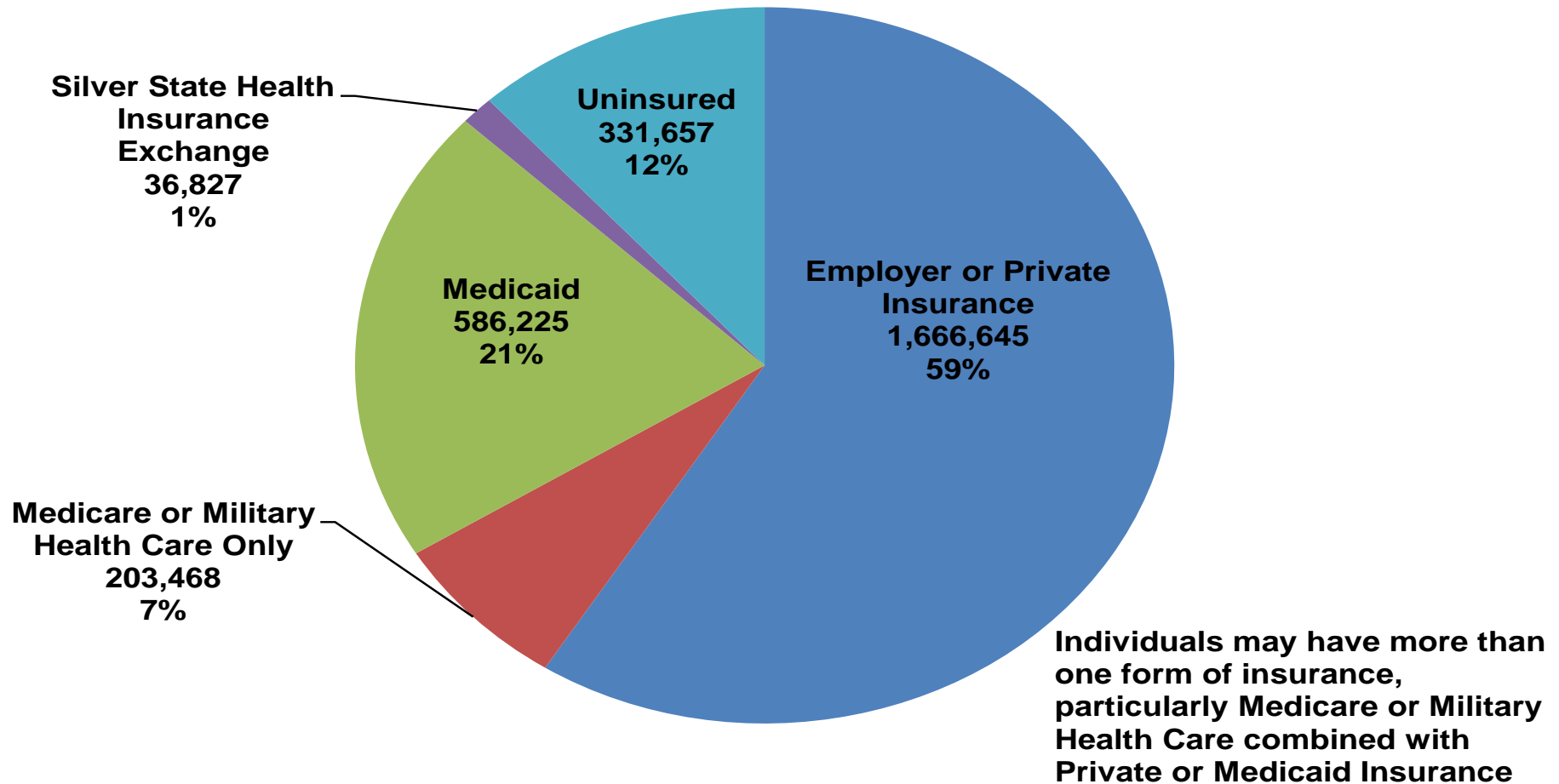


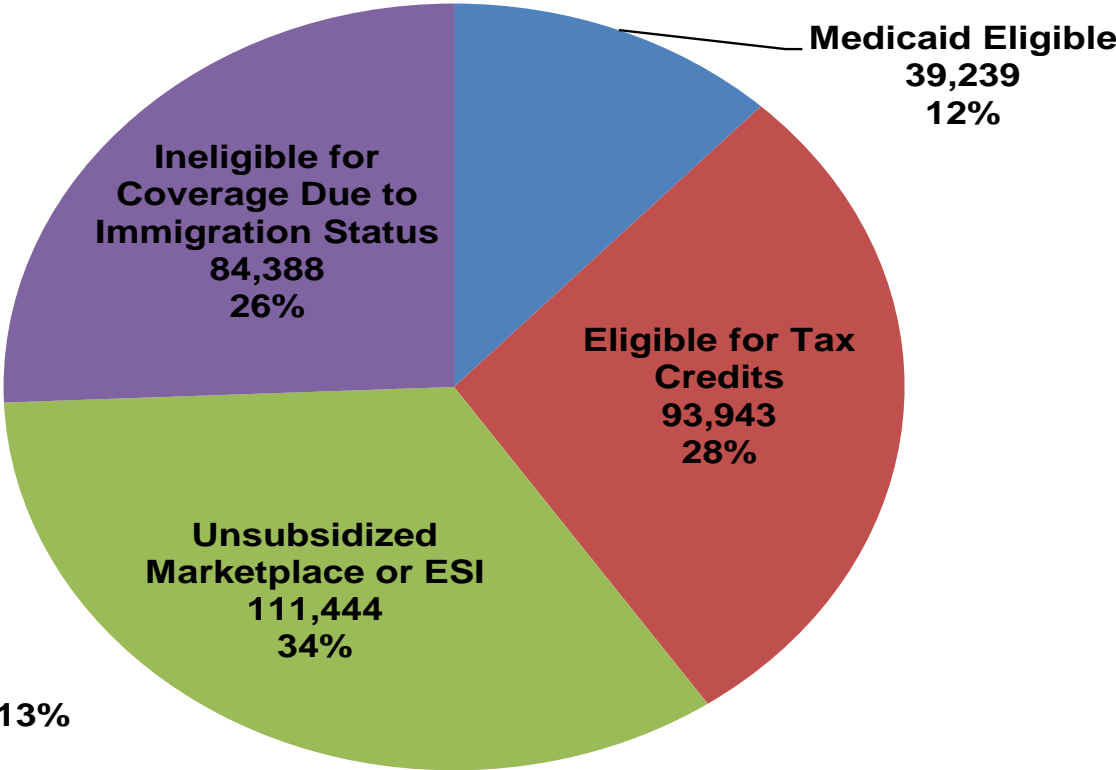
Update from Nevada Medicaid Highlights 2014

Laurie Squartsoff, Administrator
Division of Health Care Financing and Policy
October 6, 2014

Insurance Coverage of All Nevadans in July, 2014; 2,824,822 Total



Eligibility for Coverage in July, 2014 Among Currently Uninsured Non-Elderly Nevadans; 329,014 Total

