March 10, 2017

MEMORANDUM FOR RECORD

To: Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health

Dr. John DiMuro, Chief Medical Officer, Division of Public and Behavioral Health

From: Maternal Child Health Advisory Board

Regarding: **Need for prioritization of funding and Legislative action in support of data collection and best practice programming for obesity prevention.**

Obesity is an epidemic!

One in five school- aged children today has obesity.[1] Children with obesity are at higher risk for chronic health conditions, bullying and social isolation.[2] Childhood obesity is associated with adult obesity which is associated with multiple serious chronic health conditions.[2] Body Mass Index (BMI) is the preferred method for measuring children as it considers a child's age and sex during a pattern of continual growth.[2] Children are considered obese if they are at or over the 95% for age and sex. Childhood obesity surveillance data and prevention activities in Nevada are severely lacking.

The estimated annual health costs of obesity related illness is staggering. The lifetime societal public health costs are now on average $92,235 per person when compared with a person of normal weight.[3] (This figure considers direct medical costs, lost productivity through absenteeism and short term disability.)

The Maternal Child Health Advisory Board (MCHAB) strongly recommends that the State of Nevada prioritize securing funding for childhood obesity data collection across our entire State. The MCHAB strongly recommends that the State of Nevada prioritize securing funding for best practice programming to address obesity throughout our State. MCHAB recommends the support of legislative action such as, but not limited to, BDR 34-353, which requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample of certain pupils. This legislation, however, would not provide a picture of our entire state as data collection is limited based on city population size. Rural communities face obesity health consequences as well. The MCHAB considers a representative sample of state-wide childhood BMI data collection to be a priority. State-wide BMI data would also best serve assessment of childhood obesity and well as the development and evaluation of prevention efforts if it were collected in association with age and sex data; if BMI/age/sex correlations are made across time and if this data collection could also be associated with specific childhood health and social impacts.

1. Fryar CD, Carroll MD, Ogden CL, Prevalence of overweight and obesity among children and adolescents: United States, 1963-1965 through 2011-2012. Atlanta, GA: National Center for Health Statistics, 2014
2. Centers for Disease ontrol and Prevention, Obesity Facts, retried at https://www.cdc.gov/healthyschools/obesity/facts.htm on 2/29/17
3. Kasman, M., et al., (2015) An In-Depth Look at the Lifetime Cost of Obesity. https://www.brookings.edu/wp-content/.../05/0512-Obesity-Presentation-v6-RM.pdf. Access date Feb 14, 2017.

March 10, 2017

MEMORANDUM FOR RECORD

To: Cody L. Phinney, MPH, Administrator, Division of Public and Behavioral Health

Dr. John DiMuro, Chief Medical Officer, Division of Public and Behavioral Health

From: Maternal Child Health Advisory Board

Regarding: Medicaid Reimbursements for Providers

As members of the Maternal Child Health Advisory Board, we have grave concerns about the low reimbursement rates for medical providers in the state of Nevada, including physicians and mid-level providers who provide care to our state's women and children.

Nevada's health workforce has among the lowest physician to population ratios in the nation. According to 2016 data, Nevada ranks 46th in general/family medicine physicians to 100,000 population. Similarly, Nevada ranks 47th for pediatric physicians and 45th for Ob/Gyn physicians.

The state has taken great strides in improving the physician population with new medical schools. Even more importantly, funding has been made available to help Graduate Medical Education residency programs develop in our state, with the goal of training physicians that ultimately live and work in Nevada.

However, it is simple reality that the low reimbursement rates make it very difficult to attract and retain practicing physicians.

In Nevada, over half of the obstetric patients and pediatric patients are seen under Medicaid insurance (Fee for service or Managed Care). With the low reimbursement rates that obstetrics and pediatric Medicaid providers receive for their care, patient volumes per provider increase, wait times for patients to see providers increase, physician satisfaction decreases, and physician burnout increases. This is no way for a state to be able to attract physicians to practice here.

The MCHAB feels that the DHHS should be advocating for financial resources that, at a minimum, bring Nevada providers' Medicaid reimbursement rates up to the 50%ile nationwide. When trying to recruit physicians from outside of Nevada, the high workloads of Nevada physicians, along with lower reimbursement rates, result in numbers that simply do not add up. Physicians can work smarter, see less patients, and earn a higher income in many other states around the nation, including some of our neighboring states in the western United States.

The MCHAB proposes that the DHHS forms a review committee, comprised of seven to nine members, to review Medicaid reimbursement rates and raise rates to levels that would accomplish our goals of at minimum achieving the 50%ile reimbursement level nationwide. The committee members would include: the Chief Medical Officer, the Chief Dental Officer, administrators, and practicing physicians and mid-level providers.

