# Transforming Maternal Health (TMaH) Model Overview

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

September 12, 2025

# Agenda

- Welcome and Introductions (14 min)
- TMaH Model Overview (18 min)
- California's Progress-to-Date (3 min)
- Provider Participation (6 min)
- Question and Answer (Q&A) (17 min)
- Next Steps (1 min)

# Welcome and Introductions

DHCS

# Webinar Tips and Logistics

- Written Questions
  - Participants may submit written questions at any time during today's program through the Zoom Q&A box.
  - Discussion is also available in the Zoom chat.
- Spoken Questions
  - Participants will be automatically muted upon entry.
  - Participants will have the opportunity to ask spoken questions during the last half of the webinar *(more details will be shared about how to "raise your hand" & "unmute" yourself at that time)*.
- Today's meeting is being recorded.
- The slide deck will be sent to participants after the meeting, and the recording will be made available.

# Quality and Population Health Management Program (QPHM) TMaH Team

**Ying Goh, MD, MS**

TMaH Project Director

**Karen Mark, MD, PhD**

DHCS Medical Director

**Ebonie Megibow, MPH**

TMaH Project Coordinator

**Anastasia Coutinho, MD, MHS**

Medical Consultant II

# Meeting Objectives

- Present an overview of the key components of the TMaH model to strengthen shared understanding.
- Provide updates on pre-implementation activities to-date and highlight opportunities for stakeholders to provide input on and participate in the model.
- Provide space for stakeholder questions and feedback, with more opportunity during the October 1 stakeholder meeting (please register for the event!)

# Acknowledgment of Support

» This program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $17M with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

# Poll Question #1

- What county are you representing today (select one)?
  - Fresno
  - Kings
  - Kern
  - Madera
  - Tulare
  - Multiple Counties
  - None of These

# Poll Question #2

» Which of the following categories best describes your affiliation (select one)?

- Hospital
- FQHC
- Ob-Gyn Practice
- Family Physician Practice
- Midwife Practice
- Doula Services
- Local Public Health Department
- County Behavioral Health
- Community-Based Organization
- State Agency
- Provider Association
- Other

# “Waterfall” Question

- In 1-3 words, describe how you are feeling about the opportunity of the TMaH model to improve maternal health in the Central Valley?
  - Please take 30 seconds to type your response in the chat.
  - Do not send the message until our cue.

# TMaH Model Overview

DHCS

# TMaH Model Overview

In January 2025, the federal Centers for Medicare & Medicaid Services (CMS) announced California as one of 15 states selected to implement the **TMaH Model**.

- **10-year delivery and payment model** designed to test whether evidence-informed interventions, sustained by a **value-based payment (VBP) model**, can improve maternal outcomes and reduce Medicaid and Children's Health Insurance Program (CHIP) program expenditures.
- Will be implemented in **Fresno, Kern, Kings, Madera, and Tulare** counties.
- **$17 million in federal funding** and targeted technical assistance.

# TMaH Model Goals

## Model Goals

- **Improve experience of care** for pregnant and postpartum individuals.
- **Reduce avoidable adverse outcomes**, such as severe maternal morbidity and mortality.
- **Increase access to midwifery and doula services.**
- **Reduce** Medicaid and CHIP program **expenditures** for maternity and infant care.

**Some Anticipated Measures*:**

- Low-risk cesarean delivery
- Timeliness of prenatal and postpartum care
- Screening for maternal depression and follow-up
- Severe obstetric complications

*Subject to change

# TMaH Model: Pillars & Elements Overview

| Pillars | Required Elements |
|---|---|
| **1. Access, Infrastructure, & Workforce** | • Increase access to the midwifery workforce<br>• Increase access to birth centers<br>• Cover doula services<br>• Improve data infrastructure<br>• Develop payment model |
| **2. Quality Improvement & Safety** | • Support implementation of the Alliance for Innovation on Maternal Health (AIM) patient safety bundles<br>• Support "Birthing-Friendly" hospital designation |
| **3. Whole-Person Care Delivery** | • Increase risk assessments, screenings, referrals and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health related social needs (HRSNs)<br>• Increase home monitoring of diabetes and hypertension |
| **Optional Element** | • DHCS elected to implement the "Promoting shared decision making between birthing individuals and providers" optional element. Milestones for Optional Elements will be established by CMS. |

CMS requires completion of "Pre-Implementation Milestones" for each required element.

