

**Presentation to the Legislative
Committee on Health Care
April 9, 2014**

Silver State Health Insurance Exchange
Department of Health and Human Services

Silver State Health Insurance Exchange

EXCHANGE ENROLLMENT

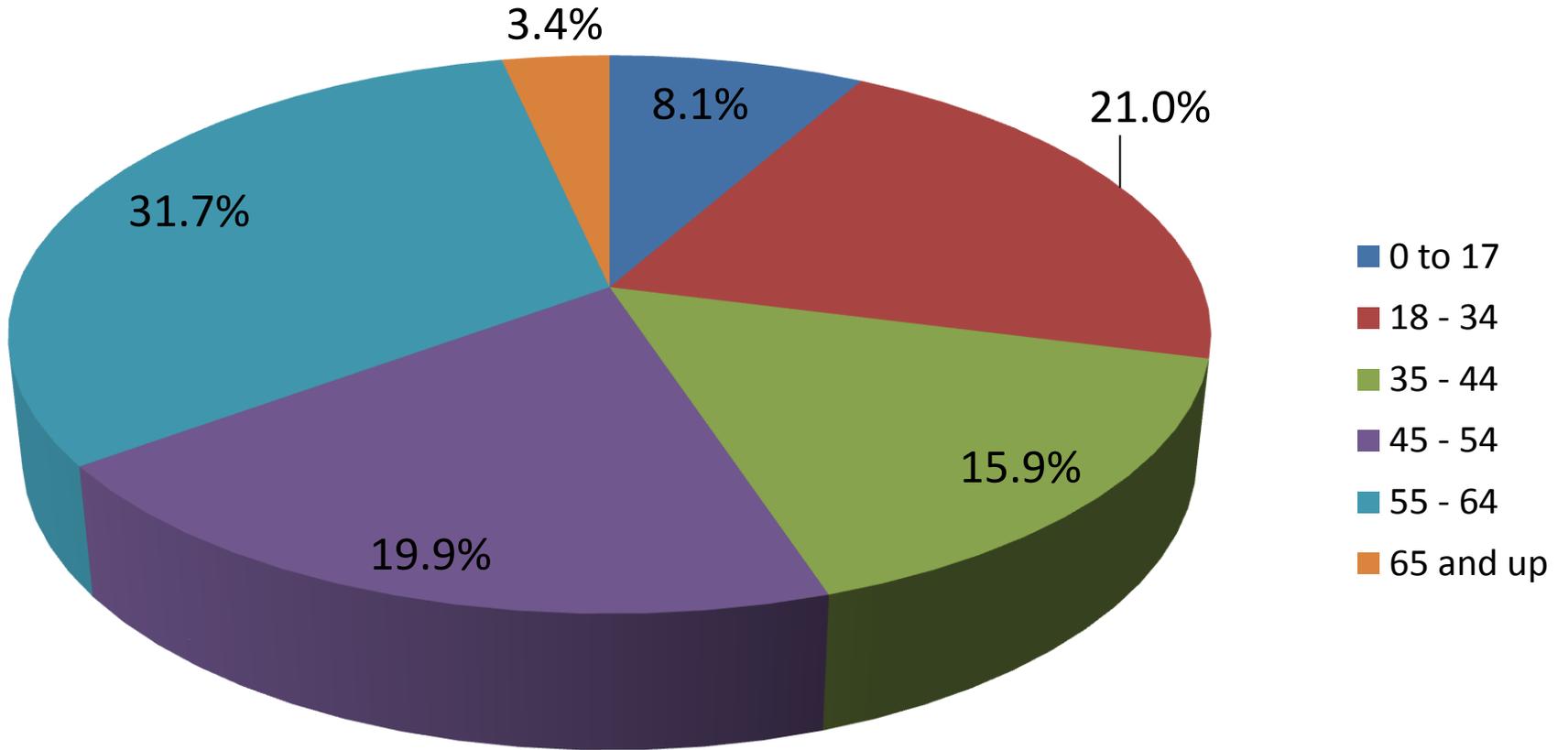


Open Enrollment Statistics

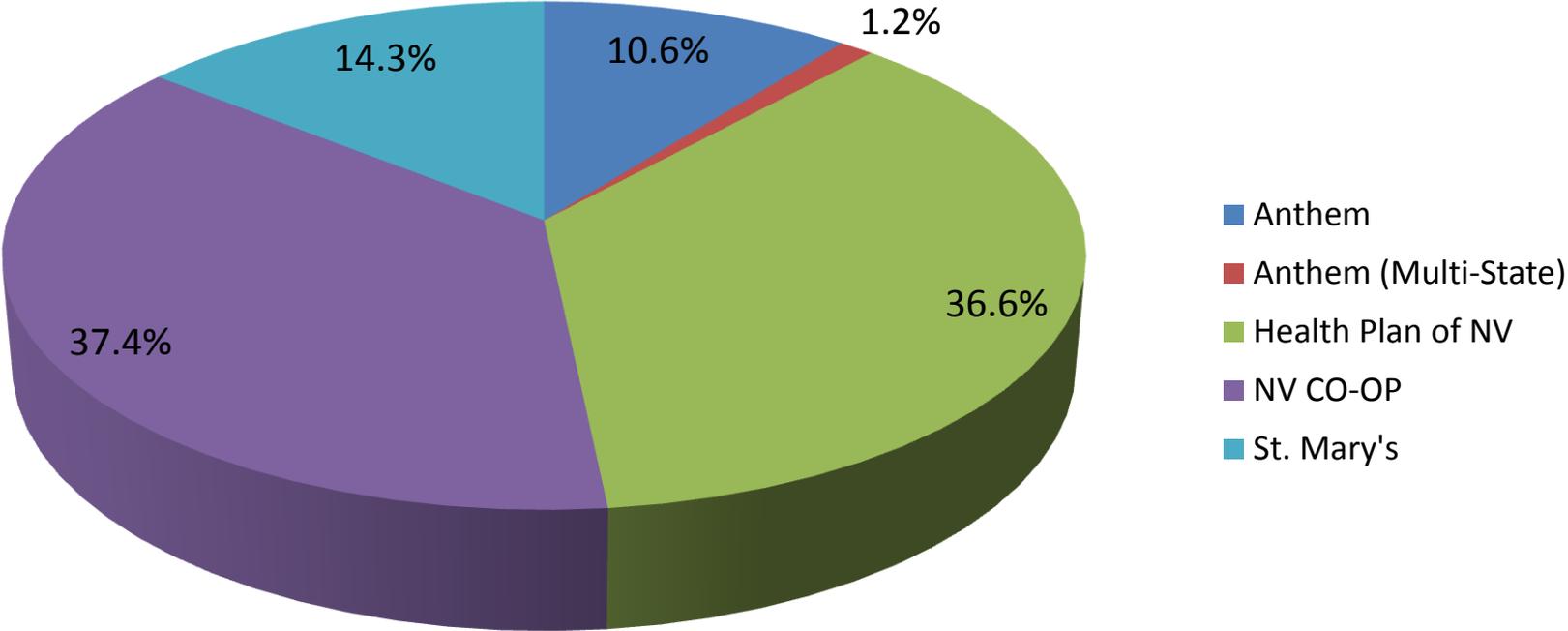
As of 3/31/2014

- Total applications started – 443,000
- Completed applications – 382,874
- Case/Applications sent to Medicaid – 145,000
- Medicaid Pre-Eligibility – 134,305
- Confirmed QHP Plans – 41,823
- Confirmed Dental Plans – 45,961
- Paid QHP Plans – 25,899
- Paid Dental Plans – 23,553

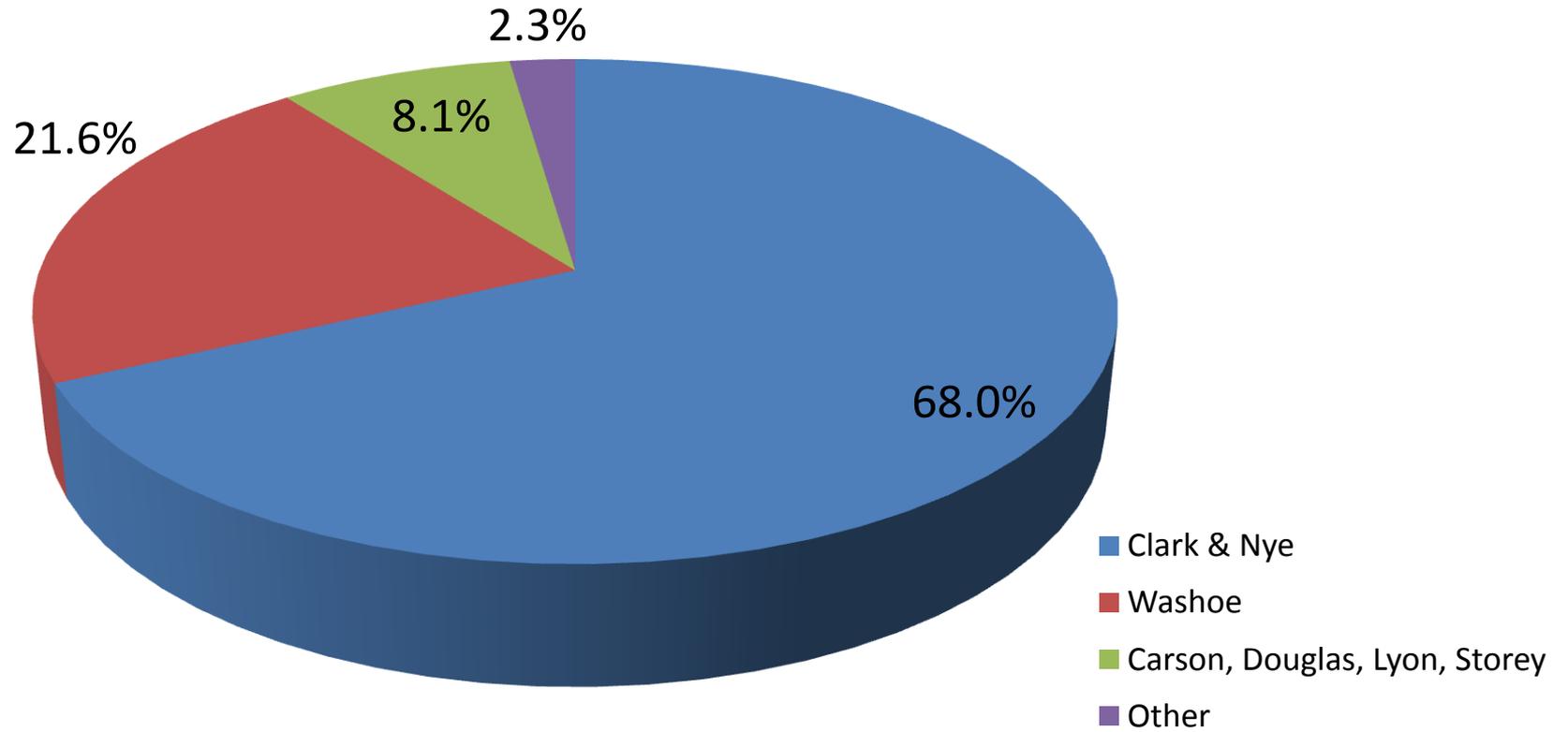
Enrollment by Age



Carrier Enrollment



Service Area Enrollment



Special Enrollment Period 4/1-5/30

- To qualify for the SEP individuals must:
 - Be known to the Nevada Health Link system
 - Account created prior to 3/31
 - Call center record
 - Paper application prior to 3/31
 - Experience a technical difficulty
 - Attestation

Special Enrollment Period Outreach Efforts

- Identify eligible members
- Leverage news media
- Leverage EEF Community
- Direct mail/email campaign
- Conduct In person enrollment events
- Retool the website messaging for the SEP

Exchange Sustainability

- Board approved Per Member Per Month (PMPM) Fee
- 2014: \$4.95
 - Covers Navigators and builds a reserve
- 2015: Adoption Hearing on April 10, 2014
 - Covers all expenses in 2015
 - Options being considered:
 - \$9.84 PMPM (based on 150,000 enrollees)
 - \$11.68 PMPM (based on 100,000 enrollees)
 - \$15.36 PMPM (based on 60,000 enrollees)

Deloitte Assessment (\$1.5 million contract)

- Goal

Conduct a five week assessment of the current state of the Silver State Health Insurance Exchange functionality. Identify strengths, gaps, and issues and recommend remediation strategies.

