



## Maternal Health Advisory Group

Virtual Meeting via WebEx

Tuesday, January 20th, 2026

Meeting Summary

<p><b>Value-Based Payment (VBP) 101 &amp; Maternal Health</b></p> <p><i>See slides</i></p> <p>4-24</p>	<ul style="list-style-type: none"><li>• Fee-for-service payments can contribute to fragmented care, overuse of services, and higher costs without corresponding improvements in quality. Value-Based Payment (VBP) models aim to shift the focus to “value over volume” and align payment with improved quality of care and outcomes.</li><li>• Total Cost of Care (TCOC) VBP model:<ul style="list-style-type: none"><li>○ Providers can generate shared savings by delivering care to a set of patients at lower costs while maintaining quality of care.</li><li>○ State Examples: Minnesota, Massachusetts, Oregon</li></ul></li><li>• Episode of Care (EOC) VBP model:<ul style="list-style-type: none"><li>○ Providers are reimbursed based on the total cost of the episode which covers a defined set of services within a set timeframe and financial incentives aligned with quality outcomes.</li><li>○ State Examples: Tennessee, Arkansas, Ohio</li></ul></li><li>• See <i>Slides 12-21</i> for detailed information on VBP design elements.</li><li>• TMaH VBP will be structured to support enhanced prenatal care as a preventive strategy to reduce perinatal complications.</li><li>• VBP models can offer maternal health providers more predictable revenue through upfront payments and reward improved outcomes and experience.</li></ul>
<p><b>State Case Studies: New Jersey &amp; Connecticut</b></p> <p><i>See slides 26-37</i></p>	<ul style="list-style-type: none"><li>• <b>Connecticut Perinatal Episode of Care Program:</b><ul style="list-style-type: none"><li>○ <i>Prospective “case rate” payments</i> cover prenatal and postpartum.</li><li>○ <i>Retrospective incentive payments</i> based on quality performance, reconciled against episode costs.</li></ul></li><li>• <b>New Jersey Perinatal Episode of Care Program:</b><ul style="list-style-type: none"><li>○ <i>Fee-for-service outpatient payments</i></li><li>○ <i>Retrospective incentive payments</i>, including shared savings and performance bonuses.</li></ul></li><li>• See <i>Slide 37</i> for a side-by-side comparison of both models.</li></ul>

<p><b>Discussion</b></p> <p><i>See slide 39</i></p>	<p>Participants identified many benefits in shifting to a VBP model for delivering high-quality pregnancy care:</p> <ul style="list-style-type: none"> <li>• <b>Shared Accountability:</b> Closing the fragmentation of the system by creating more shared accountability.</li> <li>• <b>Data-Driven Improvement:</b> Providers can use data to identify gaps and redesign their care system to better meet patient’s care needs.</li> <li>• <b>Prospective Payment:</b> Prospective payment model may provide additional reliability and flexibility.</li> </ul> <p>Challenges and questions around VBP implementation were also raised, providing valuable insights that will guide future discussions:</p> <ul style="list-style-type: none"> <li>• <b>Provider Readiness:</b> What do providers need to ensure a seamless transition and ensure operational continuity?</li> <li>• <b>Provider Education:</b> How can we best educate the provider community to understand how the payment methodology applies to their practice?</li> <li>• <b>Patient Attribution:</b> How will attribution work in situations where patients are receiving fragmented care from several different provider entities?</li> <li>• <b>Infrastructure Needs:</b> Do we have the right data infrastructure, care coordination and workforce to enforce this model?</li> <li>• <b>FQHC Integration:</b> What does VBP look like for FQHCs given their existing prospective payment system?</li> <li>• <b>Incentives/Add-ons:</b> Current incentives have not been sufficient to support and cover the cost of care coordination services that makes the difference in quality measures – what potential “add-ons” can the TMaH model offer?</li> <li>• <b>Care Coordination:</b> Will it include reimbursement of community health workers to provide care coordination?</li> <li>• <b>Data Transparency:</b> Will there be clear data to assess VBP impact and work towards data-driven improvement of care?</li> <li>• <b>OB Billing Codes:</b> Will the new OB codes approved by the AMA rolling out in 2027 be considered/incorporated into the VBP model?</li> </ul>
<p><b>TMaH VBP Implementation Timeline</b></p> <p><i>See slide 40</i></p>	<ul style="list-style-type: none"> <li>• The TMaH VBP model is set to launch in 2028-2029</li> <li>• Infrastructure funds will support providers in preparing for and implementing the TMaH VBP model: <ul style="list-style-type: none"> <li>○ Provider Incentive Program (2025-2026)</li> <li>○ CMS-Directed Infrastructure Payment Program (2027)</li> <li>○ DHCF Quality Improvement Program (2028-2032)</li> </ul> </li> </ul>
<p><b>Next Steps</b></p>	<ul style="list-style-type: none"> <li>• Please fill out this <b>end-of-year survey:</b> <a href="https://forms.office.com/g/8cMyKGseA5">https://forms.office.com/g/8cMyKGseA5</a></li> <li>• Next meeting is on <b>February 17th, 2026 from 11am-12:15pm</b> <ul style="list-style-type: none"> <li>○ <u>Topic:</u> Value-Based Payment in Maternal Care (cont.)</li> </ul> </li> <li>• Contact <a href="mailto:dhcf.maternalhealth@dc.gov">dhcf.maternalhealth@dc.gov</a> with questions; meeting materials are posted on <a href="https://dhcf.dc.gov/page/transforming-maternal-health">https://dhcf.dc.gov/page/transforming-maternal-health</a></li> </ul>