Collective Design of the Transforming Maternal Health (TMaH) Model in Hennepin County

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Model background

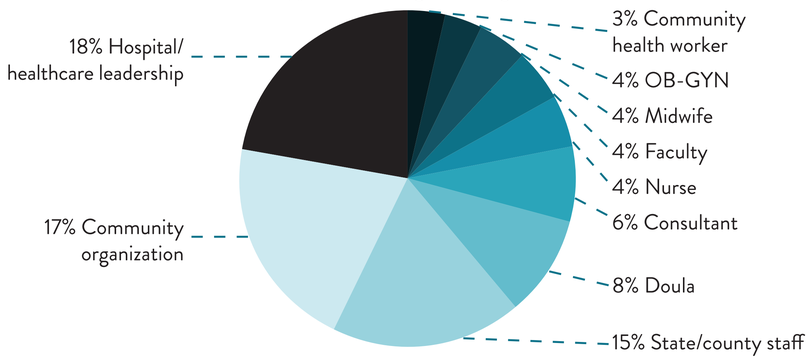
The Transforming Maternal Health (TMaH) model is the newest Centers for Medicare & Medicaid Services (CMS) model to improve maternal health outcomes for Medicaid and Children's Health Insurance Program (CHIP) enrollees. Minnesota was one of 15 states awarded in January 2025 through the Minnesota Department of Human Services (DHS) Office of the Medicaid Medical Director (OMMD). The model will pilot in Hennepin County to support low-risk cesarean delivery, maternal screenings and follow-up, severe obstetric complications, and timeliness of care.

Methods

To inform model design, provider selection criteria, and compliance requirements submitted to CMS, OMMD launched engagement strategies in 2024–2025, including community listening sessions (N=350), member survey (N=44), hospital, provider, and community listening sessions (N=96), and a provider practice survey (N=50). Participants represented a wide range of providers and organizations.

Organization type	% of Total
Birth center	1%
University	3%
Federally Qualified Health Center (FQHC)	5%
State/county agency	6%
Consultant	6%
Individual/small practice	8%
Hospital/hospital system	13%
Community-based organization	18%

Provider types attending listening sessions



Criteria to inform provider selection for model

More than half of the provider survey respondents identified as a doula, certified professional midwife, cultural/traditional birth worker, lactation consultant, or certified nurse midwife.

Results

Model implementation challenges

- Reporting, sharing, and accessing data
- Complex Medicaid billing and reimbursement
- Siloed care delivery
- Patient navigation
- Beneficiary access and awareness barriers

Data integration emerged as a top barrier, with difficulties in reporting and accessing data across providers and staffing constraints in smaller practices.

Key areas of perinatal beneficiary need

- Housing support
- Financial support
- Transportation
- Baby supplies
- Cultural care

"Taking services to the people reduces the need to go to institutions."

Almost 2 out of 3 (63%) participants ranked connections to community-based organizations (CBOs) as a top implementation readiness priority

Preferences for provider compliance and monitoring requirements

- Quality indicators, 78%
- Key informant interviews, 61%
- Site visits, 48%
- Audits, 43%
- Implementation metrics, 39%
- Surveys, 37%

Followed by:

- Patient safety initiatives and maternal care assessments (45%)
- Enhanced access to care (42%)
- Team-based care (25%)
- Quality measure reporting (20%)
- Data integration (20%)

Opportunity to amplify existing work & strengthen collaboration

Dollars should be funneled to locations already serving disproportionate numbers of people with social determinants of health impacting their lives.

TMaH is going to need to bring us together… to build understanding and education about how we can work together.

Conclusion

These findings reflect strong consensus that successful TMaH implementation in Minnesota requires investment in data integration and practice transformation, support of existing maternal health strategies, and stronger collaboration between provider types and organizations. Building upon these community-centered findings, OMMD TMaH staff are currently building requests for proposals, a data need assessment, and final provider requirements rooted in feedback from perinatal partners.

Acknowledgements

This work was enriched by the spirit of collaboration from community partners, providers, and organizations — offering wisdom from lived experience, professional expertise, and a commitment to improving maternal health. These voices helped uplift pathways that ensure our conversations reflect the realities and opportunities of our Hennepin County community and broader maternal health landscape in Minnesota.

This project 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 $17 million 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.