Mississippi MOMentum Initiative

CMS Transforming Maternal Health Model (TMaH)

Provider Information Packet

Understanding the TMaH Opportunity

MISSISSIPPI DIVISION OF MEDICAID

Transforming Maternal Care: Mississippi MOMentum Initiative

Thank you!

Thank you for your interest in learning more about Mississippi's participation in the CMS Transforming Maternal Health (TMaH) Model.

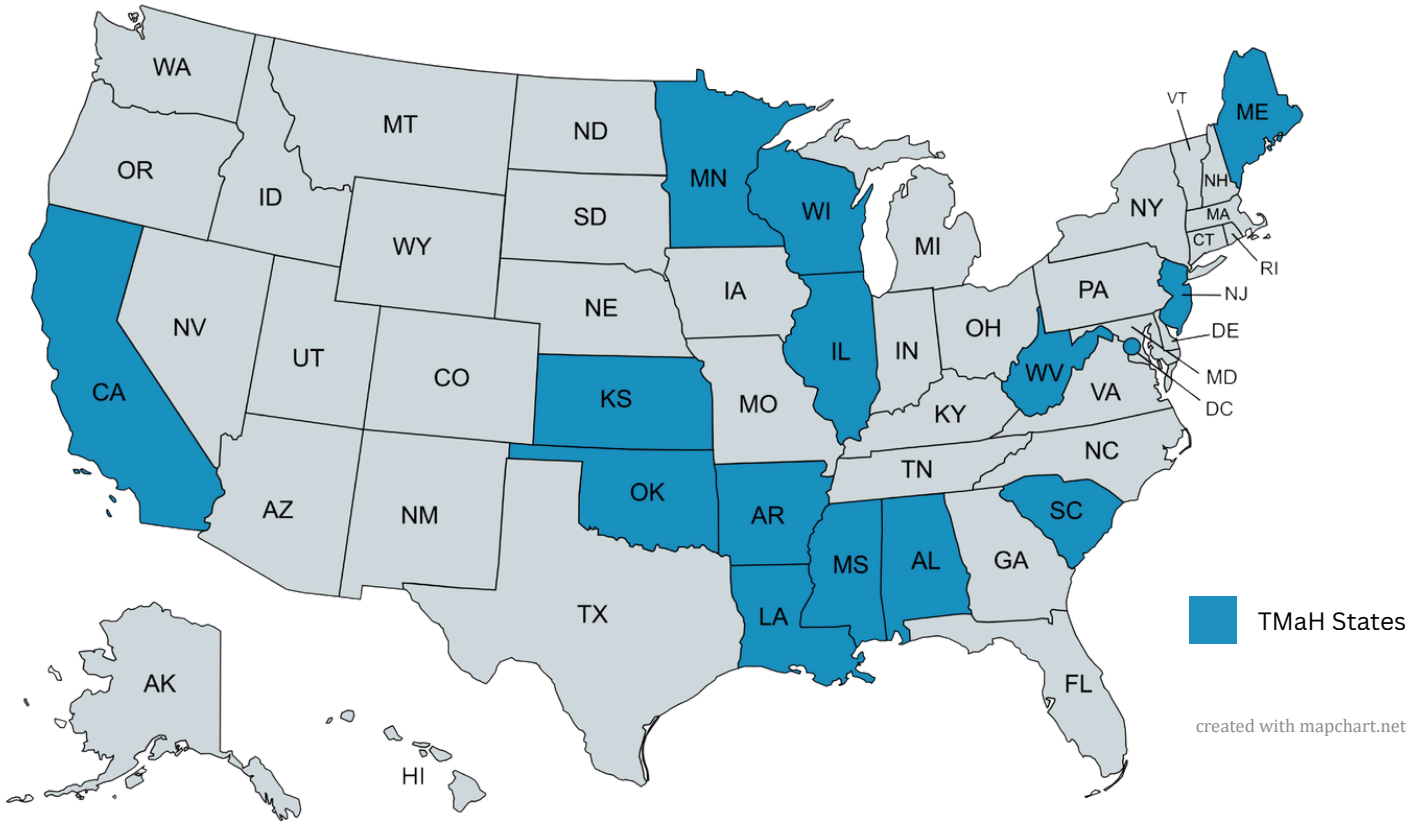
Improving maternal health requires collaboration across providers, hospitals, community organizations, and Medicaid partners. Your expertise and engagement are essential to improving outcomes for mothers and babies across Mississippi. - The MS TMaH Team

What is TMaH?