- Project Approach

The approach includes examining end-to-end system functionality, through discovery and analysis of the following four categories:

- Project Management and Governance
- Technology and Infrastructure
- Solution Functionality
- People and Process

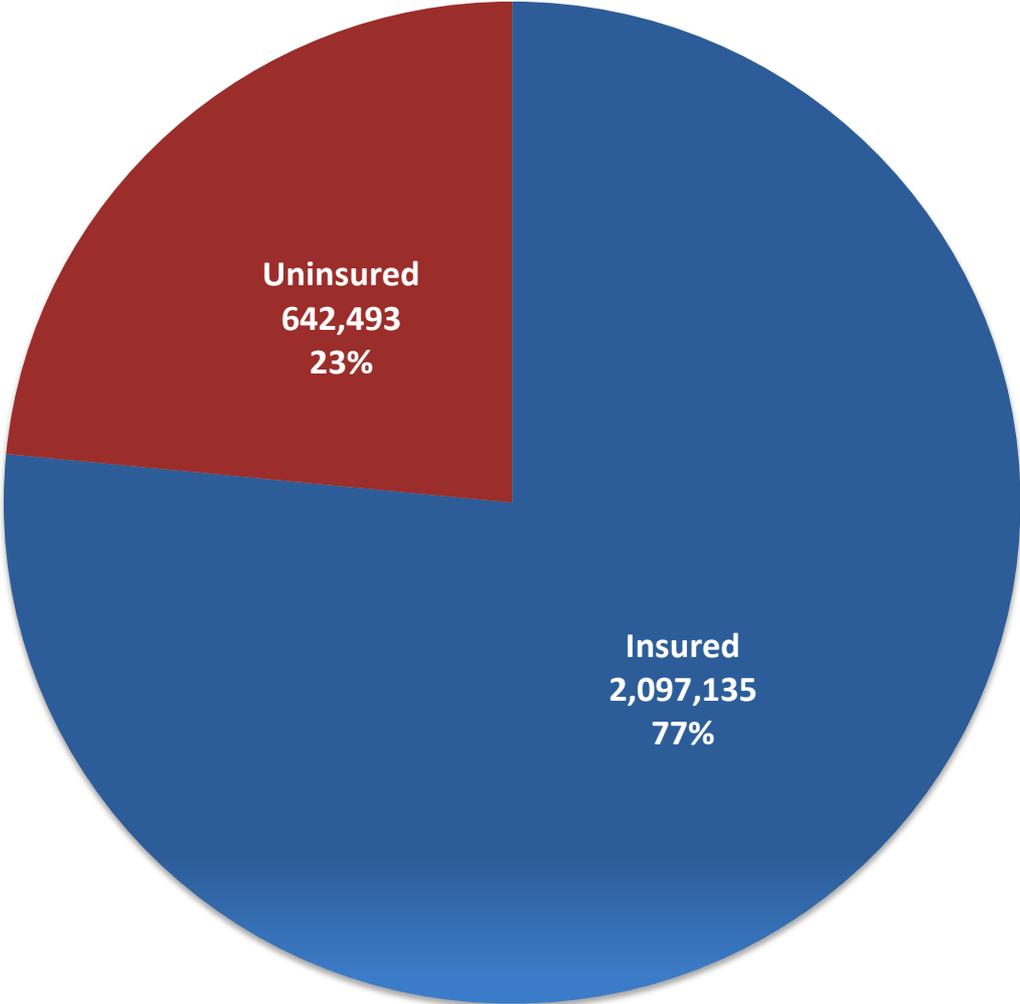
- Timeline

- March 24 – April 25th

Department of Health and Human Services

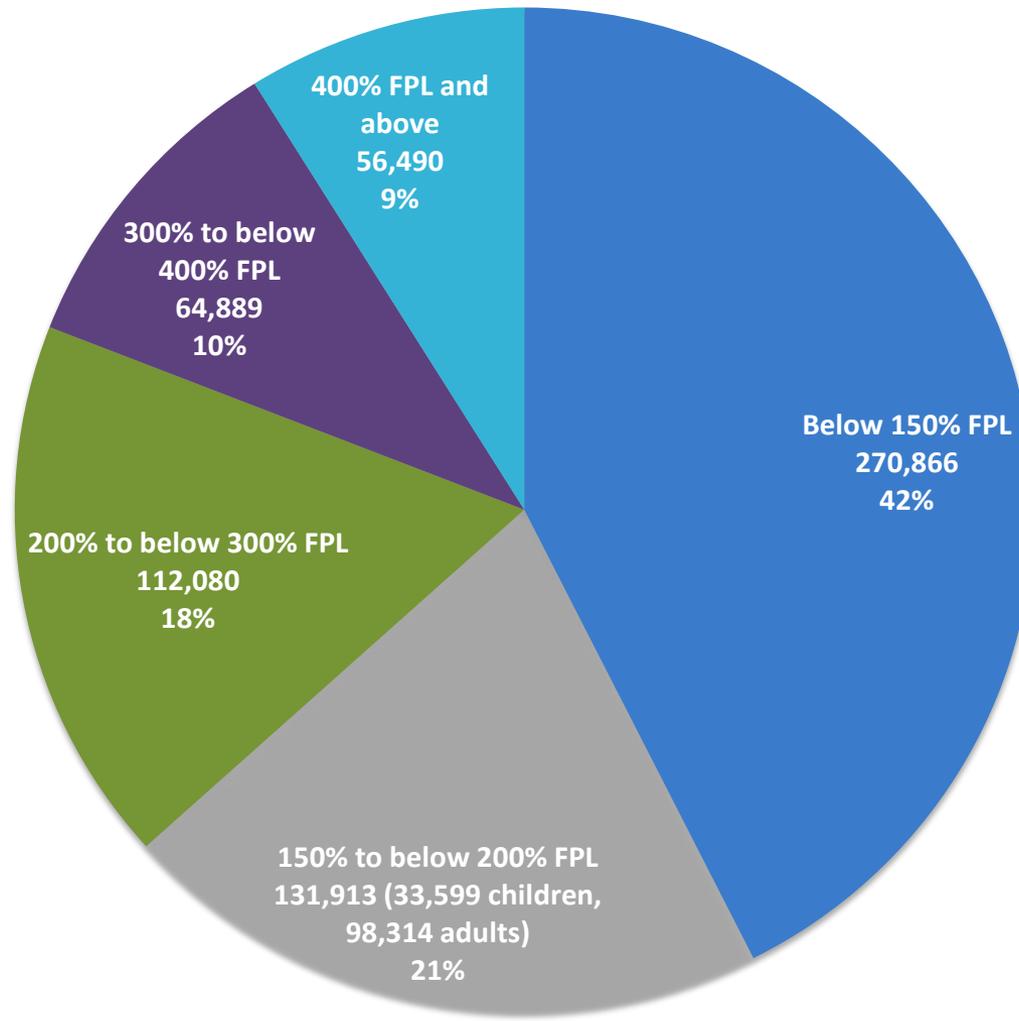
ACA IMPLEMENTATION STATISTICS

Insured Status

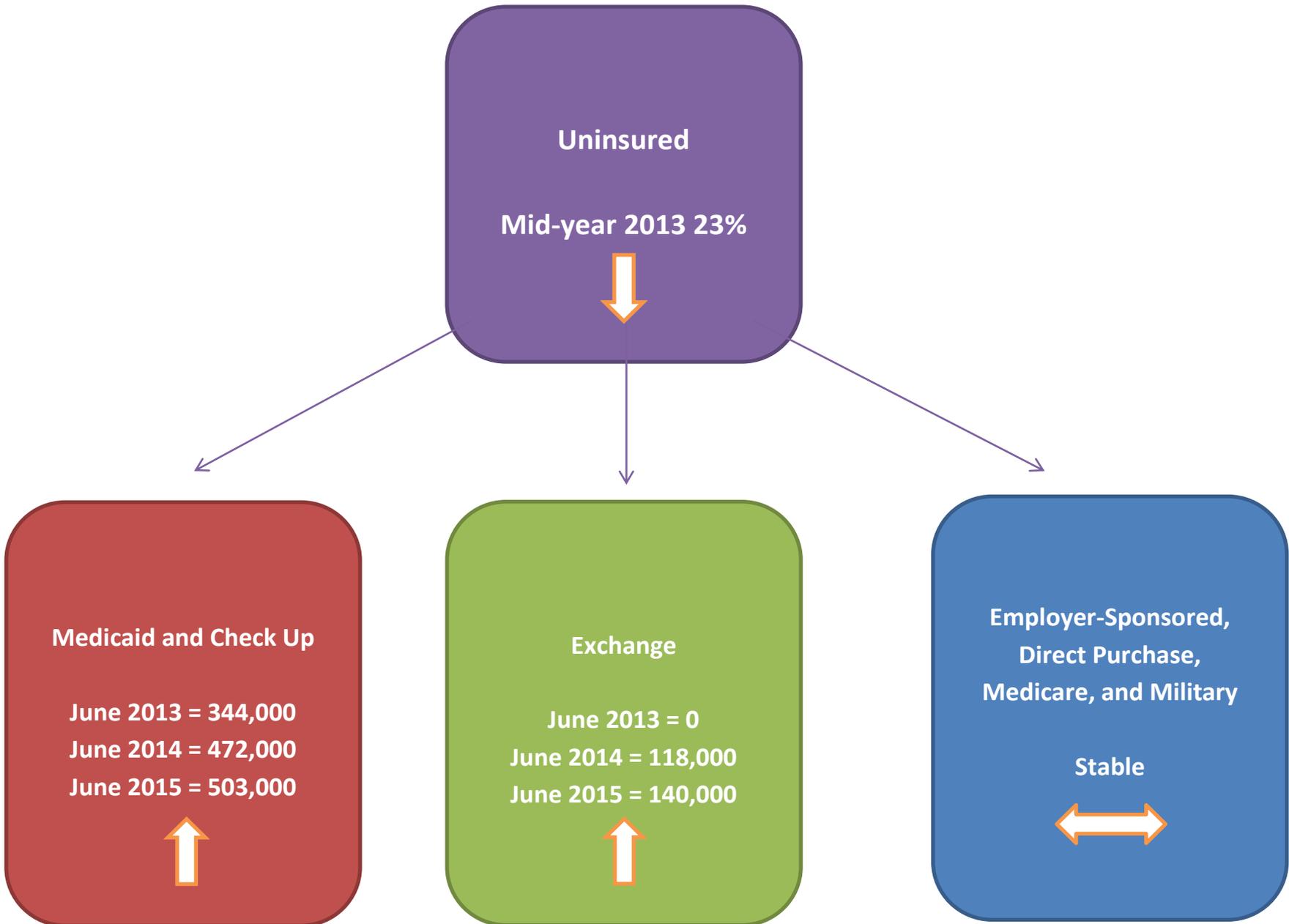


■ Insured ■ Uninsured

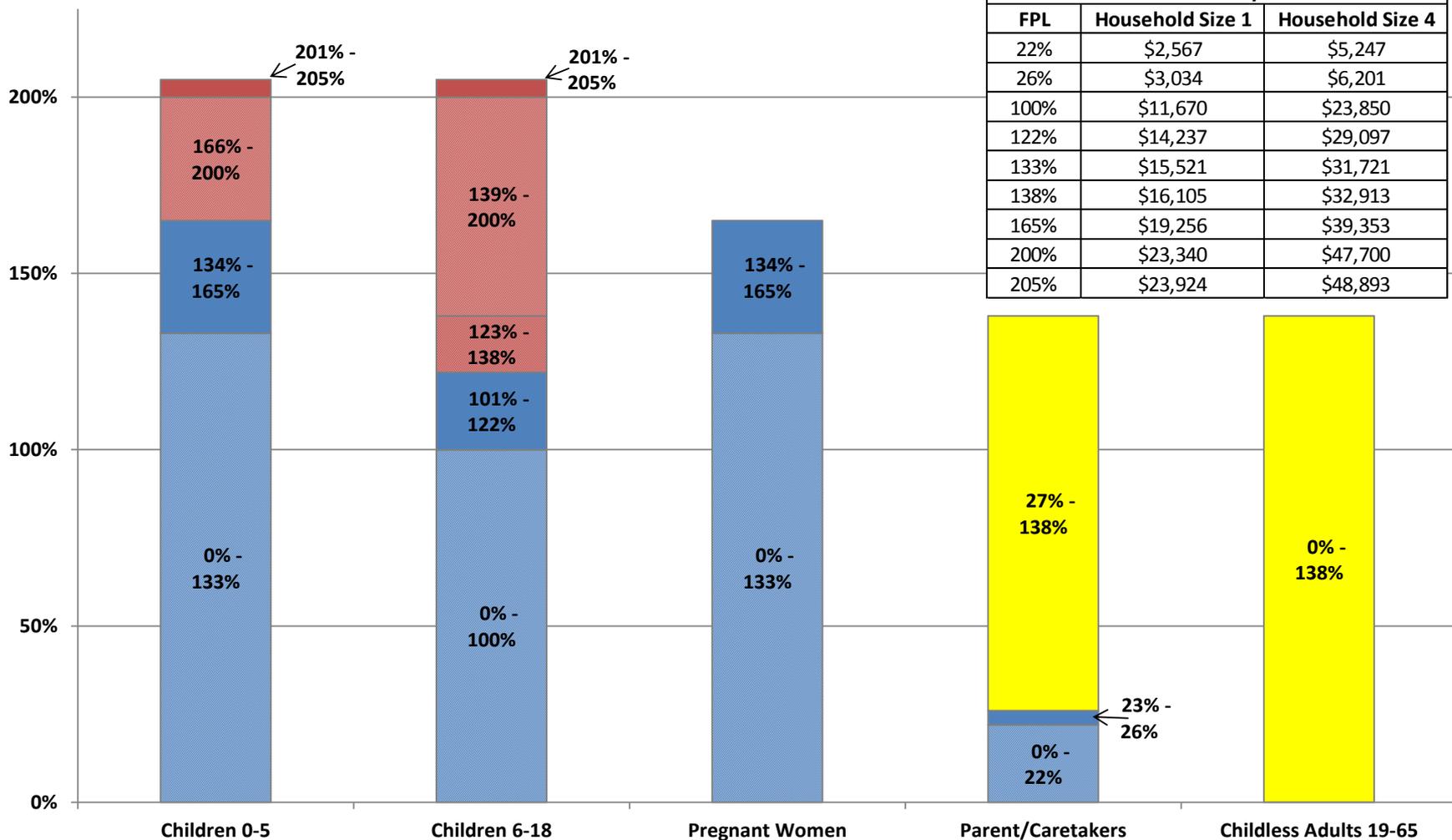
