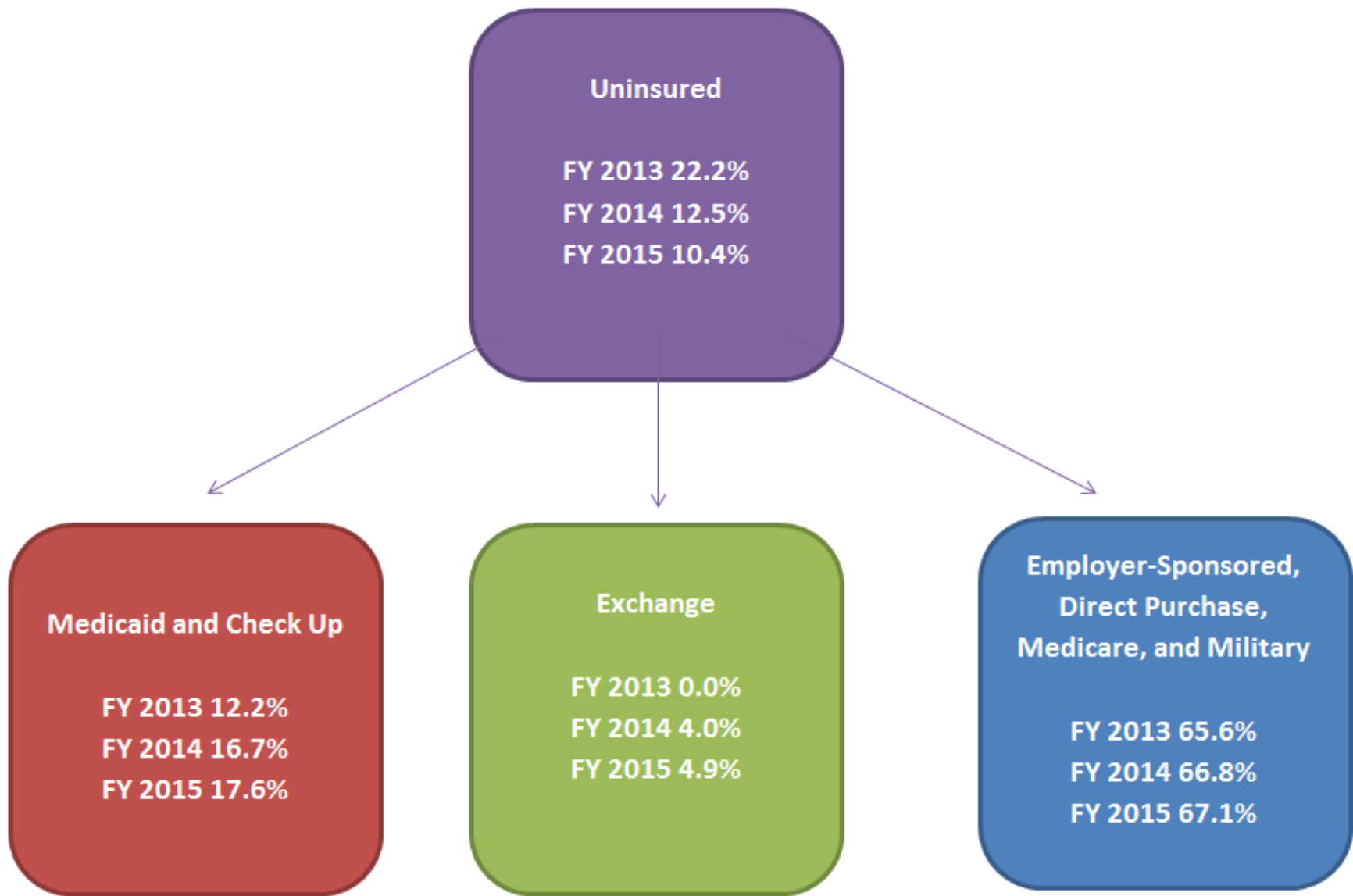


A Day to **CELEBRATE**
Recovery, Health and
Well Being

National Alliance on Mental Illness Support,
Advocacy State Conference

Mike Willden, Director
Nevada Department of Health and Human Services
October 18, 2013

Health Care Reform
Affordable Care Act
ObamaCare
Medicaid Expansion



Estimated and Projected Insurance Coverage in Nevada

	Employer-Sponsored, Direct Purchase, Medicare, and Military	Medicaid and CheckUp	Exchange	Uninsured
FY02	1,618,264	181,302		406,456
FY03	1,701,745	191,400		403,421
FY04	1,769,851	202,673		438,244
FY05	1,901,746	200,592		416,531
FY06	1,935,021	199,705		488,324
FY07	2,060,283	199,621		458,433
FY08	2,030,990	212,994		494,749
FY09	1,918,546	234,810		557,849
FY10	1,853,572	289,670		581,392
FY11	1,788,000	318,099		615,695
FY12	1,799,875	330,358		619,984
FY13	1,826,436	339,808		617,140
FY14	1,881,332	471,589	113,405	351,785
FY15	1,916,442	502,966	138,585	296,872

