

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Medicaid Eligibility Options for Uninsured Women Pre and Postpartum, Access to Maternal Health Care

Division of Health Care Financing and Policy (DCHFP)
Division of Welfare and Supportive Services (DWSS)

Suzanne Bierman, Administrator
Robert Thompson, Deputy Administrator



Agenda

1. Medicaid's role in improving maternal and child health with a focus on coverage and access
2. Data on Nevada's remaining uninsured populations
3. Review of existing Medicaid eligibility coverage options
4. Potential Medicaid eligibility expansions for pregnant women
5. Examples from other states

Medicaid's Role in Improving Maternal and Child Health

- There were 35,542 births in Nevada in 2018
- Medicaid is the single largest payor of births in Nevada with Medicaid covering 58% (20,539) of the state's total births in 2018
- Medicaid can improve maternal and child health outcomes by using a variety of policy levers:
 - Provide access to coverage
 - Benefit and service decisions
 - Quality initiatives
 - Payment policy and initiatives
 - Managed care requirements

Coverage Landscape: Remaining Uninsured

Ineligible Due to Immigration Status

109,000



Affordability Challenges in the Marketplace

69,000



Employer Sponsored Insurance/Family Glitch

49,000

Higher Income

20,000 (> 400%FPL)

Eligible but Unenrolled

225,000

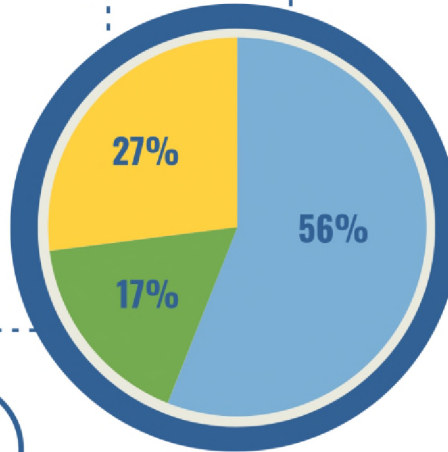


Medicaid & CHIP

148,000

Marketplace

77,000



Nevada has the **2nd highest uninsured rate** among Medicaid expansion states



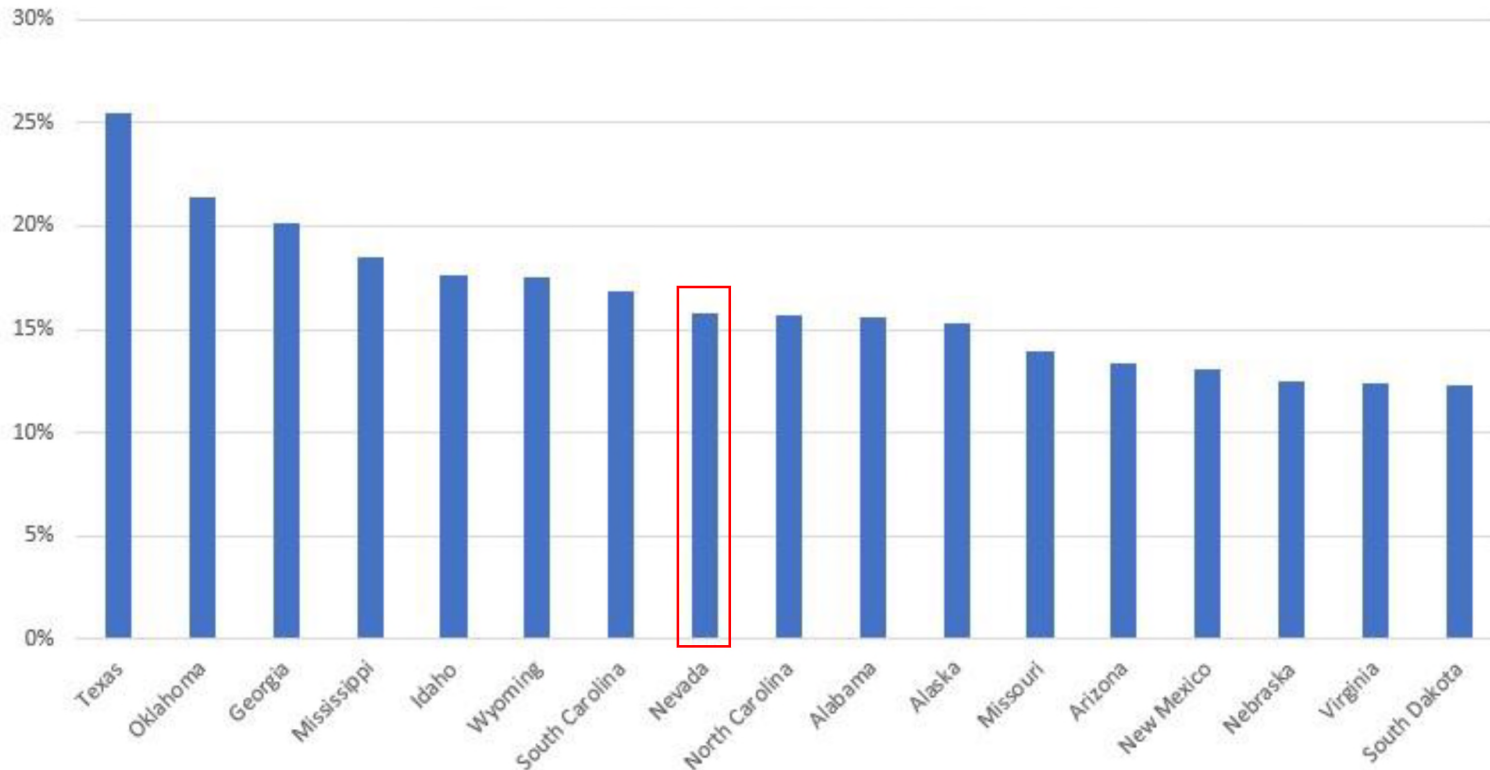
Nevada Department of Health and Human Services

