Minnesota DHS Transforming Maternal Health (TMaH) Model Proposal

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Welcome

Purpose: Listening sessions will serve as a space to introduce information about Transforming Maternal Health (TMaH) Model, answer questions, and invite community, providers and organizations to share experiences and input to understand the state of maternal health in Minnesota. The feedback received and priorities identified by the community will be used by DHS to submit a proposal for the Transforming Maternal Health (TMaH) Model in Summer 2024.

<u>Introductions</u>

Please include your name, pronouns, organization, role, and one hope you have for maternal health in Minnesota.

Recognition of past trauma and abuse

The state of Minnesota and the Department of Human Services recognize the trauma, medical abuse, and discrimination that have happened to our Black, Native/American Indian, people of color, disability, and LGBTQ+ communities, leading to distrust in medicine and social service providers.

The work of equity and antiracism requires that we are all actively committed to rebuilding trust with communities and bringing community members' voice to the table.

Agenda

Topic
Introductions – Office of the Medicaid Medical Director (OMMD) Team
Transforming Maternal Health (TMaH) Model
Minnesota Department of Human Services Initiatives and Health Care Administration Team
Partnership and Community Engagement
Opportunities
Listening Session Schedule
Questions

Introductions – OMMD Team

- Nathan Chomilo, MD, FAAP, FACP – Sponsor/Project co-Director
- Neerja Singh, PhD, LICSW, LADC – Project co-Director
- Laura Villarreal, MPH – Lead
- Michael Koehler, MA, LPC – Mental Health SME
- Kristi Halvarson, MHA – Contract Specialist
- Leigh Grauman, MPH – Community Outreach Specialist
- Yeeleng Vue, Sonya Smith, Regina Acevedo, and many more!

Transformative Maternal Health (TMaH) Model

- Announced by Centers for Medicare and Medicaid Services (CMS) in December 2023
    - Notice of Funding Opportunity to be released in Spring with proposal dues in Summer
- This new model will support innovative approaches to improving maternal health care services for pregnant and postpartum mothers.
    - Whole-person approach to pregnancy, childbirth, and postpartum care
    - Looks at health systems, providers and community as collaborators
- 15 state Medicaid agencies will have an opportunity to invest up to $17 million dollars each, across 10 years, to improve the physical, mental, emotional, and social needs of mothers within their state.

Model Goals

- Reduce disparities in access and treatment
- Improve outcomes and experiences for mothers and their newborns
- Reduce overall program expenditures

TMaH Payment Design Strategy

- Model Year 1 – 3: State Medicaid Agencies (SMAs) will receive Technical Assistance to develop and implement the model
- Model Year 3: Provider Infrastructure Payments are made to providers to prepare a transition from the current payment system to a value-based payment model
  - Focusing on quality and cost outcomes
  - Portion of funding to pay providers for care delivery transformation activities
- Model Year 4: Quality and Performance Incentive Payments are made to eligible providers
  - Providers will be eligible for upside-only performance incentive payments to reward on quality measures and alignment with model goal and benchmarks
- Model Year 5 – 10: SMAs implement their Roadmap to Value-Based Care
  - Incentivizes delivery of whole-person care to improve maternal health outcomes and reduce disparities
  - Aims to maintain or reduce Medicaid & CHIP program expenditures

Required Elements of the model

Access, Infrastructure, and Workforce

- Increase access to midwifery workforce
- Increase access to birth centers
- Cover doulas and grow the perinatal Community Health Worker (CHW) workforce
- Improve data infrastructure
- Develop payment model

Quality Improvement and Safety

- Implement Alliance for Innovation on Maternal Health (AIM) patient safety bundles
- Achieve "Birthing-Friendly" hospital designation

Whole-Person Care Delivery

- Provide risk assessment, referral, and follow-up visit coverage for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs
- Home monitoring of diabetes and hypertension
- Develop health equity plans

“Optional” Elements of the model

Access, Infrastructure, and Workforce

- Cover the perinatal community health worker workforce
- Create regional partnerships in rural areas
- Cover all licensed midwives

Quality Improvement and Safety

- Promote shared decision making

Whole-Person Care Delivery

- Expand group perinatal care
- Increase use of home visits, mobile clinics, and telehealth
- Expand oral health care

CMS TMaH Technical Assistance Strategy

- Model Year 1 – 3: One – on – One TA to inform payment model and data infrastructure
  - CMS will work with each State Medicaid Agency to conduct data analyses to create a risk-adjusted payment amount and quality benchmarks using 2-3 years of data
- TA Focus
  - Whole Person Delivery and Care: Develop health equity plans such as resources for data analysis to understand disparities, identify and track improvement goals and gaps
  - Access, Infrastructure, and Workforce: Improve data infrastructure through collection and stratification of demographic data, provide guidance on establishing sustainable reimbursement rates for birthing centers to increase access
  - Quality Improvement and Patient Safety: Assist in “Birthing – Friendly” hospital designations with guidance on marketing and displaying the designations on provider directories
  - Optional Elements: Provide additional guidance to expand scope to new clinics in rural communities

