

Maternal and Infant Health

Nevada Medicaid, NVHA

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Agenda

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Program Overview

High-level overview of Nevada Medicaid.

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Quality Strategy

Nevada Medicaid Quality Strategy, Quality Collaborative, and Value-Based Payment.

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Payment Methodologies

High-level overview of how Nevada Medicaid currently pays for maternity care services

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Medicaid-Benefit Gaps and Opportunities

A review of national best practices, gaps, and opportunities

5

Questions

Open discussion and questions from commissioners.



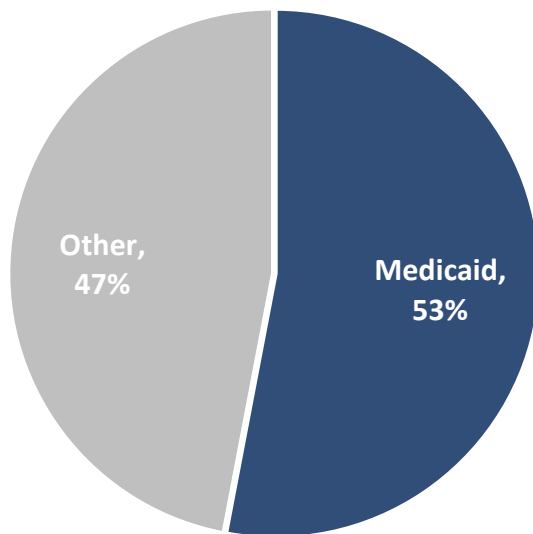
Nevada Medicaid: Program Overview



Quick Context: What is Medicaid?

Nevada Medicaid is a health insurance program that provides medical, behavioral health, pharmacy, and dental benefits to Nevadans who qualify based on their income, disability status, or other healthcare needs.

In Nevada, Medicaid provides health coverage for over 1 in 2 births



Data: Nevada Office of Vital Records and Nevada Medicaid Enrollment

730,000

Total Nevadans who receive health insurance through Nevada Medicaid

1 in 4

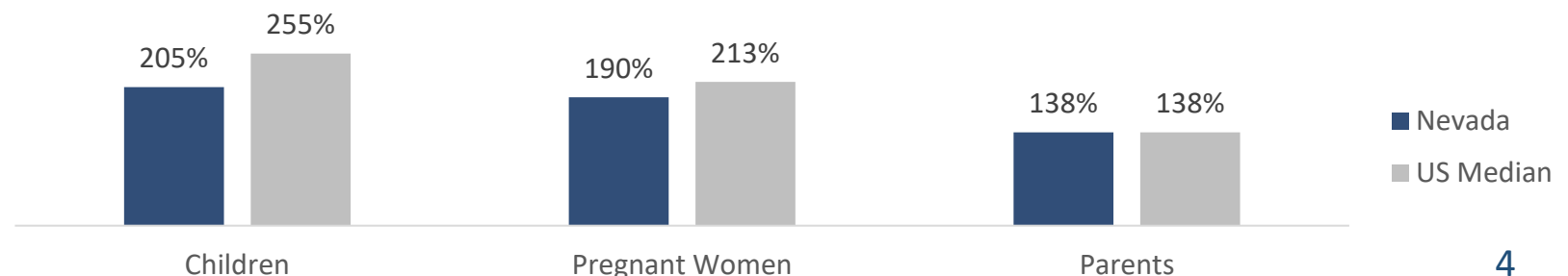
Nevadans receive health insurance coverage through Nevada Medicaid

\$5 billion

Total dollars spent by Nevada Medicaid (both State & Federal funds) biennially

Medicaid eligibility limits as a percent of the federal poverty level (FPL)

Source: KFF, *Medicaid State Fact Sheets* (2025). <https://www.kff.org/interactive/medicaid-state-fact-sheets/>





Quick Context: What is Managed Care?

