GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance

Maternal Health Advisory Group

Virtual Meeting via WebEx

Tuesday, February 17th, 2026

Meeting Summary

MCP Maternal Health VBP Framework
 	
See slides 26-37
	• The 5-Year Value-Based Payment (VBP) Framework outlines DHCF's plan to incentivize high-quality, patient-centered care through standardized measures and clear performance expectations to improve outcomes.
	
	• DHCF is pursuing quality improvements via three domains representing high-impact populations: **maternal health, pediatrics,** and **primary care.**
	
	• This framework is designed to build in ample time for planning, implementation, and collection of results over the course of 5 years:
	  ○ Year 1 (2026): Establish foundational quality goals and measures.
	  ○ Year 2 (2027): Evaluate and refine goals/measures, monitor VBP arrangements, and provide technical assistance.
	  ○ Year 3 (2028): Increase accountability (e.g., maternal health directed payment under TMaH); continue monitoring and support
	  ○ Year 4-5 (2029-2030)**:** Refine, evaluate, and expand framework.
	
	• The framework aims to gradually increase VBP targets, align spending with priority domains and LAN categories, and introduce a preferred measures list to standardize quality reporting.
	
	• Maternal health goals include reducing severe maternal morbidity and mortality, increasing timely engagement in maternal care, and improving identification and treatment of perinatal behavioral health needs.
	
	• The preferred measures list (*see Slide 14*) identifies high-impact maternal health measures while prioritizing flexibility and simplicity. MCPs will be required to select one measure per subcategory.
	
	• One of the core capabilities of the CRISP DC HIE's is the PopHealth Analytics tool, which enables users to monitor and evaluate quality measure performance. Many measures are already available in PopHealth, with additional measures currently planned for development.

TMaH VBP Model for Accountable Entities (AE)
 	
See slide 39
	• The TMaH VBP for Accountable Entities (OB-GYN practices, FQHCs, and birth centers) will use a perinatal episode-of-care (EOC) structure including a defined set of services across prenatal, labor & delivery, and postpartum.
	
	• Payment Design:
	  ○ Monthly prospective case rate payments for a predetermined set of pregnancy-related services (*see Slide 21*)
	  ○ Retrospective shared savings based on quality performance for the entire risk-adjusted EOC (*see Slide 22*)
	
	• Infrastructure funds will help prepare providers for the TMaH model:
	  ○ Provider Incentive Program (2025-2026)
	  ○ CMS-Directed Infrastructure Payment Program (2027)
	  ○ DHCF Quality Improvement Program (2028-2032)
	
	• In the coming year, participants in the TMaH Provider Incentive Program will engage in a range of activities related to quality, digital health and integrated care to strengthen capacity for TMaH implementation.

Discussion *See slide 40*	Participants identified ways the TMaH payment model could support their practice and improve quality by: (1) supporting team-based care; (2) providing opportunities to leverage data from the TMaH quality measures to inform quality improvement; and (3) aligning current value-based efforts. Participants expressed concerns/operational challenges in implementing the proposed model, such as: • **Perinatal Community Health Workers:** How will perinatal community health workers participate in this model? • **Lactation Consulting:** How will lactation be incorporated into the model? • **Billing Codes:** How will the payment model align with new maternity billing codes launching in 2027? • **Low-Risk C-Section Metrics:** Participants noted that low-risk c-section rates may not accurately capture the necessity of all c-sections. • **Risk Adjustment:** How will social drivers of health fit into payment? • **Insurance Delays:** There are challenges with patients entering prenatal care due to delays in obtaining Medicaid coverage. • **FQHC Participation:** How will this model work with the FQHC's current alternative payment methodology? CMS is currently exploring options for including FQHCs. • **Operational Complexity:** Maternal health providers face difficulties managing different rules for commercial versus Medicaid patients.
Next Steps	• Next meeting is on **March 17th, 2026 from 11am-12:15pm** ○ Topic: Value-Based Payment in Maternal Care (cont.) • Contact dhcf.maternalhealth@dc.gov with questions; meeting materials are posted on https://dhcf.dc.gov/page/transforming-maternal-health