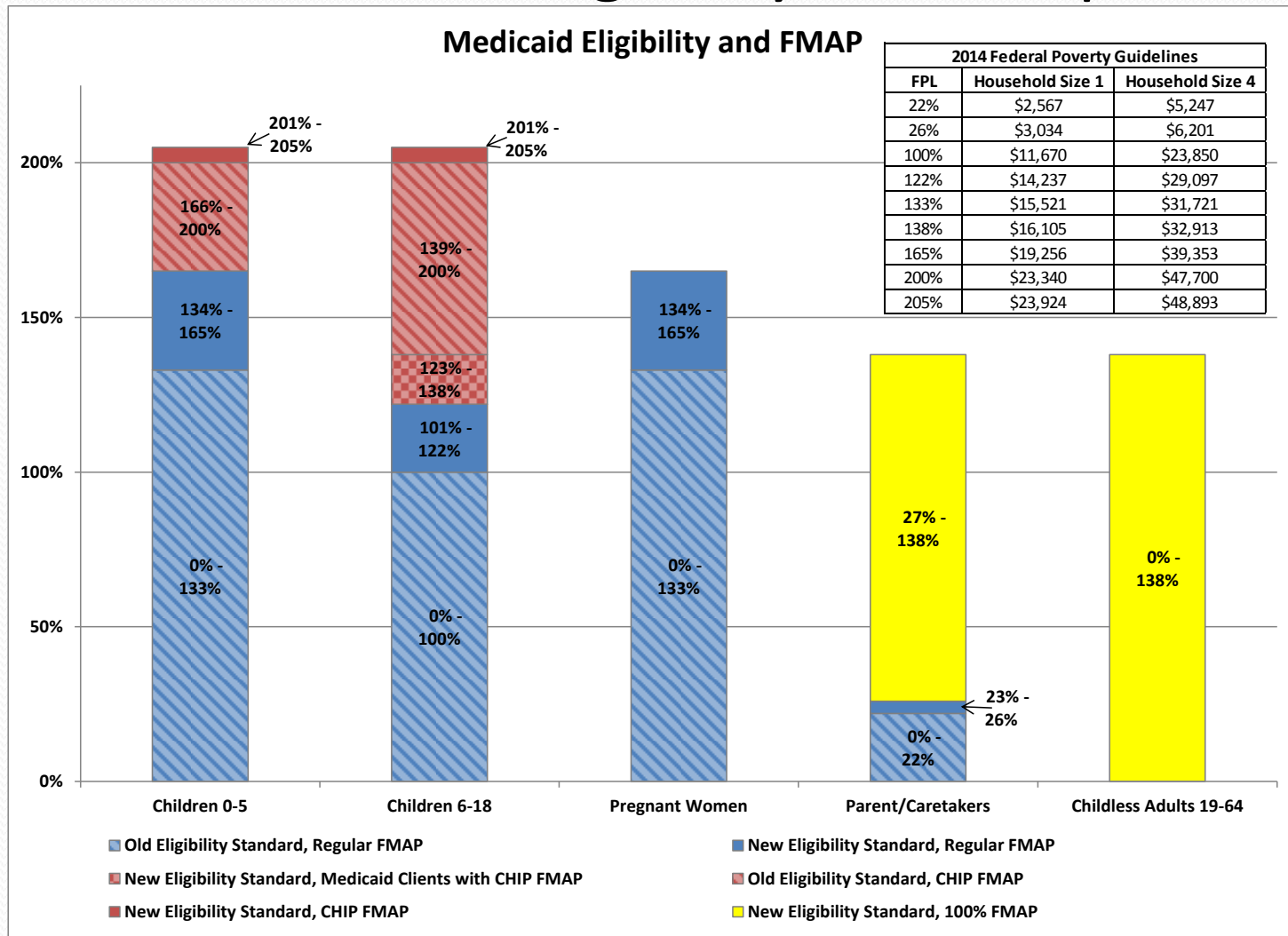


Uninsured Rate for Non-Elderly Nevadans 13%
Uninsured Rate for All Nevadans 12%

