State of Nevada

Department of Health and Human Services

MEDICAID ELIGIBILITY, DHCFP PROGRAMS

December 2, 2017

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Objectives

• Statistics
• Understand Medicaid’s Eligibility Process
• Understand Pathways to Coverage
  o Traditional Points of Access
  o Targeted Partnerships
  o Hospital Presumptive Eligibility
• Systems of Support
• Increase knowledge of Medicaid Services
• Increase knowledge of Medicaid Service Delivery Models
• Understand how to Enroll as a Medicaid Provider
# Who is Eligible for Medicaid?

<table>
<thead>
<tr>
<th>Mandatory Individuals</th>
<th>Optional Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Women with breast or cervical cancer under 200% of the FPL</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>Disabled children who require medical facility care, but can appropriately be cared for at home – Katie Beckett eligibility group</td>
</tr>
<tr>
<td>Parent/Caretaker</td>
<td>Health Insurance for Work Advancement (HIWA) is for individuals 16 to 64 who are disabled. It allows them to retain essential Medicaid benefits while working and earning income.</td>
</tr>
<tr>
<td>SSI Recipients (Blind or Disabled)</td>
<td>Home and Community Based Waivers</td>
</tr>
<tr>
<td>Certain Qualified Medicare Beneficiaries (QMB)</td>
<td>Childless Adults</td>
</tr>
</tbody>
</table>
Medicaid Caseloads

Helping People. It's who we are and what we do.
Recipients by Program

Note: August 2017 data is used in the diagram above. 704,977 unique individuals are in at least one of the three programs. Medicaid counts include retroactive cases.
## Applications by Program

### September 2017 Applications Received

<table>
<thead>
<tr>
<th>Program</th>
<th>Applications Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>3,549</td>
</tr>
<tr>
<td>Medicaid</td>
<td>15,455</td>
</tr>
<tr>
<td>MAABD</td>
<td>3,240</td>
</tr>
<tr>
<td>SNAP</td>
<td>19,830</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42,074</strong></td>
</tr>
</tbody>
</table>

### Access Nevada Applications Average (All Programs)

<table>
<thead>
<tr>
<th></th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon-Fri</td>
<td>14,700</td>
</tr>
<tr>
<td>Sat/Sun</td>
<td>4,500</td>
</tr>
<tr>
<td>FFM/SSBM</td>
<td>1,980</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,180</td>
</tr>
</tbody>
</table>

### Program Processed within timeframes

<table>
<thead>
<tr>
<th>Program</th>
<th>Processed within timeframes</th>
<th>Applications (days)</th>
<th>Renewals (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>99.6%</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>MEDICAID</td>
<td>96.4%</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>SNAP</td>
<td>99.5%</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>
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### Highlights

**Applications Processed**
- 2007: 16,456 p/m
- 2017: 54,704 p/m
- Up 232%

**Client Enrollment**
- 2007: 152,926
- 2017: 661,592
- Up 351%

**Staffing**
- 2007: 963
- 2017: 1768
- Up 84%

**SNAP Timeliness**
- 2013: 72.39%
- 2016: 97.8%*

**SNAP Accuracy Rate**
- 2014: 7.61%
- 2015: 4.95%*

The call center capacity improved by 97%
Single Application

Health Insurance Affordability Programs

- Medicaid
- Child Health Insurance Program
- Advanced Premium Tax Credit
- Group Health Insurance

Helping People. It’s who we are and what we do.
Pathways to Coverage

- Traditional Points of Access
- Targeted Partnerships
- Hospital Presumptive Eligibility
Traditional Points of Access

Click in – Come in – Call in

• Individuals applying for assistance are provided service options via:
  • Access Nevada – the DWSS online application system
  • Mail/Fax in applications
  • Call Center (CCT) – includes Automated Voice Response system for routine queries
  • Visit one of the 26 local area offices

• SNAP Outreach partners also accept applications at local food banks and community sites

• Partnering with SSHIE during Medicaid open enrollment at community locations
Targeted Community Partnerships

Criminal Justice Partnerships: (20)

Medical Partnerships: (12)

Social Services Partnerships: (7)
Presumptive Eligibility

The Medicaid program allows qualified hospitals or facilities the ability to provide immediate but temporary access to Medicaid for individuals who meet eligibility criteria.

