



# Maternal Health Advisory Group

February 17th, 2026



# Today's Agenda



1. **Welcome & January Recap – 5 minutes**
2. **Managed Care 5-Year Value-Based Payment Framework – 25 minutes**
3. **TMaH VBP Model– 20 minutes**
4. **Discussion – 25 minutes**



# January Maternal Health Advisory Group Meeting Recap



## **January Maternal Health Advisory Group Meeting Recap: VBP in Maternal Health**

- We discussed how VBP models in maternal health can offer providers more predictable revenue through upfront payments and reward improved quality of care, outcomes, and experience in maternal care.
- We reviewed two case studies featuring perinatal episode-of-care models implemented in Connecticut and New Jersey.
- During our large group discussion, participants identified how VBP can promote shared accountability, enable data-driven improvement, and offer reliability and flexibility through prospective payments.
- Participants also raised key questions around challenges with patient attribution, FQHC integration, data transparency and infrastructure to support VBP implementation.

## **Today's Meeting: VBP in Maternal Health (cont.)**



### **TMaH Award Required Notice**

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# Managed Care 5-Year Value-Based Payment Framework (CY2026-2030) Maternal Health Focus





(25 minutes)



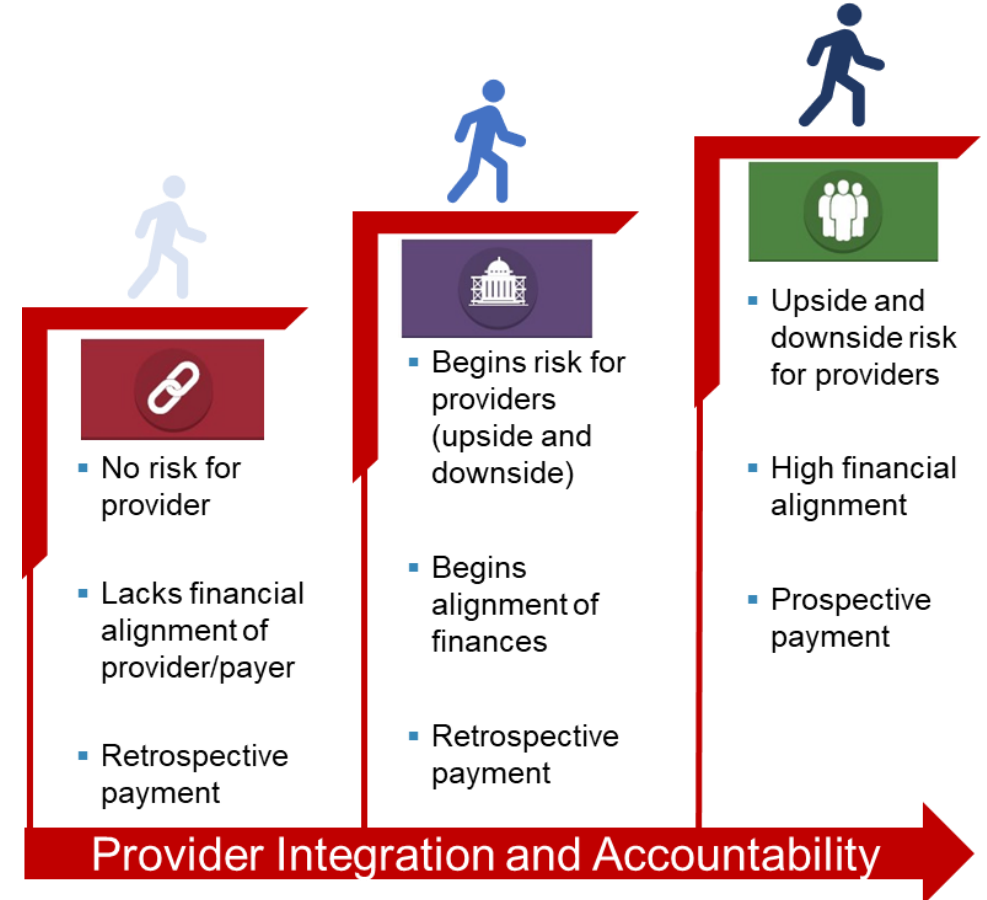
# Health Care Payment Learning & Action Network (LAN) Provides Standard Definitions and Categories for APMs



