



2025 UnitedHealthcare Health Plan of Nevada Medicaid Community Investment Request Form

UnitedHealthcare Health Plan of Nevada Medicaid (UHC) is committed to supporting organizations who make an impact on the health and well-being of our community and our members. The goal of our community investment partnerships is to improve health outcomes in our community and to help people live healthier lives. Programs and sponsorships that focus on increasing access to care, maternal and child health, health equity, behavioral health and substance use disorders, support for the justice involved, housing supports, and other social drivers of health statewide will be given priority.

Name of Organization: Northern Nevada Public Health – Fetal Infant Mortality Review		Legal Name, if different:	
Mailing Address: 1001 East Ninth Street, Bldg. B, Reno, NV 89512			
Phone: 775-328-2465		Employer Identification (EIN): 88600138	
Name of President, CEO, or Executive Director: Chad Kingsley, District Health Officer Phone: 775-328-2416 E-mail: ckingsley@nnph.org			
Name of Contact for this form: Kelly Verling, FIMR Supervisor Phone: 775-328-2465 E-mail: kverling@nnph.org			
Website: https://nnph.org/programs-and-services/cchs/maternal-child-health/index.php	Facebook:	Twitter:	Instagram:
Type of organization: (501(c)(3), educational institution, municipality, or Nevada Medicaid provider) Municipality			
Organization Annual Budget: Current FIMR budget \$103,095			
Amount requested for this community investment: \$ 9,568.80			

1. Please tell us about your organization:

The Northern Nevada Public Health (NNPH) Fetal Infant Mortality Review (FIMR) program was initiated in Washoe County in 2014 due to Washoe County's high fetal and infant mortality rates compared to other Nevada counties. The FIMR program looks at a variety of factors that affect the health of the mother, fetus, and infant to learn more about how to reduce fetal and infant mortality. NNPH FIMR continues to be the only FIMR program in the state of Nevada. The program is minimally staffed by two public health nurses with a combined allotted time of 20 hours per week and intermittent hourly registered nurse (IH RN) assistance as budget allows. Existing FIMR staff extract, de-identify and enter Washoe County cases into the national database and present selected cases to the NNPH Case Review Team (CRT). The CRT is a multidisciplinary team which meets approximately ten times per year and reviews 3-5 cases at each meeting. A FIMR public health nurse also chairs the Northern Nevada Maternal Child Health Coalition (NNMCH) which is the Community Action Team (CAT) for NNPH FIMR. FIMR staff maintain a close connection with the Washoe County Medical Examiner's office, NNPH Biostatistician, State of Nevada Department of Public and Behavioral Health (DPBH), and local Human Services Agency. FIMR staff participate in Child Death Review Team meetings every other month to collaborate and avoid duplication of efforts. Staff also participate in virtual National Center for Fatality Review and Prevention (NCFRP) meetings and collaborate with the Pregnancy Infant Loss and Support Organization of the Sierras (PILSOS).

2. What, if any, historical relationship or funding has UHC HPN provided in previous years?

In 2024 UHC HPN provided funding for FIMR IH nursing staff to provide hands-on data abstraction and entry for cases through December 2024 and to coordinate Count the Kicks Implementation Webinar, including funding for the creation and presentation of the above-noted webinar and other deliverables by Healthy Birth Day Inc. UHC HPN case managers also participate in the FIMR CRT.

3. Please provide a brief overview of the program this funding would support, including any pertinent timelines and dates, as well as data points supporting the need for the program.

The NNPH FIMR Program continues to experience staffing changes that contribute to a backlog of cases to be entered into the National Fatality Review Case Reporting System (NFR-CRS) database. Additionally, the limited hours allotted to the core FIMR program staff make it difficult to follow up on CRT and CAT recommendations. Implementing strategies to help decrease fetal and infant mortality is essential to maintain and enhance the commitment and enthusiasm of Case Review Team (CRT) and Community Action Team (CAT) members.

Ongoing assessment and promotion of the "Count the Kicks" fetal movement awareness campaign is also needed in hopes of decreasing the incidence of fetal demise in our community. Additionally, FIMR staff have noted limited documentation of Social Determinant of Health (SDoH) information is readily available in many OB provider and hospital medical records. Financial, transportation, food insecurity, and social support

challenges are some of the many health equity challenges that may contribute to fetal and infant mortality. FIMR staff will share strategies to enhance SDoH assessments and share up to date community resource lists with OB provider offices.

4. Please explain how this program will support UHC Medicaid priorities: increasing access to care, maternal and child health, health equity, behavioral health and substance use disorders, support for the justice involved, housing supports and other social drivers of health:

Follow-up with OB provider offices to evaluate post-webinar utilization of "Count the Kicks" fetal movement awareness tools is important to help increase the number of mothers who seek timely and appropriate care for decreased fetal movement. Ongoing communication with OB providers is also valuable to maintain and build relationships with key provider staff members for present and future opportunities to share strategies that may improve health outcomes.