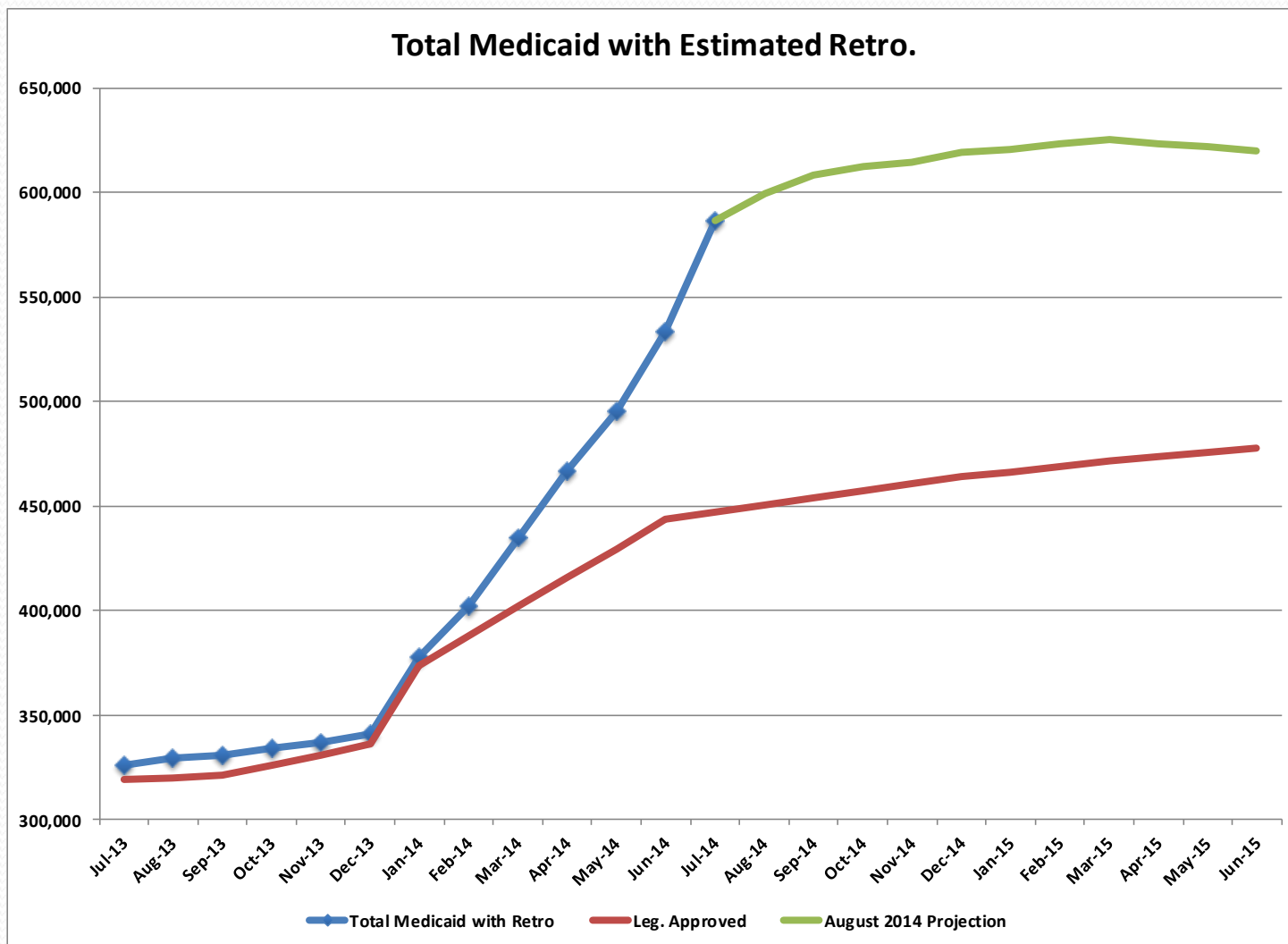
- The Affordable Care Act and Medicaid Expansion
- Access to Care
- Grants



