

Introduction



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Transforming Maternal Health (TMaH) Model in Minnesota

Provider Participation Application

Hennepin County



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- [Download all attachments \(ZIP\)](#)
- [Attachment A: Signed Attestation for TMaH Participation](#)
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These can all be found on our website here: [TMaH providers and partners / Department of Human Services](#)

Introduction Block

Q3.1.

Section 1. Application Overview

The Transforming Maternal Health (TMaH) Model is a 10-year Centers for Medicare & Medicaid Services (CMS) value-based payment model. Minnesota was awarded in 2025 through the Department of Human Services (DHS) Office of the Medicaid Medical Director (OMMD). The model aims to increase access, improve birth outcomes, and strengthen delivery of whole-person care through Medical Assistance (MA) in Hennepin County.

This application is for maternal care locations in Hennepin County who serve MA beneficiaries interested in participating in Minnesota's TMaH's value-based payment pilot, care delivery transformation, and quality improvement activities. Selected applicants will be contracted on a calendar-year basis with the option for renewal up to five (5) years. Applicants will likely be contracted by the end of 2026, but no later than March 2027. Further participation and contracting details beyond Model Year 4 (2028) are still being developed and will be shared with TMaH provider locations as they are available.

Pre-implementation period: 2025-2027
Performance period begins: 2028

Selected applicants will be eligible for:

- Technical assistance and training (throughout contract)
- Provider Infrastructure Payments (Model Year 3 starting no later than March 2027, see Appendix D)
- With options for contract renewal for:
- Upside-only performance incentives (Model Year 4 starting no later than March 2028, see Appendix C)
- Value-based payment transformation (Model Years 5 starting in 2029, see Appendix G)

Find terms and definitions in Appendix H: TMaH VBP Glossary Terms.

Please submit your application and upload required attachments by June 1st, 2026. See *appendices and attachments for additional materials and required documents.*

Applications will be reviewed based on:

- Medicaid participation provider enrollment and licensure
- Experience serving priority populations with high maternal risk
- Commitment to whole-person care and alignment with TMaH model
- Commitment to providing respectful and culturally appropriate care
- Community relationships & trust
- Willingness to strengthen collaboration across locations and provider types
- Inclusion of safety net providers such as Federally Qualified Health Centers (FQHCs) and Tribal organizations
- Ability to strengthen partnerships, referrals, and follow up with community organizations
- Readiness for data reporting, care transformation, and payment reform

For application technical assistance or questions, please email

TransformingMaternalHealthModel.DHS@state.mn.us.

Section 2. Accountable Entity Participant Organization(s)

Q4.1. Section 2. Accountable Entity Participant Organization(s)

A TMaH Accountable Entity (AE) is the practice(s) accountable for care in the TMaH model.

Partners can come together as an “Accountable

Entity” (AE) to apply.

The AE must provide the full range of perinatal care (prenatal, delivery, and postpartum care), which can be provided among different organizations within the AE. For more details on whom can and cannot participate in the AE, please refer to **Appendix A: Eligible providers and provider delivery locations for AE** and **Appendix B: TMAH VBP Frequently Asked Questions**.

Please indicate your organization’s accountability track:

- Single Accountable Entity (one practice)
- Joint Accountable Entity (multiple practices joining together within a single healthcare system or across systems)

Q4.2. Please confirm AE provides the full range of perinatal care: prenatal, delivery, and postpartum care:

- Yes
- No (please explain):

Q4.3. **Provide the primary applicant organization:**

Primary Applicant Organization/Practice Name:

Primary Contact Person:

Title:

Email:

Phone:

Address:

Q4.4. Primary organizations for each Accountable Entity (AE) will also need to undergo a pre-award risk assessment prior to contracting. **Please confirm the primary applicant has executive approval for TMaH participation.**

Yes

No—please explain

Q4.5. **Upload Attachment A: Attestation to Participate in MN TMaH** with signatures from appropriate organization executives agreeing to participate in the Minnesota Transforming Maternal Health value-based payment model.

