

Texas MCO NMDOH Learning Collaborative Webinar

August 5, 2026

Made possible thanks
to the support of the
Episcopal Health
Foundation and the
Michael and Susan Dell
Foundation



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Welcome & Introductions

Maternal Health Accelerator Overview

Cameron Combs, MBA, MPP
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Maternal Health Accelerator



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What is the MHA | Who we are & what our objectives are



One of the **largest outcome-based programs** in the country
Focused on **improving maternal health** outcomes



Two primary goals:

1. Reduce the **severe obstetric complication (SOC) rate** by 20%+
2. Create **self-sustaining financial models** for preventive care



Serves **Dallas & Tarrant** counties:

- 5M+ population
- ~65,000 annual deliveries (**more than 30 U.S. states**)



5 governing organizations:



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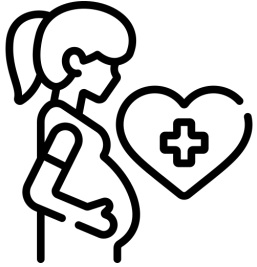


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To enable a **population-level, outcome-based program**, the MHA tracks **maternal health outcomes in near-real-time**, using hospital claims data
(the focus of this document)

Severe Obstetric Complication (SOC) Data | Data callouts



We track SOC's in women aged **12-55** who experienced **at least one SOC** from hospital admission for the **delivery event to 60 days postpartum**



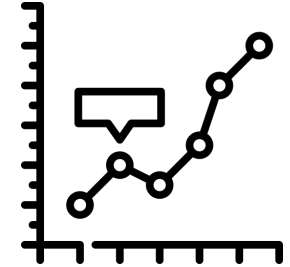
To be counted in our data, women must **live and deliver in Dallas County or Tarrant County**

A woman with more than one documented SOC will only be **counted once**



The biggest drivers of SOC rates in Dallas & Tarrant counties are:

- **Transfusion** events (about 75% of all SOC's)
- **Hypertension-related SOC's** (another 10%)
- **Sepsis** (about 9%)



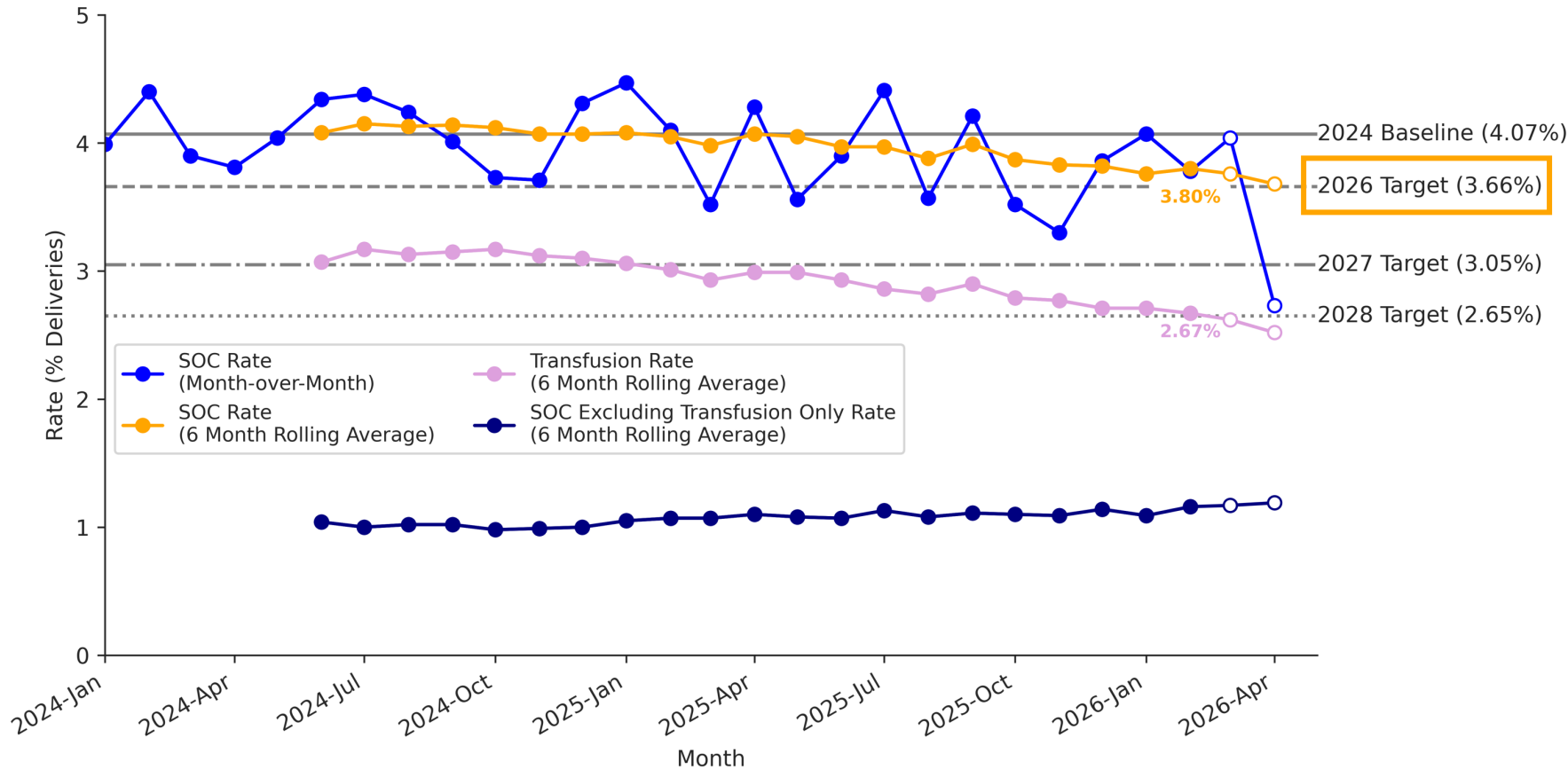
Please note:

Given the population-level nature of these interventions, **changes in SOC rates cannot be solely or entirely attributed to the MHA's actions**

If you have questions, we are happy to visit with you & facilitate interpretation of data



Severe Obstetric Complication Data | SOC and Transfusion / Non-transfusion rates Jan 2024-Jan 2026 (with delivery-only rates through Apr 2026)



Note: Baseline & annual targets correspond to 6-month rolling SOC average (gold line). MHA must hit these targets to maximize outcome payments from philanthropic partners.

Overall SOC rate (gold line) is split into:

- Transfusion SOC's (pink line), which have driven the SOC decline, and
- All other SOC's (dark blue line), such as acute renal failure, eclampsia, & sepsis

Closed dots indicate finalized data. Open dots indicate preliminary data that will be finalized in coming months.

* Baseline: January 2024 to December 2024

** 6-month rolling average covers September 2025 - February 2026, the most recent data available

Source: DFW Hospital Council (DFWHC) hospital claims data, calculated and presented by the Parkland Center for Clinical Innovation

- Data includes information obtained from the DFWHC Foundation; represents all delivering facilities that provide data to DFWHCF, not including Dallas Regional Medical Center
- DFWHCF is solely the data source and is not responsible for, nor has it approved, any analysis, interpretation, or reporting of results.

*If you have any questions or would like to
discuss this data further,
please reach out:*



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Milliman Findings

Stoddard Davenport, MPH
Principal & Health Care
Management Consultant,
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Costs of severe obstetric complications in the Texas Medicaid program

Highlights from Milliman's research report commissioned by the Episcopal Health Foundation and the Michael & Susan Dell Foundation

Stoddard Davenport, MPH

Principal & Healthcare Management Consultant | Milliman

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Quantifying the impact of SOC's in the Texas Medicaid program

Study population and objectives

POPULATION

- Mothers and infants covered by the Texas Medicaid STAR program.
- Data from CMS and Milliman research datasets, 2021-2024.

PREVALENCE

- Rates of severe obstetric complications, plus severe preeclampsia and hypertensive readmissions.
- Impact of SOC's on infant health problems and NICU use.

HEALTHCARE COSTS

- Impact of SOC's on healthcare costs for mothers and infants.
- Measured during the delivery admission, through 60 days post partum, and through a full year postpartum.

