State of Nevada

Department of Health and Human Services

MEDICAID ELIGIBILITY, SERVICE DELIVERY MODELS & PROVIDER ENROLLMENT

November 2, 2017

Naomi Lewis, Deputy Administrator, DWSS
Marta Jensen, Administrator, DHCFP
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>
Helping People. It’s who we are and what we do.
Helping People. It’s who we are and what we do.

Recipients by Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>658,555</td>
</tr>
<tr>
<td>TANF</td>
<td>24,802</td>
</tr>
<tr>
<td>SNAP</td>
<td>437,750</td>
</tr>
</tbody>
</table>

Note: July 2017 data is used in the diagram above. 701,113 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>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>Mon-Fri</th>
<th>Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon-Fri</strong></td>
<td>490/day</td>
<td>14,700</td>
</tr>
<tr>
<td><strong>Sat/Sun</strong></td>
<td>150/day</td>
<td>4,500</td>
</tr>
<tr>
<td><strong>FFM/SSBM</strong></td>
<td>66/day</td>
<td>1,980</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>706/day</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>
Helping People. It's who we are and what we do.

**Highlights**

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

**Client Enrollment**
- 2007: 152,926
- 2017: 658,555
- 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
- Group Health Insurance
- Advanced Premium Tax Credit
- Child Health Insurance Program
Pathways to Coverage

➢ Traditional Points of Access
➢ Targeted Partnerships
➢ Hospital Presumptive Eligibility
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 116</td>
</tr>
<tr>
<td>August 123</td>
</tr>
<tr>
<td>July 153</td>
</tr>
<tr>
<td>June 122</td>
</tr>
<tr>
<td>May 124</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
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

Division of Welfare and Supportive Services
1470 College Pkwy
Carson City, NV 89706

Naomi Lewis, Deputy Administrator
Program and Field Operations
775-684-0618  nlewis@dwss.nv.gov
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 of Nevada
- Assurance of Transportation (MTM)
- Early Periodic Screening and Diagnostic Treatment (EPSDT)

➢ States are required to provide all medically necessary services to individuals under the age of 21. This includes services that would otherwise be optional services but not part of the Nevada Medicaid State Plan.
10 Essential Health Benefits

- Maternity Care
- Hospitalization
- Rehabilitative & Habilitative Services
- Laboratory Services
- Pediatric Services
- Prescription Drugs
- Mental & Behavioral Health Treatment
- Ambulatory Patient Services
- Preventive & Wellness Services
- Emergency Services
# 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

## Covered Optional Services:
- Prescription drugs
- Medical care or remedial care furnished by licensed practitioners (Limited)
- Diagnostic, screening, and preventive services
- Clinic services
- Dental services (only EPSDT), dentures
- Therapy (physical, occupational, speech, audiology)
- Prosthetic devices, eyeglasses
- Primary care case management
- ICF/MR 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
- Home health care services
- Respiratory care services for ventilator-dependent individuals
- Personal care services
- Private duty nursing services
- Hospice services
- Targeted case management (limited)
- Free-standing birthing centers
Service Delivery Models

Medicaid procures services in the private health care market through purchasing services on a fee-for-service (FFS) basis or through paying premiums to one or more contracted managed care organizations (MCO).

• **Title XIX (Medicaid) MCO in Nevada**
  - *In urban Clark and Washoe counties except for the Medicaid Assistance for Aged, Blind and Disabled or Institutional Categories*
  - *Disenrollment may occur for individuals that are severely emotionally disturbed (SED), in Child Protective Services (CPS) or severely mentally ill (SMI).*
  - *Tribal Members may opt out*

• **Title XXI (Nevada Check Up) MCO in Nevada**
  - *All children living in urban Clark and Washoe counties*
  - *No disenrollment option except for tribal members*

• **Managed Care Organizations**
  - Amerigroup
  - Health Plan of Nevada (HPN)
  - SilverSummit
What is Fee-for-Service (FFS)?

• Individuals can receive services from any provider enrolled with Nevada Medicaid

• Referrals from a primary care physician are **not** required to see a specialist

• Individuals must coordinate and manage their own care unless they are enrolled in a waiver program or with the Health Care Guidance Program, AxisPoint.