Q4.6. **If applicable, please provide Letters of Agreement (Attachment B) for all secondary participating organizations in the AE.**

Upload **Attachment B: Letters of Agreement (LOA)** for all secondary participating organizations in AE. Please combine into one file before uploading below.

Prior to receiving award, the AE must submit:

- a Tax Identification Number (TIN) and Medicaid Billing ID for each participating organization prior to the end of CY 2026 (Model Year 2)
- Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) signed by all participants.

AE may enter contractual arrangements with participating organizations to meet delivery requirements.

Q4.7. Organization Type(s): Please select all participating organization types included in AE:

- Birth Center
- Community organization/Non-profit
- Federally Qualified Health Center (FQHC)
- Healthcare system
- Hospital
- Mental or behavioral health practice
- Mobile clinic
- Obstetrician-gynecology (OB-GYN) practice
- Outpatient hospital clinic
- Primary care clinic
- Specialty Clinic:
- Tribal health clinic
- Tribal organization
- Other:

Q4.8. TMaH provider participation within participant organization(s):

Approximate number of obstetric providers (all types):

Approximate number of non-obstetric providers (specialty and primary care):

Approximate number of perinatal support workers (e.g. doulas, care coordinators, CHWs, patient navigators, lactation support, etc.):

Q4.9. Perinatal patients insured by Medicaid/CHIP within participant organization(s):

Approximate annual number of all perinatal (prenatal, birth, and postpartum) patients served:

Approximate percentage Medicaid & CHIP:

Approximate number of total deliveries covered by Medicaid & CHIP:

Q4.10. Providers at your organization who participate in the TMaH model must be:

- Enrolled as an MN Medicaid provider and/or be contracted with a local managed care plan
- Be licensed and/or credentialed and in good standing with applicable state and federal oversight bodies
- Have or obtain a National Provider Identifier (NPI) through the National Plan and Provider Enumeration System to bill for services

Please confirm that your organization and clinicians are licensed, credentialed, and in good standing with all applicable state and federal oversight bodies:

Yes

No- Please explain

Q4.11. Please select all Eligible Partner Providers participating in TMaH through the AE:

- Behavioral health practitioner
- Doula
- Fetal medicine/maternal–fetal medicine specialist
- Health educator or care coordinator
- Lactation consultant
- Mental health practitioner
- Midwife (CNM, CPM, or Traditional Midwife)
- Nurse (RN, LPN)
- Nurse Practitioner / Advanced Practice Nurse
- Obstetrician–Gynecologist (OB–GYN)
- Patient navigator
- Perinatal Community Health Worker
- Primary care provider
- Physician (MD/DO)
- Specialty provider (please specify):
- Other clinical or support staff involved in maternal health care
- Other (please specify):

Q4.12. **Participant Organization(s) Overview:**

Provide a brief 2–3 paragraph description for each of the following:

1. Applicant organization(s)
2. Mission
3. Geographic region served

- 4. Priority population(s)
- 5. Experience with pregnancy, delivery, and postpartum care and services

Q4.13. What are the AE’s priority perinatal health care needs for communities served? Provide prevalence data if available.

Q4.14. What gaps in care does the AE hope to address by participating in TMaH?



Q4.15. **Describe how the AE could function.**

Briefly propose roles and responsibilities within the AE for the following model requirements:

- Overall AE structure and strategic direction
- Shared governance, decision making, communication, and feedback loops
- Accountability for costs, access to care, quality, outcomes, and patient experience
- Splitting TMAH Provider Infrastructure Payments (Section 7) and value-based payments across partners
- Data sharing and reporting (Section 6)
- Quality measurement



Q4.16. Please describe how the AE intends to use the savings received from retrospective payments. These are payments that will reward movement on quality indicators. Include a description of how shared savings and phased in losses will be distributed among providers, suppliers, vendors and/or collaborators as applicable.



Q4.17. Please confirm your AE's eligibility in the following categories: You must check all categories to be eligible as an AE.