## LAN APM Framework

			
<b>CATEGORY 1</b> FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	<b>CATEGORY 2</b> FEE FOR SERVICE – LINK TO QUALITY & VALUE	<b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	<b>CATEGORY 4</b> POPULATION – BASED PAYMENT
	<b>A</b> <b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)	<b>A</b> <b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)	<b>A</b> <b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	<b>B</b> <b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)	<b>B</b> <b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	<b>B</b> <b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)
	<b>C</b> <b>Pay-for-Performance</b> (e.g., bonuses for quality performance)		<b>C</b> <b>Integrated Finance &amp; Delivery System</b> (e.g., global budgets or full/percent of premium payments in integrated systems)
		<b>3N</b> Risk Based Payments NOT Linked to Quality	<b>4N</b> Capitated Payments NOT Linked to Quality

## Key Characteristics of APM Framework





# Goals



## The goal of the Framework is to:

- 1. Outline DHCF's commitment to care delivery transformation through VBP*
- 2. Transparently outline DHCF's plans to grow value-based efforts in Medicaid to MCPs, providers, and other stakeholders*
- 3. Improve outcomes for Medicaid beneficiaries*



# Objectives

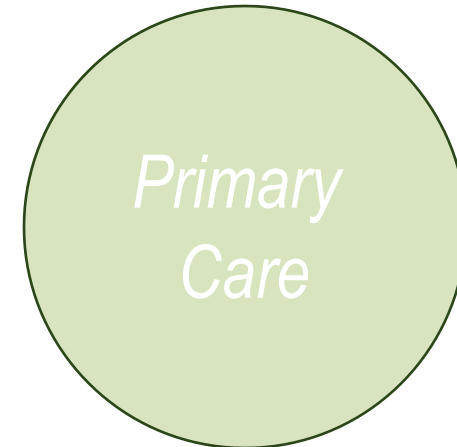
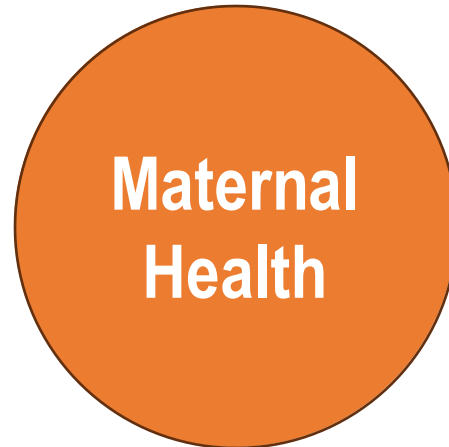
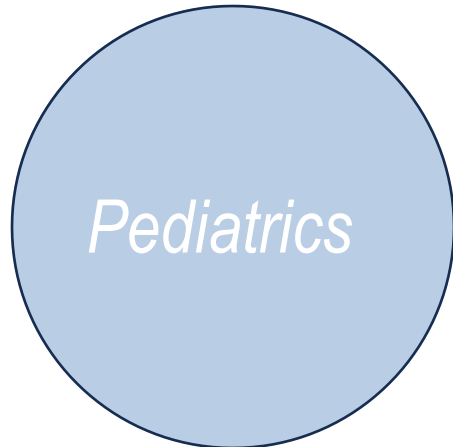


- 1. Establish Clear Quality Priorities*
- 2. Standardize Key Processes and Measures*
- 3. Clarify Performance Expectations*
- 4. Reward High Quality, Patient-Centered Care*
- 5. Incentivize System and Plan Performance*
- 6. Support the Triple Aim (improved patient experience, improved health outcomes, and reduced costs)*



