

Commissioner Name:	Payment Reform, rank components you would be interested in including in a BDR.	Perinatal Quality Collaborative, rank components you would be interested in including in a BDR.	Pregnancy Medical Home, rank components you would be interested in including in a BDR.	Perinatal Services Modernization, rank components you would be interested in including in a BDR.	Select Top Potential BDR Concepts
Travis Walker	Eliminate Out-of-Pocket Costs for Perinatal Services;Pregnancy Medical Home Model;Enhanced Reimbursement for Rural Maternity Services;Coverage and Reimbursement for Remote Patient Monitoring;Reimbursement for Social Determinants of Health (SDOH) Screening ;Develop Incentives for Behavioral Health Screening and Referrals;Unbundling Perinatal Services from Global Payments to Visit-Based Billing;	Perinatal Quality Collaborative Only;+ Modernize the Maternal Mortality Review Committee through accelerated data collection and review so cases are analyzed closer to real time;+ Require Birthing Hospitals to achieve and maintain the federal Birthing Friendly Hospitals Designation;+ Require PQC to develop an ICU-in-pregnancy surveillance system;+ Require the Adoption of AIM Patient Safety Bundles;	+ Enhanced Reimbursement for Rural Maternity Services;Pregnancy Medical Home Only;+ Group Prenatal Care;+ Expand Lactation Support;+ Mom and Baby Home Visiting;+ Reimburse Social Determinants of Health Screening;	Reimbursement for social determinants of health screening;Provide coverage and reimbursement for dyadic interventions;Enhanced reimbursement for group prenatal care;Expand coverage for lactation support;Mom and baby home visiting;Expand coverage for prenatal and parenting education;	Perinatal Quality Collaborative: Establish a perinatal quality collaborative (PQC). Variations include: (a): PQC + AIM Bundles + Birthing Friendly Hospital Designation + ICU-in-pregnancy surveillance (b) PQC + AIM Bundles (c) PQC + MMRC Modernization;Ensuring Expectational Health Care and Retaining Physicians in Nevada: Provide reimbursement parity at the 75th percentile of national averages to retain and attract physicians.;Payment Reform: Restructure Medicaid reimbursement to better align payments with maternity quality and access goals. Variations submitted include: (a) unbundling + enhanced rural reimbursement + coverage for RPM and SDOH screening + incentives for BH screening and referrals + eliminating out-of-pocket costs for perinatal care (b) unbundling + enhanced rural reimbursement (c) eliminate out-of-pocket costs for perinatal care (d) pregnancy medical homes + unbundling + enhanced rural reimbursement (e) unbundling (f) eliminating out-of-pocket costs for perinatal care + enhanced rural reimbursement + pregnancy medical homes;Perinatal Behavioral Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives.;Perinatal Services Modernization: Expand coverage and reimbursement for perinatal care services. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home visiting (b) Dyadic Intervention (c) Expand Coverage for Prenatal and Parenting Education (d) Coordinated prenatal care across PCP and Specialty (with rural case management);Pregnancy Medical Home Model: Establish a PMH model in Medicaid to support care management and quality. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home Visiting (b) PMH + unbundling + Enhanced rural reimbursement (c) PMH + enhanced rural reimbursement;Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospital meeting core maternal safety and quality standards;Campaign to Improve Prenatal Care: Launch a statewide prenatal care improvement campaign and create a hotline or dashboard to support real-time navigation to resources.;Access to Care: Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.;

Mark Glyman	Enhanced Reimbursement for Rural Maternity Services; Eliminate Out-of-Pocket Costs for Perinatal Services; Coverage and Reimbursement for Remote Patient Monitoring; Unbundling Perinatal Services from Global Payments to Visit-Based Billing; Pregnancy Medical Home Model; Reimbursement for Social Determinants of Health (SDOH) Screening; Develop Incentives for Behavioral Health Screening and Referrals;	Perinatal Quality Collaborative Only; + Require Birthing Hospitals to achieve and maintain the federal Birthing Friendly Hospitals Designation; + Modernize the Maternal Mortality Review Committee through accelerated data collection and review so cases are analyzed