# TMaH Model Partners

## Partner Providers

- Obstetricians/Gynecologists (Ob-Gyn)
- Midwives
- Family physicians
- Maternal-fetal medicine specialists/Perinatologists
- Nurses
- Doulas
- Lactation consultants
- Community Perinatal Health Workers (CPHWs)

## Partner Care Delivery Locations

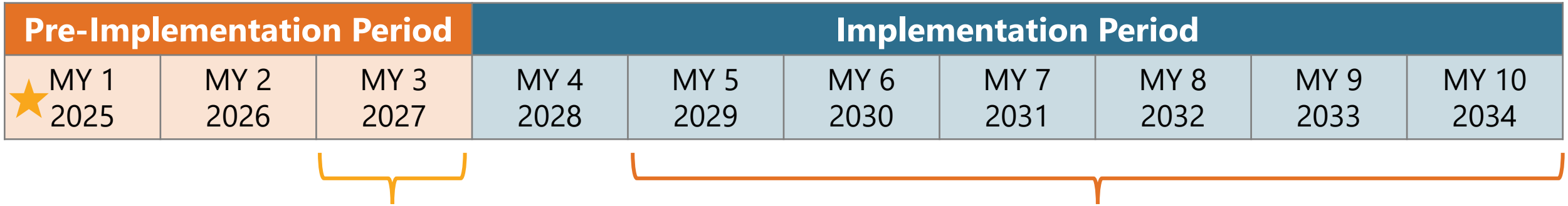
- Hospitals
- Ob-Gyn, family medicine, and midwifery practices
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Tribal sites
- Birth centers
- Other sites of clinical care

## Partner Organizations

- Managed Care Plans (MCPs)
- California Department of Public Health (CDPH)
- Local Health Jurisdictions (LHJs)
- California Maternal Quality Care Collaborative (CMQCC)
- California Perinatal Quality Care Collaborative (CPQCC)
- Pregnancy-Associated Review Committee (PARC)
- Universities/Educational Sites
- Community-Based Organizations (CBOs)
- Other non-clinical partners

# TMaH Model Year (MY) Timeline

Quality and performance incentive payments are made to participating providers




Infrastructure payments are made to participating providers

DHCS will transition to the CMS-designed VBP model that will be the same across all 15 TMaH states.

# TMaH's Roadmap to Value-Based Care

- Implementation of a VBP model will occur in three phases.
- DHCS and provider stakeholders (you!) will provide input.

**Provider Infrastructure Payments (Model Year 3):** Payments disbursed by MCPs to providers to support care delivery and infrastructure changes.

**Quality- and Cost-Performance Incentive Payments (Model Year 4):** Upside-only performance incentive payments to providers based on quality performance and cost benchmarks.

**VBP Model (By End of Model Year 5):** Transition from current maternal care payment methodologies to VBP approach.

# Provider Infrastructure Payments

- **$3.5 million** in Model Year 3 (calendar year 2027) for Provider Infrastructure Payments.
- DHCS will disburse payments to TMaH "accountable entities" via MCPs.
  - A single practice or clinic; or multiple practices, clinics, or providers coming together as an “accountable entity.”
    - Likely required to bill for a minimum number of births to participate
    - Will be held accountable to quality measures in subsequent years
- CMS will provide guidance related to Provider Infrastructure Payment amounts.