Uninsured below Age 65 by Income-to-Poverty Ratio



■ Below 150% FPL ■ 150% to below 200% FPL ■ 200% to below 300% FPL ■ 300% to below 400% FPL ■ 400% FPL and above



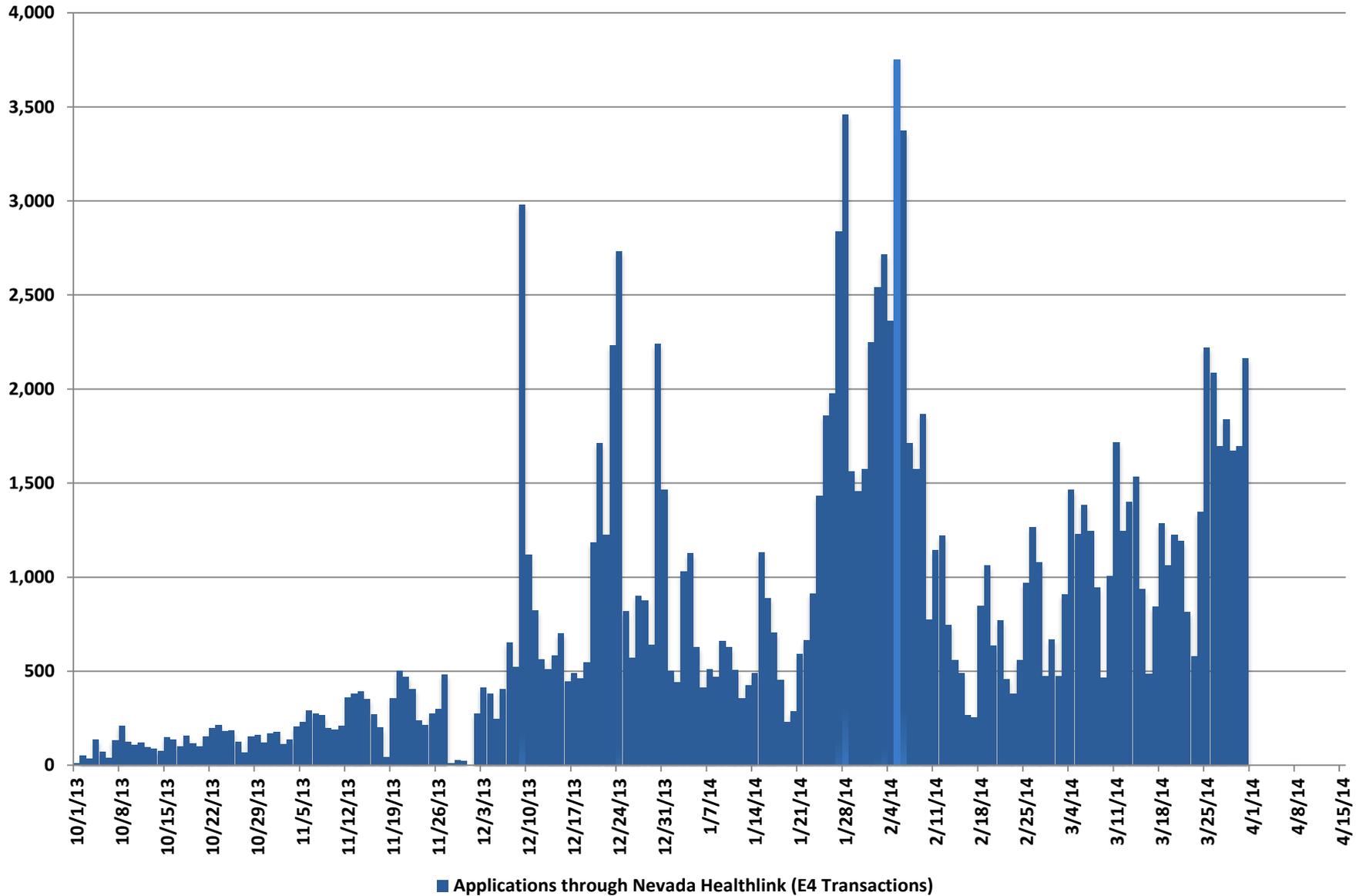
Medicaid Eligibility and FMAP



- Old Eligibility Standard, Regular FMAP
- New Eligibility Standard, Medicaid Clients with CHIP FMAP
- New Eligibility Standard, CHIP FMAP

- New Eligibility Standard, Regular FMAP
- Old Eligibility Standard, CHIP FMAP
- New Eligibility Standard, 100% FMAP

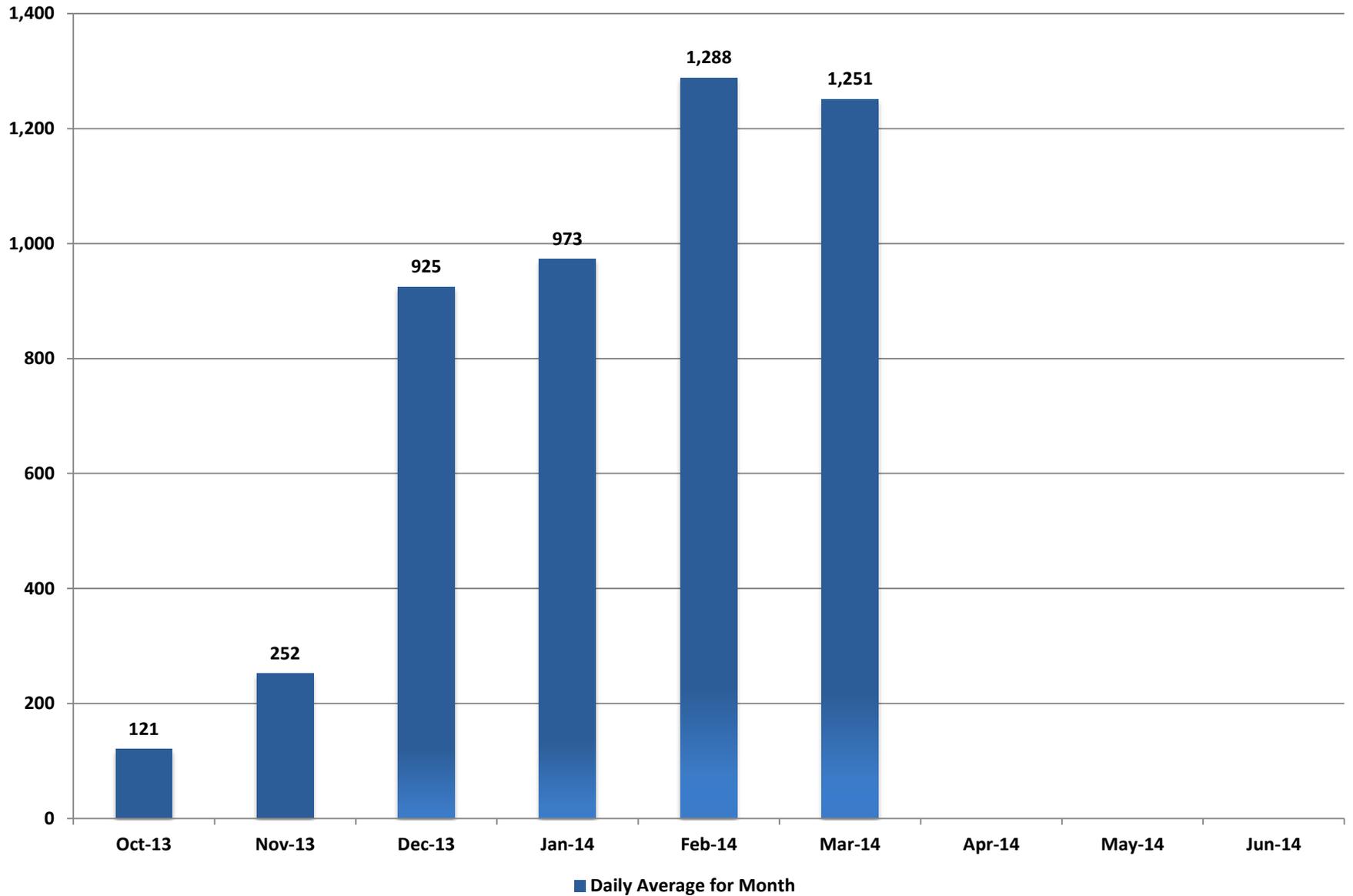
Medicaid and Check Up Electronic Applications