ECONOMIC IMPACT

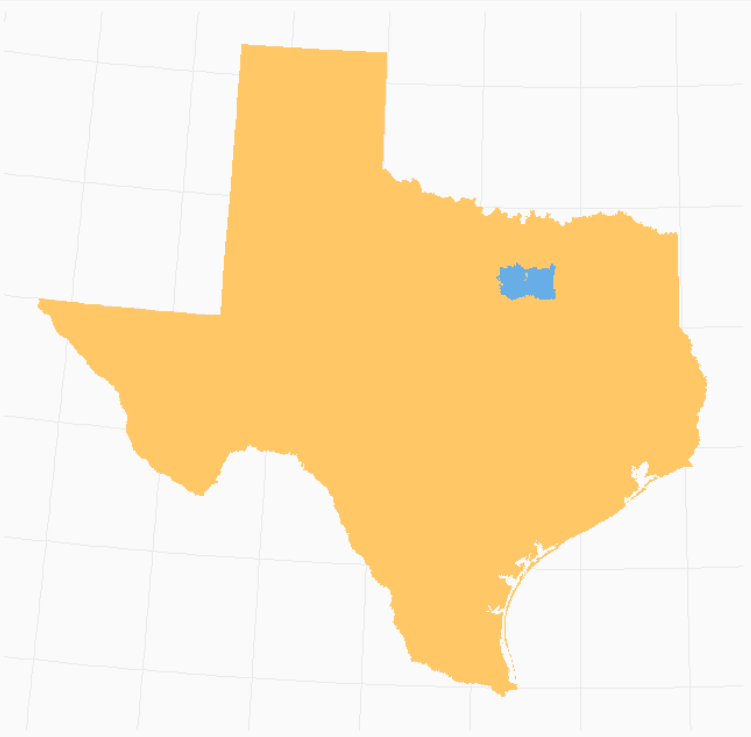
- Total cost of SOC's to the Texas Medicaid program.
- Potential savings from effective prevention of SOC's.

See the full report for further detail on the methodology, findings, and limitations of this analysis.

Source: Milliman Report: Costs of severe obstetric complications in the Texas Medicaid program, August 4, 2026.