Family Glitch: A rule that bases premium subsidies on whether an employer-based health plan is available and more affordable for only the employee and not the employee's family.

Source: The Guinn Center for Policy Priorities Report: Nevada's Uninsured Population

Uninsured Rates for Women of Child-Bearing Age

States With Uninsured Rates At or Above the National Average of 12.3% for Women of Child-Bearing Age (18-44) in 2017



Current Medicaid Coverage for Pregnant Women

- Nevada Medicaid coverage for pregnant women covers women up to 165% of the federal poverty level.
- The national average for Medicaid coverage for pregnant women is up to 200% of the federal poverty level.

Household Size	165% FPL
1	\$1,718
2	\$2,325
3	\$2,934
4	\$3,541
5	\$4,148
6	\$4,757
7	\$5,364
8	\$5,971
Each add (+1)	+607

Additional Medicaid Eligibility Options for Pregnant Women

- Lawfully residing immigrant pregnant women
- Presumptive eligibility for pregnant women
- Expansion of Medicaid coverage from 60 days after delivery to 365 days

Medicaid Eligibility Option for Lawfully Residing Pregnant Women

- Federal law provides states with the option to cover prenatal, labor and delivery, and postpartum care services for lawfully residing immigrant pregnant women during their first five years in the U.S.
- This option is available via state plan authority. Enhanced federal funding under the Children's Health Insurance Program (CHIP) matching rate (74.75% for federal fiscal year 2020) is available for this option.
- 25 states have adopted this coverage option.
- Nevada has not adopted this coverage option for lawfully residing immigrant pregnant women.
- The state has elected a similar option for children and now covers lawfully residing immigrant children during their first five years in the United States, as required by Senate Bill 325 of the 2017 Nevada Legislative Session, sponsored by Senator Cancela.

Presumptive Eligibility for Pregnant Women

- Presumptive eligibility is used to expedite enrollment into Medicaid. This option is allowable in a variety of settings (in addition to hospitals).
- Evidence demonstrates that early prenatal care improves health outcomes during pregnancy and delivery and presumptive eligibility has been shown to be effective in increasing the likelihood that women will receive prenatal care early in their pregnancies.
- Presumptive eligibility for pregnant women is an option under state plan authority.
- 29 states and the District of Columbia have adopted presumptive eligibility for pregnant women.

