



## **TMaH Model Frequently Asked Questions**

### **1. Who is eligible to apply to participate in the TMaH Model?**

The TMaH application is restricted to state Medicaid agencies (SMAs). SMAs interested in applying to participate in the TMaH Model must meet the following requirements:

- Be a state Medicaid agency in the 50 states, District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, or the Commonwealth of the Northern Mariana Islands; and
- Have an average number of combined Medicaid-and-CHIP-covered births between calendar years 2015-2020 of no less than 1,000 per year for the selected implementation region.

### **2. What types of technical assistance are available to states and providers to help implement TMaH?**

Each awarded state Medicaid agency will receive 3 years of tailored technical assistance (TA), in one-on-one and group settings, from a team of policy and analytic experts. During the first quarter of the Pre-Implementation Period, a TA plan will be drafted collaboratively with the SMA awardee, CMS Innovation Center, and contracted TA coach.

The goal of the TA plan is to identify each awardee's needs and to establish the right readiness steps to successfully implement the TMaH care delivery and payment model.

Topics may include:

- Quality measures
- Data analytics
- Payment model design and methodology

- Partnering with perinatal quality collaboratives and community-based groups

**3. How much funding is available to support SMAs in achieving requirements?**

Each awarded state Medicaid agency will be eligible for up to \$17 million dollars during the model's 10-year period.

**4. How are states selected to participate in the TMaH Model?**

State Medicaid agencies interested in participating in the model must submit a completed application during the Notice of Funding Opportunity (NOFO) application period. This will be a competitive application process, including a merit review of all applications. The merit review panel will score applications using a detailed rubric, which is available to all applicants as part of the NOFO.

Interested state Medicaid agencies can submit an optional Letter of Intent (LOI) to express their interest in applying. A state Medicaid agency may email an LOI to the following address: [tmahmodel@cms.hhs.gov](mailto:tmahmodel@cms.hhs.gov) with the Subject Line: [State Name] LOI.

Letters of Intent must include:

1. An expression of interest, including the proposed regions of participation.
2. A brief description of the interested organization.
3. Contact information, including the organization's street address and a contact person's name, position, email, and phone number.

**LOIs are due by August 8, 2024.**

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**5. Will there be more than one opportunity for states to apply?**

No, only one NOFO application period is currently planned.

**6. How can providers in an awarded state participate in the model?**

State Medicaid agencies will work directly with a variety of stakeholders and providers, including midwives, to implement aspects of the model. When the

payment model begins, providers will need to be contracted with a managed care entity or directly with the Medicaid agency in a fee-for-service setting in the region that will be implementing the TMaH Model.

**7. Will this model qualify as an Advanced or MIPS Alternative Payment Model (APM)?**

No, TMaH is a Medicaid model and therefore is not an Advanced APM nor a MIPS APM.

**8. What information will TMaH Model applicants be required to provide?**

State Medicaid agencies interested in submitting a Notice of Funding Opportunity (NOFO) application should be prepared to provide the following:

- An assessment of applicant's readiness to implement TMaH Model components, which include factors such as: maternal health policy priorities, capacity, payment environment, regional plan, status of model pillars, sustainability plan, stakeholder recruitment plan, Tribal engagement, safety net provider partnerships, including with birth centers and community-based organizations, and health care disparities.
- A detailed budget, including a budget narrative.
- Resumes, job descriptions, and organization chart for required model staff

The merit review and selection process are outlined in the NOFO. CMS will consider the geographic diversity, program priorities, and quality of all applications when making final award determinations. Please refer to the NOFO for full application requirements. CMS will select up to 15 recipients at CMS' sole discretion.

**9. Are organizations or businesses permitted to apply to the TMaH Model?**

No. Only state Medicaid agencies (SMAs) are permitted to apply for the model. CMS encourages any organizations interested in the TMaH Model to partner with their SMA to support implementation.