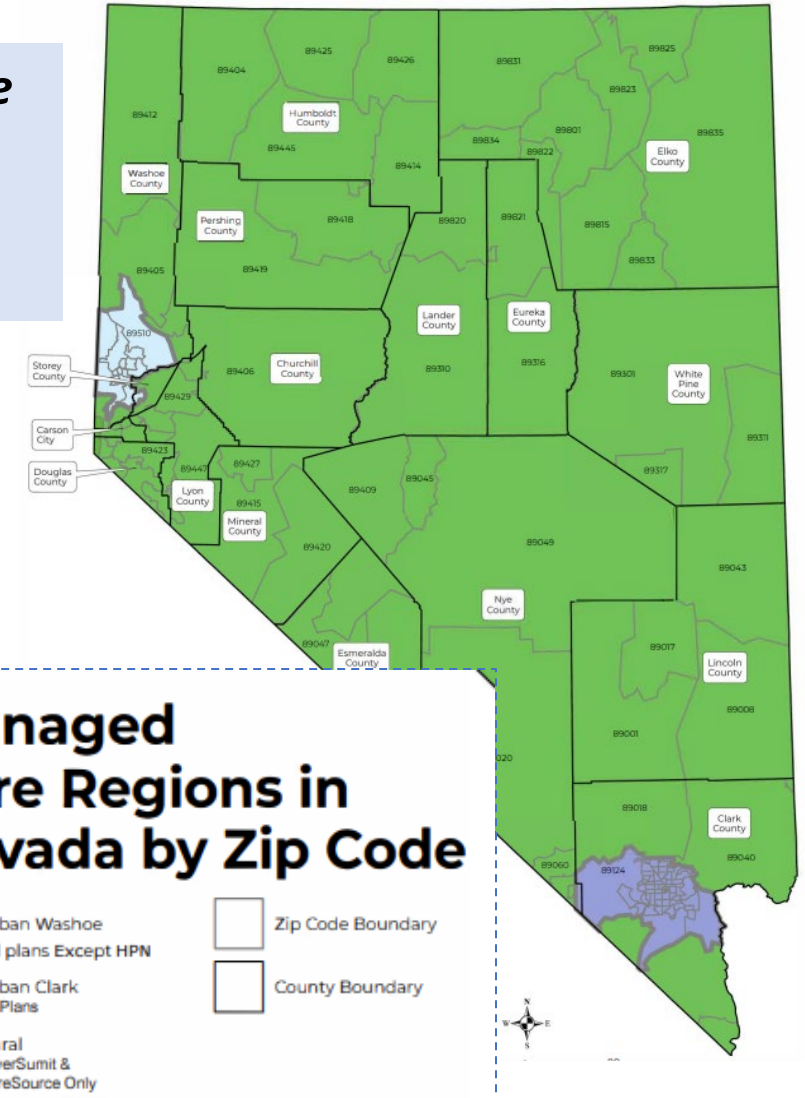
There are two types of "delivery systems" in Medicaid that manage the program, pay providers, and help members access care. Nearly all pregnant moms in Nevada are covered by one of five Managed Care Organizations.

Fee For Service System

- The State directly manages the Medicaid delivery system
- Providers enroll and bill the State directly for services delivered to FFS recipients
- In Nevada, people with disabilities, seniors, and youth in Foster Care are currently served by FFS

Medicaid Managed Care System

- The State contracts with managed care organizations (MCOs) to deliver Medicaid coverage
- MCOs create networks of providers, with coverage and reimbursements aligning with State requirements
- In Nevada, around 90% of Medicaid recipients receive care through an MCO (i.e., children, parents, adults without kids)





What maternal health services does Nevada Medicaid cover?

Medicaid coverage across the continuum of care

Preconception	Antepartum	Labor/Delivery	Postpartum
Medical/Behavioral Health, Preventative Screenings, Reproductive Health Services, Family Planning Services			
	Doulas, CHWs, Genetic Testing, Nurse Midwives, High-Risk Pregnancy Care Coordination, Housing & Meal Supports		
		Delivery, Inpatient Stay for Mom & Baby, LARC, Breast Pumps, and Lactation Consultation	
			Postpartum care and all medical services for 12 months



Quality Strategy Overview



Overview of Medicaid Quality Strategy

What It Is

- Federally required framework for Medicaid managed care quality oversight (CMS requirement)
- Establishes statewide **quality goals, measures, and monitoring processes**
- Guides how Nevada evaluates and improves **access, quality, and outcomes**

What It Covers

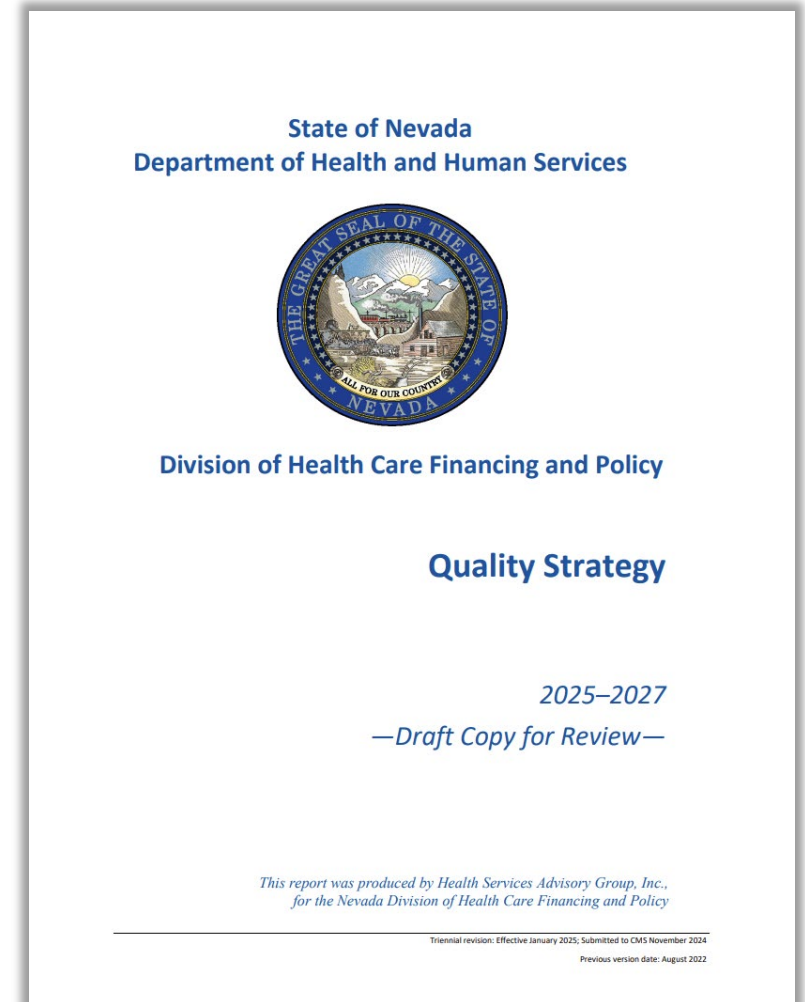
- Managed care plans (MCOs) and dental administrator performance
- Clinical quality, access to care, and member experience
- Preventive care, maternal health, behavioral health, chronic disease, and disparities