# Intersection of TMaH with the Birthing Care Pathway

**TMaH**

- Aligned and **complementary** to the Birthing Care Pathway.
- Sub-state region, including **Fresno, Kern, Kings, Madera, and Tulare** counties.
- Required elements to **improve access, infrastructure and workforce; quality improvement and safety; and whole-person care.**
- Lessons learned and evidence-based practices from the TMaH implementation region may be **scaled statewide** through the Birthing Care Pathway.

**Birthing Care Pathway**

- **Comprehensive Medi-Cal policy and care model roadmap** to cover the journey of all pregnant and postpartum Medi-Cal members from conception through 12 months postpartum.
- **Strategic roadmap** for state entities, MCPs, counties, providers, social service entities, philanthropy, and other key partners serving pregnant and postpartum Medi-Cal members **throughout the state**.
- Includes a series of policy solutions that address the **physical, behavioral, and health-related social needs** of pregnant and postpartum members.

# California's Progress-to-Date

# Implementation Planning Updates

- **Executed MCP participation agreements** with Anthem, Health Net, Kern Family Health Care, and Kaiser Permanente from January 2025 to December 2026.
- **Developed initial provider participation standards** outlining selection criteria for providers and monitoring processes for MCPs and providers.
- **Meeting biweekly with CMS** to share updates on implementation progress.
- **Meeting biweekly with CMS technical assistance contractor** for guidance on pre-implementation milestones.
- Gathering documentation for CMS **demonstrating completion of all pre-implementation milestones** by the end of 2027.

# Provider Participation

DHCS

# Selection Criteria for Providers

- Enrolled in Medi-Cal
- Contracted with at least one Medi-Cal MCP in the TMaH region
- Located in or serve Medi-Cal members from the TMaH region
- Billed a minimum number of births over a defined time period *(to be determined by CMS)*
- Willing to strengthen data collection/reporting and quality improvement capabilities to enable VBP model

DHCS invites stakeholders to provide input on this selection criteria and other Provider Participation standards. Please send your feedback and questions to tmah@dhcs.ca.gov.

# Provider Participation

By participating in the TMaH Model, maternal health care providers can:

- **Receive technical assistance and learning resources** to aid transformation activities;
- **Receive Provider Infrastructure Payments** to support care redesign and quality improvement efforts; and
- **Earn performance incentive payments** based on quality performance and cost benchmarks.

Partner Providers, Partner Care Delivery Organizations, and Partner Organizations must **decide on their participation in the TMaH model by Spring/Summer 2026**. DHCS must submit the list of participants to CMS by July 30, 2026.

# Opportunities for Participation and Provider Feedback

- **Participate in upcoming stakeholder meetings:**
  - **October 1, 2025 from 11:00 AM – 1:00 PM PT:** County-Focused TMaH Model Discussions (Register here)
  - CMS will be providing TMaH grantees with details on the Provider Infrastructure Payments and VBP model in the coming months. DHCS will share this information in **future stakeholder meetings**.
- **Share feedback on the California TMaH Model Provider Participation Standards** (to be posted).
- **Submit questions and feedback to DHCS at tmah@dhcs.ca.gov.**

# Q&A

DHCS

# Q&A Participation

- **Q&A Box.** Written questions may be submitted through the Zoom Q&A.
- **Spoken.** Participants must "raise their hand" for Zoom facilitators to unmute them.
  - If you joined through the **Zoom interface:**
    - Press "Raise Hand" at the bottom of your Zoom screen
    - If selected to share your question, you will receive a request to "unmute;" please ensure you accept before speaking
  - If you joined by **phone only:**
    - Press "*9" on your phone to "raise your hand"
    - Listen for your phone number to be called by the moderator
    - If selected to share your question, you will receive a request to "unmute;" please ensure you are unmuted on your phone by pressing "*6"

# Next Steps

# Contact Us

Please contact tmah@dhcs.ca.gov with any questions or feedback.