### 10 Approved Facilities:

<table>
<thead>
<tr>
<th>PE Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
</tr>
<tr>
<td>August</td>
</tr>
<tr>
<td>July</td>
</tr>
<tr>
<td>June</td>
</tr>
<tr>
<td>May</td>
</tr>
</tbody>
</table>

- No delay to apply for assistance
- Access to full Medicaid services
- Fee-For-Service Delivery Model
- Anyone can apply for presumptive eligibility (not just patient)
- Initial/refresher eligibility training provided by DWSS staff
Breaking out of the Silo’s

- Public Health agencies
- Behavior health
- Social Services
- Health Delivery Systems
- Use Data of Shared Customers

The Future:

Challenging, Creative, & Collective Client Centered Focus
Partnerships

DHHS is interested in partnering with the Community as part of a System of Support for your unique community needs.

In building Pathways to Coverage what is the right fit?

1. Traditional points of Access
2. Targeted Partnerships
3. Hospital Presumptive Eligibility

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DHCFP Programs

• The Division of Health Care Financing and Policy administers two major health coverage programs which provide health care to Nevadans.

  – *Medicaid* provides health care to low-income families, as well as aged blind and disabled individuals. Nevada expanded our program to include low-income childless adults January 1, 2014 as part of the Patient Protection and Affordable Care Act (ACA). Services are provided as fee-for-service (FFS) and through managed care organizations (MCOs).
    - **Total Medicaid Recipients: 652,597***

  – *Nevada Check Up* provides health coverages to low-income, uninsured children who are not eligible for Medicaid. Services are provided as fee-for-service and through managed care organizations.
    - **NV Checkup: 27,515***

**Medicaid Chart Pack November 2017 for October 2017 enrollment**
Nevada Delivery Models

- Nevada has two service delivery models with which to provide covered medically necessary services for Medicaid and Nevada Check Up eligible recipients: Fee-for-Service and Managed Care

- Title XIX (Medicaid) MCO in Nevada
  - TANF/CHAP/Adults/Pregnant Women in urban Clark and Washoe Counties
  - Disenrollment may occur for e.g. SED, CPS and SMI for all but the ACA expansion population

- Title XXI (Nevada Check Up) MCO in Nevada
  - All children living in urban Clark and Washoe
  - No disenrollment option

- In October of 2017, 71% of the eligible population was enrolled in an MCO
General Rules of Medicaid

• Comparability of Services
• Free Choice of Provider
• Statewide Coverage
• Utilization Control
• Medical Necessity
• Proper & efficient administration
• Payment for services furnished outside the State
• Assurance of Transportation (new NET vendor: MTM)
• Early Periodic Screening Diagnostic and Treatment (EPSDT)

  ➢ States are required to provide all medically necessary services. This includes services that would otherwise be optional services but not part of the Nevada Medicaid State Plan.
Nevada’s Mandatory & Optional Services

**Mandatory Services:**
- Physician Services
- Laboratory and x-ray services
- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under the age of 21
- Family planning and supplies
- Federally-qualified health center (FQHC) services
- Rural health clinic services
- Nurse midwife services
- Certified nurse practitioner services
- Nursing facility (NF) services for individuals 21 or over
- Transportation
- Home Health
- Durable Medical Equipment (DME)

**Covered Optional Services:**
- Prescription drugs
- Medical care or remedial care furnished by licensed practitioners (Limited)
- Diagnostic, screening, and preventive services
- Clinic services
- Dental services (pregnancy related, emergency, palliative and dentures for adults)
- Therapy (physical, occupational, speech, audiology)
- Prosthetic devices, eyeglasses
- Primary care case management
- ICF/ID services
- Inpatient/nursing facility services for individuals 65 and over in an institution for mental diseases (IMD)
- Inpatient psychiatric hospital services for individuals under age 21
- Nursing Facility services for individuals under 21
- Respiratory care services for ventilator-dependent individuals
- Personal care services
- Private duty nursing services
- Hospice services
- Targeted case management (limited)
Medicaid Rates

• Provider reimbursement rates are reviewed on a four year rolling basis, some more frequently, due to State Plan language, provider or legislative requests.

• Provider rates are also reviewed during agency budget build and recommendations are put forward based on the analysis.

• Physician rates are reviewed annually and the findings are reported by February 1st of each year pursuant to NRS 232.354.

• Rate reviews do not necessarily result in a rate increase as it may require additional State General fund appropriations from Legislature.
Medicaid Rate Methodologies

• **Utilize the CMS Fee Schedule**
  • Rates based on a set year CMS conversion factor and the associated value units assigned by individual procedure code. A percentage of the full rate is paid based on the methodologies listed in the State Plan (Examples include Physician or Nurse Practitioner).