• DXC (formerly HPE) is the State’s fiscal agent. They are responsible for administering the FFS Medicaid program on the State’s behalf.
What is a Managed Care Organization?

A health care organization that:

• Helps people navigate the health care system
  o Provide care coordination
  o Provide patient education
  o Provide preventative care
  o Connect individuals with primary care and specialty providers
  o Ensure the right service is provided at the right time in the right setting

• Maintains a network of health care providers for their membership
What Services are Currently Provided by Managed Care?

• Managed Care covers most of the services that are in the Medicaid-approved State Plan, such as:
  o Physician/Hospital Services
  o Pharmacy
  o Behavioral Health Services
  o Personal Care Services
  o Home Health
  o Therapy Services

• MCOs have the flexibility to offer additional services based on need and the plan selected
What is Not Currently Provided by Managed Care?

- Hospice
- Adult Day Health Care
- Non-Emergency Transportation
- Targeted Case Management
- Home and Community-Based Waiver Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Orthodontia
- Nursing Facility Stays more than 45 days
- Residential Treatment Center stays more than 30 days
Provider Enrollment

• All providers must be enrolled with Nevada Medicaid, via DXC, even if you only want to provide services to the MCO population.

• MCOs have a separate credentialing processes in addition to Medicaid enrollment.

• MCOs do not have to enroll every provider that is enrolled with Medicaid.

  - They are required by contract to maintain an adequate network, but enrollment into their program is at their discretion.
How to Enroll as a Medicaid Provider with DXC

Go to www.Medicaid.nv.gov; Select “Provider Enrollment”
How to Enroll as a Medicaid Provider with DXC

Select “Provider Enrollment Information Booklet”. This document gives great information on the various Medicaid provider types, their specialties and basic enrollment information.
How to Enroll as a Medicaid Provider Online

Select “Chapter 1: Getting Started”. This manual gives step-by-step instructions on how to establish an account in the portal.

Required Enrollment Documents

- **Provider Enrollment Information Booklet**: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- **Enrollment Checklists**: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- **Business Associate Addendum (NMH-3820)**: This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- **Advance Directives Compliance Self-Evaluation & Certification (NMH-3827)**: This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828)**: This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Online Provider Enrollment User Manual

- **Chapter 1: Getting Started**
- **Chapter 2: Initial Enrollment Application**
- **Chapter 3: Revalidation and Updates**

Initial Enrollment Documents

- **Provider Initial Enrollment Application Packet (Individuals) (FA-31C)**: Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application, and contract.
- **Provider Initial Enrollment Application Packet (Groups) (FA-31D)**: Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application, and contract.

How to Enroll as a Medicaid Provider with DXC - Online

Select “Online Provider Enrollment”. This will take you to the enrollment portal where you can begin the enrollment process.
How to Enroll by Mail or Email

Go to www.Medicaid.nv.gov

• Select Provider Enrollment
• Review the Provider Enrollment Information Booklet
• Print the following documents:
  ✓ Information Checklist for the applicable provider type
  ✓ Business Associate Addendum
  ✓ Advance Directives Compliance Self-Evaluation & Certification
  ✓ Civil Rights Compliance Self-Evaluation & Certification
  ✓ Initial Enrollment Application Packet (under “Initial Enrollment Documents”)

• Mail completed documents, and applicable attachments to:
  Nevada Medicaid, Provider Enrollment Unit
  PO Box 30042
  Reno NV 89520-3042

• Email completed documents to: nv.providerapps@hpe.com
Things to Remember

• Ensure the application is complete

• Ensure that all required documentation is submitted with the application

• If enrolled via the Online Portal, remember your username and password (DXC cannot provide this if forgotten)

• DXC has 5 business days to process the application if it is complete and there is no missing information or documentation
Top Reasons Applications are Returned to the Provider