Here are current Medicaid rates for commonly used codes for Ob/Gyns:

59400 Obstetrical Care Global 2,144.77

59510 Cesarean Delivery Global 2,371.93

59610 VBAC Delivery Global 2,249.19

99203 New Office Outpatient Visit 106.04

99204 New Office Outpatient Visit 162.51

99213 Est Office Outpatient Visit 71.58

99214 Est Office Outpatient Visit 105.48

G0101 Ca screen, pelvic/breast exam 35.99

Q0091 Obtaining pap smear 19.74

58615 Occlude Fallopian tubes 247.37

58570 Laparoscopic hysterectomy 943.67

58300 Insert Intrauterine device 51.04

58301 Remove Intrauterine device 69.12

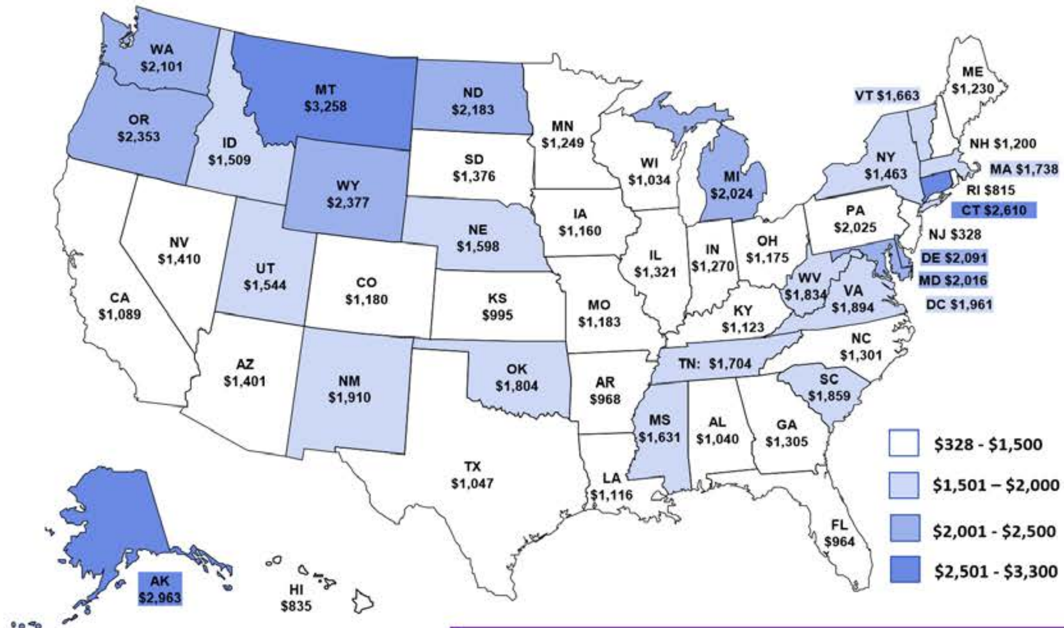
This is a comparison of Medicaid rates compared to Managed Care Medicaid rates for Obstetrics for one of our MCHAB members:

Women's - Medicaid Fee Schedule

CPT Code	Description	Nevada Medicaid	HPN - Medicaid	Amerigroup - Medicaid
99202	New Patient-straightforward	$73.09	$65.78	$73.09
99203	New Patient-low complexity	$106.04	$95.44	$106.04

99204	New Patient-moderate complexity	$162.51	$146.26	$162.51
99205	New Patient-high complexity	$202.15	$181.91	$202.15
99212	Est. Patient-straightforward	$42.99	$38.70	$42.99
99213	Est. Patient-low complexity	$71.58	$64.43	$71.58
99214	Est. Patient-moderate complexity	$105.48	$94.94	$105.48
99215	Est. Patient-high complexity	$141.04	$126.94	$141.04
99219	Initial observation care	$131.93	$118.74	$131.93
99385	Prev Visit New - 18-20 years old	$129.52	$116.57	$129.52
99395	Prev Visit Est. - 18-20 years old	$116.16	$104.54	$116.16
59400	Vaginal Delivery-global	$2,144.73	$2,144.73	$2,144.73
59409	Vaginal Delivery-only	$840.57	$840.57	$840.57
59410	Vaginal Delivery-w/postpartum	$1,070.75	$7,070.75	$1,070.75
59510	Cesarean Delivery-global	$2,371.93	$2,371.93	$2,371.93
59514	Cesarean Delivery-only	$945.68	$945.68	$945.68
59515	Cesarean Delivery-w/postpartum	$1,297.11	$1,297.11	$1,297.11
76805	OB ultrasound - complete	$154.24	$154.24	$154.24

Variations in 2015 Medicaid CNM/CM Reimbursement for Normal Vaginal Delivery (CPT 59400)
How attractive is your state to these high value providers?



- Medicare pays $2,167. The median Medicaid payment is $1,410 – just 65% of Medicare's national payment.
- A midwife in NJ must care for <u>TEN</u> women in order to earn as much as a midwife in MT who cares for <u>ONE</u>.

Source: ACNM review of state Medicaid fee schedules. Some states based on 99213, 59410 and 59430. TN based on reported managed care rates.