Q4.18. **Legal Requirements**

- Be a legal entity formed under applicable state, federal, or Tribal law and authorized to conduct business in Minnesota
- Be Medicaid-enrolled in MN with an active TIN and organizational Medicaid Billing ID

Q4.19. **Service Provision Requirements**

- Provide full range of perinatal care (prenatal, delivery, and postpartum care), which can be covered among different organizations within AE
- Employ or contract providers who bill Medicaid for these perinatal services
- Bill under qualifying maternity care specialty types (see examples in Appendix A and B)
- Together, meet minimum annual delivery number of 30-50. (CMS has proposed 30-50 births as the minimum delivery number for AE eligibility. This number is subject to change based on CMS guidance.)

Q4.20. **Contractual Requirements between AEs and Other Participant Organizations**

- Comply with model requirements around data and reporting, participate in performance measurement, and financial reconciliation
- Agree to directly receive a case rate for perinatal services provided to attributed patients in lieu of certain Medicaid FFS payments

Q4.21. **Inclusion of Federally Qualified Health Centers (FQHCs)**

Safety net providers (FQHCs) provide critical maternal health care services, but their unique reimbursement structures require flexibility related to phased-in downside risk and potentially the case rate payment. Please note that CMS guidance for the inclusion of FQHCs is forthcoming.

Please mark the AE's preference for proposed pathways for FQHC participation.

- Option 1: AE Umbrella Approach – FQHCs join a larger AE – such as a health system or integrated OB group – that holds the financial risk and redistributes incentives
- Option 2: Limited Risk/Reward – FQHCs participate as AEs but are exposed only to minimal shared risk/reward to a proportion of payment above PPS (the Medicaid Prospective Payment System)
- Option 3: No Risk/Reward – FQHCs participate without upside/downside risk through care delivery requirements, quality reporting, and access measures. Under this approach, FQHCs would not be eligible for Provider Infrastructure Payments (Section 7). Over time, FQHCs could participate in Options 1-2.
- Option 4: N/A – No FQHCs are included in AE

Section 3. Commitment to Whole-Person Care and TMaH Model

Q5.1. **Section 3. Commitment to Whole-Person Care and TMaH Model**

Whole-person care ^{delivery} within the TMaH model aims to address the physical, mental health, and social needs experienced during pregnancy. This includes integrating mental health and substance use, social drivers of health, and continuity of care in the postpartum period, including bridging clinical and community-based care.

A competitive response will align with TMaH model activities and milestones and touch upon the following recommendations from partners:

- existing or planned approach to engage patients insured by Medicaid in decision-making
- incorporation of cultural, Indigenous, or community birth practices
- plan to enhance care coordination
- initiatives or plans to address upstream drivers of health (housing, food insecurity, interpersonal violence, transportation, family/social supports, etc.)
- plans to use the TMaH model to strengthen relationships with CBOs or integrate CBOs into your care delivery system (including promoting sustainability of community-based partners involved)

Please refer to **Appendix C: TMaH Required Milestones and Activities** for alignment with specific TMaH model activities and milestones dictated by CMS.

Commitment to Model: **Upload a narrative (5 pages or less)** proposing how your AE will be committed to delivering whole-person care to participants within the TMaH model, including strengths and challenges for model implementation.

Section 4. Strengthening connections to community-based organizations (CBOs)

Q6.1. Section 4. Strengthening connections to community-based organizations (CBOs)

Feedback from community, partners, and providers shows consensus that strengthening connections to CBOs is a top maternal health priority in Hennepin County. CBOs provide direct services that align with TMaH model. CBOs can be included in the TMaH model in two ways:

1. Include CBO(s) directly in the AE and detail how the

collaboration will function in Section 2.

2. Demonstrate below in Section 4.1 which CBOs are named partners and how the TMaH model will be used to strengthen connection.

Note: CBOs that do not meet AE eligibility criteria alone cannot apply independently and must be included in an accountable entity or as a named partner to participate in the model.