Extension of Postpartum Medicaid Coverage

- Nationally, more than half of all pregnancy-related deaths occur after delivery.
- Extending postpartum Medicaid coverage could promote continuity of care during the first year following delivery.

Other State Examples

Georgia

- Section 1115 Demonstration family planning waiver approved by the Centers for Medicare and Medicaid Services (CMS).
- Allows for provision of interpregnancy care services to postpartum mothers with incomes under 200% of the federal poverty level who had very low birth weight babies.
- Benefits provided under this waiver include primary care, substance use disorder treatment, case management, non-emergency medical transportation, limited dental services, and prescription drug coverage for chronic diseases.

Other State Examples

Illinois

- Section 1115 Demonstrations waiver released.
- Illinois waiver proposes to extend Medicaid coverage to those in the pregnant women category for up to 12 months after delivery.
- Proposes 12-month continuous eligibility for the mother and child and allows mothers not enrolled at the time of birth to enroll for the 12 months following delivery.

Other State Examples

Tennessee

- Seeking 1115 Demonstration waiver authority for a three-year pilot program to extend postpartum coverage to a year after delivery.
- This proposal is part of a continued effort to improve pregnancy and maternal outcomes. Findings that contributed to seeking a policy change in coverage:
 - The Tennessee Maternal Mortality Review Committee reviews all maternal deaths in the state. In 2017, there were 78 deaths statewide and 52 of these women had TennCare coverage at some point in the pregnancy.
 - Over half of the 78 deaths occurred in the late postpartum period (days 43 to 365 after delivery).

Questions?