How Quality Is Measured

- National quality measures (HEDIS®, CMS Adult & Child Core Sets)
- Performance Improvement Projects (PIPs)
- External Quality Review (EQRO)
- Network adequacy and access standards

Why It Matters

- Sets **statewide priorities for Medicaid quality improvement**
- Creates **accountability for managed care plans**
- Supports **value-based payment and population health initiatives**

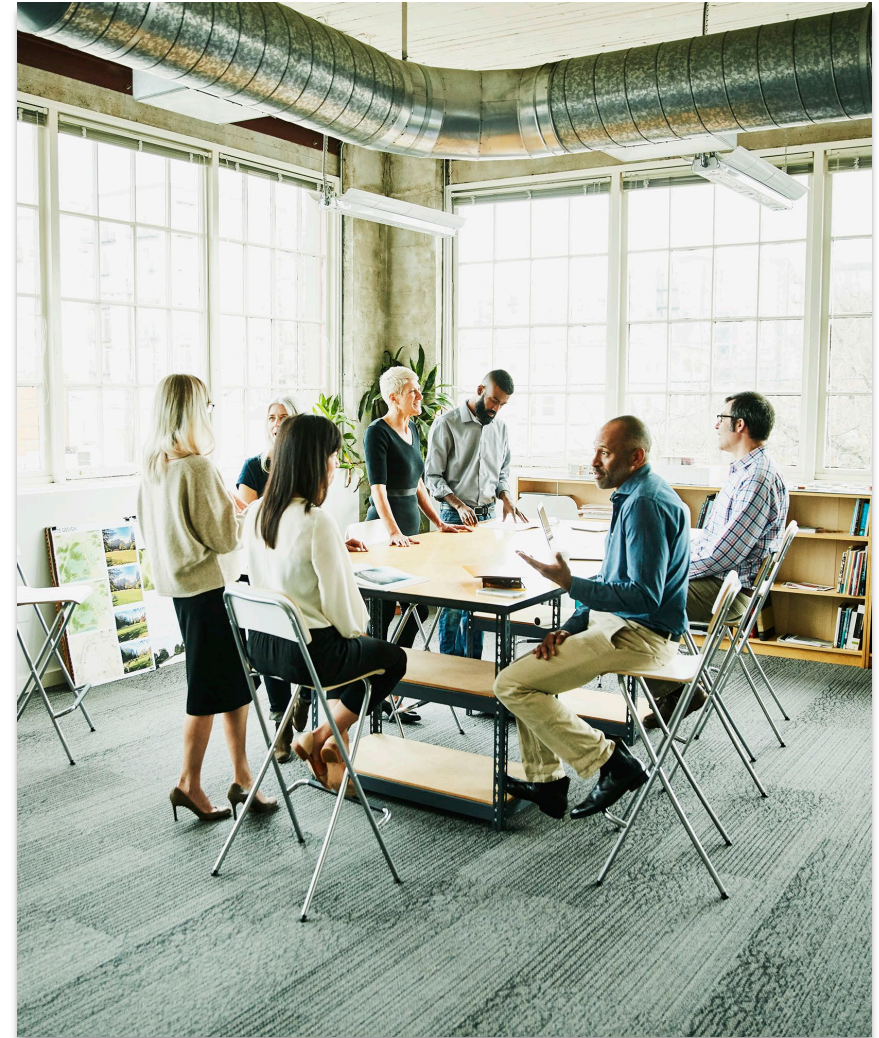




Medicaid MCO & Hospital Quality Collaborative

Collaborative established by Nevada Medicaid in 2024

- 40+ hospitals and all MCOs participating
- Share data, best practices, and performance insights
- Maternal and Infant Health identified as a priority area for Value-Based Payment by Hospitals and MCOs
- BIP efforts tested innovative maternal health improvement projects to inform value-based payment models



VBP Overview for Patient Protection Meeting

Nevada Health Authority

March 13, 2026

A business of Marsh McLennan



Common Terms

Distinct Terms that can sometimes be used Interchangeably

Value-Based Purchasing (VBP)

Any movement away from fee-for-service (FFS) (volume) payments. Broad term generally translated as reimbursement strategies that reward value rather than volume.

Alternative Payment Model (APM)

Term applied to payment models that are based upon shared risk and population-based reimbursement strategies that incentivize improvements in quality and person-centered care.

Episode-Based Payments

Payment model that holds providers accountable for the costs and quality of a defined and discrete set of services for a defined period of time.

Population-Based Payments

Payment model in which one or more providers is accountable for spending targets and quality benchmarks for the majority of health services for defined populations.

