

Nevada Medicaid Fact Book Summary

Medicaid is administered by the states within broad federal requirements; states and the federal government finance the program jointly. In Nevada, Medicaid is administered by the Division of Health Care Financing & Policy.

Medicaid is the nation's main public health insurance program for people with low incomes, and the single largest source of health coverage in the U.S.

In Nevada, Medicaid covers over 550,500 individuals. (1 in 5 Nevadans)

State Fiscal Year 2014 Medicaid Expenditures:

State Share	\$ 706,626,575 (40%)
Federal Share	\$1,071,792,818 (60%)
Total	\$1,778,419,393

Cost sharing is established by a formula specified in the Social Security Act called Federal Medical Assistance Percentage (FMAP) which varies by program:

- Blended 62.26% for most beneficiaries not detailed below
- Family planning 90%
- Title XIX to Indian Health Services for tribal members 100%
- Individuals with breast and cervical cancer 73.58%
- Children's Health Insurance Program (Nevada Check Up) 73.58%
- Non-elderly uninsured (newly eligible with ACA) 100%

Who is covered:

Before the enactment of the ACA, Medicaid covered specific categories of low-income individuals: children, pregnant women, parents of dependent children, individuals with disabilities, and certain Medicare beneficiaries - with income levels up to federal mandatory minimum thresholds.

More liberal income and resource methodologies can be used to determine Medicaid eligibility for certain Temporary Assistance for Needy Families related and aged, blind, and disabled individuals under the Social Security Act.

The ACA extended coverage to nearly all adults under age 65 with income at or below 138% of the Federal Poverty Level (FPL) effective January 1, 2014. At the end of SFY 2014 there were 125,989 new enrollees and increased expenditures of \$154,816,777.00 (100% federally funded).

The HHS Secretary waives statutory and regulatory requirements for Medicaid, for budget-neutral research and demonstration purposes that are "likely to assist in promoting the objectives of the program." These "waivers" provide care for certain beneficiaries (who would otherwise need nursing facility care) to obtain community-based long term support services.

How care is delivered:

Medicaid is publicly financed, but is not a government-run health care delivery system. The state pays medical providers for services furnished to beneficiaries on a fee-for-service basis or through risk-based contracts with managed care plans. Managed Care Organizations (MCOs) are paid on a capitation basis – a monthly premium.

What is covered:

Mandatory (federally required) Services

- Physician's services
- Hospital Services
- Laboratory and x-ray services
- Early and periodic screening, diagnostic and treatment services, under 21
- Federally-qualified health center and rural health clinic services
- Family planning services and supplies
- Pediatric and family nurse practitioner services
- Nurse midwife services
- Nursing facility services for individuals, 21 and older
- Home health services
- Durable medical equipment
- Transportation services

Optional Services Nevada covers:

- Pharmacy
- Dental
- Optometry
- Psychologist
- Physical, occupational, and speech therapies
- Podiatry (under 21)
- Chiropractic (under 21)
- Intermediate care facility for 65+
- Skilled nursing facility (under 21)
- Inpatient psychiatric services (21 and under; 65 and older)
- Personal care services
- Private duty nursing
- Adult day health care
- Nurse anesthetists
- Prosthetics and orthotics
- Hospice
- Intermediate care facility for individuals with intellectual disabilities

DHCFP is divided into the following units

- Human Resources
- Accounting/Budget
- Rates/Cost Containment
- Information Services
- Program Integrity (*the Surveillance and Utilization Review unit recouped \$5,738,812 in improper payments, fraud, waste and abuse in SFY 2014*)
- Fiscal Integrity (*this unit recovered \$977,348 in improper payments to providers & contractors in SFY 2014*)
- Business Lines
- Grants & Quality Assurance
- District Offices
- Long-term Support Services
- Clinical Policy