integrated Care for Kids (InCK) Recipients pulled from 2022 Evaluation Report available at https://www.cms.gov/priorities/innovation/data-and-reports/2024/inck-model-second-eval-rpt-aag.

Statewide Implementation

States must include a comparison group based on their Regional Plan in their application. States that select regional sub-state implementation must propose an in-state comparison group. States that select full state implementation must propose three out-of-state comparison groups.

Statewide implementation with out-of-state comparison group

- ✓ States should plan to offer TA, expansion of all TMaH Model services, and the value-based payment model across their entire state.
- ✓ States will explain how they will implement all elements of the model across the entire state in concert.
- ✓ States should note that all of the data needed to match comparison populations may not be available from other states which will limit the evaluation's ability to determine program's effects on patient outcomes.

In their application, states selecting statewide implementation should propose at **least three other states** that they believe are comparable in:

- Demographic composition
- Resource availability
- Population size and density
- Birth outcomes and disparities
- Medicaid policy

Regional Plan Q&A

Please **submit questions via the Q&A box** to the right of your screen.

Questions and Answers

Open Q&A

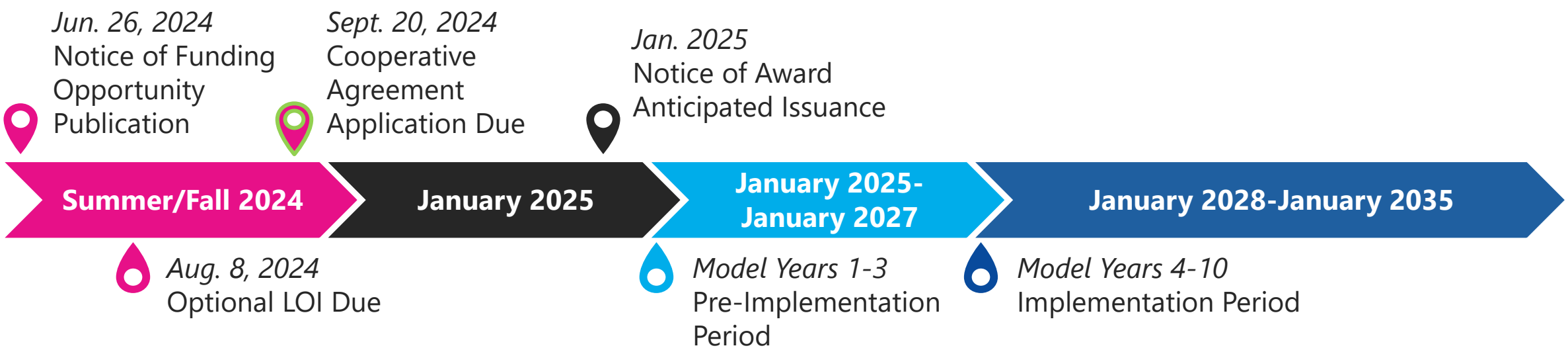
Please **submit questions via the Q&A box** to the right of your screen.

Closing and Resources

Application Timeline

CMS strongly recommends that you do not wait until the application due date to begin the application submission process.

APPLICATION TIMELINE



APPLICATION SUBMISSION

Application materials are available at Grants.gov. Please visit Grants.gov to begin the registration process.

All applications must be submitted to Grants.gov by the application deadline, **September 20, 2024, at 11:59 pm ET**.

Additional Information and Resources

More information and opportunities to stay up-to-date on upcoming TMaH Model events and resources are available.

Email

TMAHModel@cms.hhs.gov

Notice of Funding Opportunity

Download the Full Announcement
https://grants.gov/search-results-detail/354874

Listserv

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

Grants.gov Workspace

https://www.grants.gov/applicants/workspace-overview/

Office Hours

Register for a TMaH Model Q&A

September 12, 2024, 2:00-3:00 pm Eastern Time (ET)
https://deloitte.zoom.us/webinar/register/WN_rRbQCt7MTy6aieTaZ8TDeQ

Additional TMaH Model Resources:

NOFO Webinar:
https://www.cms.gov/priorities/innovation/files/tmah-nofo-webinar-rec1.mp4

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

Model Overlaps Policies Factsheet
https://www.cms.gov/files/document/tmah-model-overlaps-fs.pdf

Thank you for your time and interest!

Please take the survey following this webinar so we can learn how to make our events better.

Questions? Email TMaHModel@cms.hhs.gov.