Q6.2. **Indicate how you are planning to include CBOs in your application:**

- Formal participation through Accountable Entity (detailed in Section 2)
- Named partnerships (detailed in Section 4.1)
- Would like technical assistance or to be connected to CBOs interested in participating in the model
- Not planning to partner with CBOs (please explain):

Section 4.1. Named Partners (Optional)

Q7.1. **Section 4.1 Named Partners (Optional)**

Upload Letters of Support (LOS) from up to 3 Named Partners. Please combine into one file before uploading below.

Q7.2. **Please include the following information for all named partners:**

| | |
|-------------------|----------------------|
| Partner #1 | <input type="text"/> |
| Role in TMaH | <input type="text"/> |
| Services Provided | <input type="text"/> |
| Primary Contact | <input type="text"/> |

Q7.3. **Please include the following information for all**

named partners:

| | |
|-------------------|----------------------|
| Partner #2 | <input type="text"/> |
| Role in TMaH | <input type="text"/> |
| Services Provided | <input type="text"/> |
| Primary Contact | <input type="text"/> |

Q7.4. Please include the following information for all named partners:

| | |
|-------------------|----------------------|
| Partner #3 | <input type="text"/> |
| Role in TMaH | <input type="text"/> |
| Services Provided | <input type="text"/> |

Primary Contact

Section 5. Availability and Commitment

Q8.1. Section 5. Availability and Commitment

The TMaH Model operates from **2025–2034**, with provider contracting likely beginning in Model Year 2 (2026) but no later than March 2027 with the option of renewal for 5 years.

Please confirm participating organization(s) anticipated availability assuming there are no unexpected closures or major funding changes:

- Yes
- Anticipate participating but may need flexibility (please explain):

Section 6. Data Reporting Capacity

Q9.1. **Section 6. Data Reporting Capacity**

Model participants will be required to provide baseline data showing past performance on:

- prenatal and postpartum visits
- severe maternal morbidity
- cesarean section
- low birthright and prematurity
- other quality indicators as applicable to scope and practice.

Performance levels and current ability to report do not determine eligibility. Data will be used to establish baseline benchmarks and guide quality improvement over the course of the model. Data sharing will also be required for model evaluation activities **(see Appendix I: Sample Data Sharing and Business Associate Agreement terms and conditions)**. Support for data sharing and related technical assistance will be provided by DHS.

Please confirm AE acknowledgement that final contracting will require the establishment of a business use agreement (Appendix I) to share data in support of project dashboards, program monitoring, and evaluation.

- Yes
- No (please explain)

Q9.2. Indicate whether the AE can currently report on the following (check all that apply):

- Prenatal/postpartum visit rates
- Screening, referral, and follow-up completion
- Severe maternal morbidity
- Cesarean section rates
- Contraceptive care
- Low birthweight
- Preterm birth
- NICU admissions
- Patient experience/satisfaction

Q9.3. Briefly describe data systems and reporting capacity (EHR (company name), client management software, patient registries, claims, dashboards, etc.):

Q9.4. Please explain how the applicant organization(s) currently maintain state and federal data privacy requirements. (e.g., HIPAA, IRB-compliance, etc.)

Q9.5. Briefly describe trends or key strengths/challenges reflected in your data (optional):

Q9.6. Provide primary data contact(s) for the AE.

Primary TMAH Data Administrator
Contact Person(s):

Title:

Email:

Phone:

Section 7. Infrastructure Payments

Q10.1. Section 7: Infrastructure Payments

Starting in March 2027, quarterly infrastructure payments will be given to selected Partner Providers and Partner Care Delivery Locations for investment in care transformation activities to prepare for implementation and transition to value-based payment (VBP) in Model Year 4 (2028).

Provider Infrastructure Payment methodology is still being finalized in coordination with CMS. Final awarded amounts will be determined by number of accepted applications, need, and CMS criteria.

Planned Use of Provider Infrastructure Payments.

