

Public Health Unwind Estimates for Individuals on Active Medicaid with Excess Income

To create this report, the Office of Analytics obtained a list from the Division of Welfare and Supportive Services (DWSS) of all persons enrolled as of December 31, 2022, in Medicaid who could be determined potentially ineligible based on income parameters when the redetermination process begins after the end of the public health emergency (PHE). DWSS identified 73,869 members, of these members 21,314 (about 29%) have another form of health insurance as identified in the Medicaid Management Information System (MMIS).

The tables included in this report show the utilization and characteristics of the population. The statewide and county maps included identify the location of these members by zip code.

Target population: Medicaid members who are at higher risk of losing their healthcare coverage due to eligibility income parameters.

Table 1: Utilization by Core Provider Area[†]. Of the 73,869 members identified, 57,018 (about 77%) had at least one claim paid in a Core Provider Area in the past year (Jan 1, 2022, through Dec 31, 2022).

<i>Core Provider Area</i>	Utilizers	Number of Claims	Average number of claims per month	Average number of days since last claim	Average number of claims per utilizer in the past year
<i>Primary Care Services</i>	33,561	128,748	10,729	127.4	3.8
<i>Physician Specialist Services</i>	36,888	302,431	25,203	106.8	8.2
<i>Behavioral Health Services</i>	6,697	75,483	6,290	114.4	11.3
<i>Women’s Services</i>	8,088	28,105	2,342	155.7	3.5
<i>Home Health</i>	72	422	35	171.9	5.9
<i>Dental</i>	16,624	36,622	3,052	153.9	2.2

[†]A utilizer can be counted in multiple areas. Core provider areas do not encompass total utilization.

Medicaid Core Provider Areas:

-*Primary Care Services* includes members who visited Rural Health Clinics, Federally Qualified Health Centers, Family Practice, General Practice, Internal Medicine, Pediatrics, Advanced Practice Registered Nurse, and Physician Assistant.

-*Physician Specialist Services* includes members who visited medical doctors not included in primary care services, optometrists, therapy, opticians, and audiologists.

-*Behavioral Health Services* includes members who visited Psychiatric Hospital (Inpatient), Behavioral Health Outpatient Treatment, Substance Abuse Agency Model, Psychiatry, Psychiatry child, Psychologists, Residential Treatment Center, and Behavioral Health Rehabilitation Treatment.

-*Women’s Services* includes members who visited Obstetrics/Gynecology, Neonatology, Gynecology, Maternal Fetal Medicine, Obstetrics, Perinatal Medicine, and Nurse Midwife.

-*Home Health* includes members who were visited by a home health agency.

-*Dentist* includes members who visited a dentist.

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Table 2: Target Population by Race/Ethnicity, Gender, and County. The table below uses green color scales to demonstrate the largest demographic group at risk for losing healthcare coverage. Hispanic and White Female members living in Clark County are most at risk. Statewide, the Hispanic population is most at risk.

Please note, 361 members did not have complete information and were not included in the counts below.

County	Female				Female Total	Male				Male Total
	Black	Hispanic	Other	White		Black	Hispanic	Other	White	
Carson City	13	217	51	413	694	10	178	33	295	516
Churchill	2	52	33	249	336	3	54	36	174	267
Clark	7,707	12,663	4,958	8,857	34,185	4,977	9,024	3,459	6,681	24,141
Douglas	1	74	38	231	344	2	54	28	163	247
Elko	4	165	63	293	525	7	116	43	230	396
Esmeralda				5	5		1		4	5
Eureka		2		10	12		2	1	6	9
Humboldt		49	14	98	161	1	51	14	98	164
Lander		7	2	29	38		7	1	22	30
Lincoln		1	2	29	32		3	3	27	33
Lyon	8	156	52	450	666	6	108	36	349	499
Mineral	6	13	27	22	68	4	7	19	23	53
Nye	24	137	41	493	695	29	118	32	429	608
Pershing		16	2	37	55	1	9	1	23	34
Storey				5	5				7	7
Washoe	234	1,888	601	2,163	4,886	174	1,381	425	1,731	3,711
White Pine	1	9	14	67	91	3	8	4	58	73
Out of State	4	14	2	14	34	4	12	3	23	42
Unknown	2	4	361		367	4	2	1	6	13
Total Distinct	7,998	15,446	5,889	13,416	42,749	5,219	11,113	4,132	10,295	30,759
<i>% of target population</i>	10.8%	20.9%	8.0%	18.2%	57.9%	7.1%	15.0%	5.6%	13.9%	41.6%