Contact Information

Suzanne Bierman

Administrator, DHCFP

Suzanne.Bierman@dhcfp.nv.gov

702-668-4277

Robert Thompson

Deputy Administrator, DWSS

rthompson@dwss.nv.gov

702-631-2074

<http://dhcfp.nv.gov/>

<https://dwss.nv.gov/>

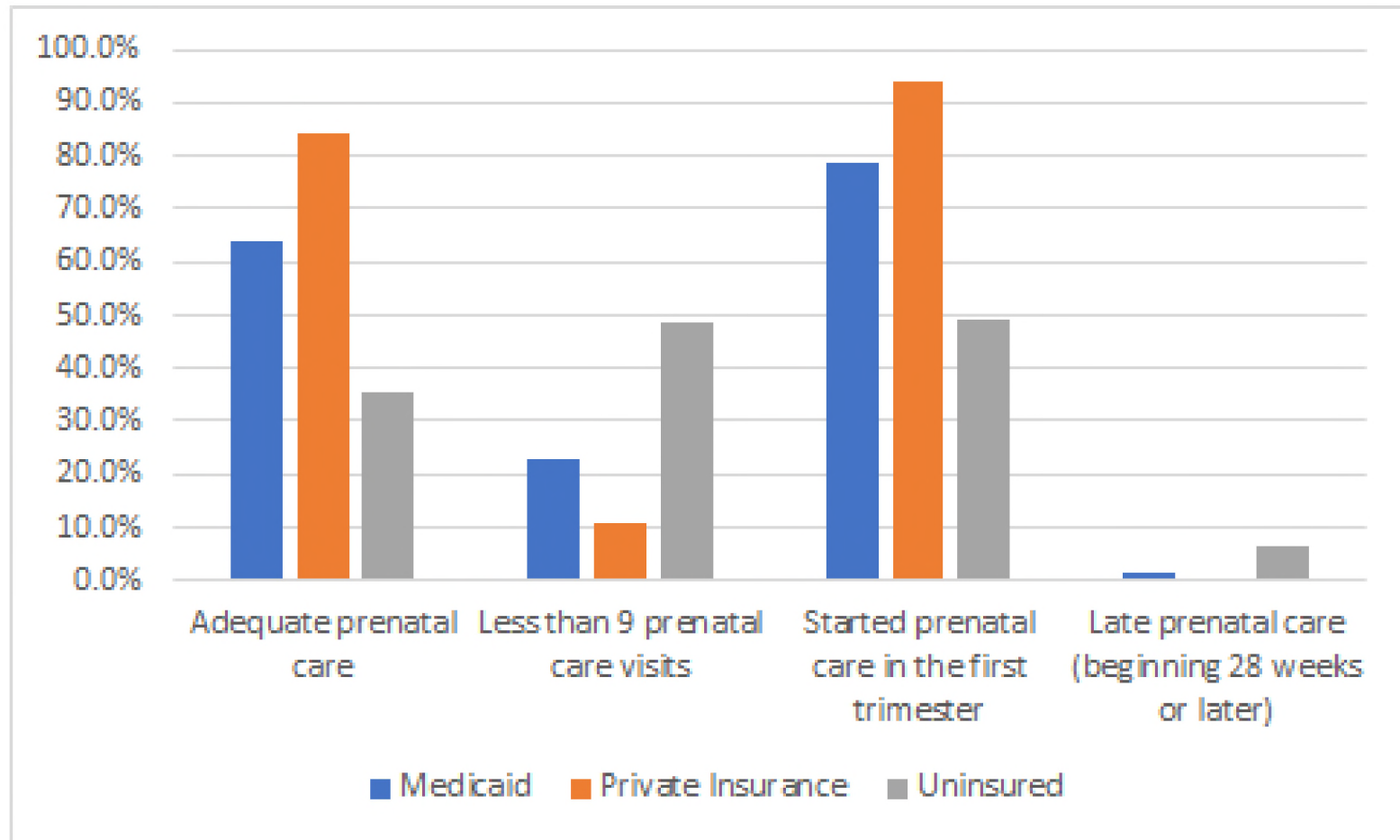
Acronyms

- CHIP – Children's Health Insurance Program
- CMS – Centers for Medicare and Medicaid Services
- DHCFP - Division of Health Care Financing and Policy
- DWSS – Division of Welfare and Supportive Services
- FPL – Federal Poverty Level
- NICU - Neonatal Intensive Care Unit

Appendix

Additional data and information regarding utilization of prenatal care and pregnancy-related maternal mortality

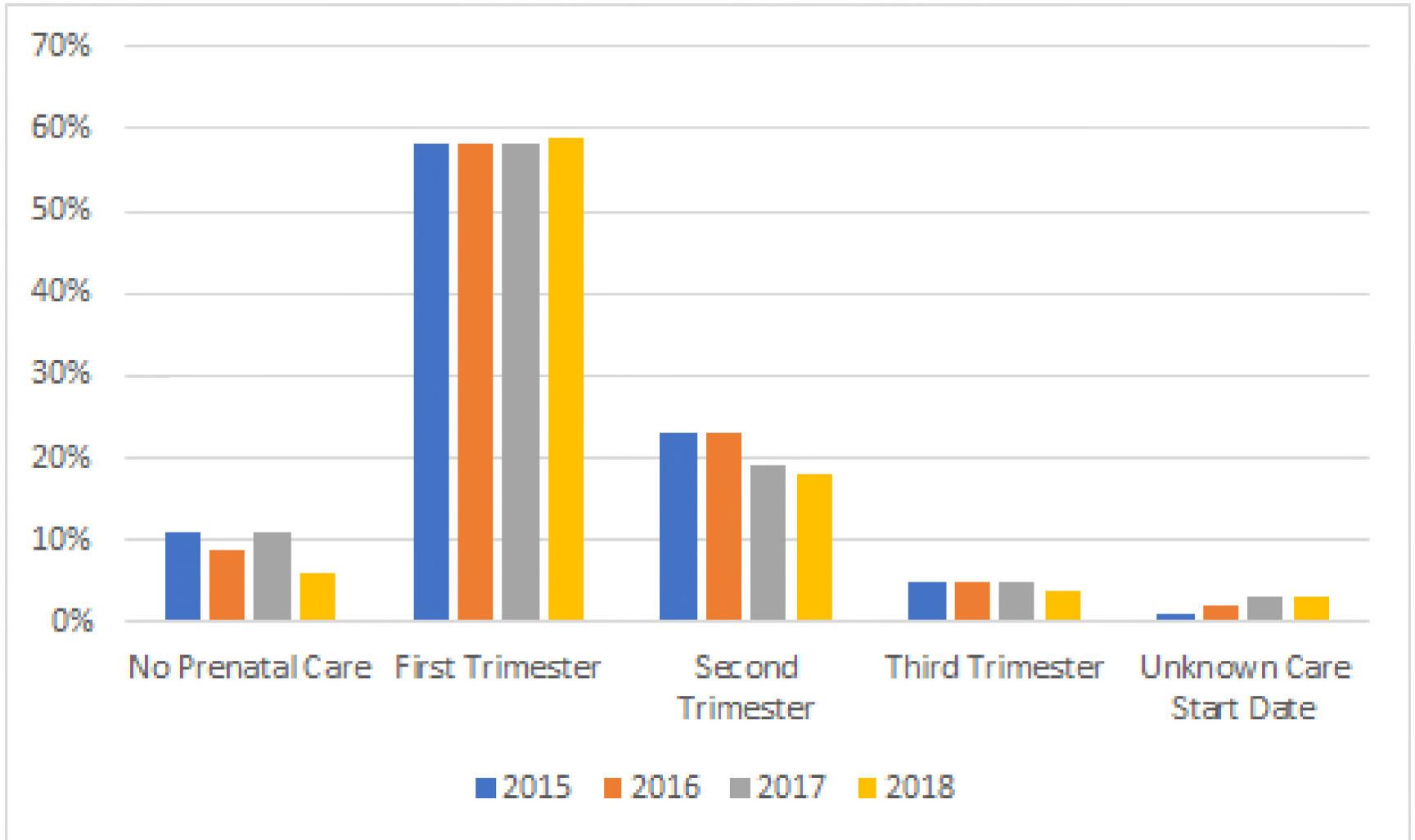
Access to Prenatal Care, by Insurance Status, United States, 2017



