



# Maternal Health Advisory Group

March 17th, 2026



# Today's Agenda



- 1. Welcome & February Recap – 5 minutes**
- 2. Value-Based Arrangements in Managed Care – 45 minutes**
- 3. Discussion – 25 minutes**



# February Maternal Health Advisory Group Meeting Recap



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

- We outlined 5-Year Value-Based Payment (VBP) Framework that will be operationalized by the Managed Care Plans. The 5-year framework includes a maternal health-specific domain aimed to incentivize high-quality patient centered care.
- We discussed the tentative TMaH VBP model for accountable entities (OB-GYN practices, FQHCs, and birth centers): perinatal episode-of-care structure with monthly prospective case rate payments and retrospective shared savings.
- During our large group discussion, participants highlighted how the TMaH model could help strengthen practice quality through supporting team-based care, leveraging quality measure data, and aligning with current VBP efforts.
- Participants also raised operational concerns, including how perinatal CHWs and lactation services fit into the model, alignment with the new maternal health billing codes, adjusting for social drivers of health, FQHC participation, and operational complexity.

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



### **TMaH Award Required Notice**

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$17,000,000 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



# Value-Based Arrangements in Managed Care

## AmeriHealth Caritas & WellPoint

(45 minutes)



AmeriHealth *Caritas*<sup>®</sup>

District of Columbia

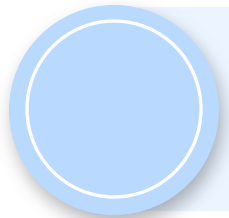
# PerformPlus™ True Care: Maternal Health Value-Based Purchasing Program Overview



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Improving maternal care through value-based healthcare programs

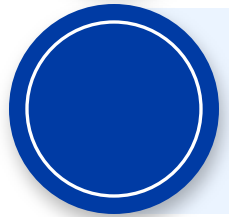
# Learning Objectives:



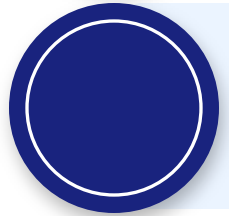
**Overview of True Care: Maternal Health Value Based Program**



**Impact of the VBP**



**Technical Support and Infrastructure**



**Future Efforts**

## Executive Summary of the PerformPlus™ True Care:

# Perinatal Program

### Value-Based Purchasing Model

The program integrates quality measures and cost efficiency to incentivize high-value maternal care.

### Quality Domains Emphasized

Focus areas include prenatal care, postpartum follow-up, depression and dental screenings, and STI testing.