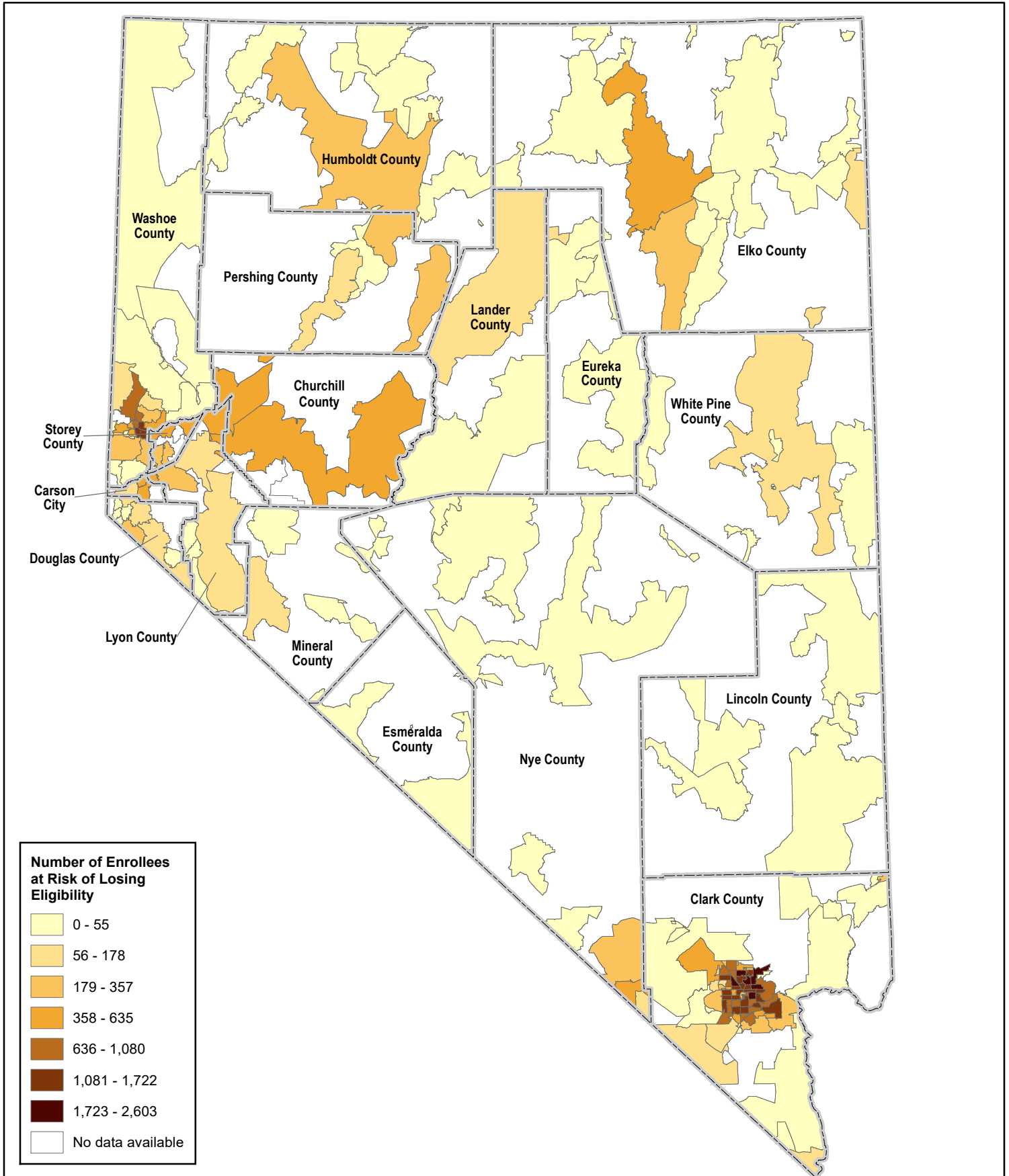
Table 3: Target population by Age Group and Race/Ethnicity. The green color scales in the table show the population with the highest number of members at risk for losing their healthcare coverage.