# Domains

*Three priority domains for quality improvement for the next five years:*





# Five-Year Overview



2026	2027	2028	2029-2030
<p><b>Standardize Quality</b></p> <ul style="list-style-type: none"> <li>• <b>Domains:</b> Set priority domains for quality improvement (i.e., pediatrics, maternal health, and primary/preventative care)</li> <li>• <b>Quality:</b> Establish quality goals and standardize measures via a preferred measures list</li> <li>• <b>Baseline:</b> Re-establish MCP baseline performance</li> <li>• <b>Support:</b> Aid MCP and provider success through technical assistance and digital health support</li> </ul>	<p><b>Rapid Evaluation + Continuous Improvement</b></p> <ul style="list-style-type: none"> <li>• <b>Quality:</b> Refine quality goals and measures, based on 2026 experience</li> <li>• <b>Monitoring:</b> Track adoption and type of VBP arrangements, monitor for increased financial accountability</li> <li>• <b>Support:</b> Refine technical assistance offerings for MCPs and providers</li> </ul>	<p><b>Increased Accountability + Directed Models</b></p> <ul style="list-style-type: none"> <li>• <b>Quality:</b> Assess performance toward quality goals, using complete data from 2026</li> <li>• <b>Monitoring:</b> Continue to track adoption and type of VBP arrangements</li> <li>• <b>Accountability:</b> Consider increasing accountability (e.g., new maternal health directed payment under TMaH) based on complete 2026 data</li> <li>• <b>Support:</b> Refine technical assistance offerings for MCPs and providers</li> </ul>	<p><b>Refine, Evaluate, and Expand</b></p> <ul style="list-style-type: none"> <li>• <b>Quality:</b> Assess performance toward quality goals</li> <li>• <b>Domains:</b> Review priority populations and assess future priority areas for Year 6 and beyond</li> <li>• <b>Iterate:</b> Revise and release a renewed 5-year Framework by the end of 2030</li> <li>• <b>Support:</b> Refine technical assistance offerings for MCPs and providers</li> </ul>



# Last Year Vs. CY2026

	Last Year	CY 2026
<b>VBP Targets</b>	<p>40% of total medical expenditures in LAN categories 2 - 4</p> <ul style="list-style-type: none"> <li>No targets in LAN categories 3-4</li> <li>No clinical domain targets</li> </ul>	<p>50% of total medical expenditures in LAN categories 2C - 4</p> <ul style="list-style-type: none"> <li>At least one-half (25%) of those medical expenditures are through models in LAN categories 3–4</li> <li>At least one-quarter (12.5%) of those medical expenditures are associated with a VBP arrangement in the maternal, pediatric, OR primary/preventive care domain</li> </ul>
<b>Quality Measures</b>	<p>MCPs select specific quality measures</p> <ul style="list-style-type: none"> <li>No “preferred measures”</li> </ul>	<p>MCPs select specific quality measures</p> <ul style="list-style-type: none"> <li>Must include at least one “preferred measure” from each sub-category, for the arrangement to count towards the domain target</li> </ul>
<b>Reporting</b>	<p>MCPs submit two annual APM assessments via spreadsheet (one prospective and one retrospective)</p>	<p>Exploring methods/tools for more efficient, precise, and effective data collection</p>



# CY2026 Vs. CY2027

	CY 2026	CY 2027
<b>VBP Targets</b>	<p>50% of total medical expenditures in LAN categories 2C - 4</p> <ul style="list-style-type: none"> <li>At least one-half (25%) of those medical expenditures are through models in LAN categories 3–4</li> <li>At least one-quarter (12.5%) of those medical expenditures are associated with a VBP arrangement in the maternal, pediatric, or primary/preventive care domain</li> </ul>	<p>60% of total medical expenditures in LAN categories 2C - 4</p> <ul style="list-style-type: none"> <li>At least one-half (30%) of those medical expenditures are through models in LAN categories 3–4</li> <li>At least one-quarter (15%) of those medical expenditures are associated with a VBP arrangement in the maternal, pediatric, OR primary/preventive care domain</li> </ul>
<b>Quality Measures</b>	<p>MCPs select specific quality measures</p> <ul style="list-style-type: none"> <li>Must include at least one “preferred measure” from each sub-category, for the arrangement to count towards the domain target</li> </ul>	No changes
<b>Reporting</b>	Exploring methods/tools for more efficient, precise, and effective data collection	Implementing new methods/tools for more efficient, precise, and effective data collection (if not already implemented)



# Goals by Domain: Maternal Health



Objective	Goal
<b>1. Severe Maternal Morbidity and Mortality</b>	<i>Reduce severe maternal morbidity and mortality through early intervention and coordinated care.</i>
<b>2. Timely Engagement in Maternal Care</b>	<i>Increase timely and sustained access to prenatal and postpartum care.</i>
<b>3. Behavioral Health Screening (Perinatal)</b>	<i>Improve identification and treatment of perinatal behavioral health needs.</i>