• **Establish a Per Diem Rate**
  • Rates are set based on Medicaid allowable costs as defined in Federal Regulations (Examples include Free Standing Psychiatric Facilities or Skilled Nursing Facilities).

• **Utilize Cost Settlement**
  • Select Provider Types such as Critical Access Hospitals (CAH) are cost settled. Providers receive an interim rate based on the previous year's costs.

• **Development of LTSS Rates**
  • The 2001 Legislative Session enacted A.B. 513 that created a Provider Rates Task Force. Rates for waiver providers were recommended by the Provider Rates Task Force and were adopted by the DHCFP August 15, 2002.

• **Negotiated Rate**
  • Negotiated rates are sometimes necessary in special situations such as access to care or difficult placement. Both facility specific and patient specific rates can be negotiated.
July 2017 Initiatives

• Addition of Managed Care Organizations (MCOs)
  – Two new plans
  – Pay for Performance
  – September 1, 2017 changes

• Certified Community Behavioral Health Centers (CCBHCs)
  – 2 year demonstration grant
  – Objective is to improve behavioral health outcomes for targeted populations through innovation and transformation of the delivery of primary and behavioral health care
  – 4 selected CCBHCs (Bridge Counseling, New Frontier, Vitality Unlimited, and Westcare)
  – Prospective Payment System model with Quality Bonus Payments
Legislative Initiatives

• Rate Increases
  – Pediatric Surgery
  – Adult Day Health Care
  – Assisted Living
  – Skilled Nursing Facility & Swing Bed

• New Services
  – Registered Dieticians as independent practitioners to perform Medical Nutrition Therapy
  – Adult Podiatry
  – Gender Reassignment Surgery
DHCFP Other Activities

• October 2017
  – Mental Health Parity Implementation

• January 2018
  – Dental Benefit Administrator, Liberty Dental
Monitoring Federal Funding

• ACA Repeal and Replace
  – Block Grant; or
  – Per Capita Cap

• CHIP Reauthorization
Questions
Contact Information

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Appendix
# Modified Adjusted Gross Income (MAGI) Medical Groups

<table>
<thead>
<tr>
<th>Medical Groups</th>
<th>Income Limits</th>
<th>Exceptions/Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents &amp; Caretakers</td>
<td>138% of Poverty</td>
<td>Parent/Caretaker must have a dependent minor child in the home.</td>
</tr>
<tr>
<td>Children under 19</td>
<td>Children 6-18: &lt; 122% FPL</td>
<td></td>
</tr>
<tr>
<td>Poverty Level Children</td>
<td>Children under 6: &lt; 165% FPL</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>&lt; 165% FPL</td>
<td></td>
</tr>
<tr>
<td>Childless Adult</td>
<td>&lt; 138% FPL</td>
<td>Cannot be pregnant; Cannot be Medicare eligible; Cannot be eligible in another Medical group.</td>
</tr>
<tr>
<td>Nevada Check-Up</td>
<td>Children under 6: 166%-205%</td>
<td>Premium payment required; Cannot have other insurance; Cannot be Medicaid eligible.</td>
</tr>
<tr>
<td>State CHIP program for children under 19</td>
<td>Children 6-18: 139%-205% FPL</td>
<td></td>
</tr>
</tbody>
</table>
# Specialized Medical Groups

<table>
<thead>
<tr>
<th>Description</th>
<th>Income Determination</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aged Out of Foster Care</strong></td>
<td>No income or resource determination</td>
<td>Under 26 years of age; were in foster care and enrolled in Medicaid at the time they turned 18 years of age.</td>
</tr>
<tr>
<td><strong>Children for Whom a Public Agency has Assumed Financial Responsibility</strong></td>
<td>No income or resource determination</td>
<td>Public agency has assumed responsibility; Child cannot be in DCFS custody</td>
</tr>
<tr>
<td><strong>Title IV-E eligible foster children at Rite of Passage</strong></td>
<td>No income or resource determination</td>
<td>Children under 18 years of age residing at Rite of Passage receiving IV-E foster care benefits Applications processed at Yerington D.O.</td>
</tr>
<tr>
<td><strong>Breast and Cervical Cancer</strong></td>
<td>No income or resource determination by DWSS. CDC screening includes income determination.</td>
<td>Under age 65; Uninsured or under insured; Not eligible under any other medical assistance program; Screened by CDC and in need of treatment. Applications processed by Elko D.O.</td>
</tr>
</tbody>
</table>
# MAABD Medical Groups

