

The Transforming Maternal Health Model in Minnesota

July 2026

The Transforming Maternal Health Model (TMaH) ¹ intends to help Medicaid agencies strengthen whole-person maternal care across fifteen states. The model aims to improve access, care delivery, and outcomes. TMaH also integrates screening to treatment for mental health, substance use, and upstream drivers of health. This includes building a bridge between clinical, community, and Tribal care. The TMaH Model includes a value-based payment (VBP) strategy. VBP can reward improvement on patient outcomes and cost savings. TMaH also provides provider infrastructure payments (PIPs). These dollars can help providers/organizations prepare for model implementation. In MN, this model is piloting in Hennepin County. Promising strategies may scale up over time.

The TMaH Model design centers on three components:

1. Access, Infrastructure, and Workforce

- Increase access to birth centers and midwives.
- Increase access to community health workers and doulas.
- Enhance data collection and sharing.

2. Quality Improvement and Safety

- Launch Alliance for Innovation of Maternal Health (AIM) safety bundles.
- Reduce avoidable procedures like c-sections for low-risk patients.
- Promote shared decision-making between patients and providers.

3. Whole-Person Care Delivery

- Increase screenings, referrals and follow-up for:
 - hypertension,
 - diabetes,
 - oral health,
 - mental health,
 - substance use, and
 - upstream drivers of health.
- Integrate care that meets patients where they are at, including:
 - group perinatal care,
 - telehealth,
 - remote monitoring,
 - home visiting,
 - and mobile clinics

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Participation

The TMaH Model is a Centers for Medicare & Medicaid Innovation (CMMI) initiative designed to improve maternal health outcomes for Medicaid patients. In Minnesota, the model is administered through the Minnesota Department of Human Services (DHS). Participating providers/organizations will enter contracts with Minnesota's Medicaid agency, DHS, to take part in the TMaH model. They will participate through an Accountable Entity (AE), which will be an organization that takes on accountability for total cost of maternity services and quality outcomes for Medicaid patients.

Eligibility

Participating providers/organizations must provide care for perinatal patients insured through Medicaid. Medicaid is Medical Assistance in Minnesota. The eligible spectrum of perinatal care includes prenatal, delivery, and postpartum care. These services must be in Hennepin County, where the model is piloting.

TMaH will support delivery of whole-person care and services. These can include but are not limited to:

Services

- mental health, substance use, and upstream drivers of health
- home visiting
- home monitoring for diabetes and hypertension
- telehealth
- mobile clinics

Care teams

- integrating midwives, doulas, and/or community health workers
- providing traditional and cultural healers
- coordinating shared care planning
- connecting clinical and community partners

Participating providers/organizations will be accountable for care in the TMaH Model. This model also changes the way **providers/organizations** are paid for eligible patients. Participation includes:

- investing provider infrastructure dollars
- complying with data sharing and reporting requirements
- meeting cost and quality outcomes
- distributing shared savings or recovering phased-in losses

Value-based payment transformation

Value-based payment is a strategy that ties provider payments to quality and outcomes. This is different from traditional payments that reimburse the quantity of services provided. The proposed TMaH Model payment strategy includes Provider Infrastructure Payments (PIPs). PIPs will help participating providers/organizations prepare for model implementation and transition to VBP. TMaH centers on a VBP strategy. CMS is exploring prospective payment options that would provide upfront, predictable monthly payments to participating providers based on historical costs. The VBP will also phase in shared losses gradually over several years and include quality score adjustments.

The TMaH VBP Model includes different types of payment incentives:

- **PIPs** are dollars to help fund care and payment transformation. Participating providers/locations do not need to finance these investments on their own.
- **Proposed VBP strategy**
 - *Prospective monthly payments*, or case rates, are based on historical claims. These monthly payments replace other Medicaid payments for services during an Episode of Care (EOC). The proposed EOC covers the prenatal period through 60-90 days after birth. The payments provide predictable, upfront funding for care coordination, prevention, and whole-person care. **Note:** This is delayed for the first two years of implementation due to the new AMA/ACOG coding changes and operational concerns expressed by states (2029-2030).
 - *Retrospective performance-based payments* are calculated at the end of the EOC. These payments are potential shared savings. Participating providers/locations can earn shared savings by meeting defined quality metrics and by performing below a risk-adjusted cost benchmark.

Risk adjustment will apply to retrospective cost benchmarks and may apply to relevant quality metrics. This ensures providers are not penalized for higher-risk patients with extra costs of care.

Potential participation benefits

For participating providers/organizations	And communities and families
Upfront investment funding to support care transformation and capacity.	Improved access to whole-person care that addresses physical, mental, social, and cultural needs.
Strengthened delivery of whole-person care. This includes addressing physical, mental, social, and cultural needs.	More coordinated care across providers, community organizations, and services.
Predictable monthly revenue streams to invest in what works for your communities.	Expanded access to services. This may include care coordination, home visits, lactation support, and cultural care. It may also expand access to doulas, midwives, and community health workers.
Potential shared savings payments for improving outcomes and reducing avoidable costs.	Promoted shared decision-making. Patients have meaningful input into choices about their care.

For participating providers/organizations	And communities and families
Technical help, coaching, and data support. Support is available to transform payment, share data, and strengthen care delivery.	Stronger feedback loops between healthcare providers and community organizations. Providers know whether patients connect to services and support.
Preparation for participation in future value-based payment models. Participation can help organizations build capacity for evolving payment systems.	Improved care experience. Empower patients with more access to services and health information. This includes bringing services to them where possible.

Get involved in the Transforming Maternal Health (TMaH) Model

Participation pathways

- **Apply to take part** in the TMaH Model.
- **Join as a partner organization** with a participating TMaH provider/organization.
- **Appoint a representative to our monthly TMaH Core Planning Meetings** to guide implementation and collaboration (invite-only).
- **Join the future statewide TMaH workgroup** focused on TMaH scale up and sustainability.
- **Apply for funding opportunities** to support model implementation and training. Applications follow state procurement policies.

Learn more & connect

- **Visit the TMaH website**
 - Website: <https://mn.gov/dhs/transformingmaternalhealth/>
- **Meet with the TMaH Team:**
 - Email: transformingmaternalhealthmodel.dhs@state.mn.us

Stay Informed

- **Subscribe to the TMaH Listserv** for updates, announcements, funding opportunities, and upcoming events.
 - Sign up here: https://public.govdelivery.com/accounts/MNDHS/subscriber/new?topic_id=MNDHS