# DHCF Preferred Measures List for VBP



MATERNAL HEALTH	
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Prenatal/Pre-conception Care *
Contraceptive Care – All Women Ages 15-20 LARC Method of Contraception	Prenatal/Pre-conception Care **
Contraceptive Care – All Women Ages 15-20 Most or Moderately Effective Method of Contraception	Prenatal/Pre-conception Care **
Prenatal Immunization Status	Prenatal/Pre-conception Care **
Prenatal Depression Screening and Follow-Up	Prenatal/Pre-conception Care***
Social Needs Screening and Intervention Measure	Prenatal/Pre-conception Care ***
Oral Evaluation During Pregnancy	Prenatal/Pre-conception Care **
Prenatal and Postpartum Care: Age 21 and Older	Prenatal/Pre-conception Care **
Contraceptive Care – All Women Ages 21 to 44	Prenatal/Pre-conception Care*
Low-Risk Cesarean Delivery	Delivery **
Live Births Weighing Less Than 2,500 Grams	Delivery ***
Severe Obstetric Complications	Delivery**
Prenatal Depression Screening and Follow-Up on positive screening	Postpartum Care ***
Postpartum Depression Screening and Follow-Up	Postpartum Care ***
Contraceptive Care – Postpartum Women Ages 15 to 20 - LARC Method of Contraception 3 Days	Postpartum Care *
Contraceptive Care – Postpartum Women Ages 21 to 44	Postpartum Care *

\*Measures currently available in CRISP DC HIE PopHealth Analytics  
 \*\*Measures in development/planned by end of CY2026  
 \*\*\*Measures planned for development in CY2027 and beyond



# Targets



Calendar Year	Required Percentage of Total Medical Expenditures Through VBP Arrangements (2C or Above)
2026	50%*

*\*For purposes of satisfying the requirement that 50% of total medical expenditures are in VBP arrangements in LAN categories 2C and above, MCPs must:*

- Ensure at least one-half (25%) of qualifying total medical expenditures are through models in LAN categories 3–4*
- Ensure at least one-quarter (12.5%) of qualifying total medical expenditures are associated with a VBP arrangement in the maternal, pediatric, OR primary/preventive care domain*
- Ensure each VBP arrangement includes at least one measure from the associated domain subcategory outlined on the preferred measures list (if the VBP arrangement is in the maternal, pediatric, or primary/preventive care domain)*

2027	60%**
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*\*\*For purposes of satisfying the requirement that 60% of total medical expenditures are in VBP arrangements in LAN categories 2C and above, MCPs must:*

- Ensure at least one-half (30%) of qualifying total medical expenditures are through models in LAN categories 3–4*
- Ensure at least one-quarter (15%) of qualifying total medical expenditures are associated with a VBP arrangement in the maternal, pediatric, OR primary/preventive care domain*
- Ensure each VBP arrangement includes at least one measure from the associated domain subcategory outlined on the preferred measures list (if the VBP arrangement is in the maternal, pediatric, or primary/preventive care domain)*



# Timeline to Review Data to Inform & Establish Targets for CY2028-CY2030

Calendar Year	Phase	Targets Based On	Target Release Date (for following year)	Notes
<b>2026</b>	<i>Data Collection</i>	—	—	<i>Baseline &amp; data quality</i>
<b>2027</b>	<i>Data Collection</i>	—	—	<i>Baseline &amp; data quality</i>
<b>2028</b>	<i>Target Setting</i>	<i>CY2026 data</i>	<i>Fall 2027 (for CY2028)</i>	<i>Publish targets informed by CY2026 data</i>
<b>2029</b>	<i>Target Setting</i>	<i>CY2027 data</i>	<i>Fall 2028 (for CY2029)</i>	<i>Publish targets informed by CY2027 data</i>
<b>2030</b>	<i>Target Setting</i>	<i>CY2028 data</i>	<i>Fall 2029 (for CY2030)</i>	<i>Publish targets informed by CY2028 data</i>



**For questions or comments about the VBP Framework, please contact:**

*Tadessa Harper-Nichols, Project Manager*

**Email:** [Tadessa.Harper-Nichols@dc.gov](mailto:Tadessa.Harper-Nichols@dc.gov)



# Tentative TMaH VBP Model

(What we know so far)

(20 minutes)



# Overview of the TMaH VBP Strategy



TMaH's Value-Based Payment model will include two tracks:

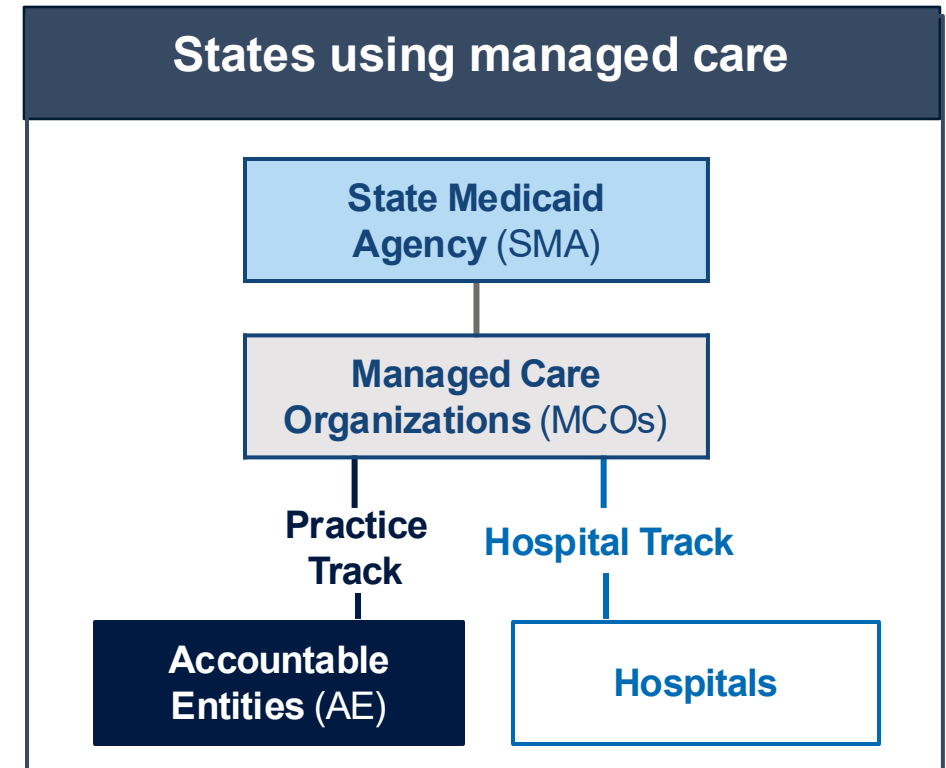
## Accountable Entity (AE) Track:

- AEs can be OB-GYN practices, FQHCs, and birth centers
- AEs will be held accountable for their attributed beneficiaries' perinatal journey

## Hospital Track:

- The mechanism by which sites of delivery are held accountable for outcomes and costs

Today, we will be discussing the **AE Track**.





# The TMaH VBP Structure for Practices Will Use A Perinatal Episode-of-Care Model



## Perinatal EOC:

- Covers a defined set of services across all phases of maternal health (prenatal, labor and delivery, postpartum)
- Reimbursement is based on the total cost of the episode rather than individual services provided
- Aligns financial incentives for providers to provide coordinated care and improve maternal health quality outcomes