CMS TMaH Health Equity Technical Assistance Strategy

Health Equity Plans	Health Related Social Needs (HRSN) Data Collection and Screening	Patient Safety Improvement
CMS will work with SMAs managed care organizations, community-based organizations (CBOs) and providers to support review of available data and track progress toward health equity goals.	CMS will work with state participants to develop data infrastructure to support collection of HRSN data and referral to resources.	TMaH will provide a learning platform for all participants to share insights on workflows and practices that have demonstrated safer patient outcomes.

Considerations

- Only 15 states will be selected
- The bulk of funding will primarily be in the first three years of the model
- The Notice of Funding Opportunity is not available at this moment, and specific details are unknown, including funding language and metrics or any changes in implementation that could impact sustainability of programs or projects
- Working on understanding interactions with existing federal and state laws, including Medicaid reimbursement
- Can select to implement regionally or state-wide

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Question Break

Current Overlapping DHS Initiatives

- 12 months postpartum coverage for birthing persons
- Continuous Medical Assistance for eligible children from birth – six (6)
- Community-led programs like the Integrated Care for High-Risk Pregnancies (ICHRP) program
- Coverage for doulas, CHWs and licensed midwives, group birthing classes, and one postpartum home visit
- Managed Care Organization (MCO) Performance Improvement Project (PIP) on Maternal Health
- Quality Metric reporting around Maternal & Child Health
- Mandated Legislative report on Maternal Health

TMaH Work in Progress

- Attended meetings with Centers for Medicare & Medicaid Services about the model and shared considerations
- Conducting background research to learn about the state of maternal health in Minnesota
- Identifying initial goals and opportunities
- Collaborating with state employees leading programs in maternal and child health including Minnesota Department of Health (MDH)

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Question Break

MN DHS teams supporting the model proposal

- Office of the Medicaid Medical Director Team within the Health Care Administration (HCA)
  - Project/Model lead for the agency
  - Main point of contact
- Other DHS HCA teams involved in the model proposal
  - Health Improvement and Benefit Design
  - Managed Care Contracting and Rates
  - Federal Relations
  - Equity Director
  - Health Care Research and Quality
  - Medicaid Payments and Provider Services