**10. Does a state need to be a Medicaid expansion state in order to apply?**

No. States do not need to have expanded Medicaid to everyone with a household income below a certain level to apply.

**11. Does a state Medicaid agency need to expand Medicaid coverage to 12 months postpartum to apply or participate in the TMAH Model?**

No. A state Medicaid agency (SMA) is not required to extend Medicaid coverage to 12 months postpartum. CMS strongly encourages SMAs to extend Medicaid coverage to 12 months postpartum and will offer technical assistance as needed.

**12. How can key audiences that are interested in the TMAH Model engage with their state Medicaid agency to show support and encourage them to apply?**

Key audiences interested in the TMAH Model can send letters of support to their state Medicaid agency.

**13. When will the TMAH Model application be available?**

CMS released a [Notice of Funding Opportunity \(NOFO\)](#) for the TMAH Model on June 26, 2024. CMS will accept applications until September 20, 2024. CMS anticipates announcing the recipients selected to participate in the model in Fall 2024.

**14. How can maternal health care providers support their state Medicaid agency in the TMAH Model application process?**

During the Notice of Funding Opportunity (NOFO) application period, maternal health care providers can consult with applicable state agencies to inform a state application to participate in the TMAH Model. Maternal health care providers may choose to submit a letter of support that a state Medicaid agency can include in its application.

## **Funding**

1. **Can funds distributed to the state Medicaid agencies through the TMaH Model be used to hire staff to carry out work for the model?**

Yes, state Medicaid agencies may use model funds to hire personnel to support model implementation. As part of the application process, applicants will be required to submit a detailed budget that explains how the position will support the implementation of the model. Budgets are subject to CMS review and approval.

2. **How can Cooperative Agreement funding be used?**

State Medicaid agencies selected to participate in the TMaH Model will receive up to \$17 million in Cooperative Agreement funding over 10 years.

Specific parameters around how these funds can be used are included in the Notice of Funding Opportunity (NOFO). Generally, funding is intended to support model planning and implementation activities, including but not limited to:

- Developing partnerships with maternal health clinical and non-clinical providers
- Hiring new staff to support the model
- Training related to the model
- IT infrastructure investments
- Supporting data collection

## **Model Elements**

1. **How does CMS see this effort intersecting with state Medicaid work on Health-Related Social Needs?**

At a minimum, the TMaH Model will require reporting on screening for three domains of health-related social needs (HRSN): food insecurity, housing instability, and transportation. The TMaH Model will require use of a validated health IT-encoded HRSN screening instrument such as the Accountable Health Communities HRSN Screening Tool, unless a specific instrument is required by state law.

**2. How will the state Medicaid agency work with state Perinatal Quality Collaboratives as part of the TMaH Model?**

CMS understands that state Medicaid agencies (SMAs) and the Perinatal Quality Collaboratives (PQCs) have different relationships in different states. It will be important to strengthen those relationships to ensure that SMAs are aware of the Alliance for Innovation on Maternal Health (AIM) safety bundle work that's being proposed to implement in hospitals, and can support PQCs, hospitals, and providers with implementation while being careful not to duplicate or supplant any funding that might be in place through Health Resources and Services Administration (HRSA), American College of Obstetricians and Gynecologists (ACOG), Centers for Disease Control and Prevention (CDC) or some other entity. As with many of the model interventions, circumstances will vary by state, and CMS will provide technical assistance to help states make those connections.

**3. How will the TMaH Model address perinatal mental health conditions, screening, and treatment?**

Screening and referral for behavioral health needs is a model requirement. Providers may use provider infrastructure payments to support their engagement with community-based organizations that can help address health-related social needs and behavioral health needs of beneficiaries and integrate them into screening, referral and follow-up activities.

During Model Year 4, a depression screening and follow-up measure will be included in the calculation of performance incentive payments to providers to increase the number of Medicaid and CHIP beneficiaries who are screened for clinical depression and who, if screened positive, received follow-up care during the prenatal and postpartum period.