The Transforming Maternal Health (TMaH) Model is an initiative from the Centers for Medicare & Medicaid Services Innovation Center designed to improve maternal health outcomes by supporting innovative approaches to care for pregnant and postpartum individuals.

The CMS Innovation Center develops and tests new payment and service delivery models that improve the quality of care, increase access to services, and promote better health outcomes for Medicaid beneficiaries.

Mississippi is one of 15 state Medicaid agencies awarded.



The TMaH Model provides participating states with:

- Funding to support maternal health transformation
- Technical assistance from national experts

Mississippi's TMaH Model

The state's initiative is known as the **Mississippi MOMentum Initiative**, a collaborative effort focused on improving maternal health by:

- Strengthening coordination across the maternal healthcare system
- Expanding access to high-quality, person-centered care
- Addressing social and clinical factors that influence maternal health
- Supporting healthier pregnancies, births, and postpartum experiences for Mississippi families

Source: https://www.cms.gov/priorities/innovation/models

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Why Mississippi? Why now?

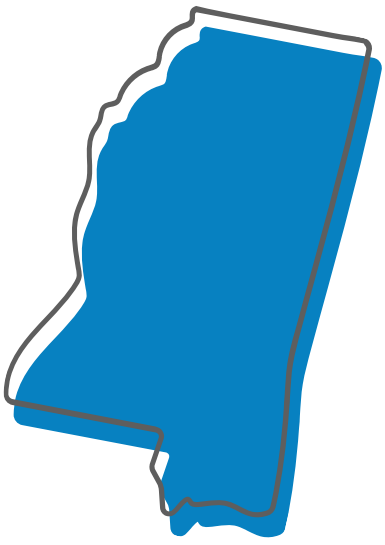
Because we can do better. Mississippi sits higher than the national average of Severe Maternal Morbidity rate and Maternal Mortality.

60% of deliveries in Mississippi are covered by Medicaid.

72% of pregnancy-related deaths were Medicaid Beneficiaries.

75% were among black, non-Hispanic women.