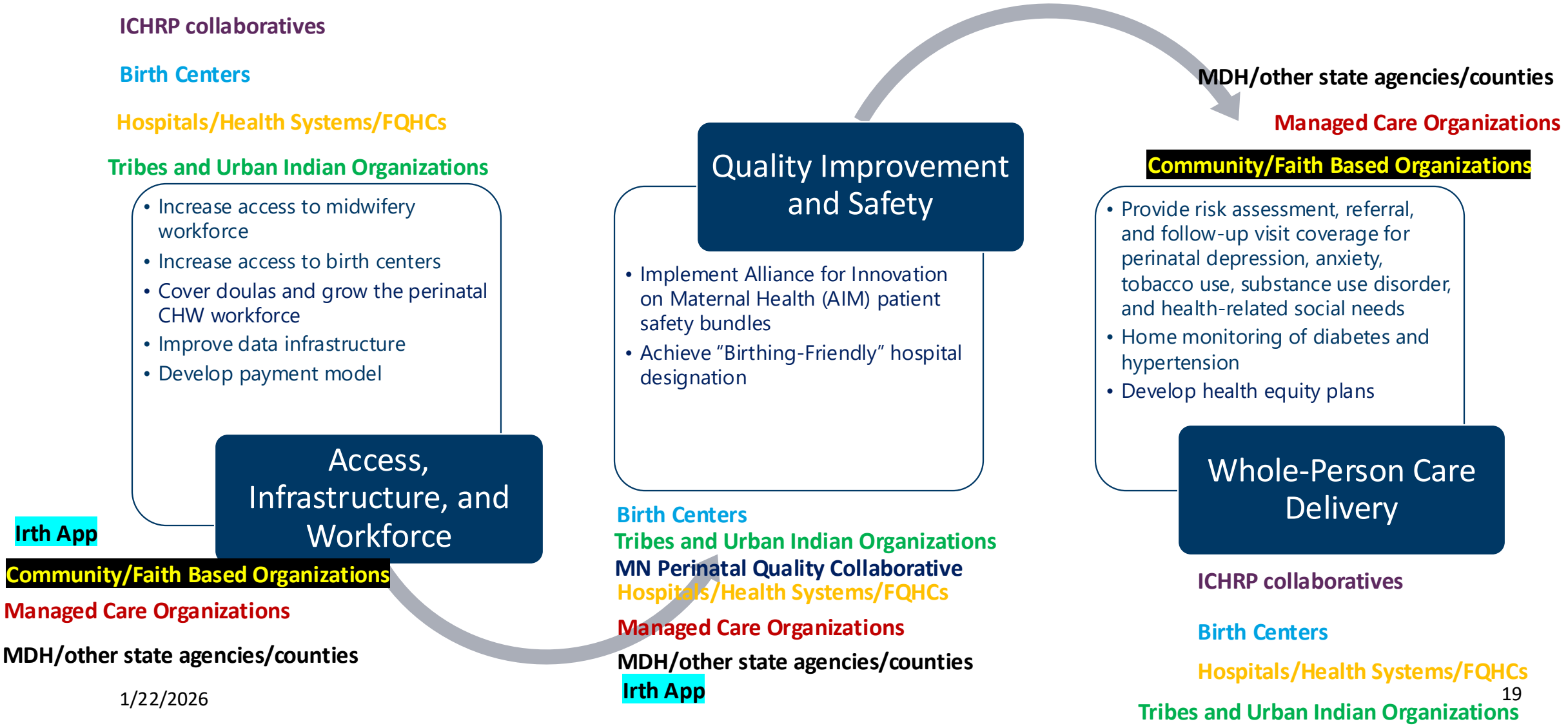
Potential partners

- ICHRP collaboratives
- Birth Centers
- Midwives
- Doulas
- Hospitals/Health Systems
- Tribes and Urban Indian Organizations
- Community/Faith Based Organizations
- Federally Qualified Health Centers
- Managed Care Organizations
- MN Perinatal Quality Collaborative
- Other state agencies
- Counties
- Others?

Equity in Procurement

Small Business Procurement Program
Application: http://sbcp.mn.gov

Opportunities for Community Engagement in the model



TMaH Learning System Strategy

CMS will launch a Learning System Strategy to support participating SMAs and their partners as they implement requirements and prepare for implementation.

Centers for Medicare & Medicaid Services (CMS)	State Medicaid Agencies (SMAs)	Managed Care Entities	Providers	Community Based Organizations (CBOs)
• Provide technical assistance and support to SMAs as they prepare to implement TMaH. • Organize learning communities and share best practice strategies.	• Create a plan for MCP participation in TMaH. • Share/adopt best practices and ideas with partners and states. • Track progress towards health equity goals. • Share feedback with TMaH Learning System on insights and challenges.	• Work with SMAs on TMaH Implementation Plan. • Support payment to providers under TMaH.	• Work with SMAs to implement TMaH Innovations. • Make connections with CBOs to address health-related social needs (HRSN) and behavioral health needs. • Integrate and use data to enable more efficient and personalized maternal healthcare.	• Work with SMAs and they prepare to implement TMaH. • Share data with providers. • Address health-related social needs (HRSN) and behavioral health needs.

Next Steps

- Review internally & get approval to apply (Spring 2024)
- Community Listening Sessions (Spring and Summer 2024)
- Notice of Funding Opportunity Released (Spring 2024)
- Request for Inquiry (Summer 2024)
- Draft and Submit Application (Summer and Fall 2024)

Listening Session Schedule

- Tribal Nations and Urban Indian Organizations - Thursday, May 9, 2024, 9:00am - 10:30am
- Community-based organizations, doulas, community health workers - Friday, May 10, 2024, 9:30am - 11:00am
- Community maternal health providers, midwives, and birth centers -Thursday, May 23, 2024, 8:30am - 10:00 am
- Medicaid enrollees - Evening session, **Date and Time TBD**
- Rural health providers - Monday, June 3, 2024, 11:00am – 12:30pm
- Managed Care Organizations - Tuesday, June 4, 2024, 2:30pm – 4:00pm
- General Audience Webinar (this session will be open to any interested partners who may have been unable to attend a previous session) - Friday, June 7, 2024, 10:00am-11:30am
- Counties and state agencies - Monday, June 10, 2024, 10:00am – 11:30 am
- Hospitals, health systems, federally qualified health centers (FQHCs) - Friday, June 14th, 9:00 am – 10:30 am

Questions

What would you say Minnesota is doing well?

What would you like to see more of in Minnesota for maternal health?

Questions

What additional partnerships and connections would be key in improving maternal health in Minnesota? For example, increasing access or workforce?

Additional considerations for activities and aims/goals of the TMaH model in Minnesota?

Questions

Any concerns or thoughts regarding the TMaH model?

What would be helpful for follow up from OMMD?

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Questions?

The Office of the Medicaid Medical Director

Please connect with us:

TransformingMaternalHealthModel.dhs@state.mn.us