Increasing assessment of social determinants of health information by OB provider offices can help to address health equity and increase access to care by recognizing risk factors and providing appropriate, up to date resource information.

5. What specific population(s) will this program serve?

Local OBGYN and Family Medicine offices that provide OB care.

6. Does your organization assist people to enroll in Medicaid, Medicare, or any other federal healthcare programs? If so, roughly how many do you assist monthly?

Yes, 10-12 clients per month receive assistance. NNPH has an enrollment assister on site weekly on Tuesdays. Additionally, if the enrollment assister cannot help the individuals, we have Community Health Workers (CHWs) that help with access to other programs and resources.

7. How many Medicaid members do you currently serve? Of those, how many UHC HPN Members or Medicaid do you currently serve? In what capacity?

FIMR does not charge for services. Other programs within NNPH collect this data. In the Family Planning program about 25% of clients are on Medicaid and about 55% are uninsured. Approximately 800 Medicaid members are currently served in FPC. Currently, 8% of Family Planning clients utilize HPN Medicaid.

8. Do you have access to UniteUS to send and receive referrals? If not, would you like more information on UniteUs?

Currently our Community Health Workers do not have access to UniteUS. Yes, we would like more information.

9. What results do you hope to achieve in the first 6 months of this project and by the end of the project? What reporting will you provide to show outcomes and success?

First 6 months: Assess implementation of CTK and Social Determinants of Health documentation and interventions to help address health inequities and increase access to care.

End of project: February 27, 2026. Catch up on data abstraction and entry to avoid a large backlog. This is important to be able to share complex cases with the Case Review Team in a timely manner. During the CRT meetings, recommendations are identified that can improve access to care, community resource awareness and utilization, and may help to decrease the incidence of fetal and infant mortality. Some of the interventions recommended by the CRT in the past have been implemented statewide including "Go Before You Show" to encourage on time prenatal care and "Count the Kicks."

10. Please list key project activities and deliverables below:

Key Activity	Deliverable	Timing
Count the Kicks Implementation assessment	Office "champions" at participating OB and Family Medicine practices that provide OB care will be contacted 4-6 months post-webinar to answer questions and provide implementation assistance as needed. Current office procedures for front and back office staff when a patient communicates concerns regarding decreased fetal movement will be reviewed.	5-6 months post-webinar (July-August 2025) 11-12 months post-webinar (January - February 2026)
SDoH documentation assessment and current resource information	During the above CTK implementation assessment calls, FIMR nursing staff will request information re: current practices for obtaining social determinant of health information. Recognizing risk factors and providing appropriate and up to date resource information may help address access to care challenges and other health inequities. Sharing current practices with FIMR nursing staff will also help to improve data abstraction efforts. Offices will be provided with current resource information to share with patients.	5-6 months post-webinar (July-August 2025) 11-12 months post-webinar (January - February 2026)
Entering cases and quality assurance	Backlog local fetal and infant death cases will be abstracted and entered in the National Fatality Review-Case Reporting System (NFR-CRP) by December 31, 2025	February 27, 2026

11. How will you promote the program and partnership to ensure members of the community and UHC Medicaid members are being served? Examples include social media post, check presentations and etc.

Share information about this partnership with key stakeholders including FIMR Case Review Team members, Northern Nevada Maternal Child Health Coalition members, and other participating agencies.

12. Please provide a budget for requested funds:

Expense	Amount	Explanation
FIMR case abstraction and data entry	5581.80	Abstraction and entry (7 hours/case x 20 cases) = 140 hrs x \$39.87 per diem rate with taxes
FIMR data cleaning/quality assessment	797.40	Data quality assessment, prep for reports (20 hours x \$39.87)
Follow-up communication with OBGYN and Family Medicine practices re: CTK implementation and current documentation of SDoH information. Provide sample questions and current community resource information. Research recommendations for SDoH questions to address access to care and other health inequities.	3189.60	Research and follow-up communication with local OBGYN and FP practices x 2 (5-6 months and 11-12 months post-CTK Webinar) (80 hours x \$39.87)
Total	\$9568.80	

CEO/President/Executive Director Signature:

X  

Community investment recipients will work collaboratively with UnitedHealthcare Health Plan of Nevada Medicaid to promote the proposed program.

Review Process: Submissions will be reviewed initially for organizational fit and financial viability. Submissions that meet organizational objectives will be brought before the Leadership Team for discussion and consideration. Submitters will be notified if request is approved. UnitedHealthcare Health Plan of Nevada Medicaid will contact to submitter of this request for additional information, if needed.