82% were deemed preventable



Source: MS Maternal_Mortality_Report_2025.pdf

TMaH Guiding Pillars

Access, Infrastructure, and Workforce

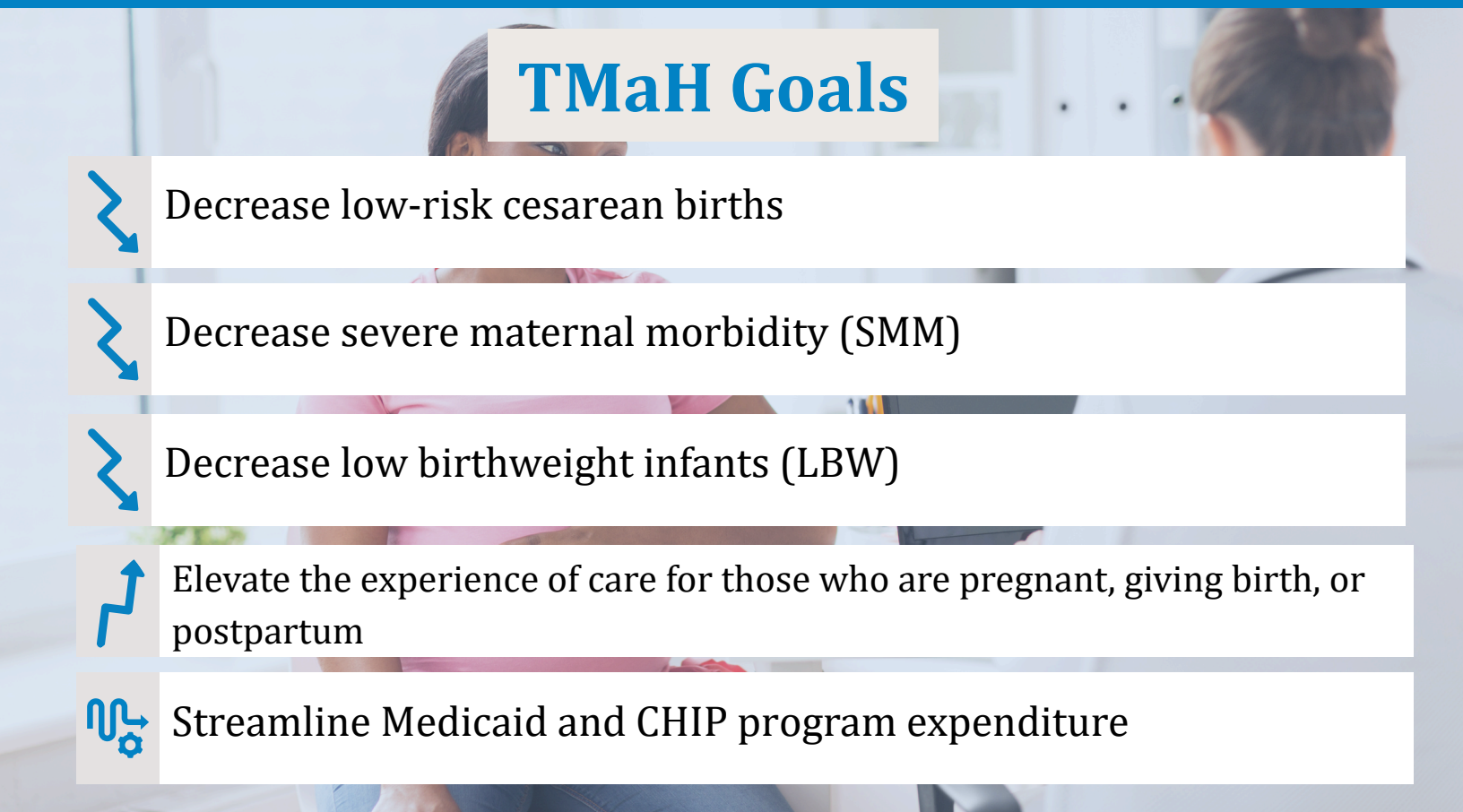
- Increase access to birth centers and the midwifery workforce
- Increase access to community health workers and doulas
- Improve data infrastructure
- Develop payment model

Quality Improvement and Safety

- Support implementation of AIM patient safety bundles
- Support "Birthing Friendly" hospital designation
- Promote shared decision-making between mothers and providers

Whole-Person Care Delivery

- Increase risk assessments, screenings, referrals and follow-up for perinatal depression, anxiety, tobacco use, SUD, and upstream drivers of health
- Increase Home Monitoring of diabetes and hypertension
- Develop a Prevention & Quality Plan



TMaH Goals

- Decrease low-risk cesarean births
- Decrease severe maternal morbidity (SMM)
- Decrease low birthweight infants (LBW)
- Elevate the experience of care for those who are pregnant, giving birth, or postpartum
- Streamline Medicaid and CHIP program expenditure

Key Mississippi Approaches

Increase Access to Services Provided by Non-Clinical, Trained Professionals (e.g. Doula or Perinatal Community Health Worker)

- Expand pregnancy and postpartum support through trusted community-based care partners
- Improve care navigation, engagement, and patient experience

Strengthen Access to Midwifery Care

- Increase education and awareness of midwifery as a trusted maternity care option
- Improve care navigation and connections to available midwifery services

Expand Remote Patient Monitoring for Diabetes & Hypertension

- Increase access to home monitoring tools for certain high-risk conditions
- Enable earlier intervention and stronger provider-patient connections

Conduct Risk Assessments

- Identify medical, behavioral health, SUD, and upstream drivers of health earlier
- Connect beneficiaries to appropriate services and support

What does this mean for providers?