North Texas experiences a higher burden of SOC's and other complications

Texas Medicaid STAR deliveries, 2023



STATEWIDE

131,754 deliveries

3.6%

with any SOC

12.6%

with any studied complication

1.75%

with blood transfusion

NORTH TEXAS

21,920 deliveries

4.9%

with any SOC

14.2%

with any studied complication

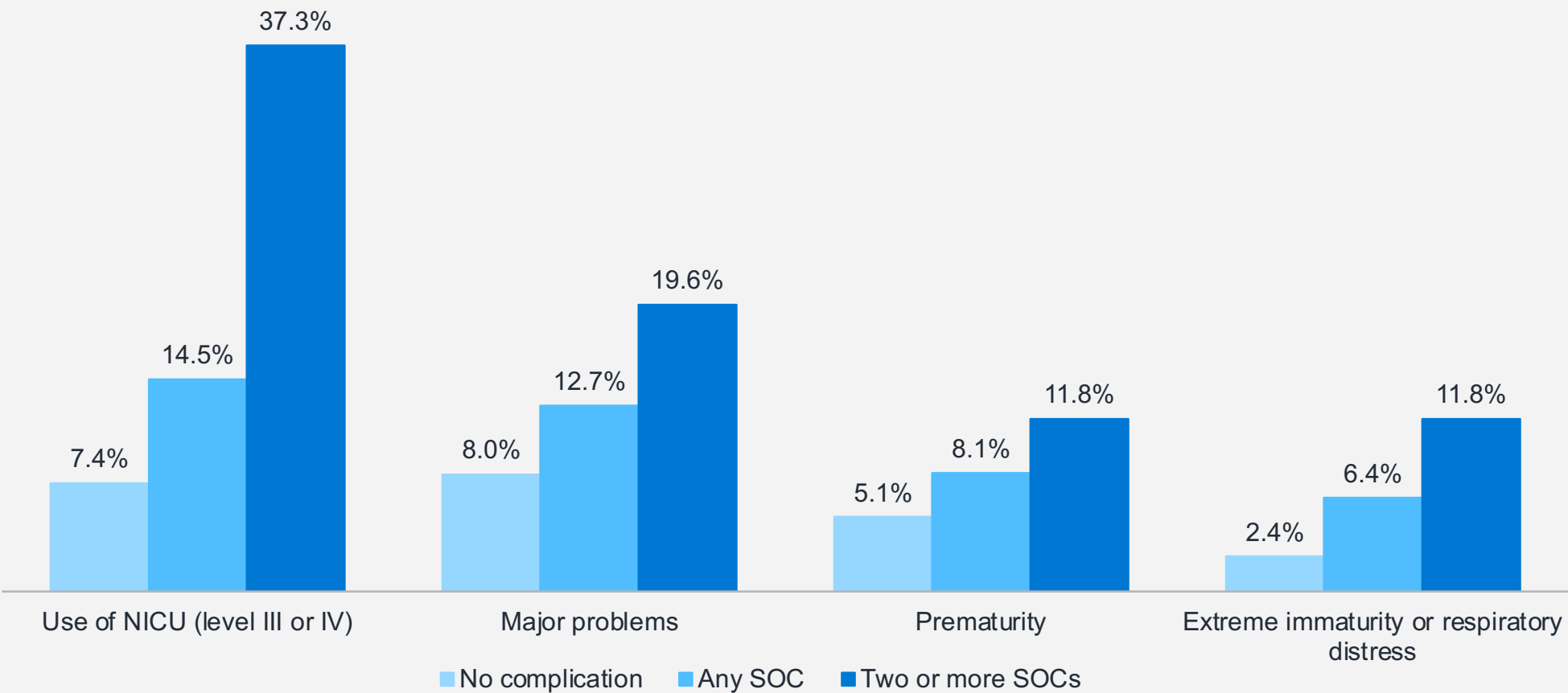
2.76%

with blood transfusion

Source: Milliman Report: Costs of severe obstetric complications in the Texas Medicaid program, August 4, 2026.

Maternal complications are associated with neonatal complications

Rates of newborn health problems, by mother's complications



Source: Milliman Report: Costs of severe obstetric complications in the Texas Medicaid program, August 4, 2026.

SOCs drive higher healthcare costs for both mothers and newborns

Average 12-month healthcare costs per mother-infant dyad, by mother’s complication

\$23,025

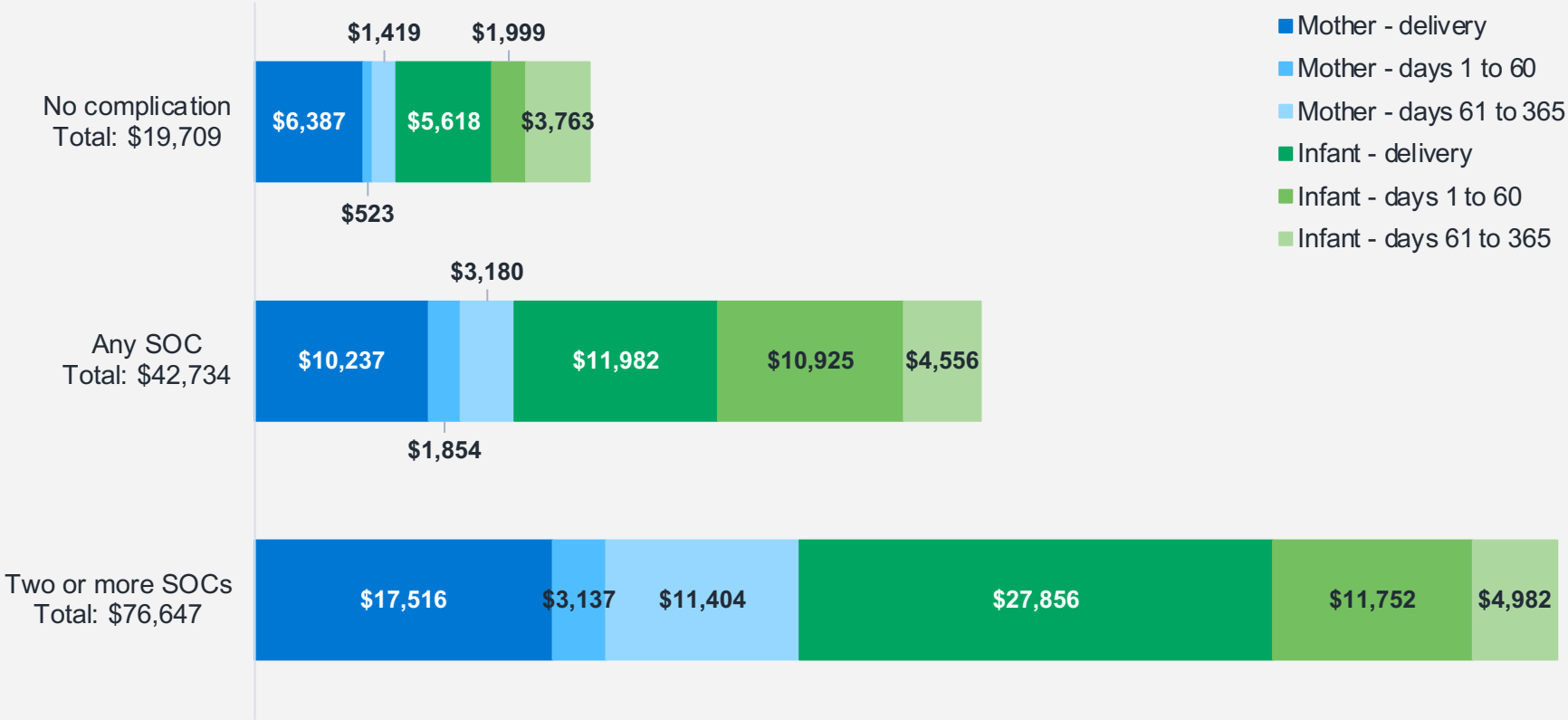
incremental cost per mother-infant dyad with any SOC in the first year