Medicaid and Check Up Electronic Applications

Date	Applications through Nevada Healthlink (E4 Transactions)
3/1/14	665
3/2/14	471
3/3/14	907
3/4/14	1,464
3/5/14	1,229
3/6/14	1,383
3/7/14	1,244
3/8/14	943
3/9/14	463
3/10/14	1,006
3/11/14	1,716
3/12/14	1,242
3/13/14	1,399
3/14/14	1,533
3/15/14	936
3/16/14	485
3/17/14	843
3/18/14	1,286
3/19/14	1,061
3/20/14	1,226
3/21/14	1,192
3/22/14	814
3/23/14	578
3/24/14	1,346
3/25/14	2,218
3/26/14	2,085
3/27/14	1,695
3/28/14	1,836
3/29/14	1,670
3/30/14	1,696
3/31/14	2,161

Medicaid and Check Up Electronic Applications - Daily Average for Month

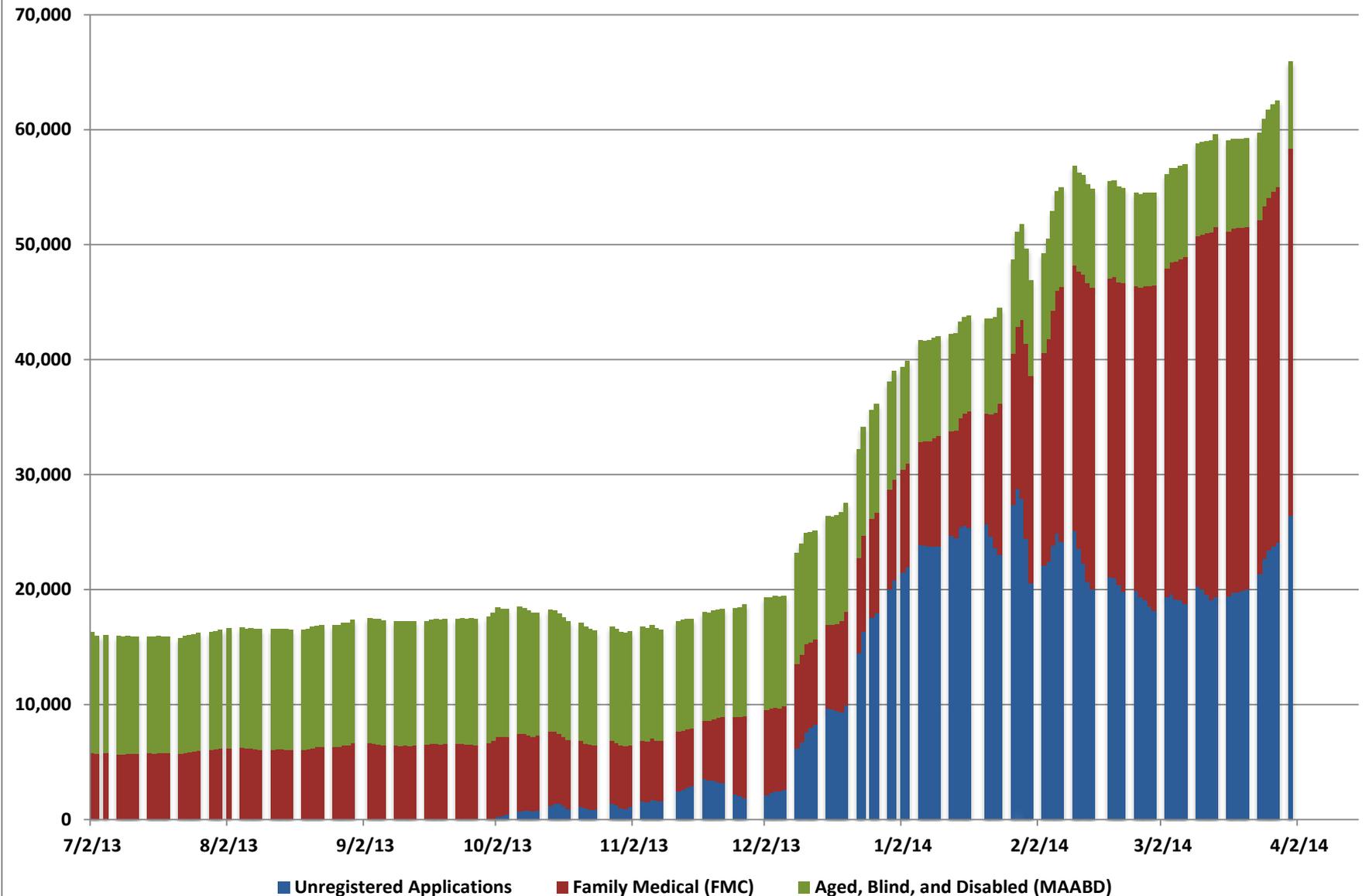


Medicaid and Check Up Electronic Applications (Monthly)

Month	Applications through Nevada Healthlink (E4 Transactions)	
	Total	Daily Average for Month
Oct-13	3,746	121
Nov-13	7,549	252
Dec-13	28,669	925
Jan-14	30,168	973
Feb-14	36,075	1,288
Mar-14	38,793	1,251
Apr-14		
May-14		
Jun-14		
Jul-14		
Aug-14		
Sep-14		
Oct-14		
Nov-14		
Dec-14		
Jan-15		
Feb-15		
Mar-15		
Apr-15		
May-15		
Jun-15		

Note: Clients also apply for Medicaid and Check Up using paper applications. The monthly count of paper applications for these programs is not available because the data on paper applications cannot be broken down by program.

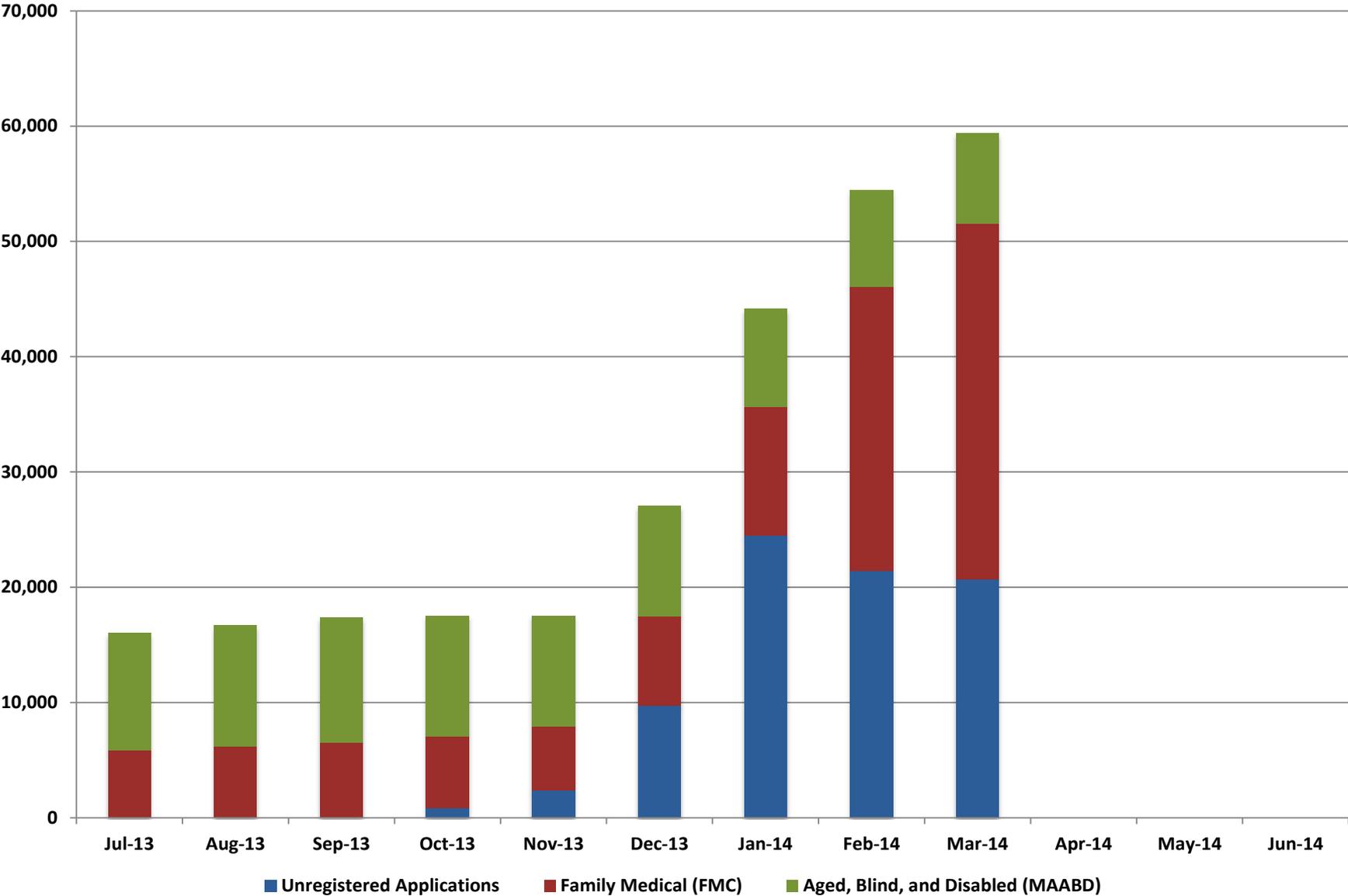
Pending Applications



Pending Applications

	BOS	Family Medical (FMC)			Aged, Blind, and Disabled (MAABD)				Total Medicaid
Date	Unregistered Applications	Pending <= 45 Days	Pending > 45 Days	Total Applications	Pending <= 45 Days	Pending 46-90 Days	Pending > 90 Days	Total Applications	Pending Applications
3/3/14	19,352	17,945	10,648	28,593	2,221	1,305	4,617	8,143	56,088
3/4/14	19,609	18,155	10,740	28,895	2,241	1,304	4,573	8,118	56,622
3/5/14	19,180	18,883	10,483	29,366	2,286	1,263	4,546	8,095	56,641
3/6/14	19,075	19,434	10,246	29,680	2,324	1,229	4,531	8,084	56,839
3/7/14	18,800	20,009	10,121	30,130	2,347	1,211	4,489	8,047	56,977
3/10/14	20,280	19,287	11,215	30,502	2,235	1,216	4,578	8,029	58,811
3/11/14	20,038	19,455	11,416	30,871	2,256	1,169	4,586	8,011	58,920
3/12/14	19,558	20,204	11,240	31,444	2,257	1,112	4,574	7,943	58,945
3/13/14	19,085	21,021	11,003	32,024	2,334	1,067	4,547	7,948	59,057
3/14/14	19,328	18,470	13,784	32,254	2,263	1,196	4,525	7,984	59,566
3/17/14	19,417	15,531	16,230	31,761	1,884	1,453	4,494	7,831	59,009
3/18/14	19,788	14,863	16,760	31,623	1,877	1,451	4,466	7,794	59,205
3/19/14	19,800	15,195	16,458	31,653	1,870	1,421	4,456	7,747	59,200
3/20/14	19,871	15,541	16,049	31,590	1,919	1,380	4,434	7,733	59,194
3/21/14	20,042	12,538	18,975	31,513	1,813	1,482	4,400	7,695	59,250
3/24/14	21,354	8,933	21,837	30,770	1,526	1,647	4,430	7,603	59,727
3/25/14	22,720	8,414	22,238	30,652	1,514	1,631	4,414	7,559	60,931
3/26/14	23,452	8,881	21,801	30,682	1,593	1,605	4,371	7,569	61,703
3/27/14	23,766	9,514	21,349	30,863	1,617	1,537	4,371	7,525	62,154
3/28/14	24,144	8,402	22,476	30,878	1,564	1,621	4,330	7,515	62,537
3/31/14	26,470	8,919	22,958	31,877	1,519	1,700	4,322	7,541	65,888