What is an Accountable Entity (AE)?

- Provider organizations that deliver prenatal, labor and delivery, and postpartum care and agree to be accountable for cost and quality outcomes under the TMaH VBP Model.
- Intended to be the providers with a direct impact on patient care. The model prioritizes practice-level accountability, where performance tracking and financial incentives can most directly support care improvement.

Ideal Candidate

- A practice that provides all perinatal care services, or that provides prenatal and postpartum care and then has a partnership with practice that performs labor and delivery care.
- Practices that do not provide all perinatal care would be required to partner with a practice that offers the missing service in order to form an AE for the TMAH VBP Model.

Examples: A standalone OB/GYN practice, a hospital-based OB/GYN practice, or other practices that deliver prenatal care (e.g. birth centers, family medicine practices, FQHCs, rural health clinics).

Patient Attribution

Patient attribution is the process used to determine which Accountable Entity (AE) is responsible for a patient's care under the TMaH Value-Based Payment Model. Patients are generally attributed to the provider or practice where they receive the majority of their prenatal and postpartum care. This approach helps ensure accountability for quality outcomes while supporting coordinated, patient-centered care.

Accountable Entity Eligibility Criteria

Legal Requirements	• **Be a legal entity** formed under applicable state, federal, or Tribal law and authorized to conduct business in the state in which it operates • **Be Medicaid-enrolled** with an active TIN and organizational Medicaid Billing ID (and appropriate CHIP enrollment and billing identifier, if required by the state)
Service Provision Requirements	• Provides the **full range of perinatal care-** prenatal, delivery, and postpartum care -which could be provided among different organizations within the AE • Employ or contract with providers who bill for **prenatal, postpartum and delivery services** (demonstrated by submitting claims with the appropriate codes) • **Bill under qualifying maternity care specialty types** • Collectively perform a **minimum number of deliveries** (between 30-50 births per year, further details forthcoming) annually for Medicaid patients
Contractual Requirements Between AEs and Other Participant Organizations	• Comply with **applicable model requirements**, such as data and reporting requirements, and participate in performance measurement and financial reconciliation

Accountable Entity Structure

State Medicaid Agency (SMA) or Managed Care Plan (MCP)

AE is a single organization that provides ALL perinatal services

Primary Participant Organization (Org)

Org Taxpayer Identification Number (TIN): 111222333

Participant Providers defined by Medicaid IDs

AE is a made up of multiple organizations that collectively provide perinatal services

Primary Participant Org

Org TIN: 111222333

Participant Providers defined by Medicaid IDs

Participant Org(s)

Org TIN: 444555666

Participant Providers defined by Medicaid IDs

Even if multiple organizations come together, there must be a primary **single TIN** forming a business or relationship with SMA or MCP

The Primary Participant Organization may enter **contractual arrangements** with additional Participant Organization to meet delivery requirements

What does this look like in action?

TMaH uses a payment approach designed to support providers in building the infrastructure needed to advance toward value-based maternity care. The model includes Provider Infrastructure Payments (PIPs) to support progress toward model goals, and an Infrastructure Building Period to help providers strengthen the systems, workflows, and partnerships needed to support transformation. Ultimately, Value-Based Payment (VBP) aligns reimbursement with quality, outcomes, and improved whole-person maternity care.

