

# HEALTHCARE AND HOUSING (H2) SYSTEMS INTEGRATION INITIATIVE NEVADA

## Medicaid Coverage and Other Health Care Resources

### NEVADA STATE MEDICAID PLAN AND COVERAGE

#### Medicaid Eligibility and Federal Medical Assistance Percentage (FMAP)<sup>1</sup>

- The state has expanded Medicaid coverage to low-income adults. Eligibility for most groups is based on the modified adjusted gross income (MAGI)
- In 2015, Medicaid eligibility based on family income as a percentage of federal poverty level (FPL), is:
  - For pregnant women: 160% of FPL
  - For children ages 0-5: 160% of FPL
  - For children ages 6-18: 133% of FPL
  - For parents: 133% of FPL.
- Children's Health Insurance Program (CHIP) eligibility is for children/youth in families whose incomes are up to 200% of FPL
- Nevada's FFY15 FMAP of 64.36%, is up from 63.10% in FFY14. For each dollar spent on Medicaid health services for regular enrollees, Nevada will receive roughly \$.64 cents from US Health and Human Services in FFY15<sup>2</sup>

#### Enrollment Efforts<sup>3</sup>

- Nevada Health Link is an organization created by the State of Nevada to help Nevadans find a health insurance plan that fits your needs and your budget. Through Nevada Health Link, individuals can shop for, compare and purchase health insurance plans that are income based.
- Certified Application Counselors (CACs) provide enrollment assistance and largely work in hospitals. CACs will not be compensated by the Marketplace. In June 2013, Nevada Health Link announced the eight organizations that have been selected as Navigator/Enrollment Assister grantees. Nevada launched a marketing campaign to reach target audiences through television, radio, print, and digital media.
- The new enrollment process with Nevada Health Link will enroll Nevadans in high quality, income-based healthcare in 2015. Nevadans will begin by using the exchange's pre-screener tool to see what they may be eligible for. Then, depending upon the information provided in the pre-screener, they will be guided to either HealthCare.gov to shop for income-based health insurance plans or Access Nevada for Medicaid and Nevada Check Up.

#### Medicaid Enrollees and Expenditures<sup>4</sup>

Similar to other states, Medicaid enrollment and expenditures are weighted toward children in low-income families and individuals with disabilities as displayed in the chart below.

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<sup>1</sup> [www.medicaid.gov/Medicaidv\\_CHIPv\\_Programv\\_Information/Byv\\_State/nevada.html](http://www.medicaid.gov/Medicaidv_CHIPv_Programv_Information/Byv_State/nevada.html)

<sup>2</sup> <http://grant.nv.gov/uploadedFiles/grantnvgov/Content/About/2015%BIENNIAL%20REPORT.pdf>

<sup>3</sup> [https://www.nevadahealthlink.com/aboutv\\_nevadav\\_healthv\\_link/](https://www.nevadahealthlink.com/aboutv_nevadav_healthv_link/) and [http://kff.org/healthv\\_reform/statev\\_profile/statev\\_exchangev\\_profilesv\\_nevada/](http://kff.org/healthv_reform/statev_profile/statev_exchangev_profilesv_nevada/)

<sup>4</sup> [http://kff.org/medicaid/statev\\_indicator/medicaidv\\_spendingv\\_byv\\_enrollmentv\\_group/](http://kff.org/medicaid/statev_indicator/medicaidv_spendingv_byv_enrollmentv_group/)

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Medicaid Spending By Enrollment Group, FY 2011					
Location	Aged	Disabled	Adult	Children	Total
Nevada	\$220,679,005 (15%)	\$595,682,232 (41%)	\$180,683,261 (12%)	\$450,223,630 (31%)	\$1,447,268,128

### Medicaid Care Delivery<sup>5</sup>

In July 2011, about 84 percent of Medicaid beneficiaries were enrolled in some form of managed care. Nevada has been operating a mandatory managed care program called the Nevada Mandatory Health Maintenance Program, in two counties in the state (Clark and Washoe Counties) since 1998. Nevada has also operated a mandatory capitated non-emergency transportation program available to all Medicaid-eligible participants since 2006.

In 2013, Nevada received federal approval for a section 1115 demonstration entitled the Nevada Comprehensive Care Waiver (NCCW). The NCCW implements mandatory care management services throughout the state for a subset of high cost, high-need beneficiaries not served by the Mandatory Health Maintenance Program. Individuals eligible for NCCW will receive benefits in a fee-for-service (FFS) environment with the mandatory care management to support improved quality of care. Under this demonstration, the state will contract with a care management organization and a primary care case management entity or health home to manage care for enrolled beneficiaries.