### Provider Participation and Incentives

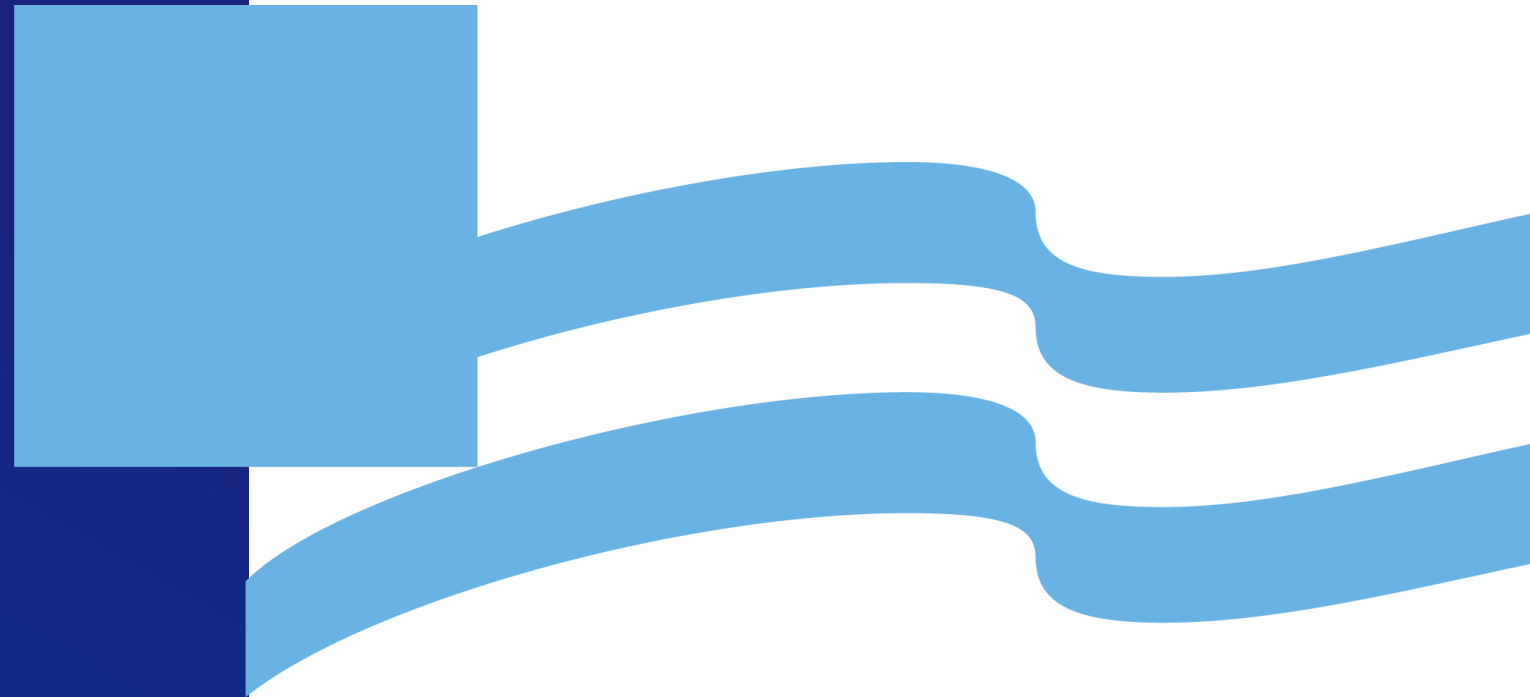
OB/GYNs, midwives, and family practitioners participate to earn shared savings and quality-based incentives.

### Program Impact and Infrastructure

Improved care coordination and data-driven insights support better maternal outcomes and cost reductions.



# Program Structure and Core Components



# How the Value-Based Purchasing Model Operates

## **Episodic Cost Efficiency**

Evaluates maternity-related episode costs adjusted for patient risk to establish cost benchmarks and encourage efficient care.

## **Quality Performance Incentives**

Uses percentile rankings to allocate incentives, motivating providers to improve clinical quality across settings.

## **Balanced Cost and Quality**

Model balances cost control with quality care, preventing cost-cutting that compromises patient outcomes.

## **Continuous Improvement Support**

Promotes ongoing performance improvement through reporting, analytics, and structured quality initiatives.



# Cesarean Section Episode & Vaginal Delivery Episode

The Pregnancy episode is a condition that is triggered retroactively by the presence of a vaginal delivery or cesarean section episode. Since pregnancy is triggered by a delivery episode, it has a 270-day look back and a 60-day look forward period.

Services are analyzed as **routine care vs. complications**, enabling better monitoring of maternal outcomes.

The vaginal delivery episode groups services before, during, and after delivery to evaluate the full maternal care experience.

The C-section episode framework evaluates cesarean deliveries across the full care continuum—before, during, and after delivery—to better assess quality, complications, and appropriateness of care.

# Maternal Health Quality Measurement

# Quality Measures That Drive Incentive Payments

## **Prenatal and Postpartum Care**

Timely prenatal visits and postpartum evaluations are critical for detecting complications.

## **Behavioral Health Screening**

Screening for perinatal depression with follow-up ensures mental health is addressed during maternity care.

## **Maternal Risk Indicators**

Tracking risks like low birth weight helps identify populations needing targeted maternal and neonatal support.

## **Preventive Services Integration**

Dental screenings and STI tests reflect holistic care priorities to improve maternal and infant health outcomes.