Provider Infrastructure Payments	Infrastructure Building	Value-Based Payment Model
2027+	**2027-2028**	**2029+**

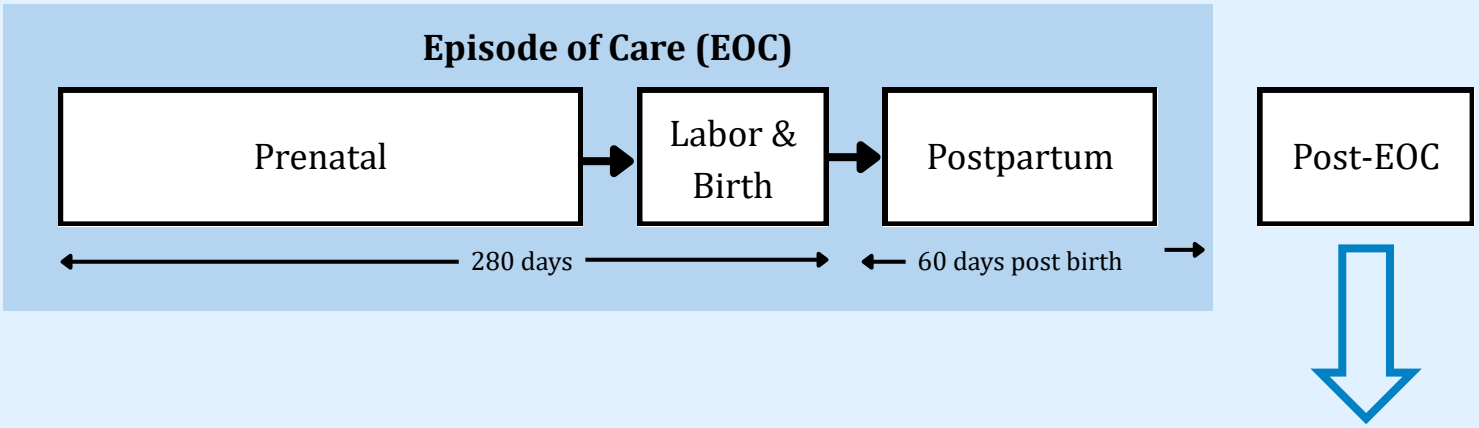
Provider Infrastructure Payments (PIPS)

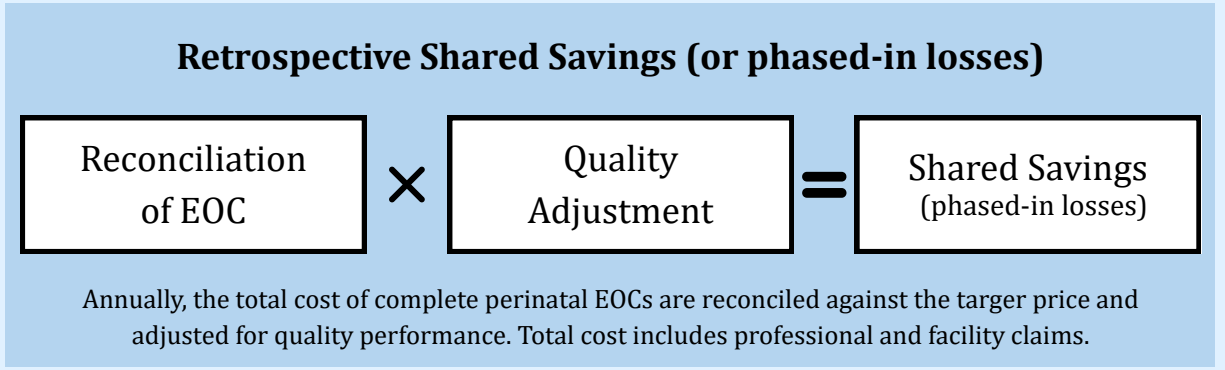
- Enable practices to develop infrastructure and capabilities needed for model participation
- All SMAs will implement PIPs to prepare practices for TMaH VBP Model participation in 2029 and beyond
- These payments are intended to build long-term VBP capabilities, not just support TMaH

PIPS Can Be Used For:

- Patient safety initiatives and maternal care assessments
- Quality measure reporting and value-based payment
- Data integration
- Team-based care
- Enhanced access to care
- Connections to community-based organizations (CBOs)

The Role of Quality in the TMaH VBP Model





Annually, the total cost of complete perinatal EOCs are reconciled against the targer price and adjusted for quality performance. Total cost includes professional and facility claims.