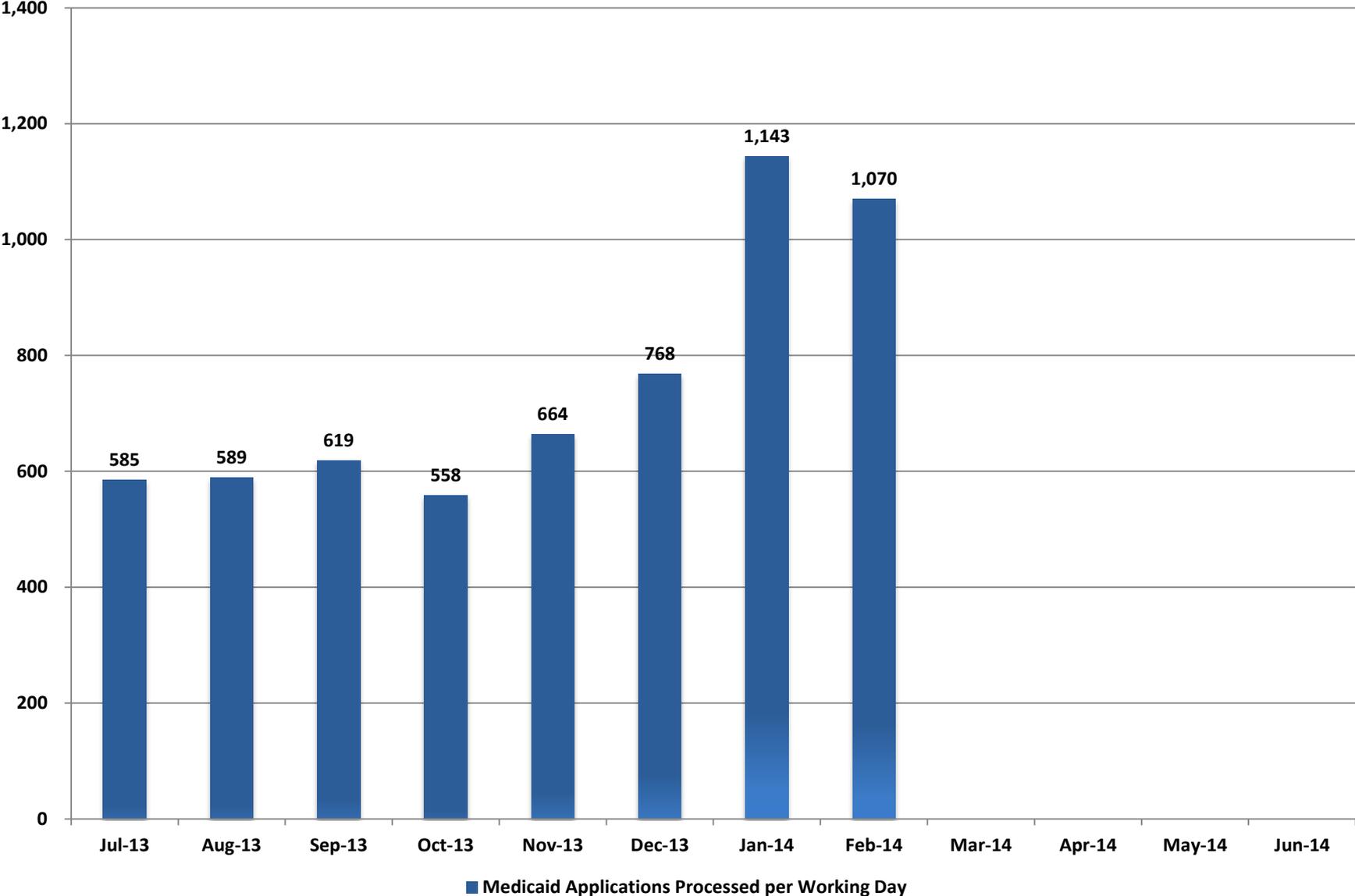
Pending Applications (Monthly Average)



Pending Applications – Monthly Average

Month	BOS	Family Medical (FMC)			Aged, Blind, and Disabled (MAABD)				Total Medicaid Pending
	Unregistered Applications	Pending <= 45 Days	Pending > 45 Days	Total Applications	Pending <= 45 Days	Pending 46-90 Days	Pending > 90 Days	Total Applications	
Jul-13		5,096	734	5,831	2,891	1,213	6,086	10,191	16,021
Aug-13		5,540	693	6,233	3,129	1,249	6,110	10,488	16,721
Sep-13		5,740	807	6,547	3,245	1,384	6,194	10,823	17,370
Oct-13	875	5,115	1,067	6,181	2,723	1,409	6,340	10,472	17,528
Nov-13	2,379	4,578	986	5,564	1,847	1,272	6,452	9,571	17,514
Dec-13	9,718	6,427	1,374	7,801	1,767	1,037	6,696	9,500	27,020
Jan-14	24,487	8,793	2,397	11,191	1,820	839	5,788	8,447	44,125
Feb-14	21,406	16,099	8,550	24,649	2,205	1,209	4,983	8,397	54,453
Mar-14	20,720	15,219	15,620	30,839	1,974	1,381	4,479	7,834	59,394
Apr-14									
May-14									
Jun-14									
Jul-14									
Aug-14									
Sep-14									
Oct-14									
Nov-14									
Dec-14									
Jan-15									
Feb-15									
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Jun-15									

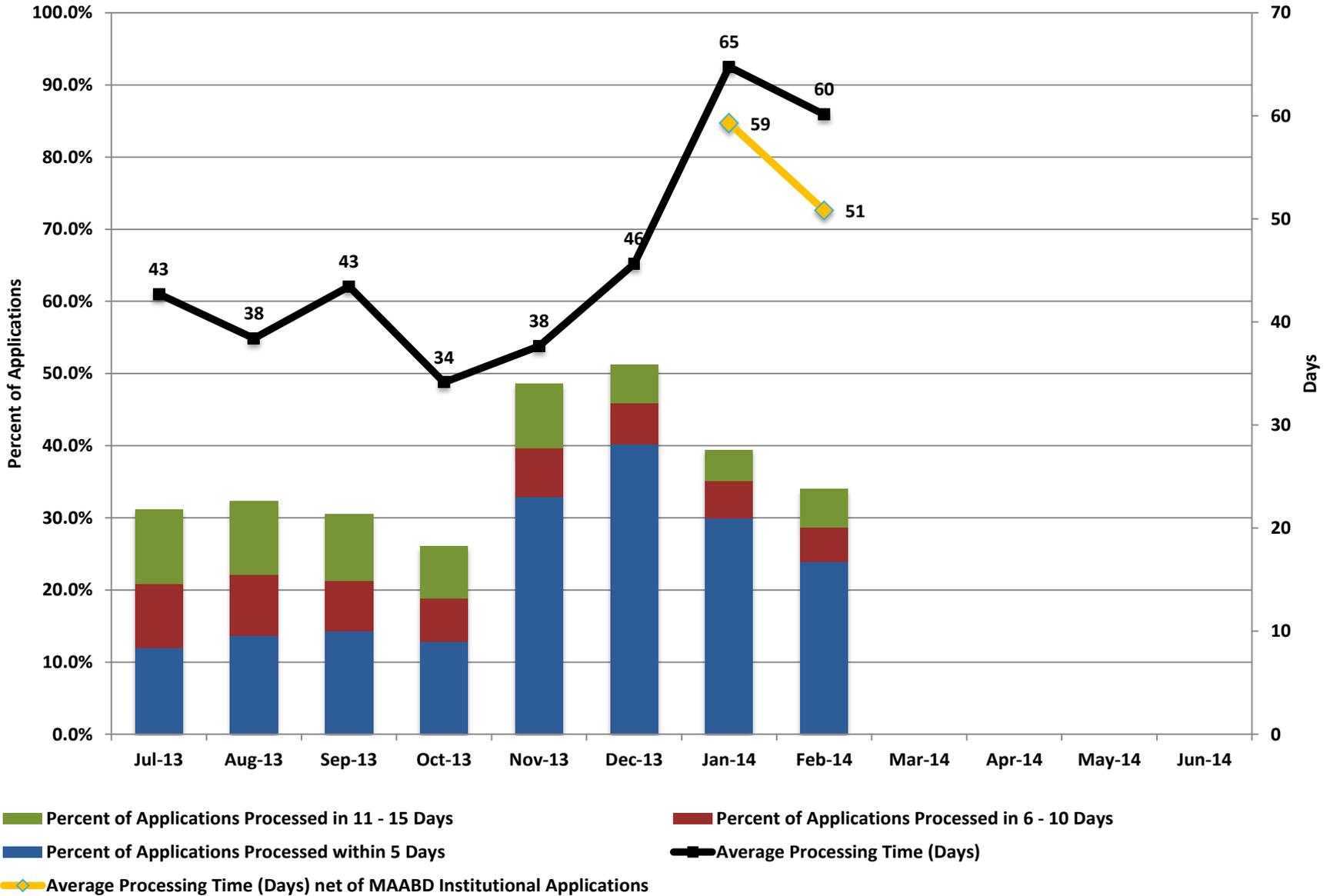
Medicaid Applications Processed per Working Day



Medicaid Applications Processed per Working Day

Month	Medicaid Applications Processed per Working Day
Jul-13	585
Aug-13	589
Sep-13	619
Oct-13	558
Nov-13	664
Dec-13	768
Jan-14	1,143
Feb-14	1,070
Mar-14	
Apr-14	
May-14	
Jun-14	
Jul-14	
Aug-14	
Sep-14	
Oct-14	
Nov-14	
Dec-14	
Jan-15	
Feb-15	
Mar-15	
Apr-15	
May-15	
Jun-15	

