

Tony Evers
Governor

Kirsten L. Johnson
Secretary



State of Wisconsin
Department of Health Services

Division of Medicaid Services

201 E. Washington Ave.
PO Box 309
Madison, WI 53701-0309

Phone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Provider Infrastructure Payment Administrator

RFA Release: April 15, 2026

Proposals Due: May 13, 2026

Vendor Selection: June 5, 2026

Contract Start: June 15, 2026 (To support 2027 readiness)

Purpose & Model Background

The Wisconsin Department of Health Services (DHS) is seeking a Third-Party Administrator (TPA) to manage the disbursement and oversight of Provider Infrastructure Payments (PIPs) under the CMS Transforming Maternal Health (TMaH) Model. The purpose of the TMaH model is to expand access to maternal and infant health care in the state. These payments support care delivery transformation for hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and a broader "Maternal Health Care Team."

Qualified applicants may include a managed-care entity, foundations, or another entity dispersing payments to providers and Partner Care Delivery Locations. Awards will not be made to any entity which is debarred, suspended or ineligible.

Scope of Work

Vendors shall describe in detail the process or methodology by which it proposes to perform functions included in the scope of this request.

The selected vendor will be responsible for payment distribution, monitoring, and oversight of the Provider Infrastructure Payments as required by the Wisconsin TMaH Notice of Award (NoA), which is attached to this Request for Application (RFA). The TPA must facilitate payments to a diverse "Maternal Health Care Team" to support infrastructure, technical system changes, and care delivery models.

"Provider Infrastructure Payments" (PIPs) are defined as a payment made by the vendor to Partner Providers and Partner Provider Care Delivery Locations to support care delivery

transformation. Provider Infrastructure Payment recipients will also receive upside-only payments based on their performance.

Vendors will be responsible for regularly dispersing Provider Infrastructure Payments to Partner Providers and Partner Care Delivery Locations to support the activities through subrecipient agreements as detailed in the following sections. The value of the PIPs will be based on guidance from CMS outlined in the NoA as well as additional, forthcoming CMS guidance. PIPs must not duplicate or supplant existing federal, state or local funds available for the same activities.

The Provider Infrastructure Payments may only be used by providers for the following activities:

- **Patient Safety Initiatives and Maternal Care Assessment:**
 - Implementation of the Perinatal Quality Collaborative (PQC)-led AIM patient safety bundles; such payments may not duplicate or supplant funds provided by Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), or any other federal or state source for the same purpose.
 - Achievement of the “Birthing-Friendly” hospital designation (for hospitals only).
 - Planning, patient-flow revision, acquisition of electronic health record (EHR) systems or coding changes or other activities required to effectively use medical and non-medical risk assessments to drive risk-appropriate care.
- **Quality Measure Reporting:**
 - Data reporting on mandatory quality measures (see Section A.4.3.2 Quality and Cost Performance Incentive for additional details), subject to federal and state privacy laws.
 - Low-risk cesarean delivery
 - Screening for maternal depression and follow-up
 - Severe obstetric complications
 - Timeliness of prenatal and postpartum care
 - Data reporting on additional quality assurance measures (see Section A.4.6 Measures and Reporting)
 - Provider surveys
- **Data integration and other activities to support data-driven maternity care:**
 - Electronic health record (EHR) upgrades and data infrastructure improvement, as needed, to meet model data collection and reporting requirements.
 - Connections to enable providers’ EHRs to exchange data with regional or national networks facilitating health information exchange.
 - Creation of dashboards to support quality improvement activities.
 - Integration with community-based organizations (CBOs) to share screening and referral information (and for CBOs to share notifications back to the referring

provider) to meet member's upstream drivers of health and behavioral health needs in compliance with state and federal data privacy laws.

- **Team-Based Care:**
 - Support regular and ongoing interprofessional care team meetings and planned quality assurance and improvement activities. In addition to obstetricians and other physicians and registered nurses, the maternal care team may include doulas, perinatal community health workers, other community health workers, midwives, physician assistants and behavioral health providers, as appropriate.
- **Enhanced Access to Care:**
 - Offer one or more alternatives to traditional office visits to increase access to care in ways that best meet the needs of the population. This may include home monitoring for diabetes and hypertension or other telehealth initiatives, group perinatal visits, home visits, alternate location visits, or expanded early morning, evening, and/or weekend hours.
- **Connections to CBOs to address upstream drivers of health and behavioral health needs:**
 - Identification of local entities that can help address non-medical and/or mental health (e.g., depression and anxiety) or substance use disorder-related needs of beneficiaries and integrate them into screening, referral and follow-up activities, where legally permissible and appropriate to do so.

