

Kristine Hobbs, LMSW



Kristine Hobbs is currently the director of community initiatives for SCDHHS. She joined the agency in January 2011 in the role of mental health integration consultant for the QTIP program. Kristine assumed her current role in May 2022.

Her work history includes a mix of micro social work, specifically in the areas of intimate partner violence and grief work, and macro social work, specifically related to implementing quality improvement science into various service industries.

Hobbs graduated from Furman University with a Bachelor of Arts in Psychology and earned her Master of Social Work from the University of South Carolina.



What is Happening at SCDHHS?

Kristine Hobbs, LMSW
Bureau of Quality, Director of Community Initiatives
SCDHHS



Why here? Why now?



Topics

- SCBOI, South Carolina's perinatal quality collaborative
- QTIP
- Transforming Maternal Health Model (TMaH), Center for Medicare and Medicaid Services (CMS) cooperative award

TMaH

- TMaH is the newest CMS model designed to focus exclusively on improving maternal health care for women enrolled in Medicaid and the Children's Health Insurance Program (CHIP).
- The model will support participating state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth and postpartum care that addresses the physical, mental health and social needs experienced during pregnancy.
- This project is supported by 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.

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TMaH *(cont.)*

- TMaH will test whether targeted technical assistance, coupled with payment and delivery system reform, can drive a whole-person care delivery approach to pregnancy, childbirth and postpartum care while reducing Medicaid and CHIP program expenditures.
- This model will create the opportunity to re-design comprehensive service delivery system for the perinatal healthcare in South Carolina while creating a sustainable value-based payment model.
- This is a 10-year voluntary service delivery and payment model designed to improve maternal health care for people enrolled in Medicaid and CHIP.

TMaH Goals

- The goals for the TMaH model include the following:
 - Reduced rates of low-risk C-sections
 - Reduced incidence of severe maternal morbidity
 - Reduced rates of low birthweight infants
 - Improved experience of perinatal care
 - Reduced Medicaid and CHIP program expenditures for maternity and infant care

Value-based Model

- System of financial incentives that promote value-based care by holding providers accountable for improving patient outcomes while also giving them greater flexibility to deliver the right care at the right time.
- Value-based payment will transition from the status quo payments (fee-for-service, obstetric global payments and facility fees) to a payment plan that will reduce unnecessary Medicaid and CHIP expenditures.
- By the end of model year five, recipients will transition from the current payment methodology in each state to a value-based payment model.

TMaH Pillars

- The TMaH model is organized into three pillars, with required and optional elements, designed to address the key issue areas that affect maternal health outcomes
- Three pillars:
 - Access, infrastructure and workforce
 - Quality improvement and patient safety
 - Whole-person care delivery

TMaH Planning and Steering Committee

- Planning and steering committee will be established to bring together a variety of stakeholders who play a vital role in TMaH activities.
- Committee members will share information, communicate the status of projects and promote activities through their state agency, organization, business relationship and/or community partners and resources.
- Committee members will be key to providing information on access, infrastructure and workforce, quality improvement and patient safety and whole-person care.
- Committee will be kept informed of the milestones, successes, barriers and communication with CMS.

Quality Measures

- The quality measures concepts listed below will be used to determine performance incentive payments in model year four.
 - Low-risk cesarean delivery
 - Maternal depression screening and follow-up
 - Severe obstetric complications
 - Timeliness of prenatal and postpartum care
- These measures will be finalized by the end of model year three.



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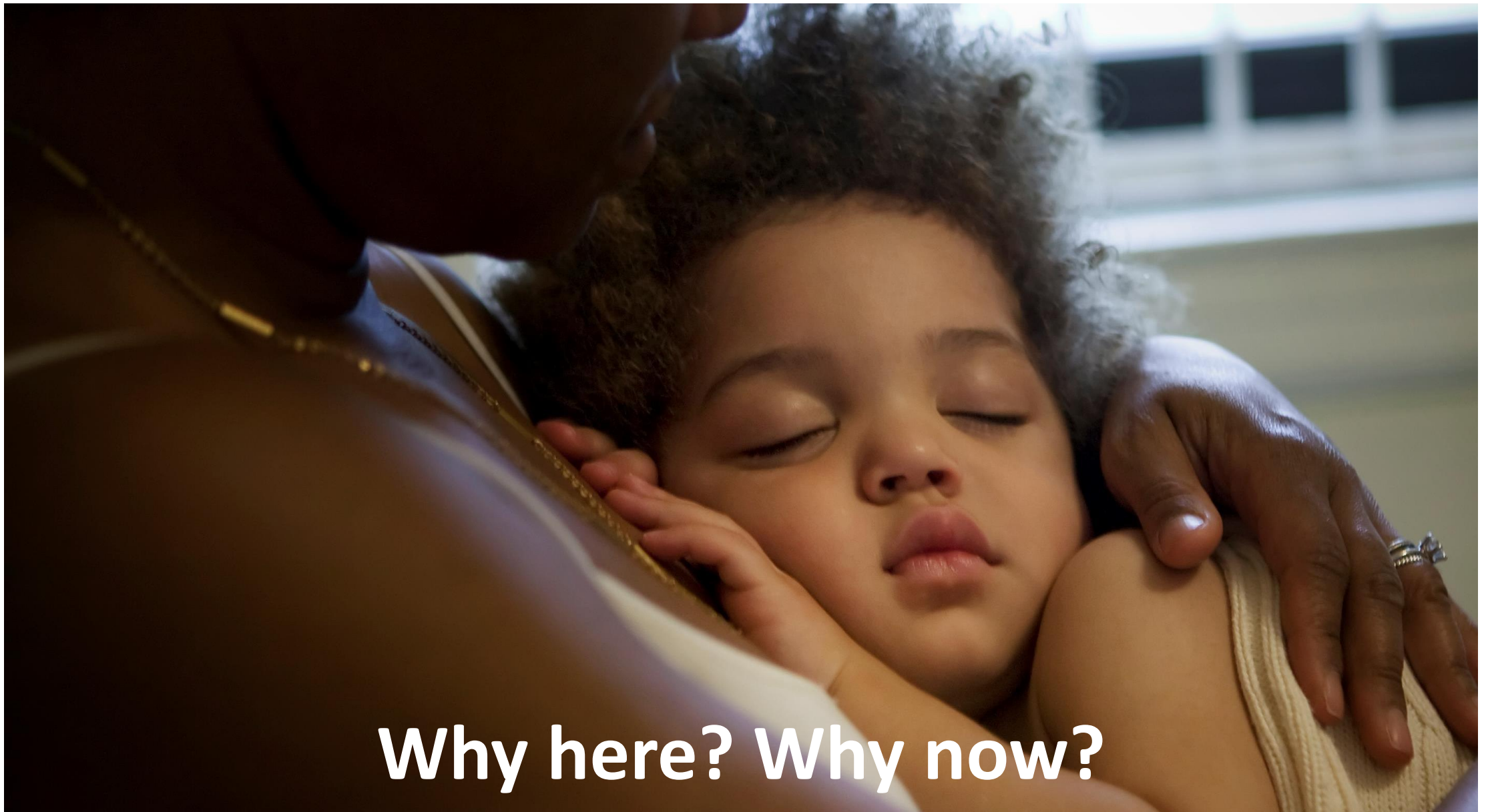
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