Medicaid and Check Up Application Processing

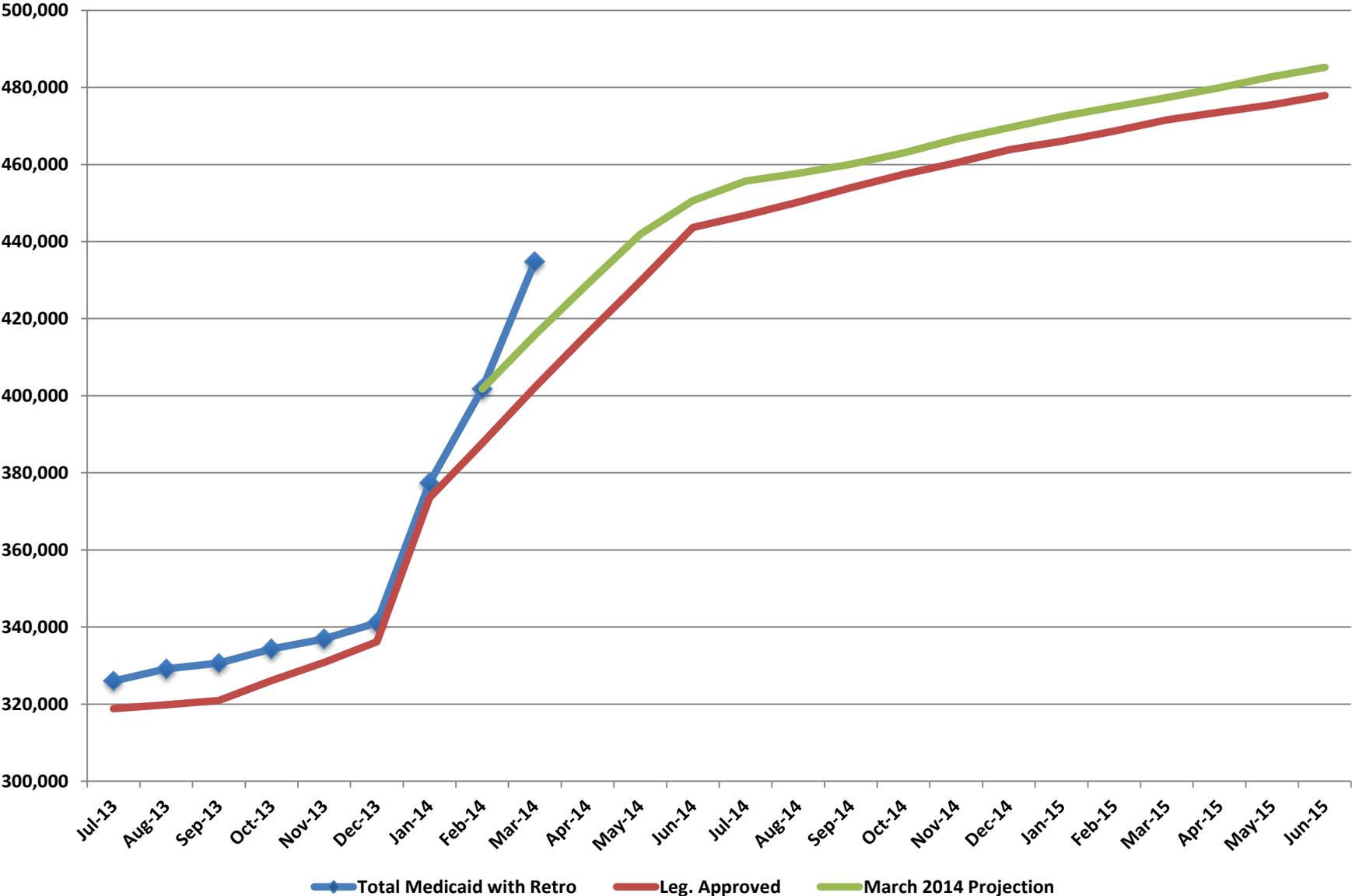


Medicaid and Check Up Application Processing

Month	Applications Processed within 5 Days	Percent of Applications Processed within 5 Days	Applications Processed in 6 - 10 Days	Percent of Applications Processed in 6 - 10 Days	Applications Processed in 11 - 15 Days	Percent of Applications Processed in 11 - 15 Days	Applications Processed within 15 Days	Percent of Applications Processed within 15 Days	Total Applications Processed	Average Processing Time (Days)	Average Processing Time (Days) net of MAABD Institutional Applications
Jul-13	1,548	12.0%	1,143	8.9%	1,312	10.2%	4,003	31.1%	12,884	43	
Aug-13	1,774	13.7%	1,091	8.4%	1,327	10.2%	4,192	32.3%	12,969	38	
Sep-13	1,769	14.3%	869	7.0%	1,134	9.2%	3,772	30.5%	12,382	43	
Oct-13	1,586	12.9%	741	6.0%	879	7.1%	3,206	26.0%	12,321	34	
Nov-13	3,947	32.9%	811	6.8%	1,077	9.0%	5,835	48.6%	12,004	38	
Dec-13	6,509	40.3%	906	5.6%	867	5.4%	8,282	51.3%	16,160	46	
Jan-14	7,199	30.0%	1,238	5.2%	1,018	4.2%	9,455	39.4%	24,023	65	59
Feb-14	5,182	23.9%	1,042	4.8%	1,129	5.2%	7,353	34.0%	21,657	60	51
Mar-14											
Apr-14											
May-14											
Jun-14											
Jul-14											
Aug-14											
Sep-14											
Oct-14											
Nov-14											
Dec-14											
Jan-15											
Feb-15											
Mar-15											
Apr-15											
May-15											
Jun-15											

Note: Beginning with October 2013, this data reflects Family Medical (FMC), Newly Eligible Adults, Aged, Blind and Disabled (MAABD), and Nevada Check Up applications. Nevada Check Up applications were not included prior to October 2013. "One and done" applications, which are processed within a single day, started being included in this data in December 2013.

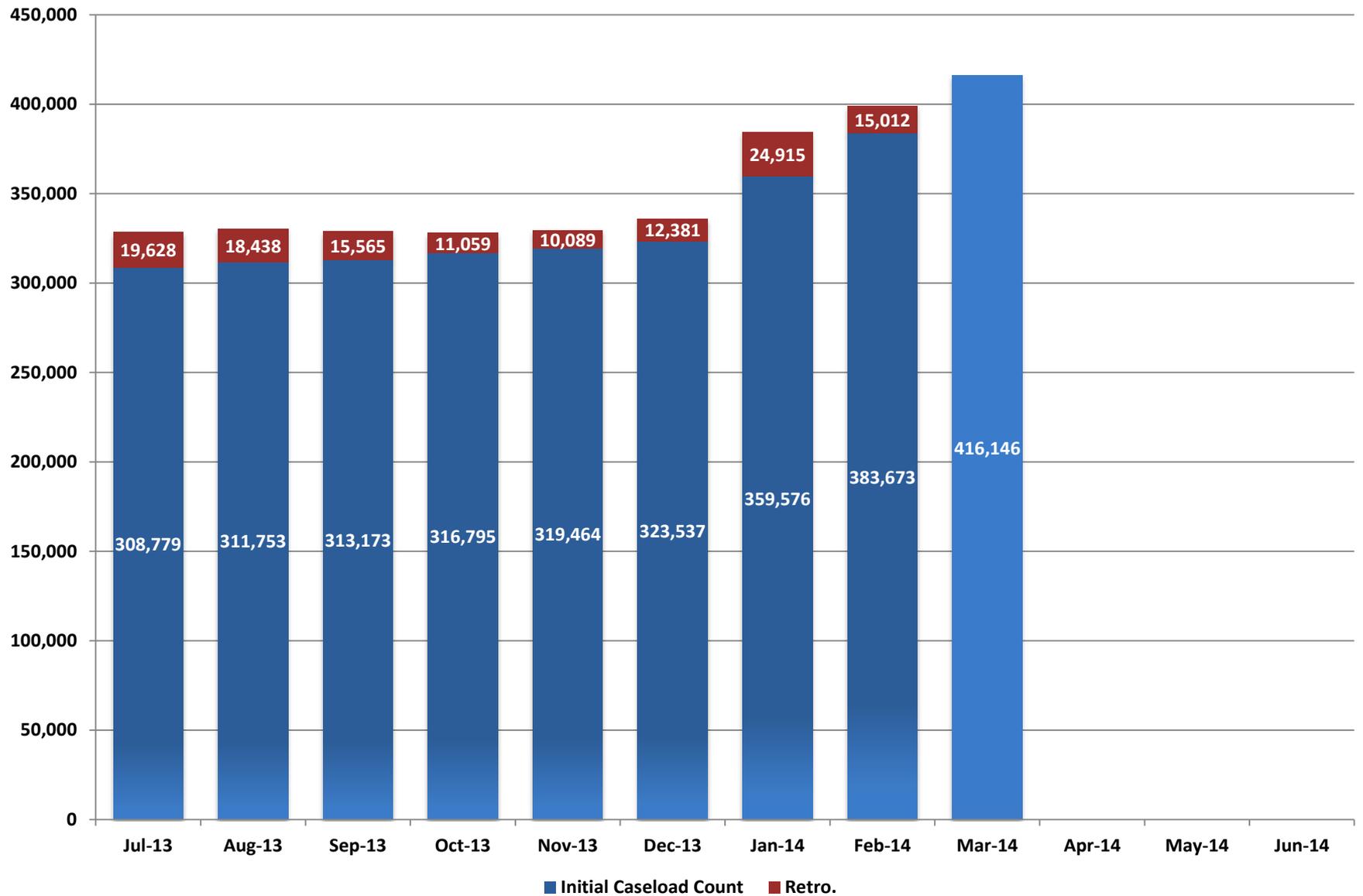
Total Medicaid with Estimated Retro



Total Medicaid with Estimated Retro

Month	Total Medicaid with Retro	Leg. Approved	March 2014 Projection
Jul-13	325,988	318,814	
Aug-13	329,131	319,846	
Sep-13	330,623	320,921	
Oct-13	334,304	326,130	
Nov-13	336,949	330,815	
Dec-13	341,106	336,195	
Jan-14	377,363	373,495	
Feb-14	401,779	387,692	
Mar-14	434,819	402,196	415,767
Apr-14		416,049	428,959
May-14		429,646	441,907
Jun-14		443,668	450,594
Jul-14		446,834	455,679
Aug-14		450,233	457,672
Sep-14		453,968	460,073
Oct-14		457,435	463,018
Nov-14		460,457	466,581
Dec-14		463,816	469,551
Jan-15		466,014	472,469
Feb-15		468,657	474,907
Mar-15		471,564	477,362
Apr-15		473,553	479,914
May-15		475,498	482,800
Jun-15		477,927	485,193

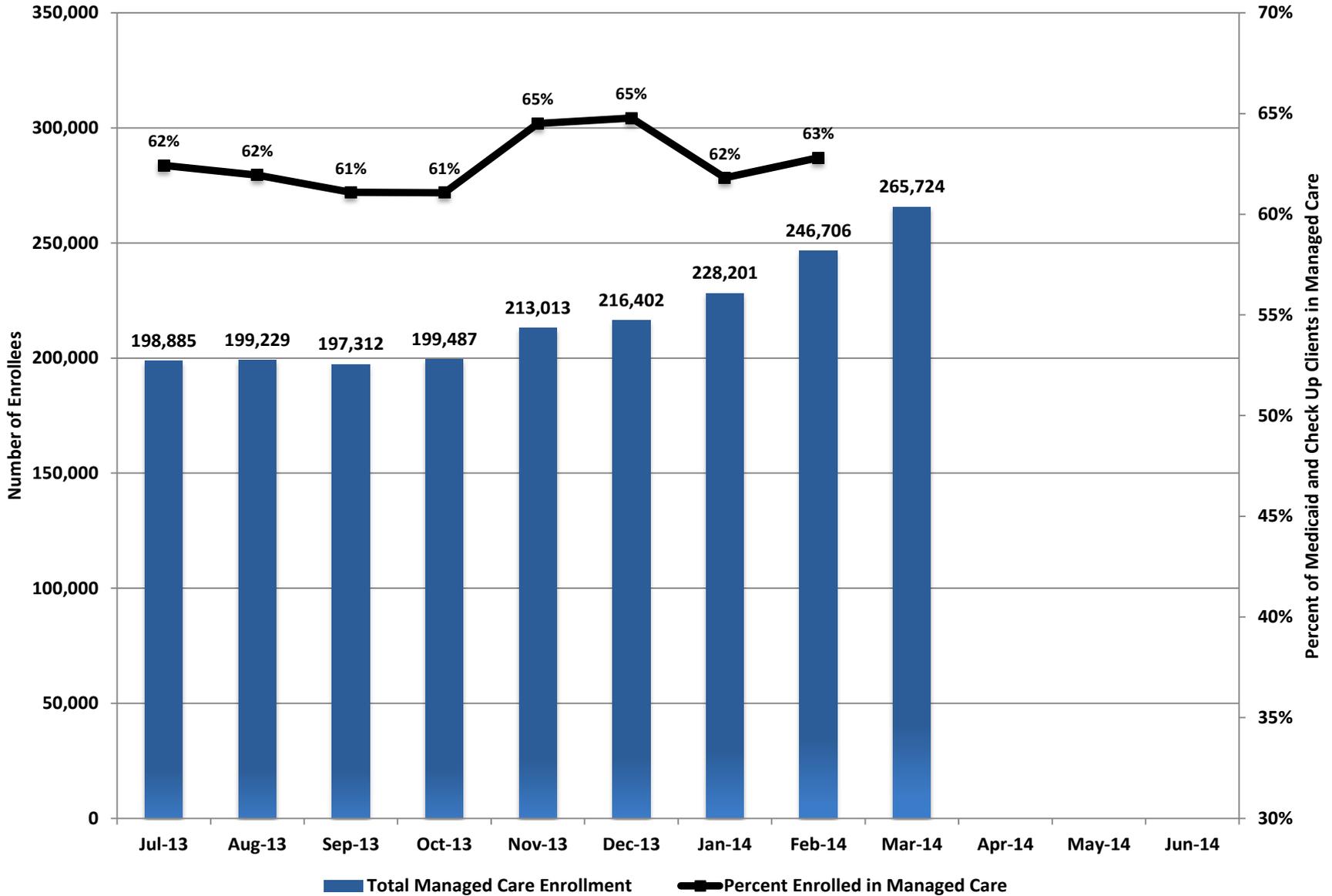
Total Medicaid - Initial and Retroactive Caseload Counts