## Accountable Entities (AEs):

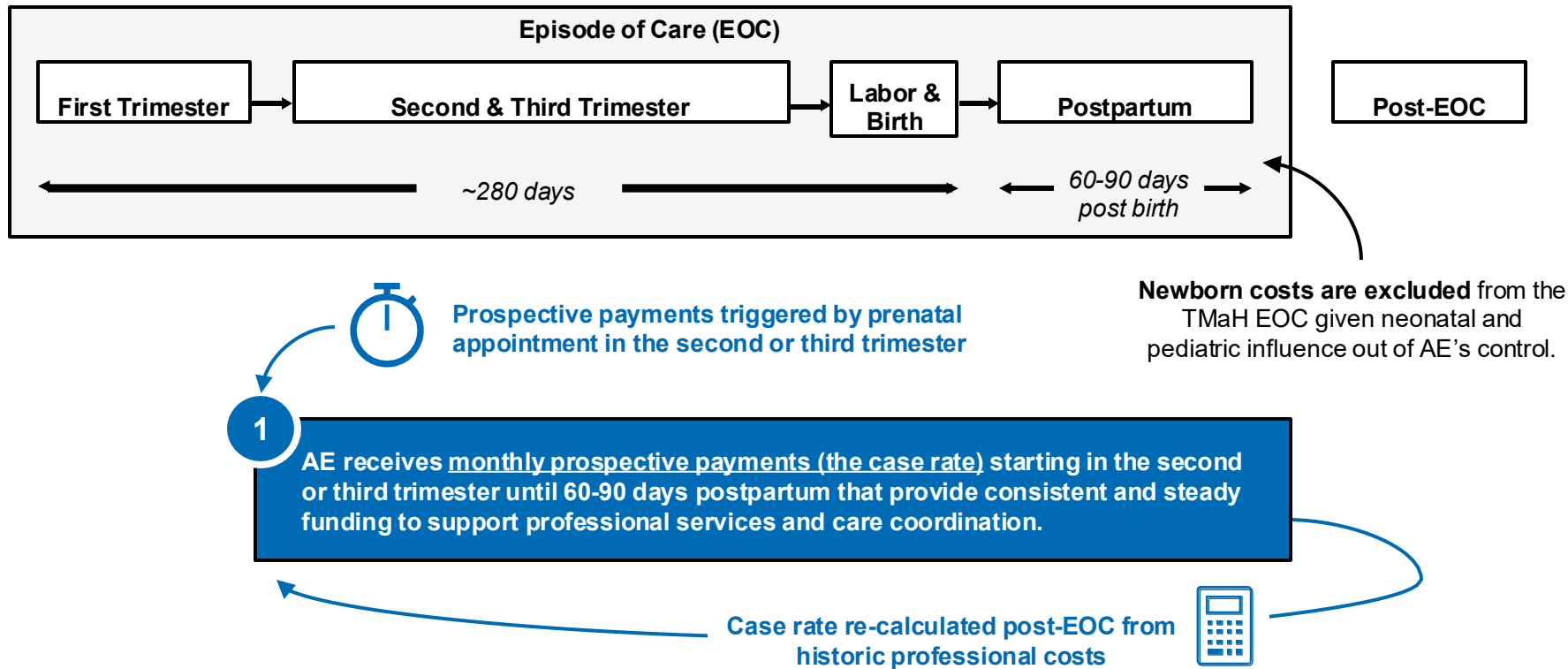
- Clinics or practices providing maternal health care services, including OB-GYN practices, FQHCs and birth centers
- AEs agree to be accountable for maternal health care cost and quality outcomes and distributing shared savings
- Must be identified by a tax identification number (TIN)
- AEs may be one practice or clinic, or multiple practices or clinics that join together

## Payment Design:

- Beginning in Model Year 4 of TMaH (2028), AEs will receive:
  - *Monthly prospective payments (case rate)* for a predetermined set of pregnancy-related services
  - *Retrospective shared savings* based on quality performance for the entire risk-adjusted EOC

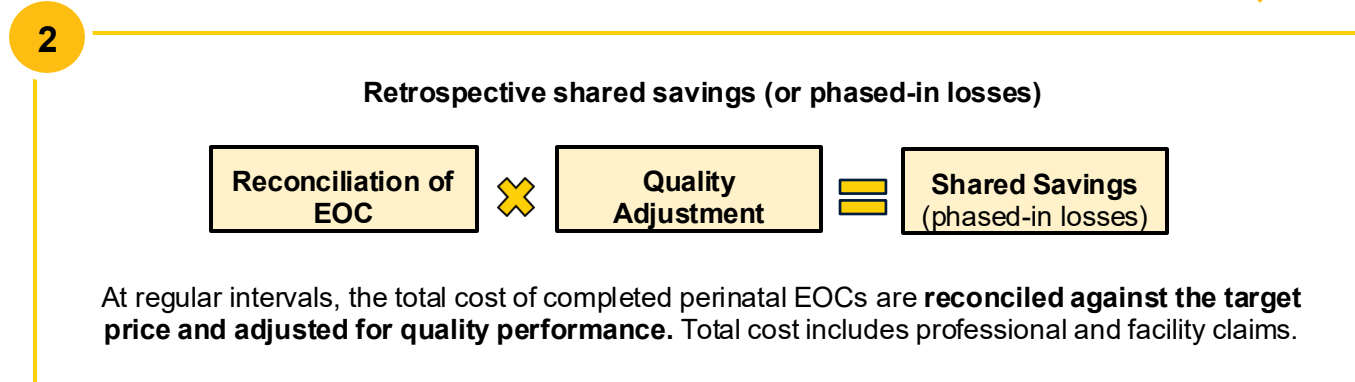
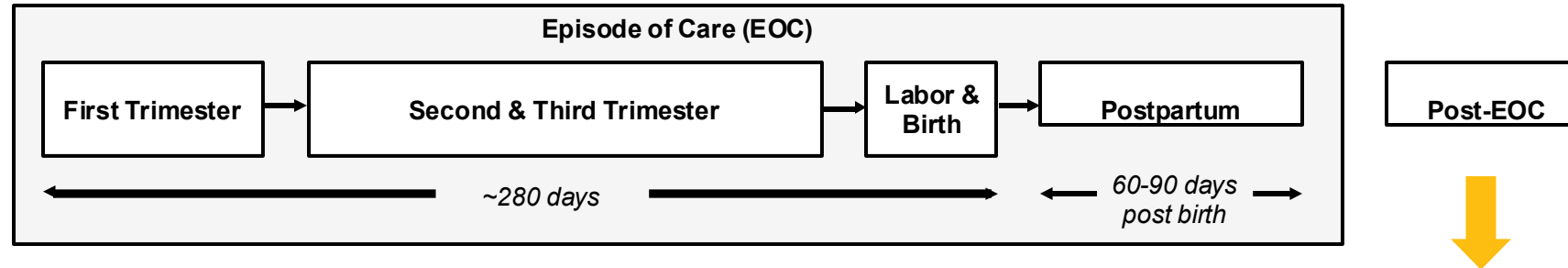