89%

occurred during the first 60 days, including delivery

70%

of incremental cost was for the infant’s care



Source: Milliman Report: Costs of severe obstetric complications in the Texas Medicaid program, August 4, 2026.

Prevention of SOC's can improve health outcomes and reduce costs

Potential healthcare cost savings from effective SOC prevention, extrapolated to the entire Texas Medicaid program

Statewide estimates, at 2024 cost levels. Illustrative estimates only. Actual results would differ due to many factors. Net savings would depend on costs of implementation.

BASELINE	YEAR 1 SAVINGS	YEAR 2 SAVINGS	YEAR 3 SAVINGS	TOTAL OVER 3 YEARS
\$136.4M	\$13.6M	\$34.1M	\$47.7M	\$95.5M
incremental cost of SOC's per year across the entire Texas Medicaid program.	potential savings if <u>10%</u> of SOC's were prevented.	potential savings if <u>25%</u> of SOC's were prevented.	potential savings if <u>35%</u> of SOC's were prevented.	potential savings if these targets were achieved.



Source: Milliman Report: Costs of severe obstetric complications in the Texas Medicaid program, August 4, 2026.

Thank you!

Stoddard Davenport

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The research report described in this presentation was commissioned by the Episcopal Health Foundation and the Michael & Susan Dell Foundation to describe the prevalence and healthcare costs of SOC in the Texas Medicaid population. It may not be appropriate for other purposes. This report does not provide recommendations regarding any specific clinical, policy, or payment interventions. Milliman does not intend to benefit or create a legal duty to any other recipient of this work.

Milliman relied on CMS and Milliman research datasets for this analysis. We have not audited these data sets, but have extensive experience using them, and have found them to be reasonable for these purposes. Any errors or omissions in the data sets could affect the results.

Complications were identified using diagnosis and procedure codes in administrative claims and encounter data. Events that were not coded on claims, or that appeared only in medical records, physician notes, or other clinical systems, were not identifiable in this analysis. As a result, the prevalence of some complications may be understated.

This analysis is observational and descriptive. Differences in costs and outcomes between deliveries with and without complications may reflect the complications themselves as well as underlying differences in maternal risk, comorbidities, gestational age, access to care, and other clinical or demographic factors.

Evaluating or validating any purported savings or improvements in outcomes from external studies was beyond the scope of our engagement. We encourage readers to review our methodology, findings, and references in full.

Any views or opinions expressed during this webinar are those of the speaker and are not necessarily representative of Milliman.

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Additional Remarks

Questions & Closing Remarks

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