	Employer-Sponsored, Direct Purchase, Medicare, and Military	Medicaid and CheckUp	Exchange	Uninsured
FY02	73.4%	8.2%		18.4%
FY03	74.1%	8.3%		17.6%
FY04	73.4%	8.4%		18.2%
FY05	75.5%	8.0%		16.5%
FY06	73.8%	7.6%		18.6%
FY07	75.8%	7.3%		16.9%
FY08	74.2%	7.8%		18.1%
FY09	70.8%	8.7%		20.6%
FY10	68.0%	10.6%		21.3%
FY11	65.7%	11.7%		22.6%
FY12	65.4%	12.0%		22.5%
FY13	65.6%	12.2%		22.2%
FY14	66.8%	16.7%	4.0%	12.5%
FY15	67.1%	17.6%	4.9%	10.4%

Note: The Current Population Survey (CPS) estimates the number of uninsured individuals and the share of the population that is uninsured. Because the CPS total state population estimates do not perfectly correspond with the official population estimates produced by the Nevada State Demographer, the CPS share of population that is uninsured is applied to the State Demographer's population estimate to derive the number of uninsured Nevadans. For example, the CPS estimates that 607,000 Nevadans (22.6% of the population) were uninsured in 2011. Applying this percentage to the State Demographer's population estimate yields 615,695 uninsured Nevadans.

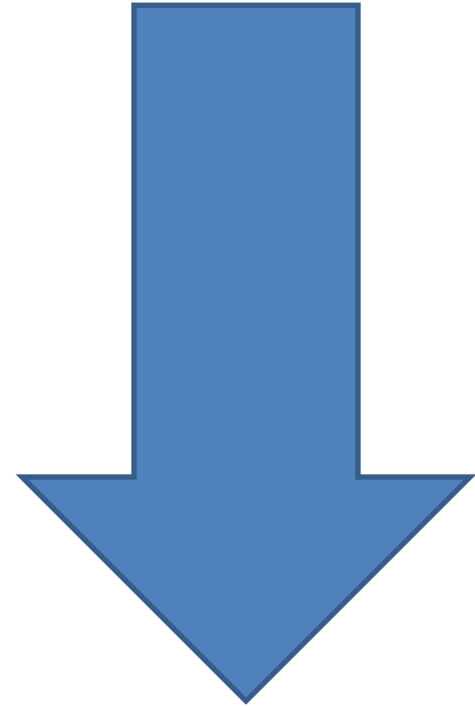
What Happens to Uninsured?

- Uninsured will decrease


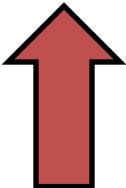

- FY 2013 22.2%

- FY 2014 12.5%

- FY 2015 10.4%



Where Will Uninsured Go?

- Medicaid and Check Up 
- Qualified Health Plans Purchased using Nevada Health Link 
- Employer Sponsored, Direct Purchase, Medicare and Military 

Year	Uninsured	Medicaid & Check Up	QHP thru Health Link	All Other
FY 13	617,140 22.2%	339,808 12.2%	N/A	1,826,436 65.6%
FY 14	351,785 12.5%	471,589 16.7%	113,405 4%	1,881,332 66.8%
FY 15	296,872 10.4%	502,966 17.6%	138,585 4.9%	1,916,442 67.1%