# Monthly Prospective Payments Provide Upfront Funds and Predictable Revenue to Providers



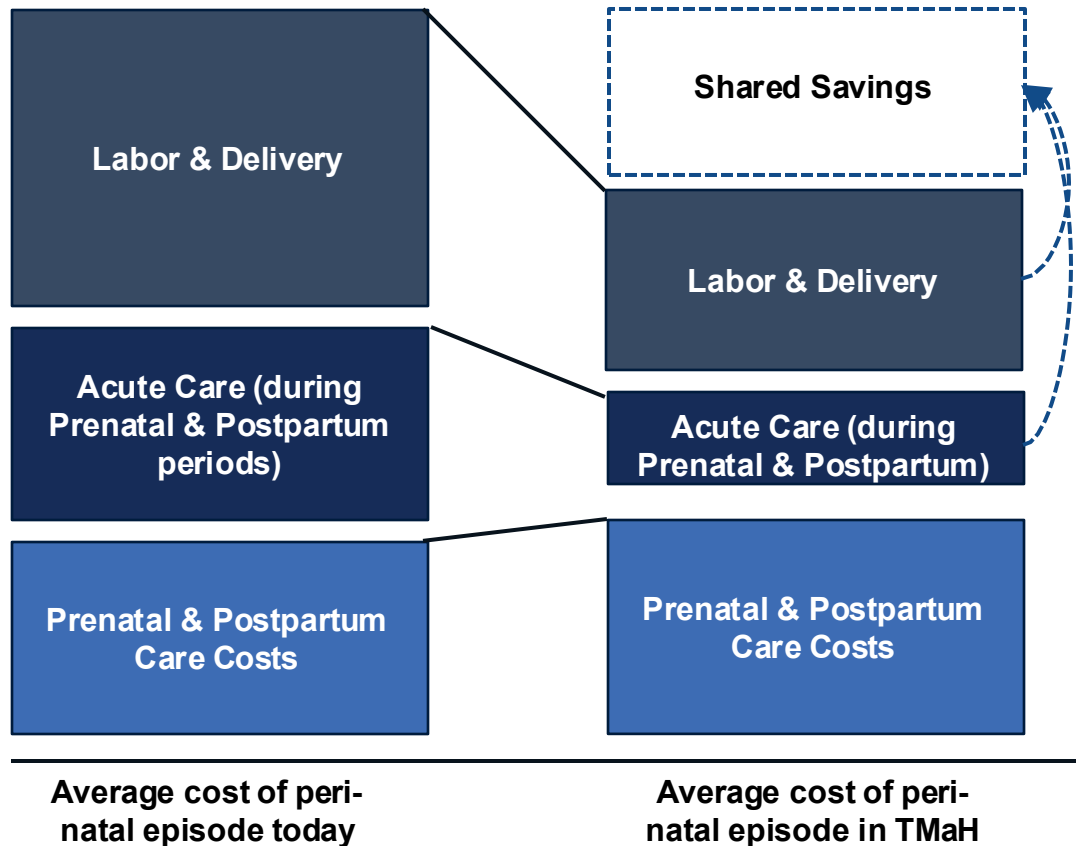


# Retrospective Shared Savings Incentivize Providers for Improved Outcomes





# TMaH VBP Shifts Costs From Perinatal Complications to Shared Savings, Incentivized by Meeting Quality Measures



Sample of Anticipated TMaH Perinatal Care Quality Measures	
Expected	Under Consideration
Timeliness of Prenatal and Postpartum Care*	Low Birthweight*
Depression Screening & Follow Up (Prenatal & Postpartum)*	Upstream drivers of health risk screening**
Maternal Morbidity (e.g., complications)*	Patient experience measure**
Low-Risk Cesarean Delivery*	
Substance Use Disorder Screening**	
Maternal Hypertension Control**	

\*Measures included in MCP VBP Framework

\*\*DHCF is waiting on the technical specifications of these measures

**The timing or reporting or tying these measures to payment needs are to be determined. We do not expect that all measures will be used in the first phase of implementation.**



# Infrastructure Funds Will Support Providers in Implementing the TMaH VBP Model



## Provider Incentive Program:

Distribute funds to providers for completing assessments and participating in technical assistance.

2025-2026

## CMS-Directed Infrastructure Payment Program:

Distribute funds to support infrastructure payments related to patient safety, quality measure reporting, data integration, team-based care, access, and HRSNs

2027

## DHCF Quality Improvement Program:

Distribute funds to support quality improvement projects.

2028-2032

***CMMI-Designed Value-Based Payment Model Launches in 2028***



# Activities in Year 2 of the Provider Incentive Program Helps Prepares Providers for VBP Implementation



Seventeen (17) provider organizations that provide prenatal care participated in Year 1 of the TMaH Provider Incentive Program and completed needs assessments on perinatal services, whole-person care, and digital health infrastructure to help inform Year 2 activities designed to further build providers' capacity for TMaH implementation:

Year 2 Milestone	Overview of Requirements