Utilization of Prenatal Care in Nevada

- Having coverage can facilitate access to prenatal care. Early prenatal care can reduce the risk of birth defects and can decrease the risk of complications during pregnancy and after delivery.
- 8.2% of pregnant women in Nevada received late or no prenatal care. This is higher than the national average, which is 6.2%.
- 8.5% of babies born in Nevada are low birthweight. This is higher than the national average, which is 8.2%.
- Medicaid covered an average of 1,631 neonatal intensive care unit (NICU) stays each year from 2015-2018. 86% of these mothers received prenatal care. Of the 86%, 59% received care beginning in the first trimester, 20% began receiving care in the second trimester, and 5% received care beginning in the third trimester, and 2% had an unknown care start date.

Nevada NICU Births and Prenatal Care Utilization, 2015-2018



Pregnancy Related Maternal Mortality

Nationally, it is estimated that 700 women a year die from pregnancy-related causes.

- In Nevada, 17 mothers died within one year of giving birth in 2018.
- 76% of these (13) were enrolled in Medicaid.
 - 46% (6) of these mothers who died lost Medicaid coverage after 60 days and did NOT receive Medicaid coverage afterward.

Pregnancy-Associated Deaths in Nevada, 2018

Mothers Who Died Within One Year of Delivery, by Race/Ethnicity				
	Total		Medicaid Subset	
White	5	29%	5	38%
Black	4	24%	4	31%
Asian	1	6%	0	-
Native Ind/Alaskan	0	-	0	-
Hispanic	6	35%	4	31%
Unknown	1	6%	0	-
Total	17	100%	13	100%

Pregnancy-Associated Deaths in Nevada, 2018

Top 10 Causes of Death for Mothers Who Died Within One Year of Delivery

	Total		Medicaid Subset	
	Count	Percentage	Count	Percentage
Diseases of the Heart	4	23.5%	4	30.8%
Pregnancy, Childbirth and the Puerperium	3	17.6%	1	7.7%
Influenza and Pneumonia	2	11.8%	2	15.4%
Malignant Neoplasms	2	11.8%	0	-
Septicemia	1	5.9%	1	7.7%
Essential Hypertensive Renal Disease	1	5.9%	1	7.7%
Intentional Self-Harm	1	5.9%	1	7.7%
Nontransport Accidents	1	5.9%	1	7.7%
Other Infectious and Parasitic Diseases	1	5.9%	1	7.7%
All Other Diseases	1	5.9%	1	7.7%