**4. Will there be a patient survey involved with the TMaH Model?**

Yes. CMS plans to assess whether the model influences birthing people's experience with maternal care, especially for underserved communities with historically poorer outcomes. CMS is still researching emerging options in this space, but we do expect to include a patient-reported outcome or patient-reported experience measure (PREM).

**5. Will doula services be covered through the TMaH Model?**

Yes. There is significant evidence that incorporating doula services in a patient's care team can improve outcomes across a range of conditions and circumstances. Therefore, participating state Medicaid agencies will be required to cover doula services by the end of Model Year 3 under the TMaH Model.

**6. Does the TMaH Model intend to increase access to midwives other than certified nurse-midwives?**

Coverage for certified nurse-midwives is required by Medicaid. With the assistance of the TMaH Model, each state Medicaid agency (SMA) will be required to assess their current levels of coverage with a goal to improve access to midwifery care. Possible strategies may include revising how midwives are paid or reducing the administrative burden for timely payment. CMS is not requiring that SMAs add new midwife certification categories. However, if a SMA is interested in covering other licensed midwives, like certified midwives and certified professional midwives, the model will offer technical assistance to assist them with the process.

**7. How does the TMaH Model address the health disparities facing underserved populations?**

As part of the model, each state Medicaid agency (SMA) will be required to develop a health equity plan, which will include an assessment of health disparities to better understand the issues each community is experiencing. Part of the model's technical assistance will help SMAs design and implement a health equity plan that is tailored for each state's unique population.

**8. How does the TMaH Model support maternal health in rural areas?**

The model aims to increase access to care by broadening the maternal health workforce and advancing the use of telehealth. This effort can provide additional support to people with conditions such as gestational diabetes or hypertension. Additionally, state Medicaid agencies may elect to receive technical assistance to advance home visiting, mobile clinics, or regional partnerships in rural areas among birth centers, health centers, community hospitals, larger hospitals/health systems and community-based

organizations.

**9. What technical resources does CMS provide for state Medicaid agencies to successfully implement the TMaH Model?**

CMS will provide rigorous one-on-one tailored policy and analytic technical assistance (TA) to help state Medicaid agencies (SMAs) meet a list of milestones for each element by the end of the 3-year Pre-Implementation Period. We understand that SMAs may be at different starting points for each model element, and that the TA needs to be specific for their unique circumstances. In addition to one-on-one TA, CMS will offer opportunities for peer-to-peer engagement and group learning. More information about the TA can be found in the [Technical Assistance Factsheet \(PDF\)](#) available on the [TMaH Model web page](#).

**10. Is the TMaH Model a care delivery model or a payment model?**

The TMaH Model is both a care delivery and payment model. During the 3-year Pre-Implementation Period, state Medicaid agencies (SMAs) and partners will be working to develop care delivery infrastructures – such as doula services, comprehensive screening and referral pathways and building partnerships with community-based organizations to address health-related social needs – and then establishing a process for advancing an innovative payment approach. No later than Model Year 3, SMAs will use a portion of cooperative agreement funding to pay providers for care delivery and infrastructure changes. SMAs will transition to upside-only payments for a set of quality and cost benchmarks based on Model Year 4 performance, leading into a longer-term, value-based payment approach that CMS, in collaboration with SMAs, will design and structure during the 3-year Pre-Implementation Period.

**11. Is there a limit to the number of optional elements a state Medicaid agency may select to implement?**

No, there is no limit on the number of optional elements that a state Medicaid agency (SMA) may select to implement. CMS recommends that a SMA consider its current population health goals, maternal health care delivery system, partnerships and any other state-specific factors when choosing optional elements. The selection of optional elements will not affect



a SMA's score in the application review process.