### Medicaid Waivers and Demonstration Programs<sup>6</sup>

- **1115 Demonstration Waivers**

- Nevada's Comprehensive Care Section 1115 Demonstration Waiver offers a statewide program to provide care management services to individuals with certain qualifying conditions who are not eligible for the state's existing care management options (including MCOs). Care management services are provided by the Medicaid-Health Care Guidance Program (HCGP), a care management organization (CMO). All Medicaid benefits will continue to be provided on a fee-for-service (FFS) basis. Enrollment in the demonstration is mandatory for individuals with qualifying conditions including asthma; chronic obstructive pulmonary disease/chronic bronchitis/emphysema; pregnancy and complications of pregnancy; diabetes mellitus; end stage renal disease/chronic kidney disease; heart disease/coronary artery disease; HIV/AIDS; mental health; neoplasm/tumor/cancer; obesity; substance use disorder; cerebrovascular disease/aneurysm/epilepsy; and musculoskeletal system problems. In addition to these specific conditions, the state will also enroll individuals in the CMO if the individual has a complex condition (such as transplants or burns) or is a high utilizer of medical services, including excessive emergency room use.

<sup>5</sup> <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/nevada-mcp.pdf>

<sup>6</sup> For more information, see: [http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html) <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/> and <http://www.dmas.virginia.gov/Content/pgs/ltc-home.aspx>

## HEALTHCARE AND HOUSING (H2) SYSTEMS INTEGRATION INITIATIVE NEVADA

### Medicaid Coverage and Other Health Care Resources

- **Nevada's Medicaid program has an approved Section 1915(i) state plan amendment**
  - Allows Nevada to target Home and Community-Based Services (HCBS) to specific populations, expands the services the state may cover, and requires that state plan HCBS be provided statewide, with no waiting lists. The State's current 1915(i) provides for IOP (intensive outpatient program for behavioral health) and PHP (partial hospitalization program for behavioral health) in addition to adult day health care and the brain injury habilitation program
- **Nevada's Medicaid program also has three current Section 1915(c) Home and Community-Based Waivers that provided an expanded and more flexible array of services and supports**
  - One waiver serves persons with physical disabilities; the second serves persons with intellectual disabilities; and the third serves the elderly
- **Nevada has an approved Money Follows the Person Medicaid demonstration**
  - Provides special support for eligible individuals to transition to community settings from institutional settings.

### Other Initiatives

- **Nevada Medicaid has an approved Balancing Incentives Program**
  - Provides financial incentives to states that implement certain structural reforms to increase access to community-based LTSS as an alternative to institutional care. Under BIP, Nevada is eligible for an enhanced federal medical assistance percentage (FMAP) for all Medicaid HCBS including: the mandatory home health state plan benefit, the optional personal care state plan benefit, home and community-based waiver services, self-directed personal assistance services, and Program of All-Inclusive Care for the Elderly services.

### HEALTH CARE FOR THE HOMELESS PROGRAMS

Nevada has three Healthcare for the Homeless Programs, administered by:

- NV Health Centers, Inc.
- Northern NV HOPES
- Health Access Washoe County (HAWC)

### RYAN WHITE PROGRAM TITLE II FUNDS

Ryan White Assistance Programs serve people living with HIV/AIDS, many of whom are homeless or at-risk of homelessness. Nevada's Ryan White program provides a wide variety of services and supports, including access to medications not covered by insurance, Medicare, or Medicaid drug formularies, and/or by paying for insurance premiums, copayments and deductibles.

### 2012 Funding Snapshot<sup>7</sup>

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<sup>7</sup> <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx> and <http://hab.hrsa.gov/stateprofiles/Services-Received.aspx>

## **HEALTHCARE AND HOUSING (H2) SYSTEMS INTEGRATION INITIATIVE NEVADA**

### **Medicaid Coverage and Other Health Care Resources**

- 2,686 clients served by the Ryan White Program
- 139 were unstably housed and 161 were in temporary housing
- Top medical services provided: outpatient ambulatory care (41% of clients received), medical case management (79%), oral health care (31%) and mental health services (19%)
- Other key services provided: medical transportation services (25% of clients received) and non-medical case management (22%).

### ***FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)***

Nevada has a network of federally qualified health centers (FQHCs) across the state that provides primary healthcare services to medically underserved communities and vulnerable populations. Nevada's FQHCs are administered by Health Access Washoe County and Nevada Health Centers, Inc., both of which are also U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)-supported health centers.

Collectively, the FQHCs have served 62,284 patients. Among homeless populations, the health centers have served:

- 2010: 4,501
- 2011: 2,377
- 2012: 2,766