Quality measures are a core part of VBP because they align provider incentives with better care and ensure that cost savings are achieve through improved outcomes.

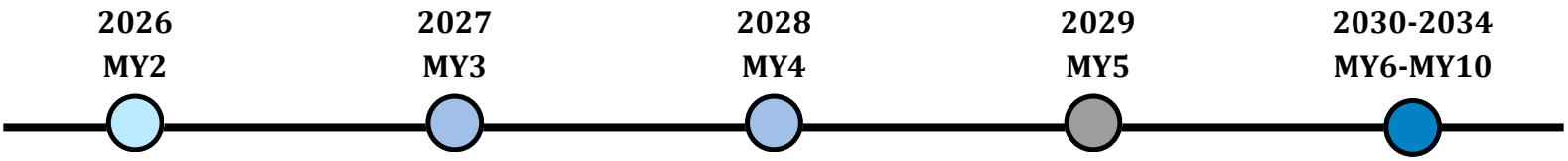
TMaH VBP Model Quality Measures

**Measures confirmed by CMS to be used in the VBP Model initially*
These measures are tied to the TMaH VBP Model, but CMS will also monitor additional measures to support broader care management and outcome goals

PRENATAL	LABOR & BIRTH	POSTPARTUM
Model Goals • Increase engagement in prenatal care • Increase screening, follow up, and management of comorbidities	**Model Goals** • Decrease rates of low-risk c-section • Decrease maternal morbidity • Decrease rates of low birth-weight infants	**Model Goals** • Increase engagement in postpartum care • Increase screening, follow up, and management of comorbidities
Measures • Timeliness of prenatal care* • Depression screening and follow-up* • Maternal hypertension control	**Measures** • Low-risk c-section* • Low birth weight • Maternal morbidity (e.g., obstetric complications)	**Measures** • Timeliness of postpartum care* • Depression screening and follow-up • Maternal hypertension control

Mississippi TMaH Model Provider Roadmap

2026 (MY2) through model conclusion in 2034 (MY10) • CMS TMaH Payment Strategy phases noted



Perinatal Provider Training
Continued training — OPS sponsorship (carryover from MY1)
Remote Patient Monitoring
Plan & scale UMMC's model; expand via MCOs (standardized for quality)
PCHWs
Fund limited certification trainings
Care Coordination Platform
Integrate MS DOM — MCOs — Providers
OB SOC
Support quality reporting / incentivize providers

Billing Code Changes
ACOG maternal-health coding changes take effect
Provider Infrastructure Investments*
Quality-reporting development; prep for risk-adjusted payments
CMS Payment Strategy (MY3–MY4)
Provider Infrastructure Payments + Quality & Performance Incentive Payments made to eligible providers

Transition / preparation year
Bridge to VBP launch

Value-Based Payment (VBP) begins
Postponed from 2028 (ACOG coding); CMS continuing to explore prospective monthly payments
CMS Payment Strategy (MY5–MY10)
SMAs implement their Roadmap to Value-Based Care

Roadmap to Value-Based Care
SMAs implement their Roadmap to Value-Based Care (CMS TMaH Payment Strategy, MY5–MY10)
Sustained value-based payment
VBP continues through model conclusion in 2034

** Provider Infrastructure Investments. Internal-facing items (staffing expansion, travel) excluded per scope. CMS payment-phase framing per CMS TMaH Payment Strategy: MY1–MY3 SMA technical assistance; MY3–MY4 provider payments; MY5–MY10 Roadmap to Value-Based Care.*

Stay Connected!

Please indicate your interest in joining TMaH as an Accountable Entity here and/or provide feedback.

Have questions? Submit them here.