Provider Accountability

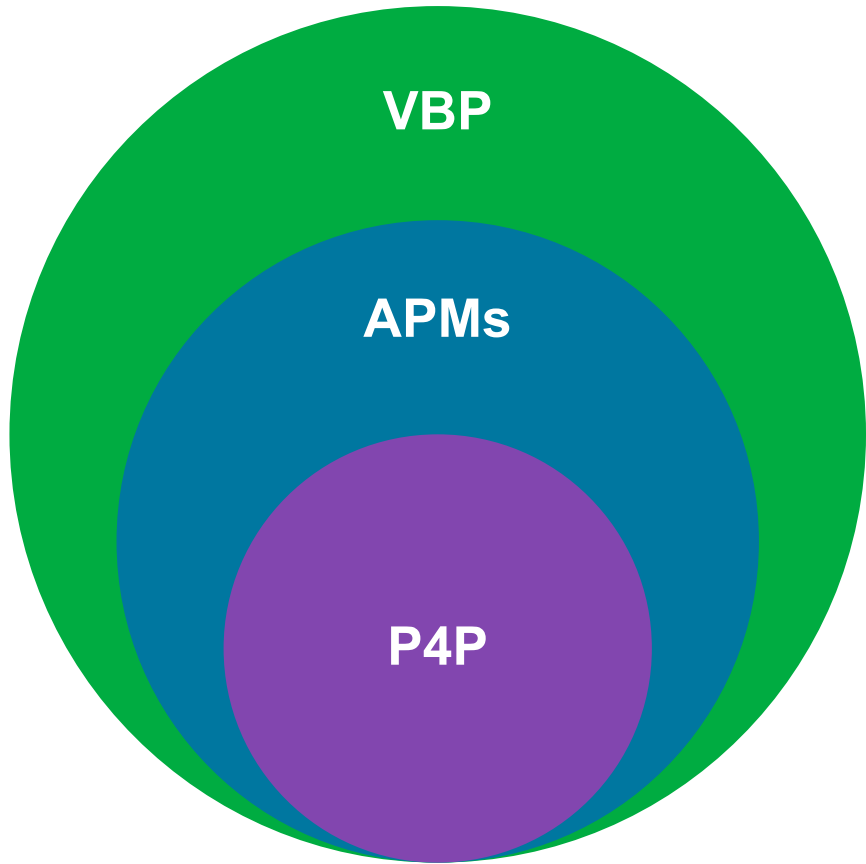
Shared risk and rewards require collaboration, data sharing, and analytics at the provider level rather than at the Managed Care Organization (MCO) or State level. Strategies include development of new delivery models: Accountable Care Organizations (ACOs) and Primary Care Medical Homes.

Value-Based Care (VBC)

Patient care designed to focus on quality, provider performance, and patient experience. VBC requires providers to work together as a team to manage a person's overall health and help meet their health goals.

Value-Based Purchasing: Nested Incentives

The Many Layers of Changing the Health Care Incentive Structure



- **VBP** is the overarching strategy to achieve value in health care.
- **APMs** are the contractual arrangements used to implement VBP.
- **P4P** is a type of APM.

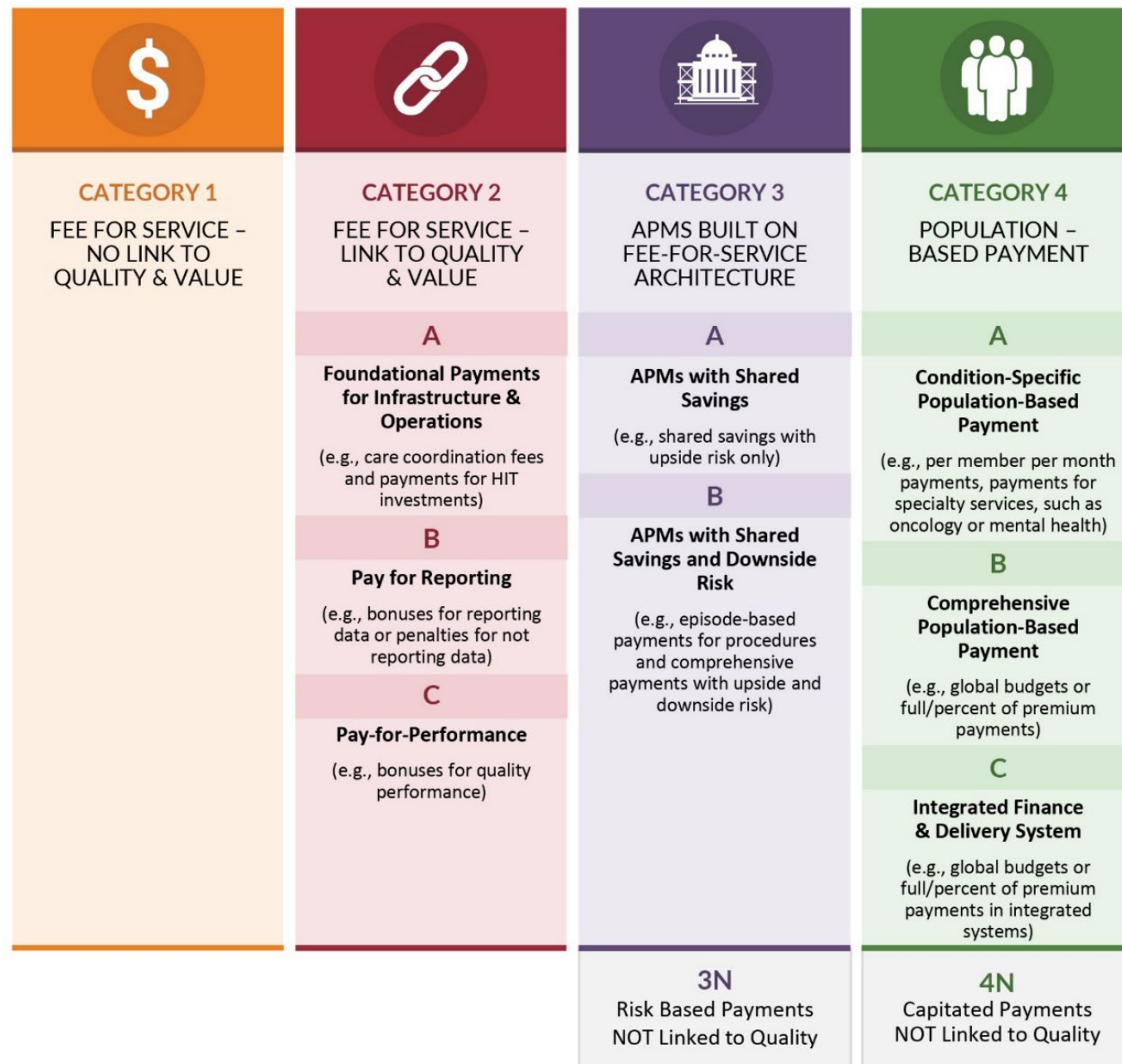
VBP: Who Does What?

