



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

PATIENT PROTECTION COMMISSION

9850 Double R. Blvd.
Reno, Nevada 89521
NVHA.NV.GOV



Stacie Weeks JD, MPH
Director

Dylan Malmlov
Executive Director, PPC

MATERNAL HEALTH PAYMENT REFORM

Nevada's maternal health payment structure does not consistently reflect how care is delivered today. Current approaches, including global maternity payment models, do not fully account for the complexity of care, gaps across the prenatal, delivery, and postpartum periods, or changes in clinical practice. As a result, payment does not consistently support coordinated care over time or align incentives across providers, hospitals, and managed care organizations.

BACKGROUND

Medicaid plays a central role in Nevada's maternal health system, covering more than half of all births and shaping how prenatal, delivery, and postpartum care are financed across the state.¹ Because of this reach, Medicaid payment policies influence not only how individual services are reimbursed but also how care teams, hospitals, and managed care organizations organize and deliver maternity care.

Nevada currently uses a mix of global maternity payment codes and per-diem hospital reimbursement to cover pregnancy-related services.^{2, 3} These legacy models assume a predictable, uncomplicated clinical trajectory that fails to account for the intensive screening, counseling, and comorbidity management activities that occur throughout pregnancy and postpartum.⁴

NATIONAL TRENDS AND EVOLVING STANDARDS OF CARE

National clinical and professional organizations are advancing changes to maternity payment and coding that move away from global maternity bundles toward more detailed, encounter-based approaches.⁵ Effective in 2027, updated CPT coding will replace global maternity codes with visit-based billing for prenatal and postpartum care.⁶ This shift allows for more accurate reporting of services, care complexity, and involvement of multiple providers across the episode of care.

At the same time, federal and state efforts are expanding the use of alternative payment models (APMs) and value-based payment (VBP) approaches in maternal health. These models focus on aligning payment with quality, outcomes, and care coordination across the full continuum of care.⁷

Together, these changes reflect a shift toward payment approaches that better align with how care is delivered today and provide a framework for states to consider updates to existing models

¹ Office of Analytics. (2025). *Medicaid Births (2024)*. Retrieved from Maternal and Child Health in Nevada: <https://app.powerbigov.us/view?r=eyJrIjoieYTRjMTJmOTQTYTM1Ny00Y2RiLWJjMTUuY2M4Y2RlMjVjYjEzIiwidCI6ImU0YTM0MGU2LWl4OWUtNGU2OC04ZWFlTE1NDRkMjcwMzk4MCI9>

² Nevada Medicaid. (2025). *Provider Types 20, 24, and 77 Billing Guide*. Retrieved from https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT20-24-77_online_012925_to_041825.pdf

³ Nevada Medicaid. (2024). *Provider Type 11 Billing Guide*. Retrieved from https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT11_online_111824.pdf

⁴ ACOG. (2024). *Payment for Obstetricians and Gynecologists*. Retrieved from <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2024/payment-for-obstetricians-and-gynecologists>

⁵ ACOG. (n.d.). *Payment of Obstetric Services*. Retrieved from <https://www.acog.org/practice-management/coding/coding-library/payment-for-obstetric-services>

⁶ AMA. (2026). *A Health Plan Primer: Previewing the CPT 2027 Restructure for Maternity Care Services*. Retrieved from <https://www.ama-assn.org/membership/events/health-plan-primer-previewing-cpt-2027-restructure-maternity-care-services>

⁷ NORC. (2023). *Maternal Value-Based Payment Models and Considerations in Medicaid*. Retrieved from https://www.norc.org/content/dam/norc-org/pdfs/Maternal%20Value-Based%20Payment%20Models%20Brief_508.pdf

POLICY OPTIONS

Table 1. Payment Reform Policy Options

Policy Options	Expected Impact	Possible Policy Levers	Action Priority Matrix	Resources
Structural Payment Reform				
Unbundling Shift from global maternity payments to visit-based billing for prenatal and postpartum care	Outcomes: increase access; improve outcomes over time Est. Cost: Moderate	Legislation*, State Plan Amendment (SPA); MCO Contract Requirements *Unclear if needed w/ CPT updates	Quick Win (High Impact, Low Effort)	Payment for Obstetricians and Gynecologists ACOG Previewing the CPT 2027 Restructure AMA Arkansas ; Iowa
Eliminating Out-of-Pocket Costs for Prenatal, Delivery, and Postpartum Care Prohibit cost-sharing requirements for prenatal, childbirth, neonatal, perinatal, or postpartum health care	Outcomes: Reduce care avoidance due to cost; improve engagement and outcomes Est. Cost: Moderate	Legislation; insurance regulation; payer contracting	Major Project (High Impact, Moderate Effort)	H.R.3762 - Supporting Healthy Moms and Babies Act ; S.1834
Birthing Center Payment Reform Increase facility fee, add newborn facility fee, transfer fee, and payment for labor management and required birthing assistant	Outcomes: Expand access to care Est. Cost: Low/Moderate	Legislation; SPA; MCO Contract	Quick Win (High Impact/Low Effort)	Access to Maternity Providers: Midwives and Birth Centers
Increase Medicaid Reimbursement of Home Births Increase reimbursement for home births to make fiscally sustainable for providers	Outcomes: Increased access to home births Est. Cost: Low/Moderate	Legislation; SPA; MCO Contracting	Fill-in (Low/Moderate Impact/Low Effort)	KFF Medicaid Coverage of Pregnancy-Related Services
Perinatal Behavioral Health Screening and Follow-Up Require reimbursement that allow perinatal behavioral health screening to be billed separately from global bundle and require coverage for warm-handoff and closed-loop referral supports. (Coverage and Benefits)	Outcomes: Early identification reduces crisis care and long-term costs Est. Cost: Low	Legislation*; SPA; MCO contract *Unclear if needed w/ CPT updates	Quick Win (High Impact, Low Effort)	MACPAC
Unbundled Payment for Postpartum LARC Mandate coverage of device and insertion separate from global payment at delivery hospitals and outpatient settings (Coverage and Benefits)	Outcomes: Reduce short-interval pregnancies Est. Cost: Low/Moderate	Legislation*; SPA; MCO Contract *Unclear if needed w/ CPT updates	Quick Win (High Impact, Low Effort)	LARC OBGYN ; Payment for LARC

Alternative Payment Models

Establish a Pregnancy Medical Home (PMH) Model

A coordinated care model designed to improve maternal infant health outcomes supported by care management payments and quality expectations

Outcomes: Improve engagement and continuity, reduce complications

Est. Cost: Low/Moderate (Depending on scope)

Legislation, MCO Contracting, SPA, Waivers*, RHTP

*Depending on target population

Major Project (High Impact/High Effort) *

*Depending on target population

[North Carolina: Case Study](#)

[Wisconsin: Case Study](#)
[Maternal Value-Based Payment Models and Considerations in Medicaid](#)

Medicaid Reimbursement for CHW Interventions

Develop an outcome-based unit rate for reimbursement of CHW interventions using the Pathways Community HUB Institute model (Connected to recommendation of Pregnancy Health Homes, Home Visiting, SDOH Screening)

Outcomes: Improved care coordination and stronger connections
Est. Cost: Low

Legislation; SPA, MCO Contracts, VBP

Major Project (High Impact; High Effort)

[Our Model | Pathways Community HUB Institute | PCHI | United States](#)