**12. May a state Medicaid agency participate in the TMaH Model if it is currently operating a non-CMS maternal health value-based payment model in its Medicaid and/or CHIP program? How much flexibility will a state Medicaid agency have with the design and implementation of the alternative payment model for TMaH?**

Yes, a state Medicaid agency (SMA) may participate in the TMaH Model if it is participating in an existing value-based payment model; however, a SMA will be expected to align with the TMaH Model payment approach. Please visit the [Payment Design Factsheet \(PDF\)](#) for additional details. CMS will develop a process for engaging SMAs and other key audiences in structured discussions about the Model Year 5 value-based payment design during the 3-year Pre-Implementation Period.

The purpose of these conversations will be to share information with SMAs on CMS' approach to value-based payment design, and to gain insights from states and other key audience on key features and flexibilities. CMS will individually review state requests to implement the payment approaches earlier than the timeline described in the aforementioned factsheet.

**13. For state Medicaid agencies (SMAs) interested in implementing the TMaH Model in a substate region, does the substate region need to comprise a contiguous area, or do SMAs have flexibility to design a substate group with geographic representation across the state?**

SMAs may choose a region of their state with demonstrated poor overall birth outcomes or high levels of disparities in outcomes among subpopulations. The region can comprise counties or zip codes and should consider overlapping managed care organization (MCO) coverage in the region (if relevant), mirroring the MCO's catchment area to the extent possible.

The region does not need to be contiguous as long as an appropriate comparison region can be identified (which also does not have to be contiguous) and the SMA has the resources to implement the entire model simultaneously across the entire chosen region. SMAs choosing regional implementation should propose a comparison region in their application that

is similar in demographic composition, resource availability, and population size and density and where they expect to have little or no service overlap.

- 14. For state Medicaid agencies interested in implementing the TMaH Model statewide, it may be difficult to define an out-of-state comparison group that has similar demographic composition, resource availability, population size and density, birth outcomes and disparities, and Medicaid policies. Would CMS consider an alternative, such as allowing a state to leverage its own historical data as a comparison group or allowing a phased statewide implementation with a pre/post or concurrent comparison group?**

No, constructing self-state comparison groups based on historical data is not allowed. CMS cannot control for temporal, environmental, and demographic influences using historical data that may not be historically similar to current controls.

- 15. Is an entire state required to participate in the TMaH Model?**

The TMaH Model may operate statewide or in a substate region. For evaluation purposes, substate implementation is strongly preferred. CMS understands that in some states and territories the minimum number of births may not occur in any substate region; therefore, certain states or territories may need to implement the model state- or territory-wide to meet the 1,000 birth a year minimum.

- 16. How will the TMaH Model address health equity?**

The TMaH Model will support states' efforts to address disparities among underserved populations who are at higher risk for poor maternal outcomes.

State Medicaid agencies participating in the model will be required to develop and implement a Health Equity Plan unique to their specific population. State Medicaid agencies must consider language support for non-native English speakers, access to transportation services, and improvements to address gaps in care.

## Other

1. **Are state Medicaid agencies and providers allowed to simultaneously participate in the IBH, AHEAD, and other CMS Innovation Center models?**

States participating in other Innovation Center models are permitted to apply for the TMaH Model and may be allowed to participate in multiple models at the state or substate level. Providers may also be eligible to participate in Innovation Center models simultaneously. Please refer to the [Overlaps Policies Factsheet](#) for more specific information about model overlaps at the state and provider levels.

2. **What is the benefit of participating in the TMaH Model for maternal health care providers?**

Maternal health care providers that participate in the TMaH Model will benefit from technical assistance and learning resources that are intended to aid transformation activities. Participation in the model also allows providers the opportunity to use model funds to support care redesign and quality improvement efforts, and to also earn financial incentives for providing high quality care as reflected in model performance measures.

3. **How will quality be measured in the TMaH Model?**

The TMaH Model includes a set of hospital and provider-level quality measures that each participating state Medicaid agency will be responsible for collecting and reporting to CMS. Some of these measures will be incorporated into the payment model, while others will be used for monitoring and/or evaluation purposes. Additional detail on quality measures is available in the Notice of Funding Opportunity (NOFO).