Purchaser, Health Plan, and Provider Roles

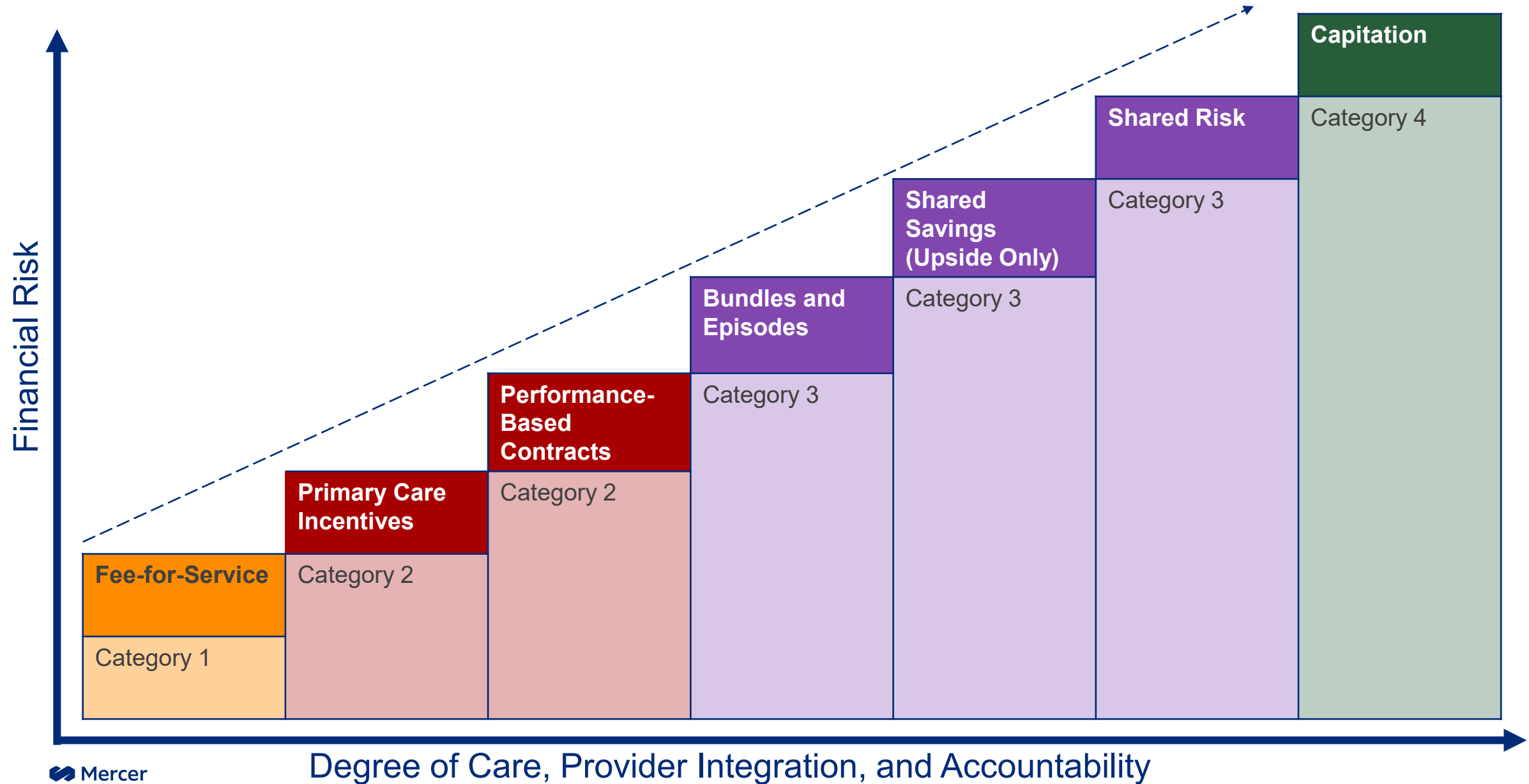
Term	Purchaser Role	Health Plan Role	Provider Role
VBP	• Define vision, priority areas, and targets • Engage health plans and providers in VBP education	• Develop contracting strategy and options • Engage providers in VBP education	• Practice transformation • Educate and engage clinicians
APM	• Set expectations and priority APMs • Design and implement APMs if contracting directly with providers or through SDPs	• Design APMs • Implement APMs with providers • Support providers with data and education	• Perform on APM elements (cost and quality) • Support clinicians • Engage patients
P4P	• Define incentives if contracting directly with providers • Define priority quality measures • Allocate incentive funds	• Define incentives • Define priority quality measures and tie them to incentive payments • Distribute incentive payments	• Implement clinical strategies to achieve quality incentives • Reinvest incentive payments