Initial and Retroactive Caseload Counts

	FMC				Aged				Blind and Disabled				Total MAABD				Total Medicaid			
	Initial Caseload Count	Retro.	Caseload with Retro.	% Retro.	Initial Caseload Count	Retro.	Caseload with Retro.	% Retro	Initial Caseload Count	Retro.	Caseload with Retro.	% Retro	Initial Caseload Count	Retro.	Caseload with Retro.	% Retro	Initial Caseload Count	Retro.	Caseload with Retro.	% Retro
Jul-13	225,093	16,980	242,073	7.5%	10,774	219	10,993	2.0%	33,545	1,517	35,062	4.5%	75,159	2,502	77,661	3.3%	308,779	19,628	328,407	6.4%
Aug-13	227,559	15,823	243,382	7.0%	10,792	230	11,022	2.1%	33,677	1,535	35,212	4.6%	75,479	2,561	78,040	3.4%	311,753	18,438	330,191	5.9%
Sep-13	228,643	13,300	241,943	5.8%	10,791	230	11,021	2.1%	33,864	1,258	35,122	3.7%	75,786	2,136	77,922	2.8%	313,173	15,565	328,738	5.0%
Oct-13	231,618	9,173	240,791	4.0%	10,842	215	11,057	2.0%	34,201	940	35,141	2.7%	76,358	1,754	78,112	2.3%	316,795	11,059	327,854	3.5%
Nov-13	233,412	8,745	242,157	3.7%	10,921	153	11,074	1.4%	34,392	607	34,999	1.8%	77,089	1,102	78,191	1.4%	319,464	10,089	329,553	3.2%
Dec-13	237,984	10,223	248,207	4.3%	10,802	263	11,065	2.4%	34,116	992	35,108	2.9%	76,579	1,991	78,570	2.6%	323,537	12,381	335,918	3.8%
Jan-14	272,842	23,596	296,438	8.6%	11,005	91	11,096	0.8%	34,268	915	35,183	2.7%	77,635	1,249	78,884	1.6%	359,576	24,915	384,491	6.9%
Feb-14	295,882	14,260	310,142	4.8%	11,054	24	11,078	0.2%	34,689	599	35,288	1.7%	78,677	657	79,334	0.8%	383,673	15,012	398,685	3.9%
Mar-14	327,122				11,168				35,253				79,811				416,146			
Apr-14																				
May-14																				
Jun-14																				

Managed Care Enrollment

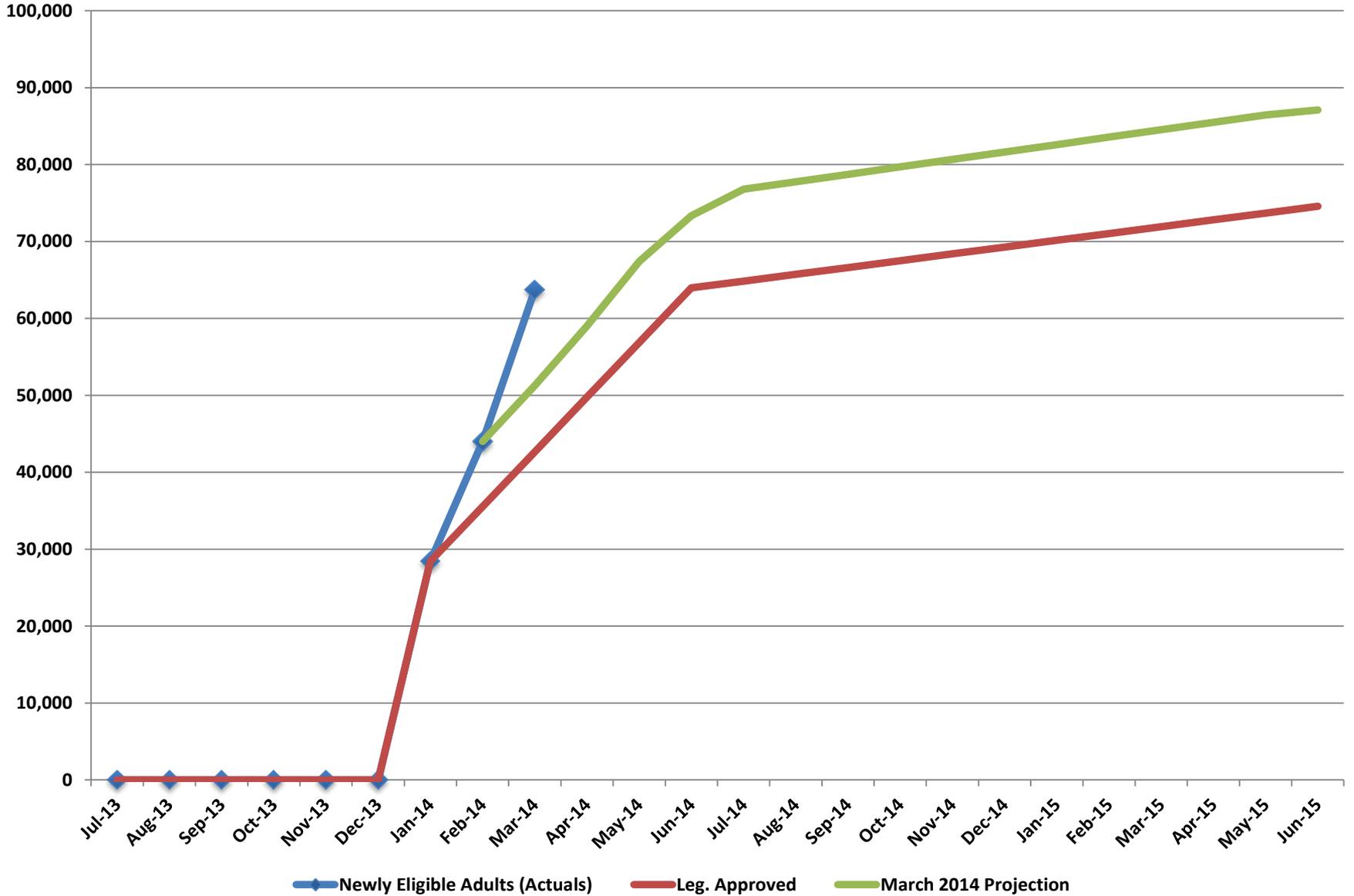


Managed Care Enrollment

Month	Percent Enrolled in Managed Care	Total Managed Care Enrollment <i>(numerator)</i>	Potential Managed Care Enrollment <i>(denominator)</i>	DHCFP Total Medicaid	SLMB	Nevada Check Up	Percent by Plan	
							Amerigroup	Health Plan of Nevada
Jul-13	62%	198,885	318,586	308,723	11,424	21,287	45%	55%
Aug-13	62%	199,229	321,668	311,690	11,437	21,415	45%	55%
Sep-13	61%	197,312	322,998	313,117	11,394	21,275	45%	55%
Oct-13	61%	199,487	326,656	316,732	11,468	21,392	44%	56%
Nov-13	65%	213,013	330,225	319,362	11,567	22,430	45%	55%
Dec-13	65%	216,402	334,074	323,499	11,541	22,116	45%	55%
Jan-14	62%	228,201	369,219	359,486	11,828	21,561	46%	54%
Feb-14	63%	246,706	392,786	383,633	11,999	21,152	45%	55%
Mar-14		265,724					45%	55%
Apr-14								
May-14								
Jun-14								
Jul-14								
Aug-14								
Sep-14								
Oct-14								
Nov-14								
Dec-14								
Jan-15								
Feb-15								
Mar-15								
Apr-15								
May-15								
Jun-15								

Note: HMO counts are taken at the beginning of each month. Total caseload is counted the following month. Total caseload is DHCFP Total Medicaid (without Retro, using DHCFP Home and Community Based Waiver caseload count) net of SLMBs plus the Nevada Check Up caseload. The ratio of these two numbers produces the Percent Enrolled in Managed Care shown in the table above.

Newly Eligible Adults

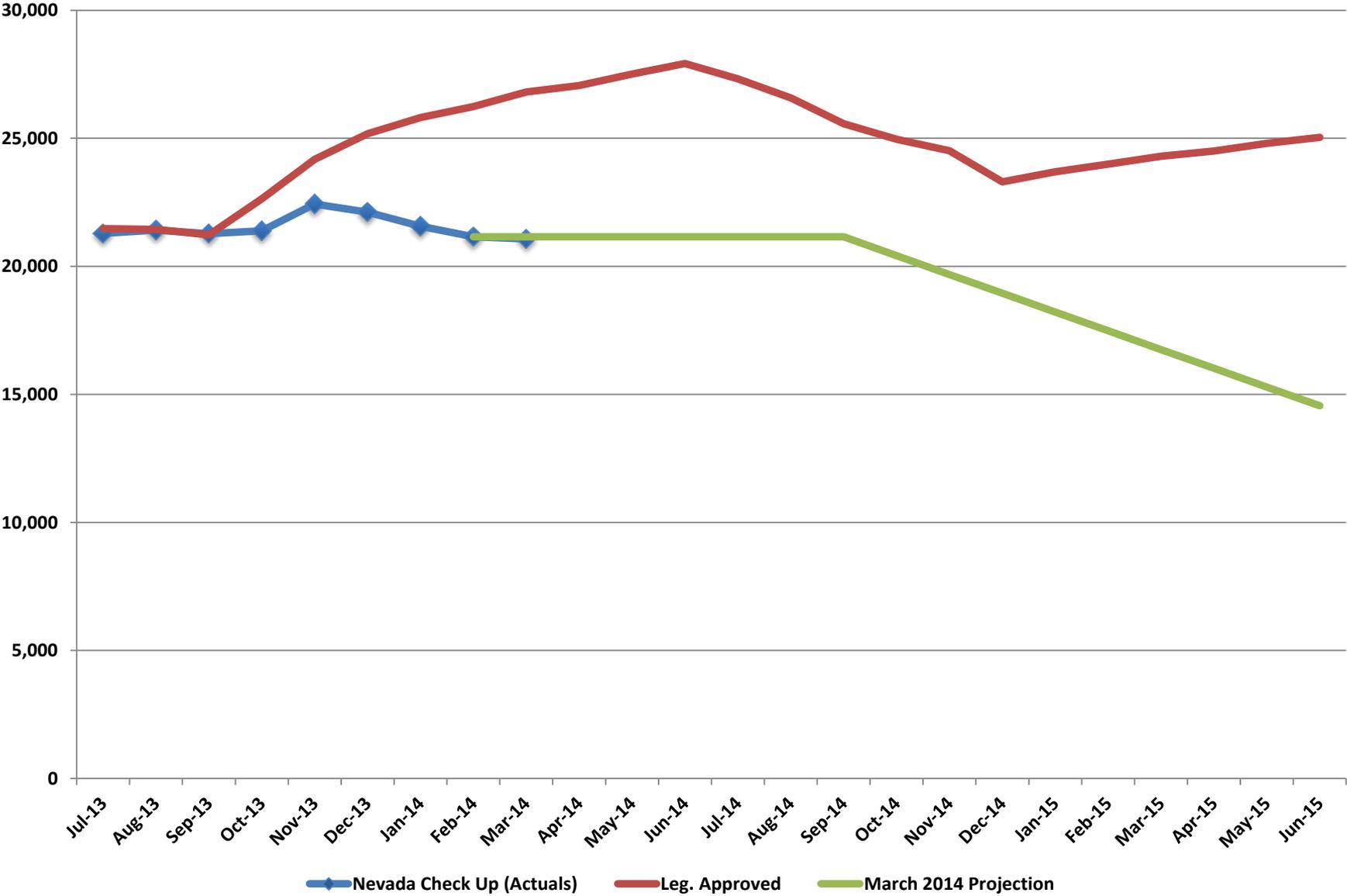


Newly Eligible Adults (100% FMAP)