Age Groups	Female				Female Total	Male				Male Total
	Black	Hispanic	Other	White		Black	Hispanic	Other	White	
Infants <1	64	254	92	151	561	66	250	79	152	547
1-17	1,052	3,626	1,243	2,027	7,948	1,062	3,800	1,175	2,138	8,175
18-34	3,211	6,383	1,978	4,452	16,024	1,889	3,875	1,238	2,982	9,984
35-54	2,993	4,045	1,924	4,794	13,756	1,705	2,254	1,161	3,390	8,510
55 and older	678	1,138	652	1,992	4,460	497	934	479	1,633	3,543
Total Distinct	7,998	15,446	5,889	13,416	42,749	5,219	11,113	4,132	10,295	30,759
<i>% of target population</i>	10.8%	20.9%	8.0%	18.2%	57.9%	7.1%	15.0%	5.6%	13.9%	41.6%

Medicaid Enrollees at Risk of Losing Eligibility Due to Excess Income by Zip Code* in Nevada

Data as of 2/2023

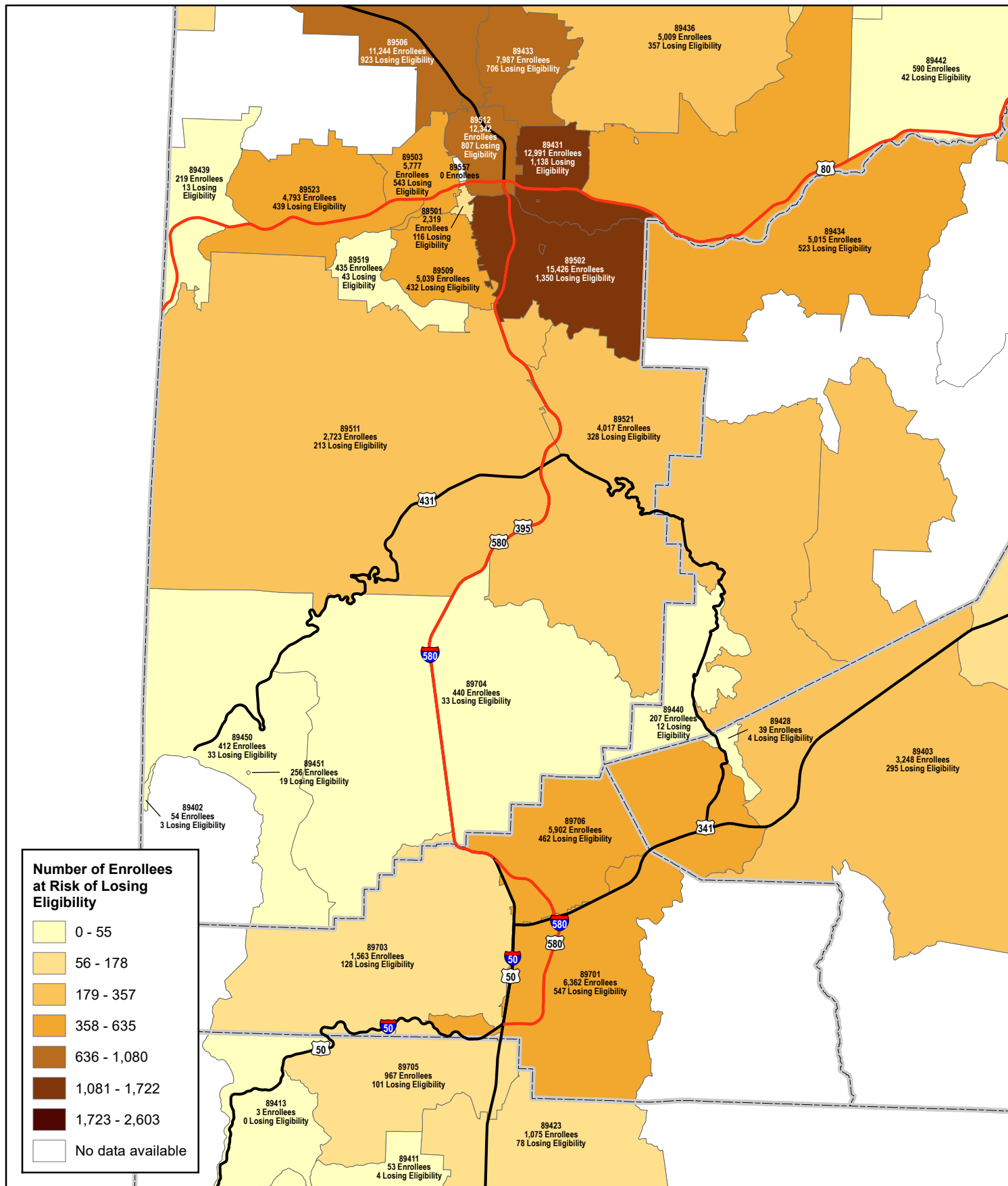
*Post Office and other non-geographic area zip codes are combined with enclosing zip codes.