Health Care Payment Learning and Action Network (HCP-LAN)

APM Framework



Value Based Payment Continuum





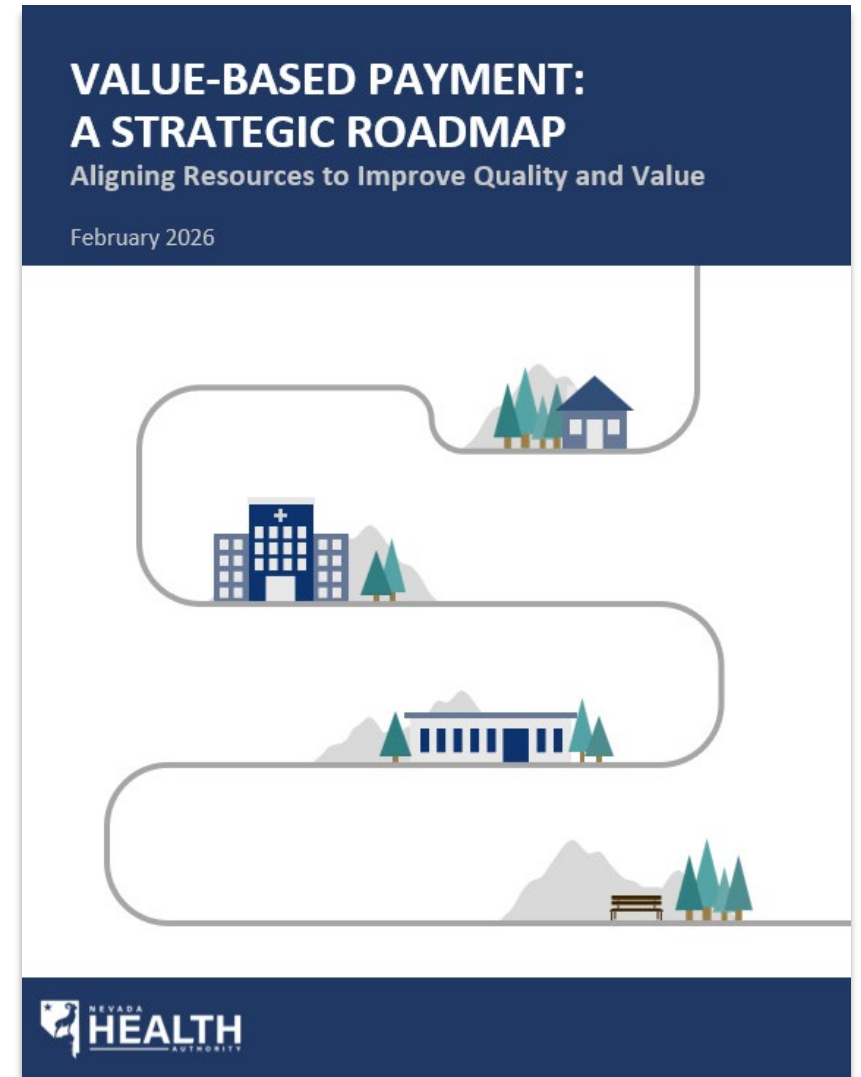
VBP Goals, Rational, and Highlights

Goals and Rationale

- ✓ Improve quality of care and health outcomes
- ✓ Leverage existing infrastructure and national best practices
- ✓ Provide contractual guidance to MCOs designed to foster both consistency and creativity

VBP Roadmap Highlights:

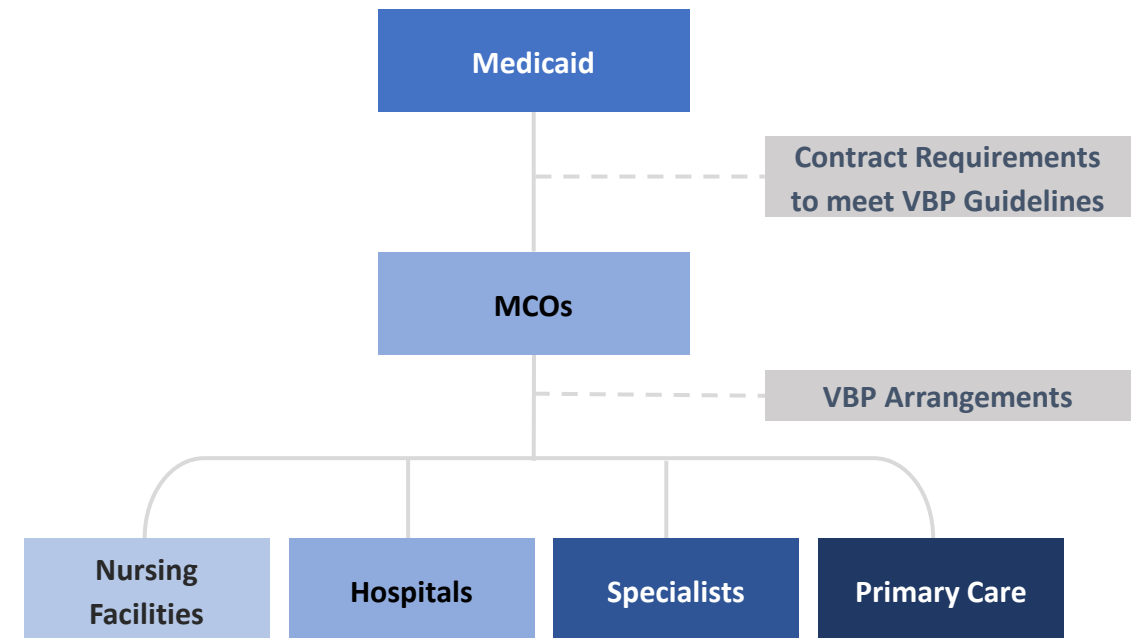
- **Fostering Alignment** – NVHA covers 1 in 3 Nevadans
- **Streamlining Processes** – Reduce redundancy, streamline accountability measures, simplify reporting, target improvement goals
- **Continuous Improvement** – Review and adapt VBP approaches and performance measures as appropriate over time





Driving Quality Through Aligned VBP Strategy

- Medicaid contract requirements will provide guidance to MCOs in support of aligning VBP arrangements across providers
- MCOs can leverage existing infrastructure to deploy VBP arrangements with providers
- VBP arrangements can adapt over time depending on provider and MCO readiness, data availability, and targeted outcome improvements





Value-Based Payment Arrangements

Maternal and Infant Health

Hospital Quality Partnership

A value-based partnership between MCOs and birthing hospitals to improve quality and care coordination during labor, delivery, and immediate postpartum care and successful transitions from the hospital to outpatient postpartum care.

- **Level:** Facility
- **Arrangement Type:** APM 2C+ (Pay-for-Performance or higher)
- **Participants:** MCOs and Birthing Hospitals
- **Focus:** Labor/Delivery + Postpartum Care Transitions

Maternity Care Provider Pilot Program

A value-based payment model will support patients and providers across the perinatal continuum.

- **Level:** Provider / Care Continuum
- **Arrangement Type:** TBD
- **Participants:** MCOs and Perinatal Care Providers
- **Focus:** Prenatal, Labor/Delivery, and Postpartum Care

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



Quality Measures Within the VBP Programs

Initiative	Measures	Structural Requirement
Maternal and Infant Health (MIH) Hospital Quality Partnership	Process: - Nulliparous, Term Singleton Vertex (NTSV); or - Births Weighing Less Than 2,500g (LBW) Outcome: - Unexpected Complications in Term Newborns (PC-06); or - Severe Maternal Morbidity (SMM)	Postpartum Care Transitions: - Hospitals implement an evidence-based postpartum discharge process that schedules follow-up care, provides standardized education, and establishes referral pathways to ensure a smooth transition to outpatient postpartum services. Perinatal Behavioral Health Screening and Referral: - Hospitals implement systematic screening for perinatal depression, anxiety, and substance use using validated tools and ensure documented referral, treatment, or follow-up when patients screen positive.
Maternity Care Provider Pilot Program	TBD	TBD

Note: Performance measures shown represent an initial framework developed in partnership with the Nevada Hospital Quality Collaborative and may evolve through stakeholder discussion and program implementation.



Postpartum Improvement Program Pilot

The Problem

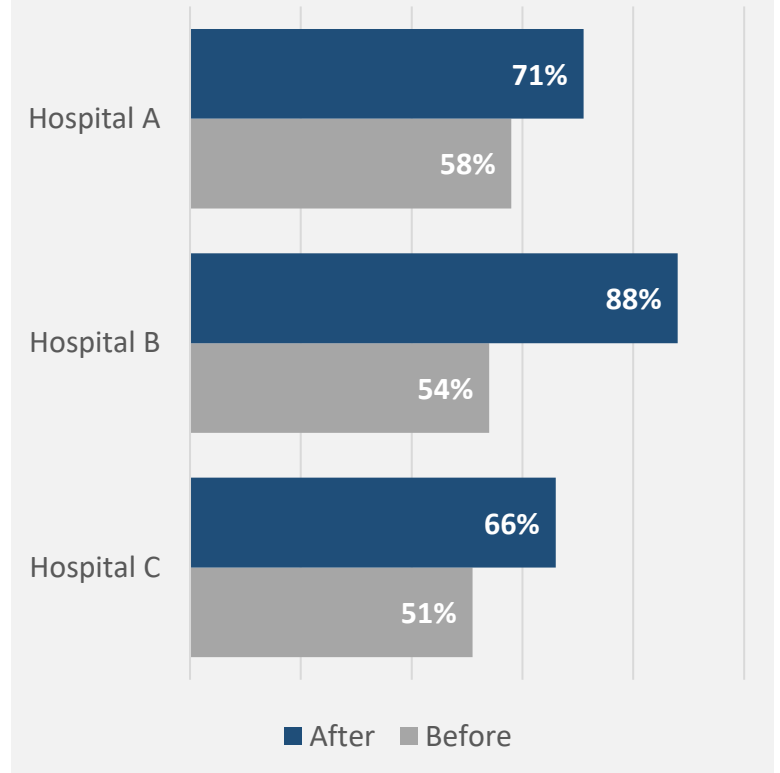
- Low postpartum visit rates
- The 7-84 days after delivery “fourth trimester” is the highest-risk period for maternal complications.