• Incomplete responses to application questions
• Missing supporting documents as noted on the Checklist
• Conflicting information on the application and supporting documentation
• Information on the contract does not match what was provided on the application and supporting documents
• IRS Information does not match W-9
  o Doing Business as Name
  o Tax or SSN need to Match
  o Tax ID or SSN used interchangeably
• The Declaration (page 5) was not submitted
• Breakdown of ownership is incorrect or not listed.
  o 5% of any direct or indirect ownership or interest if a parent company owns a business we need a break down of the parent company.
Questions & Contact Information

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nlewis@dwss.nv.gov

Marta Jensen
Administrator
Division of Health Care Financing & Policy
(775) 684-3677
marta.jensen@dhcfp.nv.gov
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><strong>Parents &amp; Caretakers</strong></td>
<td>138% of Poverty</td>
<td>Parent/Caretaker must have a dependent minor child in the home.</td>
</tr>
<tr>
<td><strong>Children under 19</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty Level Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-18: &lt; 122% FPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 6:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 165% FPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnant Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 165% FPL</td>
<td></td>
</tr>
<tr>
<td><strong>Childless Adult</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Parents 19–64 years old</td>
<td></td>
<td></td>
</tr>
<tr>
<td></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><strong>Nevada Check-Up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State CHIP program for children under 19</td>
<td>Children under 6: 166%-205%</td>
<td>Premium payment required; Cannot have other insurance; Cannot be Medicaid eligible.</td>
</tr>
<tr>
<td></td>
<td>Children 6-18: 139%-205% FPL</td>
<td></td>
</tr>
<tr>
<td>Specialized Medical Groups</td>
<td>Aged Out of Foster Care</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>----------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Aged Out of Foster Care</strong></td>
<td>No income or resource determination</td>
<td></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></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;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meets the level of care assessment;</td>
<td></td>
</tr>
<tr>
<td>Assisted Living Waiver</td>
<td>Over 65 years of age;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residing in approved assisted living facility in Las Vegas only;</td>
<td></td>
</tr>
<tr>
<td>Group Care Waiver for the aged or</td>
<td>Over 65 years of age;</td>
<td></td>
</tr>
<tr>
<td>blind for the mentally impaired</td>
<td>Residing in approved assisted living facility in Las Vegas only;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mentally retarded;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Living in a community setting;</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>Definition</th>
<th>Income Limits</th>
<th>Exceptions/Rules</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; Residing at home with parents; Denied SSI for excess income of parents; Meets level of care assessment and can be cared for at home for less cost than institutionalization;</td>
</tr>
<tr>
<td><strong>Prior medical for the Aged, Blind or Disabled</strong></td>
<td>Income &lt; SSI payment level;</td>
<td>Disability determination made by DHCFP</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; Between 16-64 years of age; Employment related disregards allowed; 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>
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<tr>
<td>3</td>
<td>$495</td>
<td>$1,702</td>
<td>$2,348</td>
<td>$2,808</td>
<td>$3,488</td>
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<tr>
<td>4</td>
<td>$582</td>
<td>$2,050</td>
<td>$2,829</td>
<td>$3,383</td>
<td>$4,203</td>
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<tr>
<td>5</td>
<td>$670</td>
<td>$2,398</td>
<td>$3,310</td>
<td>$3,957</td>
<td>$4,917</td>
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<tr>
<td>6</td>
<td>$758</td>
<td>$2,747</td>
<td>$3,790</td>
<td>$4,532</td>
<td>$5,631</td>
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<tr>
<td>7</td>
<td>$846</td>
<td>$3,095</td>
<td>$4,271</td>
<td>$5,107</td>
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<tr>
<td>8</td>
<td>$934</td>
<td>$3,443</td>
<td>$4,752</td>
<td>$5,682</td>
<td>$7,059</td>
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<tr>
<td>Each Add</td>
<td>$88</td>
<td>$348</td>
<td>$481</td>
<td>$575</td>
<td>$714</td>
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</table>
Current Eligibility

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-5 All</td>
<td>165</td>
</tr>
<tr>
<td>Children 6-18</td>
<td>138</td>
</tr>
<tr>
<td>CHIP</td>
<td>205</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>165</td>
</tr>
<tr>
<td>Parent/Caretaker</td>
<td>138</td>
</tr>
<tr>
<td>Childless Adults 19-65</td>
<td>138</td>
</tr>
</tbody>
</table>