Medicaid Enrollees at Risk of Losing Eligibility Due to Excess Income by Zip Code* in the Reno Area

Data as of 2/2023

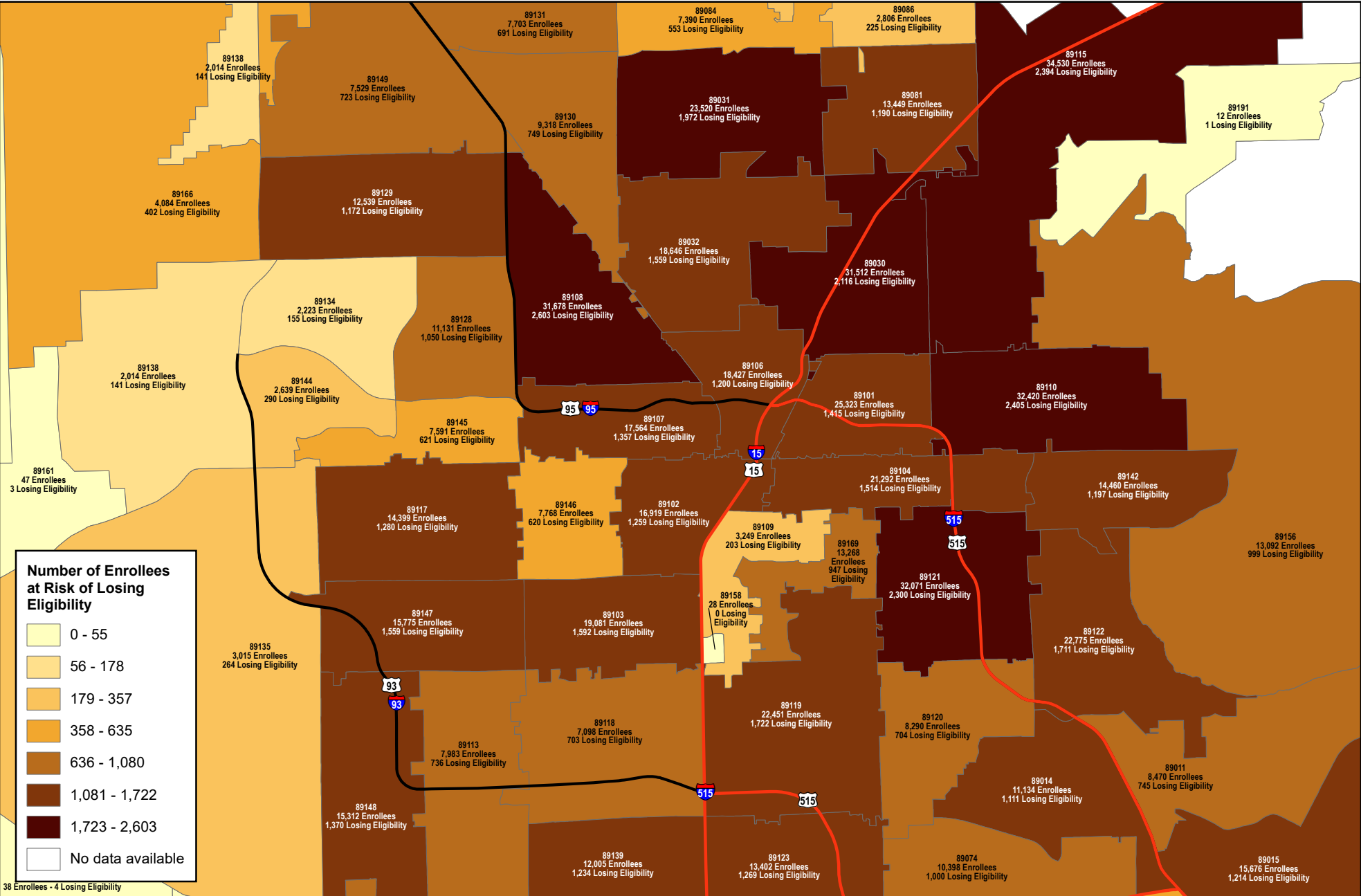
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Number of Medicaid Enrollees at Risk of Losing Eligibility Due to Excess Income by Zip Code* in the Las Vegas Area

Data as of 2/2023

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Medicaid Technical Notes:

Utilization is based on Nevada Medicaid Fee for Service (FFS) and Managed Care Organization (MCO) paid claims specific to the Core Provider Areas which are based on Provider Type and Provider Specialty Type.

Please note: Income parameters and household income amounts may change when members go through the redetermination process. The numbers presented are an estimate.

Medicaid Data: The Division of Health Care Financing and Policy (DHCFP) data warehouse is comprised of claims data submitted by over 35,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make every effort to validate these data through continuous provider education and the use of highly experienced audit staff, the Division relies heavily on providers to submit accurate and complete information on Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports are based solely on patient claims data and may not be a complete and comprehensive health record.

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