# Provider Participation and Engagement

# Participation Requirements and Recruitment Strategies

Provider Type	Eligibility Requirement	Engagement Method
OB/GYN Practices & Midwives	≥20 deliveries	Network outreach, quality engagement
Family Practice Providers	≥20 deliveries	Participation agreements and training

# Quality and Cost Outcomes

# Program Impact on Quality and Cost Efficiency

## Improved Maternal Health Outcomes

The program enhanced prenatal engagement, postpartum follow-up, and screening, contributing to safer pregnancies and recovery.

## Cost Efficiency Structure

Episodic cost efficiency encourages avoidance of preventable complications, reducing unnecessary emergency visits and cesarean sections.

## Alignment of Incentives

Financial incentives aligned with maternal outcomes improve utilization monitoring and promote evidence-based, value-driven care.

## System-wide Impact

The program reduces disparities and supports equitable maternal health outcomes across Medicaid populations at scale.



# Challenges and Lessons Learned

# Implementation Challenges and Key Lessons

## Provider Engagement Variation

Providers show differing readiness for value-based care, requiring **tailored education** and technical support.

## Data and Reporting Challenges

Accurate data reporting is critical; investments in dashboards improve visibility and performance feedback.

## Operational Burdens on Small Practices

Smaller practices face **administrative burdens** and need dedicated support to align workflows with program goals.

## Importance of Collaboration

Transparent communication and strong partnerships enhance documentation quality and provider confidence.



# Infrastructure and Technical Assistance

# Provider Support and Data Infrastructure

## **Comprehensive Provider Support**

The program offers ongoing education, training, and one-on-one technical assistance to help providers meet quality standards effectively.

## **Data-Driven Performance Evaluation**

Claims and encounter data form the foundation for evaluating quality metrics and cost, emphasizing accurate data submission and validation.

## **Supporting Value-Based Care**

Enhanced data infrastructure ensures providers are equipped to deliver coordinated, high-quality maternal health services within value-based care.



# Future Directions

# Evolving Priorities for Maternal Health Value-Based Purchasing

## **Expanding Quality Measures**

Enhancing the program by broadening quality metrics to better capture maternal and neonatal outcomes.

## **Integrating Behavioral and Social Care**

Focusing on whole-person care with behavioral health integration and attention to social determinants of health.

## **Advancing Equity and Collaboration**

Strengthening provider partnerships and promoting equitable, sustainable value-based maternal care models.



# Maternal Health Value-Based Purchasing (VBP)

## Wellpoint DC – MHAG Presentation

- Overview of VBP Models
- PQIP Essentials | PQIP | NRSS | SDOHPIP
- March 2026

# Maternal Health VBP Portfolio Overview

- Provider Quality Incentive Program (PQIP) Essentials—LAN 2C (Upside Only)
- Provider Quality Incentive Program (PQIP) – LAN 2C (Upside Only)
- Negotiated Risk Shared Savings (NRSS) program – LAN 3A/3B (Shared Savings & Upside and Down Sided Risk)
- Social Drivers of Health Provider Incentive Program (SDOHPIP) –LAN2C (upside only)



# Maternal Quality Measures

- Prenatal & Postpartum Care – Prenatal
- Prenatal & Postpartum Care – Postpartum
- Blood Pressure Control
- Glycemic Status Assessment
- SNS-E: Social Need Screening & Intervention



# Provider Participation

- PQIP Essentials – 9
- PQIP – 2094
- NRSS – 999
- SDOHPIP- 89
- Open network + ongoing targeted recruitment



# Impact on Quality

- ↑ First Trimester Prenatal Visits
- ↑ Postpartum Visit Completion
- ↑ Chronic Disease Management
- Maternal value-based care, has improved early prenatal engagement and postpartum follow-up rates. Improved blood pressure and diabetes management during pregnancy reduces complications. These improvements directly translate into stronger HEDIS performance and incentive attainment.



# Impact on Cost



- Reduced Avoidable ED Visits
- Reduced Maternal Readmissions
- Reduced NICU Utilization
- Improved MLR Performance



## Challenges & Lessons Learned



- Claims Lag & Documentation Gaps
- Coding Variability
- Visit adherence
- Workflow Standardization Improves Results



# Technical Support & Infrastructure

- Online Reporting Portal (PCMS)
- Monthly Scorecards
- Quarterly Reconciliation
- Risk Stratification & Dashboards
- Provider Success Representative: each group within a VB arrangement is assigned a Rep who offers performance tracking and identifying areas of improvement.