Check all PIP categories that apply and provide brief details below. Note: These are for planning and infrastructure. Provider service changes will begin with VBP implementation. **See Appendix D: Provider Infrastructure Payments (PIP) for approved activities.**

- Patient Safety Initiatives and Maternal Care Assessment
- Quality Measure Reporting
- Data integration
- Team-based care
- Enhanced access to care
- Connections to CBOs
- Other (please specify):

Q10.2. Please briefly describe how infrastructure funds will ideally be used to prepare for value-based payment implementation:

Section 8. Readiness for Payment Reform & Care Transformation

Q11.1. Section 8. Readiness for Payment Reform & Care Transformation

Describe your organization's prior experience with or readiness for:

- Value-based payment models
- Risk sharing experience
- Quality improvement collaboratives
- Care redesign initiatives
- Accountability to patient experience data
- Cross-sector partnerships

Q11.2. If your organization is currently participating in other public or private payer value-based or accountable care initiative, include a brief description of the initiative, length of participation, prior performance, and history of collaboration. This would

include initiatives that include financial accountability, evaluation of patient experiences of care, and substantial quality performance incentives.

Q11.3. **What infrastructure or technical assistance would most support your participation and successful implementation of VBP?**

Q11.4. Each primary applicant of the AE will enter grant contracts with the State of Minnesota Department of Human Services to receive provider incentive payments. Mechanisms for value-based payment are still being determined currently. Contract terms can be read in **Appendix F: Sample Minnesota Department of Human Services Grant Contract Template.**

Please confirm that the primary organization of the AE is

financially sound and able to provide perinatal services under this model:

Yes

No (please explain):

Q11.5. **Please complete and upload Attachment C: Documentation to Establish Financial Stability – Grants.**

Section 9. Attestations & Certifications

Q12.2. **Section 9. Attestations & Certifications**

Please check and sign below to certify that:

- The information provided is accurate and complete.
- The AE is in good standing with applicable licensing and oversight agencies
- The AE agrees to comply with state and federal data privacy laws, and CMS and TMaH data sharing agreements for VBP arrangements, quality monitoring, and evaluation.

- The AE commits to strengthening shared care planning, care coordination, integration of midwives and doulas into practice, and delivery of whole-person, respectful, and trauma-informed maternal care.
- The AE agrees to participate in required TMaH trainings and Communities of Learnings (COL), quality improvement, evaluation, and reporting activities.
- The AE is aware of a certified risk assessment process and understands and agrees that this application may not result in a contract and before contracting the AE will need to pass the pre-award risk assessment process.
- The AE is aware of and agrees to submit documentation needed for a pre-award risk assessment prior to contracting with the State.
- The AE is aware the application and all information related, as well as any resulting contract, will become public information upon contract execution.
- The AE is aware that DHS can cancel the application process at any time.
- The AE is aware that DHS has the right to reject any application at the discretion of the State.
- The AE agrees to maintain contract compliance with Appendix E: CMS Standard and TMaH Program Terms and conditions and MN DHS [provider agreement](#) and [manual](#)-specific [provider requirements](#).
- The AE agrees to and understands all information in the application, and has read and understands all terms and information within the application.

Q12.3. **Authorized Primary Applicant Representative**

Name:

Name

Title

Date

Q12.4. **Primary Applicant Representative Signature**

SIGN HERE

clear

Q12.5. Application checklist

- Completed application via Qualtrics
- Uploaded Attachment A: Attestation to Participate in MN TMaH (see Section 2)
- Uploaded Attachment B: Letters of Agreement (LOA) for all participating organizations in AE (see Section 2)
- Uploaded Commitment to Model Narrative (see Section 3)
- Uploaded Letters of Support (see Section 4.1) from all Named Partners (Optional)

- Uploaded Attachment C: Documentation to Establish Financial Stability – Grants (see Section 8)

Block 11

Q13.1. You have reached the final page of the application. Once you click **Next**, you will not be able to return to previous pages or edit your responses. Please review your answers carefully before proceeding. If needed, you may bookmark this page to save your progress.

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