In addition to the "Payment Model Requirements" beginning on page 17 of the attached NoA, the vendor will also be required to follow any forthcoming guidance provided by CMS and will work in collaboration with the Department to operationalize said guidance.

Data Security and Privacy Requirements

The vendor must be able to execute a legal agreement (subaward) with entities receiving PIPs to support payment disbursement and monitoring. The vendor must be able to manage large-scale fund distributions to administer PIPs. The vendor will be expected to monitor entities receiving PIPs and report to DHS and CMS, including records, data, and necessary information. The vendor is expected to support entities receiving PIPs in adhering to reporting requirements and adhere to timelines themselves. Vendor experience with multi-entity monitoring or reporting is required.

The vendor is expected to adhere to DHS and CMS requirements regarding data storage and management, including the security of protected health information (PHI) and personally identifiable information (PII). The vendor must comply with all applicable federal and state privacy and security laws, including but not limited to HIPAA, HITECH, CMS data security

requirements, and applicable Wisconsin privacy statutes. The vendor must execute a Business Associate Agreement (BAA) with DHS prior to receiving any PHI or PII. Any subcontractors handling PHI or PII must also execute appropriate data protection agreements. The vendor must notify DHS within 48 hours of discovery of any suspected or confirmed data breach or security incident involving DHS data. The vendor must cooperate fully with DHS in any investigation, mitigation, or required reporting.

Data Ownership, Access, and Portability

All data collected, created, maintained, or transmitted by the vendor for this project are property of the Wisconsin Department of Health Services. The vendor must provide full data extracts in a DHS-specified format upon request, termination, or expiration of the contract. Data extracts must be provided in structured, non-proprietary formats (e.g., CSV, XML, or other DHS-approved standard formats) to ensure portability and continuity of operations. DHS may request data from the vendor and entities who received PIPs to support the project.

Administrative & Reporting Standards

- Financial Audits: Adhere to Wis. Stat. § 46.036, providing audits for any cumulative funding exceeding \$100,000.
- Data Reporting: The vendor shall follow DHS and CMS required TMAH reporting guidelines for the distribution and use of the PIPs.
- Contract Termination: Per CMS guidelines, the final contract shall include a clause allowing for termination by either party with 60 days' notice.

Support Provided by Department Staff

Vendors must design their proposal to minimize the requirement/involvement of Department staff and resources. The Vendor must develop an approach, which (a) provides routine updates and reports to Department management, and (b) enables the Department to effectively monitor the direction, scope and performance of work.

The Department will review, modify, and approve all Vendor-proposed correspondence. The Department reserves the right to alter correspondence documents at any time. The Vendor must implement alterations to correspondence immediately upon receiving feedback.

Term of Agreement

The term of the agreement is expected to extend from June 2026 to 2030.

Notwithstanding anything to the contrary in the base agreement between the Department and the Grantee, the following provisions apply to termination or expiration of the services.

- A. In the event of termination of the grant agreement that is initiated by the Department, the Vendor will discontinue all work under grant agreement as directed by the Department. The Vendor will transition all information stored for work under the grant agreement and related information to the Department or its designee. The transition will be completed ninety (90) days following the date of termination. The Grantee will submit a formal transition plan for Department approval within ten (10) business days of notification by the Department of contraction termination.
- B. In the event of termination of the Grant Agreement that is initiated by the Grantee, the Grantee will be responsible for continuing the work under the grant agreement until the date of termination. At termination, the Grantee will provide the Department with an extract of all work under the grant agreement.
- C. In the event the grant agreement will not be renewed at its expiration, the Grantee will discontinue all work under the grant agreement on the date of expiration. The Grantee will provide the Department with an extract of all work under the Grant Agreement on the date of expiration.

Application

Applicants and organizations will be given a submission deadline of 11:59 PM **CDT, May 13, 2026**. Responses should be comprehensive and contain details of the full solution being proposed. Applicants will receive an email confirming receipt of submission.

Please submit applications and any questions to the following email address:

DHSDMSPASS@dhs.wisconsin.gov

Review

All applications will be subject to an initial technical review for completeness and adherence to RFA specifications and requirements. Applications that fail the initial review will receive no further consideration.

Qualified applications will reflect the following:

- are culturally responsive
- can be started by the intended start date of **June 15, 2026**
- can reach many providers of DMS benefits programs
- demonstrate experience working within the identified populations/providers

- use a collaborative approach
- can serve the intended service area of HMO regions 1, 3, and 6
- can follow data reporting and payment requirements
- can incorporate CMS requirements and feedback in a communicative and timely fashion

Right to Reject Applications

DHS reserves the right to reject all submissions. DHS also reserves the option to hold discussions with an agency about their application for clarification purposes. If discussions are conducted, an organization may be invited to modify their application as needed.