<p><u>Milestone 4:</u> <b>Establishing or Improving Digital Health Connectivity</b></p>	<ul style="list-style-type: none"> <li>Establish foundational digital capacity and engage in technical assistance (TA) to support sustainable maternal health documentation workflows.</li> </ul>
<p><u>Milestone 5:</u> <b>Sharing Data w/ DC HIE</b></p>	<ul style="list-style-type: none"> <li>Demonstrate the ability to securely share maternal health information through the DC HIE to support care coordination.</li> </ul>
<p><u>Milestone 6:</u> <b>Digital Health Webinars and Trainings</b></p>	<ul style="list-style-type: none"> <li>Demonstrate a foundational understanding of the safe and appropriate use of digital health tools by completing required privacy, security and DC HIE training.</li> </ul>
<p><u>Milestone 7:</u> <b>Integrated Care Team</b></p>	<ul style="list-style-type: none"> <li>Participate in the Integrated Care DC Learning Collaborative to engage in customized TA on TMaH related care elements, including a focus on best practices for team-based and integrated care.</li> </ul>
<p><u>Milestone 8:</u> <b>PQC Perinatal Mental Health Bundle</b></p>	<ul style="list-style-type: none"> <li>Participate in the PQC Perinatal Mental Health Bundle to improve perinatal mental health screening and referral workflows.</li> </ul>
<p><u>Milestone 9:</u> <b>TMaH Payment Model Cost Survey</b></p>	<ul style="list-style-type: none"> <li>Complete a cost survey and organizational questionnaire to further the development of the TMaH payment model.</li> </ul>



# Discussion

(25 minutes)



# Discussion



**#1. VBP Design:** What design elements of this proposed TMaH VBP model resonate most with you in supporting your practice and improving quality of care? Which design elements concerned you?

**#2. Workflow Changes:** Do you think this model would change your practice's workflow, particularly how you approach team-based care?

**#3. Operational Barriers:** What would be the biggest operational challenge in implementing this model?



# Next Steps



**Next Meeting:** March 17th, 2026, 11am-12:15pm

- Topic: Value-Based Payment (cont.)
- Subsequent Meetings: Every 3rd Tuesday from 11am-12:15pm (monthly)

## Stay in Touch

- Questions: Send questions or requests to [dhcf.maternalhealth@dc.gov](mailto:dhcf.maternalhealth@dc.gov)
- Meeting Materials: Available at <https://dhcf.dc.gov/page/transforming-maternal-health>