Month	Newly Eligible Adults (Actuals)	Leg. Approved	March 2014 Projection
Jul-13		0	
Aug-13		0	
Sep-13		0	
Oct-13		0	
Nov-13		0	
Dec-13		0	
Jan-14	28,435	28,429	
Feb-14	44,012	35,536	
Mar-14	63,731	42,643	51,261
Apr-14		49,750	58,993
May-14		56,858	67,416
Jun-14		63,965	73,353
Jul-14		64,849	76,805
Aug-14		65,733	77,771
Sep-14		66,617	78,737
Oct-14		67,501	79,704
Nov-14		68,386	80,670
Dec-14		69,270	81,636
Jan-15		70,154	82,602
Feb-15		71,038	83,569
Mar-15		71,922	84,535
Apr-15		72,806	85,501
May-15		73,690	86,467
Jun-15		74,574	87,092

Note: This caseload includes childless adults age 19-64 between 0%-138% FPL and parents age 19-64 between 23%-138% FPL. The Leg. Approved projection was based on childless adults age 19-64 between 0%-138% FPL and parents age 19-64 between 76%-138% FPL. CMS clarification on the MAGI eligibility criteria led to this revision for the parents group.

Nevada Check Up

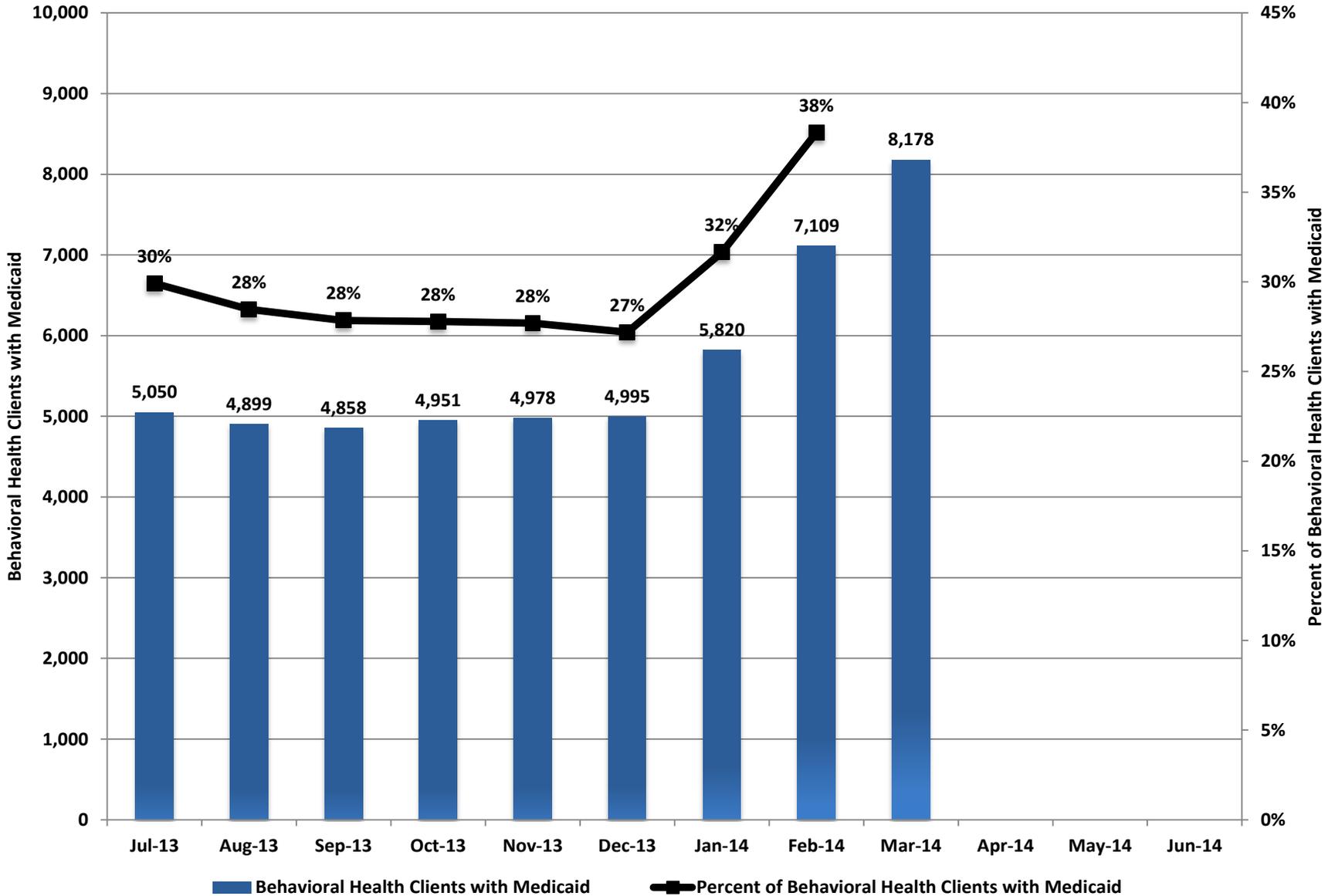


Nevada Check Up

Month	Nevada Check Up (Actuals)	Leg. Approved	March 2014 Projection
Jul-13	21,287	21,470	
Aug-13	21,415	21,447	
Sep-13	21,275	21,225	
Oct-13	21,392	22,636	
Nov-13	22,430	24,181	
Dec-13	22,116	25,181	
Jan-14	21,561	25,807	
Feb-14	21,152	26,240	
Mar-14	21,072	26,810	21,150
Apr-14		27,065	21,150
May-14		27,513	21,150
Jun-14		27,921	21,150
Jul-14		27,320	21,150
Aug-14		26,575	21,150
Sep-14		25,566	21,150
Oct-14		24,960	20,417
Nov-14		24,511	19,684
Dec-14		23,297	18,950
Jan-15		23,694	18,217
Feb-15		23,988	17,484
Mar-15		24,302	16,751
Apr-15		24,506	16,018
May-15		24,799	15,284
Jun-15		25,039	14,551

Note: In April 2014, Nevada Check Up recipients below 138% FPL will begin transitioning to Medicaid upon redetermination. The CHIP (Enhanced) FMAP will continue for these clients when they are on Medicaid.

Behavioral Health Clients with Medicaid



Behavioral Health Clients with Medicaid

Month	Total Behavioral Health Clients	Behavioral Health Clients with Medicaid	Percent of Behavioral Health Clients with Medicaid
Jul-13	16,881	5,050	30%
Aug-13	17,212	4,899	28%
Sep-13	17,451	4,858	28%
Oct-13	17,820	4,951	28%
Nov-13	17,975	4,978	28%
Dec-13	18,371	4,995	27%
Jan-14	18,395	5,820	32%
Feb-14	18,547	7,109	38%
Mar-14		8,178	
Apr-14			
May-14			
Jun-14			
Jul-14			
Aug-14			
Sep-14			
Oct-14			
Nov-14			
Dec-14			
Jan-15			
Feb-15			
Mar-15			
Apr-15			
May-15			
Jun-15			

Department of Health and Human Services
Division of Health Care Financing and Policy

MEDICAID SERVICES

ACA and the Primary Care Provider Rate Increase

- Physicians with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine are primary care providers. Reimbursement also includes those under personal supervision of the physician. Some additional specific designated subspecialties apply.
- Have furnished evaluation and management (E&M) and vaccines services that equal at least 60% of the Medicaid codes billed during the most recently completed Calendar Year.

ACA and the Primary Care Provider Rate Increase

- The increased payment is *not* available to physicians who are reimbursed through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or health department encounter or visit rate or as part of a nursing facility per diem payment rate. Per CMS, increased payment is not available for OB/GYN.

ACA and the Primary Care Provider Rate Increase

- Payments are made quarterly, based on paid date.
- To date there are 1,233 providers participating in the program
- For Calendar Year 2013 there were supplemental payments totaling **\$ 33,357,604.20**

ACA and the Primary Care Provider Rate Increase

- The rate increase is 100% federally funded through calendar year 2014. The Medicaid budget contains State General Fund to be matched with Federal funds to pay this supplement for the last 6 months of the Biennium.
- The supplemental payment system has a billing/claims payment lag (paid quarterly), so State General Fund is only needed for three months in this biennium and some payments will fall to next biennium.
- Budgeted State General Fund 8.5 million, projected need for January – March 2015 Quarter (paid in April 2015) 3.7 million.

Medicaid Benefit Plan Changes Post ACA

- The ACA required the expansion population benefit plan to meet all categories of the regulation's identified Essential Health Benefits. This Plan is called the Alternative Benefit Plan (ABP)
- Some federally funded grant programs lost funding due to the expectation that persons previously not eligible for Medicaid would now be able to receive medical care through Medicaid
- Emphasis was also placed on preventative care

The Essential Health Benefits

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

Benefit Design for the ABP

- It was decided (to promote continuity of care) the scope of services, provider qualifications and service limitations will be identical to the Medicaid State Plan.
- EHB introduced a new category – habilitation
- DHCFP implemented the new habilitation service:
 - Maintenance Therapy
 - Provided by qualified Physical Therapist, Speech Therapist, and/or Occupational Therapist
 - Follows Medicare coverage policy
 - Billing codes are the same as for any therapy services so this will not be able to be tracked separately.
 - The State General Fund impact for the first full year of operation is calculated to be 7.6 million

Other Service Change

- Medicaid Amended our Substance Abuse Service coverage to provide for some services due to decrease in the Substance Abuse Prevention and Treatment Agency grants.
- Medicaid provided information and training to Ryan White programs.
- Medicaid clarified our coverage of preventative care services are in line with U. S. Preventive Services Task Force (USPSTF) A and B Recommendations .

Issues of Concern

- Access to care for Medicaid Recipients
 - With a rapidly increasing Medicaid and medically insured population there are concerns over the small medical provider pool.
 - Many provider types are requesting rate increases.
 - Medicaid is working with providers to attempt to decrease administrative burdens. The Medicaid Fee for Service program is working with the Medicaid Managed Care entities to try to align requirements such as service prior authorization, issue resolutions.
- With the increase in persons covered by Medicaid, or loss in grant funding, many providers and programs are requesting Medicaid to expand to cover the services they provide.
 - Not all these services/programs are eligible to be a Medicaid covered service.
 - Medicaid does not have state general fund match to add new services.