Intervention

Hospitals adopted a standard discharge workflow to

- Schedule postpartum visits before discharge
- Provide education and reminders
- Connect mothers to care coordination and needed supports

Postpartum Visit Completion: Before and After Intervention





3-Year Timeline

Foundation and Stakeholder Engagement

- **Prep** for VBP Contracting, effective CY 2027
 - Payment innovation strategies launched in Medicaid in alignment with value-based goals
- Begin stakeholder engagement to expand VBP arrangements to more provider types

2026

Expansion and Refinement

- **Monitor** performance
- **Expand and refine** VBP arrangements
- NVHA will develop strategies to expand the scope and reach of **VBP across more programs**

2028

2027

Implementation of VBP Models

- **Hospital Quality Partnership:** MIH and TOCC
 - **Maternity Care Provider Pilot Program**

State Directed Payment

- **Hospital Quality Metrics:** Continue to drive improvements in performance outcomes, including supports to hospitals



Discussion Question

1. Do Commissioners have any feedback on the current maternal health measures being used in these VBP arrangements?
2. Do Commissioners have thoughts about how the PPC might support Medicaid's long-term VBP direction?



Maternal Health: Reimbursement Methodology



Current Payment Methodology

Bundled Rates:

- Prenatal, labor & delivery, postpartum care
- Global payment when provider delivery + performs ≥ 7 prenatal visits + postpartum care
- If care is split, separate bundled codes apply.

Per Diem (Daily) Rates:

- Inpatient hospital stay
- Neonatal Intensive Care Unit (NICU)

MCOs are required to meet or exceed the Fee For Service fee schedule.



Discussion Question

What information, context, or examples would be most useful to include in a future agenda item on maternity payment reform?



Medicaid Benefit Gaps and Opportunities



Medicaid-Benefit Gaps & Opportunities

- Case Management Specific to High-Risk Pregnancy
- Wait Time Standards/Limits for Prenatal Care Appointments
- Childbirth Education
- Infant Care/Parenting Education

State recently added these benefits by as part of Medicaid Managed Care program; all pregnant women should be in Managed Care with statewide expansion as of January 1, 2026.

- Lactation Specialist Services (outside of global maternity care payment)
- Coverage of Midwifery Support for Births
- Mom & Baby Home Visiting Services
- Fertility Treatment*
- Pregnancy Health Home Model

Additional state funding and authority from legislature will be needed to add these additional benefits.



Key Medicaid Best Practices: Maternal Health



Complete



In Progress



Not Yet Approved or Implemented

Policy	Status in NV	Information about Implementation or Plans to Implement
12 Months of Postpartum Coverage (47 states + DC)		Nevada implemented this best practice in last year.
Presumptive Eligibility Pregnant Women (30+ states)		Nevada is in the process of fully implementing this policy with CMS.
Enhanced Case Management (High Risk) (36 states)		Nevada implemented this for pregnant women starting Jan. 1, 2026 via Medicaid Managed Care program and new contracts.
Pregnancy Health/Medical Home (NC, OH, TX, WI)		Nevada has yet to implement this model due to funding challenges with this benefit. Requires legislative appropriation.
Limited Coverage for Elective Cesareans (GA, IN, IA, MI, NM, NY, SC, TX)		Nevada implemented this best practice in last year.
Birthing Friendly Hospital Promotion via Medicaid (unknown)		Nevada has yet to promote or require this federal designation for birthing hospitals.
Payment Reforms Focused on Maternal Health (41 states)		Nevada has several initiatives underway in support of developing payment reforms in Medicaid to promote improved maternal health outcomes



Collaboration Efforts on Maternal Health

- Applying for **Federal State Technical Assistance Cohort (STAC)!**
 - Center for Maternal and Child Health Medicaid Partnerships (CMMP)
- Purpose is to support states and territories in bringing together their **Title V MCH, Medicaid, and Children's Health Insurance Program (CHIP)** programs to accelerate improvements in maternal child health outcomes.
- If accepted, Nevada will receive **individualized technical assistance and peer support** through approximately a year-long cohort with (up to) seven states/territories.
- This is Year 2 of the STAC, so participants will have the opportunity for peer learning from the previous cohort participants.
- **DPBH, Nevada Medicaid, NVHA, and Children's Cabinet** will be working together on this new opportunity



Opportunities for the PPC

- ✓ Support BDRs to address Medicaid maternity benefit gaps
- ✓ Advise on long-term directions for Value-Based Payment models
- ✓ Offer input on future models like pregnancy health homes
- ✓ Offer input or identify statutory or policy changes that could strengthen Medicaid's payment reform work



Questions?



Contact Information

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