# Future Enhancements

- Predictive Maternal Risk Modeling
- HEDIS P4Q program go live 7/1/2026, which will include the Live Births Weighing Less Than 2,500 Grams (CDC/NCHS) measure, DSF-E – Depression Screening Follow-Up and PDS-E – Postpartum Depression Screening/Follow-Up.



# Executive Summary

- **Access to Care:** Incentivizing providers to improve access to prenatal and postpartum care for expecting and new mothers, ensuring they receive necessary health services.
- **Social Support:** Recognizing the impact of social support on maternal health and encouraging community-based and peer support programs for pregnant and postpartum women.
- **Health Education:** Supporting educational initiatives that empower women with information on prenatal and postpartum care, nutrition, and the importance of regular medical check-ups.
- **Reducing Inequities:** Addressing disparities in maternal health outcomes by focusing on vulnerable populations and ensuring equitable access to quality maternal health services.
- **Integration of Services:** Promoting integration between maternal health services and social services to address non-medical needs that influence health outcomes, such as housing, food security, and mental health support.
- **Data and Analytics:** Utilizing data to track maternal health outcomes and identify opportunities for targeted interventions.



# Questions?





# Discussion

(25 minutes)



# Discussion



**#1:** For those who have participated in these models, what has your experience been, and what insights or challenges would you want others to understand?

**#2:** What aspects of the plans' approaches resonate most with you or feel most promising, and where might there be opportunities to adjust?

**#3:** What supports do providers need to successfully transition from VBP arrangements like these to the TMaH VBP model?



# Next Steps and Announcements



**Next Meeting:** April 21st, 2026, 11am-12:15pm

- Topic: Care coordination
- 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>

## Upcoming Opportunities:

- DC Medicaid Doula Enrollment Training Classes, hosted by Concentric Community Care and the Doula Learning and Action Collaborative
  - Training Dates: 3/21, 3/28, 3/30 (virtual), and 4/4



# DC Medicaid Doula Enrollment Training Classes



## DC Medicaid Doula Enrollment Training

For Certified Doulas looking to support DC Medicaid Families

The DC Doula Learning & Action Collaborative will host DC Medicaid Doula Enrollment Training Classes with Concentric Community Care throughout March & April. This is a series of enriching engagement for the doula community during Women's Month and World Doula Week, that will culminate just before Black Maternal Health Week!

Dates: March 21, March 28, & April 4  
Time: 2:30 p.m. - 5 p.m.

Location: Concentric Community Care Office  
101 Q St. NE, Washington, DC

Virtual Option: March 30, 6 p.m. - 9 p.m.

RSVP here  
<https://forms.gle/MVmny8T7NzQqcC8y5>



DC Doula Learning & Action Collaborative 2026 supported by Concentric Community Care



## Capacitación para la inscripción de doulas de Medicaid de DC

Para doulas certificadas que buscan apoyar a las familias de Medicaid de DC

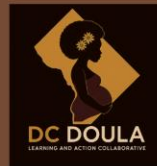
El Colaborativo de Aprendizaje y Acción de Doulas de DC organizará Clases de Capacitación para la Inscripción de Doulas de Medicaid de DC con Concentric Community Care durante marzo y abril. Se trata de una serie de actividades enriquecedoras para la comunidad de doulas durante el Mes de la Mujer y la Semana Mundial de la Doula, que culminará justo antes de la Semana de la Salud Materna Afroamericana.

Fechas: 21 de marzo, 28 de marzo y 4 de abril  
Horario: 14:30 - 17:00

Ubicación: Oficina de Atención Comunitaria Concéntrica  
101 Q St. NE, Washington, D.C.

Opción virtual: 30 de marzo, 18:00 - 21:00

Confirme su asistencia aquí  
<https://forms.gle/f9ff4ze9joexFg376>



Colaboración para el aprendizaje y la acción de DC Doula 2026 con el apoyo de Concentric Community Care