closer to real time; + Require the Adoption of AIM Patient Safety Bundles; + Require PQC to develop an ICU-in-pregnancy surveillance system;	+ Expand Lactation Support; + Group Prenatal Care; + Reimburse Social Determinants of Health Screening; Pregnancy Medical Home Only; + Enhanced Reimbursement for Rural Maternity Services; + Mom and Baby Home Visiting;	Expand coverage for lactation support; Enhanced reimbursement for group prenatal care; Mom and baby home visiting; Reimbursement for social determinants of health screening; Provide coverage and reimbursement for dyadic interventions; Expand coverage for prenatal and parenting education;	Ensuring Expectational Health Care and Retaining Physicians in Nevada: Provide reimbursement parity at the 75th percentile of national averages to retain and attract physicians.; Payment Reform: Restructure Medicaid reimbursement to better align payments with maternity quality and access goals. Variations submitted include: (a) unbundling + enhanced rural reimbursement + coverage for RPM and SDOH screening + incentives for BH screening and referrals + eliminating out-of-pocket costs for perinatal care (b) unbundling + enhanced rural reimbursement (c) eliminate out-of-pocket costs for perinatal care (d) pregnancy medical homes + unbundling + enhanced rural reimbursement (e) unbundling (f) eliminating out-of-pocket costs for perinatal care + enhanced rural reimbursement + pregnancy medical homes; Pregnancy Medical Home Model: Establish a PMH model in Medicaid to support care management and quality. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home Visiting (b) PMH + unbundling + Enhanced rural reimbursement (c) PMH + enhanced rural reimbursement; Perinatal Quality Collaborative: Establish a perinatal quality collaborative (PQC). Variations include: (a): PQC + AIM Bundles + Birthing Friendly Hospital Designation + ICU-in-pregnancy surveillance (b) PQC + AIM Bundles (c) PQC + MMRC Modernization; Perinatal Behavioral Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives.; Perinatal Services Modernization: Expand coverage and reimbursement for perinatal care services. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home visiting (b) Dyadic Intervention (c) Expand Coverage for Prenatal and Parenting Education (d) Coordinated prenatal care across PCP and Specialty (with rural case management); Campaign to Improve Prenatal Care: Launch a statewide prenatal care improvement campaign and create a hotline or dashboard to support real-time navigation to resources.; Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospital meeting core maternal safety and quality standards; Access to Care: Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.;
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Dr Ikram khan					

Marilyn Kirkpatrick	Unbundling Perinatal Services from Global Payments to Visit-Based Billing;Eliminate Out-of-Pocket Costs for Perinatal Services;Pregnancy Medical Home Model;Coverage and Reimbursement for Remote Patient Monitoring;Enhanced Reimbursement for Rural Maternity Services;Reimbursement for Social Determinants of Health (SDOH) Screening ;Develop Incentives for Behavioral Health Screening and Referrals;	+ Require the Adoption of AIM Patient Safety Bundles;Perinatal Quality Collaborative Only;+ Require Birthing Hospitals to achieve and maintain the federal Birthing Friendly Hospitals Designation;+ Modernize the Maternal Mortality Review Committee through accelerated data collection and review so cases are analyzed closer to real time;+ Require PQC to develop an ICU-in-pregnancy surveillance system;	Pregnancy Medical Home Only;+ Enhanced Reimbursement for Rural Maternity Services;+ Group Prenatal Care;+ Expand Lactation Support;+ Reimburse Social Determinants of Health Screening;+ Mom and Baby Home Visiting;	Expand coverage for prenatal and parenting education;Enhanced reimbursement for group prenatal care;Provide coverage and reimbursement for dyadic interventions;Expand coverage for lactation support;Reimbursement for social determinants of health screening;Mom and baby home visiting;	Payment Reform: Restructure Medicaid reimbursement to better align payments with maternity quality and access goals. Variations submitted include: (a) unbundling + enhanced rural reimbursement + coverage for RPM and SDOH screening + incentives for BH screening and referrals + eliminating out-of-pocket costs for perinatal care (b) unbundling + enhanced rural reimbursement (c) eliminate out-of-pocket costs for perinatal care (d) pregnancy medical homes + unbundling + enhanced rural reimbursement (e) unbundling (f) eliminating out-of-pocket costs for perinatal care + enhanced rural reimbursement + pregnancy medical homes;Perinatal Services Modernization: Expand coverage and reimbursement for perinatal care services. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home visiting (b) Dyadic Intervention (c) Expand Coverage for Prenatal and Parenting Education (d) Coordinated prenatal care across PCP and Specialty (with rural case management);Campaign to Improve Prenatal Care: Launch a statewide prenatal care improvement campaign and create a hotline or dashboard to support real-time navigation to resources.;Perinatal Quality Collaborative: Establish a perinatal quality collaborative (PQC). Variations include: (a): PQC + AIM Bundles + Birthing Friendly Hospital Designation + ICU-in-pregnancy surveillance (b) PQC + AIM Bundles (c) PQC + MMRC Modernization;Pregnancy Medical Home Model: Establish a PMH model in Medicaid to support care management and quality. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home Visiting (b) PMH + unbundling + Enhanced rural reimbursement (c) PMH + enhanced rural reimbursement;Ensuring Expectational Health Care and Retaining Physicians in Nevada: Provide reimbursement parity at the 75th percentile of national averages to retain and attract physicians.;Perinatal Behavioral Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives.;Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospital meeting core maternal safety and quality standards;Access to Care: Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.;
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Adam Porath					

Andria Peterson	Unbundling Perinatal Services from Global Payments to Visit-Based Billing;Pregnancy Medical Home Model;Develop Incentives for Behavioral Health Screening and Referrals;Reimbursement for Social Determinants of Health (SDOH) Screening ;Coverage and Reimbursement for Remote Patient Monitoring;Eliminate Out-of-Pocket Costs for Perinatal Services;Enhanced Reimbursement for Rural Maternity Services;	+ Modernize the Maternal Mortality Review Committee through accelerated data collection and review so cases are analyzed closer to real time;+ Require the Adoption of AIM Patient Safety Bundles;Perinatal Quality Collaborative Only;+ Require PQC to develop an ICU-in-pregnancy surveillance system;+ Require Birthing Hospitals to achieve and maintain the federal Birthing Friendly Hospitals Designation;	+ Reimburse Social Determinants of Health Screening;+ Mom and Baby Home Visiting;+ Group Prenatal Care;+ Expand Lactation Support;+ Enhanced Reimbursement for Rural Maternity Services;Pregnancy Medical Home Only;	Reimbursement for social determinants of health screening;Mom and baby home visiting;Enhanced reimbursement for group prenatal care;Provide coverage and reimbursement for dyadic interventions;Expand coverage for lactation support;Expand coverage for prenatal and parenting education;	Perinatal Quality Collaborative: Establish a perinatal quality collaborative (PQC). Variations include: (a): PQC + AIM Bundles + Birthing Friendly Hospital Designation + ICU-in-pregnancy surveillance (b) PQC + AIM Bundles (c) PQC + MMRC Modernization;Pregnancy Medical Home Model: Establish a PMH model in Medicaid to support care management and quality. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home Visiting (b) PMH + unbundling + Enhanced rural reimbursement (c) PMH + enhanced rural reimbursement;Payment Reform: Restructure Medicaid reimbursement to better align payments with maternity quality and access goals. Variations submitted include: (a) unbundling + enhanced rural reimbursement + coverage for RPM and SDOH screening + incentives for BH screening and referrals + eliminating out-of-pocket costs for perinatal care (b) unbundling + enhanced rural reimbursement (c) eliminate out-of-pocket costs for perinatal care (d) pregnancy medical homes + unbundling + enhanced rural reimbursement (e) unbundling (f) eliminating out-of-pocket costs for perinatal care + enhanced rural reimbursement + pregnancy medical homes;Perinatal Services Modernization: Expand coverage and reimbursement for perinatal care services. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home visiting (b) Dyadic Intervention (c) Expand Coverage for Prenatal and Parenting Education (d) Coordinated prenatal care across PCP and Specialty (with rural case management);Perinatal Behavioral Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives.;Ensuring Expectational Health Care and Retaining Physicians in Nevada: Provide reimbursement parity at the 75th percentile of national averages to retain and attract physicians.;Access to Care: Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.;Campaign to Improve Prenatal Care: Launch a statewide prenatal care improvement campaign and create a hotline or dashboard to support real-time navigation to resources.;Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospital meeting core maternal safety and quality standards;
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Bethany Sexton					

Jonathan Chastain	Unbundling Perinatal Services from Global Payments to Visit-Based Billing;Eliminate Out-of-Pocket Costs for Perinatal Services;Reimbursement for Social Determinants of Health (SDOH) Screening ;Develop Incentives for Behavioral Health Screening and Referrals;Enhanced Reimbursement for Rural Maternity Services;Coverage and Reimbursement for Remote Patient Monitoring;Pregnancy Medical Home Model;	Perinatal Quality Collaborative Only;+ Modernize the Maternal Mortality Review Committee through accelerated data collection and review so cases are analyzed closer to real time;+ Require the Adoption of AIM Patient Safety Bundles;+ Require PQC to develop an ICU-in-pregnancy surveillance system;+ Require Birthing Hospitals to achieve and maintain the federal Birthing Friendly Hospitals Designation;	Pregnancy Medical Home Only;+ Mom and Baby Home Visiting;+ Reimburse Social Determinants of Health Screening;+ Enhanced Reimbursement for Rural Maternity Services;+ Expand Lactation Support;+ Group Prenatal Care;	Mom and baby home visiting;Provide coverage and reimbursement for dyadic interventions;Reimbursement for social determinants of health screening;Expand coverage for lactation support;Enhanced reimbursement for group prenatal care;Expand coverage for prenatal and parenting education;	Perinatal Quality Collaborative: Establish a perinatal quality collaborative (PQC). Variations include: (a): PQC + AIM Bundles + Birthing Friendly Hospital Designation + ICU-in-pregnancy surveillance (b) PQC + AIM Bundles (c) PQC + MMRC Modernization;Payment Reform: Restructure Medicaid reimbursement to better align payments with maternity quality and access goals. Variations submitted include: (a) unbundling + enhanced rural reimbursement + coverage for RPM and SDOH screening + incentives for BH screening and referrals + eliminating out-of-pocket costs for perinatal care (b) unbundling + enhanced rural reimbursement (c) eliminate out-of-pocket costs for perinatal care (d) pregnancy medical homes + unbundling + enhanced rural reimbursement (e) unbundling (f) eliminating out-of-pocket costs for perinatal care + enhanced rural reimbursement + pregnancy medical homes;Pregnancy Medical Home Model: Establish a PMH model in Medicaid to support care management and quality. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home Visiting (b) PMH + unbundling + Enhanced rural reimbursement (c) PMH + enhanced rural reimbursement;Perinatal Services Modernization: Expand coverage and reimbursement for perinatal care services. Variations submitted include: (a) PMH + expand lactation support + group prenatal care + SDOH screening + Mom and Baby Home visiting (b) Dyadic Intervention (c) Expand Coverage for Prenatal and Parenting Education (d) Coordinated prenatal care across PCP and Specialty (with rural case management);Perinatal Behavioral Health Integration: Integrate perinatal behavioral health into cross-agency innovation initiatives.;Birthing Friendly Hospital Designation: Require all birthing hospitals in the state to achieve and maintain federal "Birthing-Friendly" designation with MCO financial support, recognizing hospital meeting core maternal safety and quality standards;Ensuring Expectational Health Care and Retaining Physicians in Nevada: Provide reimbursement parity at the 75th percentile of national averages to retain and attract physicians.;Campaign to Improve Prenatal Care: Launch a statewide prenatal care improvement campaign and create a hotline or dashboard to support real-time navigation to resources.;Access to Care: Require that on call hospital providers treat patients regardless of ability to pay, to ensure access to needed hospital services.;