Access to Health Care Coverage

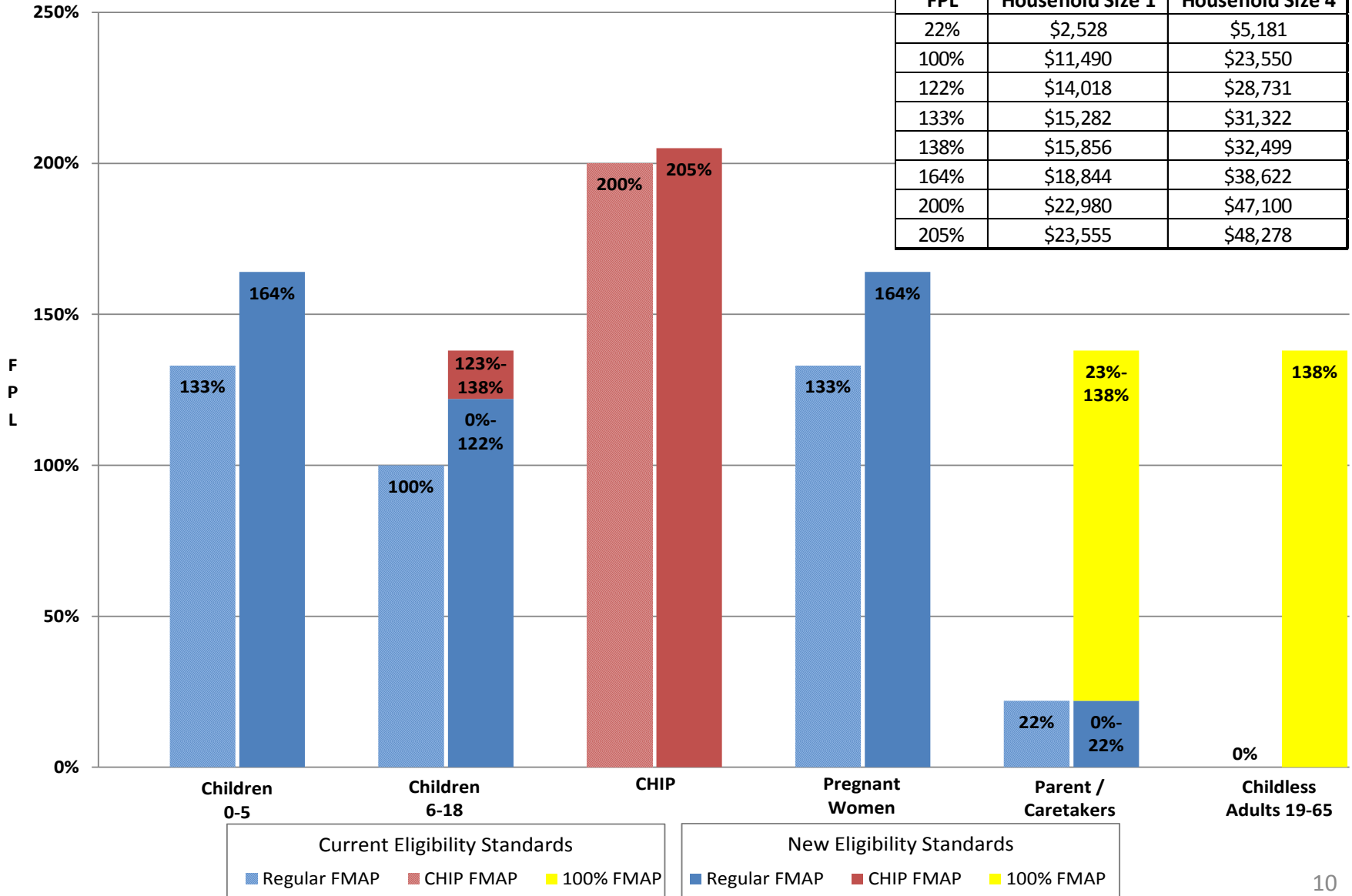
- The ACA expands access to health insurance through improvements in Medicaid, the establishment of Affordable Insurance Exchanges, and coordination between Medicaid, the Children's Health Insurance Program (CHIP), and Exchanges.

New Adult Population Medicaid Coverage

- Childless Adults, Age 19 - 65
- Some younger seniors (under age 65) and persons who have disabilities but have not yet received this designation from Social Security, if they meet the requirements for the new childless adult Medicaid expansion population, will now gain Medicaid coverage earlier than before.

Medicaid Eligibility and FMAP

2013 Federal Poverty Guidelines		
FPL	Household Size 1	Household Size 4
22%	\$2,528	\$5,181
100%	\$11,490	\$23,550
122%	\$14,018	\$28,731
133%	\$15,282	\$31,322
138%	\$15,856	\$32,499
164%	\$18,844	\$38,622
200%	\$22,980	\$47,100
205%	\$23,555	\$48,278



New Eligibility Engine

- No wrong door:
Nevada Health Link,
www.nevadahealthlink.com
(855) 7-NVLink/(855) 768-5465.



Access Nevada, Department of Welfare and Supportive Services, Community Partners (all link to the new eligibility engine)

Medicaid for the Aged, Blind and Disabled (MAABD)

- There is no change to the eligibility requirements for the MAABD population
- MAABD population will benefit from the new eligibility engine/system

Essential Health Benefits (EHB)

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;

Essential Health Benefits (EHB) (cont'd)

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.