<table>
<thead>
<tr>
<th>Definition</th>
<th>Income Limits</th>
<th>Exceptions/Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SSI Recipients</strong></td>
<td>Categorically eligible, income and resource determination made by SSI</td>
<td>Receiving SSI as a Nevada resident</td>
</tr>
<tr>
<td><strong>Public Law</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult Disabled Child</td>
<td></td>
<td>Had SSI, Lost SSI as a result of an event. (usually increase in RSDI)</td>
</tr>
<tr>
<td>- Pickle Amendment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Widow/Widowers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Widow/Widowers and Surviving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Divorced Spouses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Suspension of SSI due to Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Institutional</strong></td>
<td>$30 SSI Institutional payment rate</td>
<td>Residing in long term care</td>
</tr>
<tr>
<td><strong>HCBW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frail and Elderly</td>
<td>Over 65 years of age; Meets the level of care assessment;</td>
<td></td>
</tr>
<tr>
<td>Assisted Living Waiver</td>
<td>Over 65 years of age; Residing in approved assisted living facility in Las Vegas only;</td>
<td></td>
</tr>
<tr>
<td>Group Care Waiver for the aged or blind</td>
<td>Over 65 years of age; Residing in approved assisted living facility in Las Vegas only;</td>
<td>Mentally retarded; Living in a community setting;</td>
</tr>
<tr>
<td>for the mentally impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Waiver</td>
<td>Meet Level of Care as approved by ADSD Living in a community setting</td>
<td></td>
</tr>
</tbody>
</table>
### MAABD Medical Groups (Continued)

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th><strong>Income Limits</strong></th>
<th><strong>Exceptions/Rules</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Katie Beckett</strong></td>
<td>Disabled children not eligible for SSI</td>
<td>Child under 19 years of age;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residing at home with parents;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denied SSI for excess income of parents;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meets level of care assessment and can be cared for at home for less cost than</td>
</tr>
<tr>
<td></td>
<td></td>
<td>institutionalization;</td>
</tr>
<tr>
<td><strong>Prior medical for the Aged, Blind or</strong></td>
<td>Income &lt; SSI payment level;</td>
<td>Disability determination made by DHCFP</td>
</tr>
<tr>
<td>Disabled**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Insurance for Working Disabled (HIWA)</strong></td>
<td>Gross earned 450% FPL; Unearned $699;</td>
<td>Not eligible for Medicaid under any other category;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Between 16-64 years of age;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employment related disregards allowed;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be disabled or blind.</td>
</tr>
</tbody>
</table>
## Federal Poverty Limit (FPL)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>AM limit</th>
<th>100% FPL</th>
<th>138% FPL</th>
<th>165%</th>
<th>205%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$319</td>
<td>$1,005</td>
<td>$1,387</td>
<td>$1,658</td>
<td>$2,060</td>
</tr>
<tr>
<td>2</td>
<td>$407</td>
<td>$1,353</td>
<td>$1,868</td>
<td>$2,233</td>
<td>$2,774</td>
</tr>
<tr>
<td>3</td>
<td>$495</td>
<td>$1,702</td>
<td>$2,348</td>
<td>$2,808</td>
<td>$3,488</td>
</tr>
<tr>
<td>4</td>
<td>$582</td>
<td>$2,050</td>
<td>$2,829</td>
<td>$3,383</td>
<td>$4,203</td>
</tr>
<tr>
<td>5</td>
<td>$670</td>
<td>$2,398</td>
<td>$3,310</td>
<td>$3,957</td>
<td>$4,917</td>
</tr>
<tr>
<td>6</td>
<td>$758</td>
<td>$2,747</td>
<td>$3,790</td>
<td>$4,532</td>
<td>$5,631</td>
</tr>
<tr>
<td>7</td>
<td>$846</td>
<td>$3,095</td>
<td>$4,271</td>
<td>$5,107</td>
<td>$6,345</td>
</tr>
<tr>
<td>8</td>
<td>$934</td>
<td>$3,443</td>
<td>$4,752</td>
<td>$5,682</td>
<td>$7,059</td>
</tr>
<tr>
<td>Each Add.</td>
<td>$88</td>
<td>$348</td>
<td>$481</td>
<td>$575</td>
<td>$714</td>
</tr>
</tbody>
</table>
Current Eligibility

- **Children 0-5 All**: 165
- **Children 6-18**: 138
- **CHIP**: 205
- **Pregnant Women**: 165
- **Parent/Caretaker**: 138
- **Childless Adults 19-65**: 138