



Dear Obstetrical Care Provider,

United Healthcare Health Plan of Nevada Medicaid is committed to improving birth outcomes and health equity for Black Indigenous People of Color (BIPOC). Evidence by the Center for Disease Control (CDC) Pregnancy Mortality Surveillance System (PMSS) data reports, Non-Hispanic Black women are 3 to 4 times more likely to die from childbirth than Non-Hispanic White women. The CDC also reports, Non-Hispanic Black women have a preterm birth rate 49% higher, when compared to other women. Infant mortality rates in Non-Hispanic Black infants have 2.3 times higher likelihood than Non-Hispanic White infants. Adverse health outcomes disproportionately affect the Non-Hispanic Black population, which is why United Healthcare HPN Medicaid is investing in new **Advanced Payment Models (APM)** to close gaps in care leading to increased health equity.

United Healthcare Health Plan of Nevada Medicaid has increased the reimbursement for each gap closed for Non-Hispanic Black expectant and postpartum members. To qualify for the incentive, *submit a complete claim using the appropriate CPT Category II codes (0500F & 0503F) per the PPC HEDIS® measure specifications.* The Maternity Risk Screen Forms (MRSF) must be received *within 30 days of the first prenatal care visit.* The increased reward value only applies based on racial/ethnic background.

Maternity Incentives	CURRENT APM	NEW~ APM for Non-Hispanic Black member
PPC-Prenatal	\$25	\$50
PPC-Postpartum	\$25	\$50
Maternity Risk Screen Form	\$10	\$20

This quality care initiative has been implemented to increase timely access to prenatal care and postpartum care and to improve birth outcomes for BIPOC members. We value your partnership and commitment to providing high quality care to our members and the community.

Sincerely

The United Healthcare Health Plan of Nevada Medicaid Team

Questions?

Please contact your United Healthcare Health Plan of Nevada Associate Director of Maternal Child Services at **(763) 283-4157.**

Thank you!

The incentive payment is limited to **one payment per patient per measure.** The HEDIS® measures and payment amounts are subject to change upon 30 days' written notice. United Healthcare HPN, in its sole discretion, may amend this program for any future incentive measurement period by providing your practice with a copy of and/or electronic access to the revised program upon 30 days' written notice. Your practice must be participating in United Healthcare HPN Medicaid network on the payment due date to receive payment from this program.