Managed Care Organizations

Care Management Organizations

Once Enrolled, Medicaid Members in Clark County Have Two Choices for Managed Care

Health Plan of Nevada (HPN)	Amerigroup
Customer Service (702) 242-7317 (800) 962-8074	Customer Service (702) 208-1308 (800) 600-4441
www.hpnmedicaidnvcheckup.com	www.Myamerigroup.com

Other Medicaid Initiatives

- Integrated (medical, behavioral, social) Care Management for our Fee For Service Population with chronic conditions

Included Conditions

- **Asthma;**
- **Chronic obstructive pulmonary disease (COPD), chronic bronchitis, and emphysema;**
- **Diabetes mellitus;**
- **End stage renal disease (ESRD) and chronic kidney disease;**
- **Heart disease and coronary artery disease (CAD);**
- **Neoplasm/tumor;**
- **Obesity;**

Included Conditions (cont'd)

- **Mental Health; disorders including dementia, psychotic disorders, anxiety disorders, psychosis, paranoia, bipolar disorder, schizophrenia, amnesia, delirium and mood disorders.;**
- **Substance use disorder;**
- **HIV/AIDS;**

Included Conditions (cont'd)

- Cerebrovascular Disease, aneurysm and epilepsy;
- Musculoskeletal system diseases; diseases including osteoarthritis, spondylosis, disc displacement, Schmorl's Nodes, disc degeneration, disc disorder with and without myelopathy, postlaminectomy syndrome, cervical disorders, spinal stenosis, spondylolisthesis, nonallopathic spinal lesions, fracture of the femur and spinal;
- Pregnancy; and
- Complex Condition/High Utilizer: Individuals with complex conditions incurring high treatment costs exceeding \$100,000 in claims.

Excluded Groups

- **Recipients who are dually eligible for Medicaid and Medicare coverage (i.e. dual eligibles);**
- **Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act;**
- **Recipients of Medicaid home and community-based services (HCBS) waiver case management services;**
- **Recipients of Medicaid covered **targeted case management;****
- **TANF and CHAP recipients in services areas that require enrollment in a Medicaid Managed Care Organization (MCO).**

Excluded Groups (cont'd)

- **Recipients enrolled in the State's Intellectual Disabilities/Developmental Disabilities (ID/DD or MR/DD) Section 1915 (c) Waiver;**
- **Enrollees in the State's Title XXI Children's Health Insurance Program (CHIP) entitled Nevada Check Up;**
- **Enrollees receiving emergency Medicaid; and**
- **Enrollees who are residents of Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF/ID).**

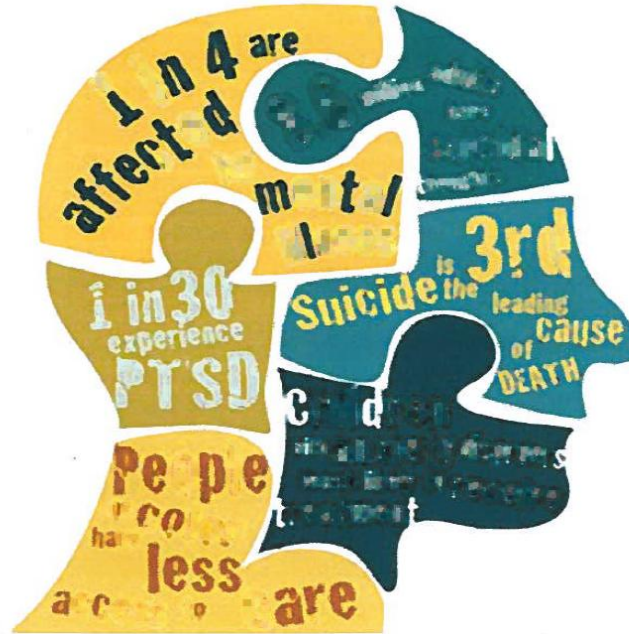
Capital Improvement Projects

- 10 Bed Expansion at Dini-Townsend (Lake's Crossing Annex)
 - November 2013
- 21 Bed Expansion at Rawson-Neal (Building 3-A)
 - November 2013
- Remodel of “Stein Hospital”
 - 42 Forensic beds
 - 16 Civil beds
 - Summer of 2015 start up

New Funding Programs	Tobacco	General Fund
Home Visiting Program (North)	\$580,532	
Home Visiting Program (South)	\$1,444,288	
Program for Assertive Community Team (PACT)	\$1,399,726	
Housing Support for Re-entry to Community from Correctional Facility (North)		\$984,000
Housing Support for Re-entry to Community from Correctional Facility (South)		\$3,136,000
Reserve – SNAMHS Staff, Drop In Center, and Appelbaum/Dvoskin Recommendations		\$4,000,000
24/7 Behavioral Health Assessment Clinic		\$600,000

Mental Health Gaps Analysis

- Minority population needs and over-representation in service system (African American males)
- Regional differences in needs and services
- Community services (least restrictive environment)
- System should be strengthened to promote more community-based services



- Insufficient resources for prevention or early intervention
- Need to better identify and engage older Nevadan's who need help
- Improved discharge planning (housing & medication)
- Need for more long-term housing
- Co-occurring issues (Mental Health and Developmental Disabilities)

A Day to **CELEBRATE**
Recovery, Health and
Well Being