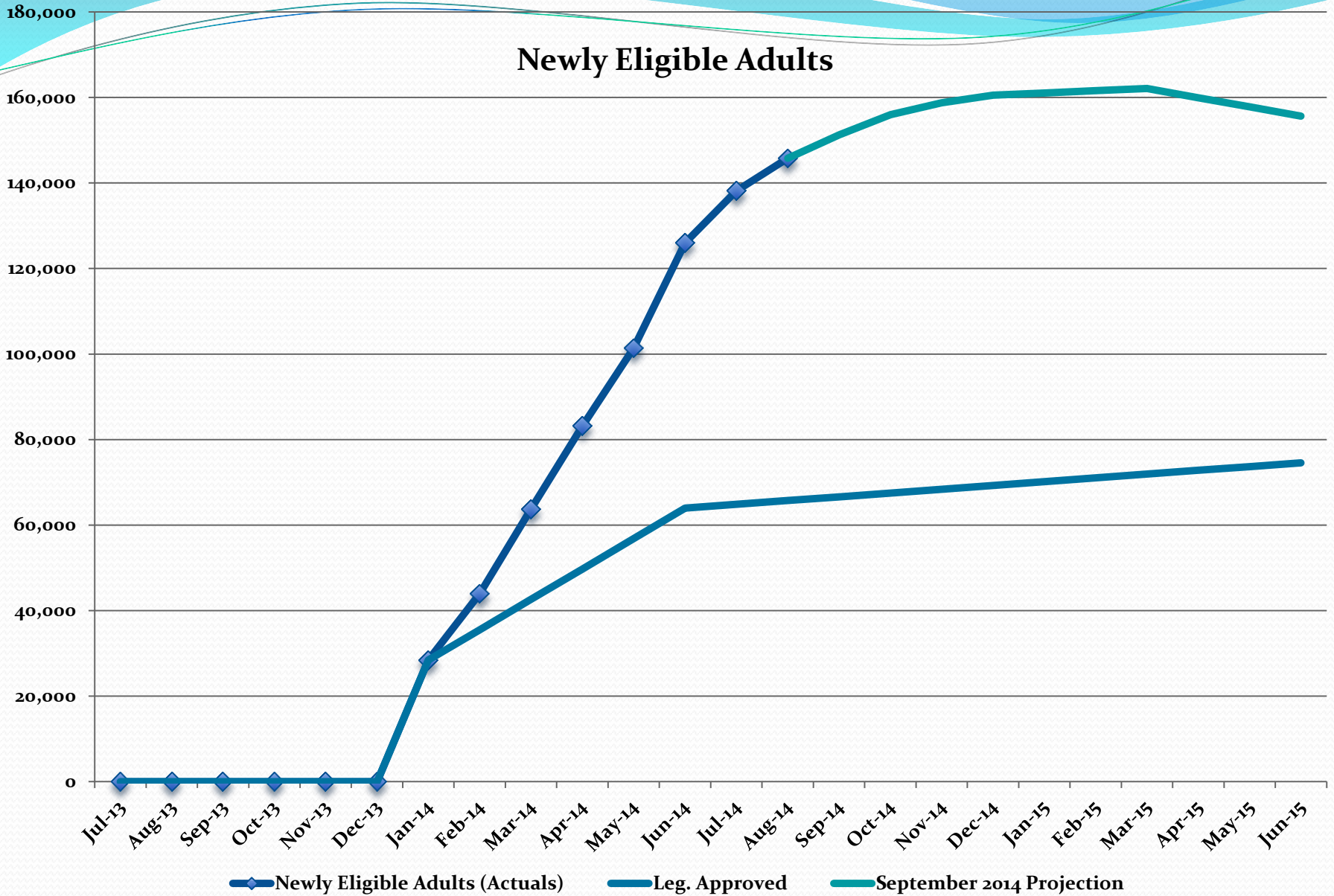
The New Medicaid Eligibility, With Expansion



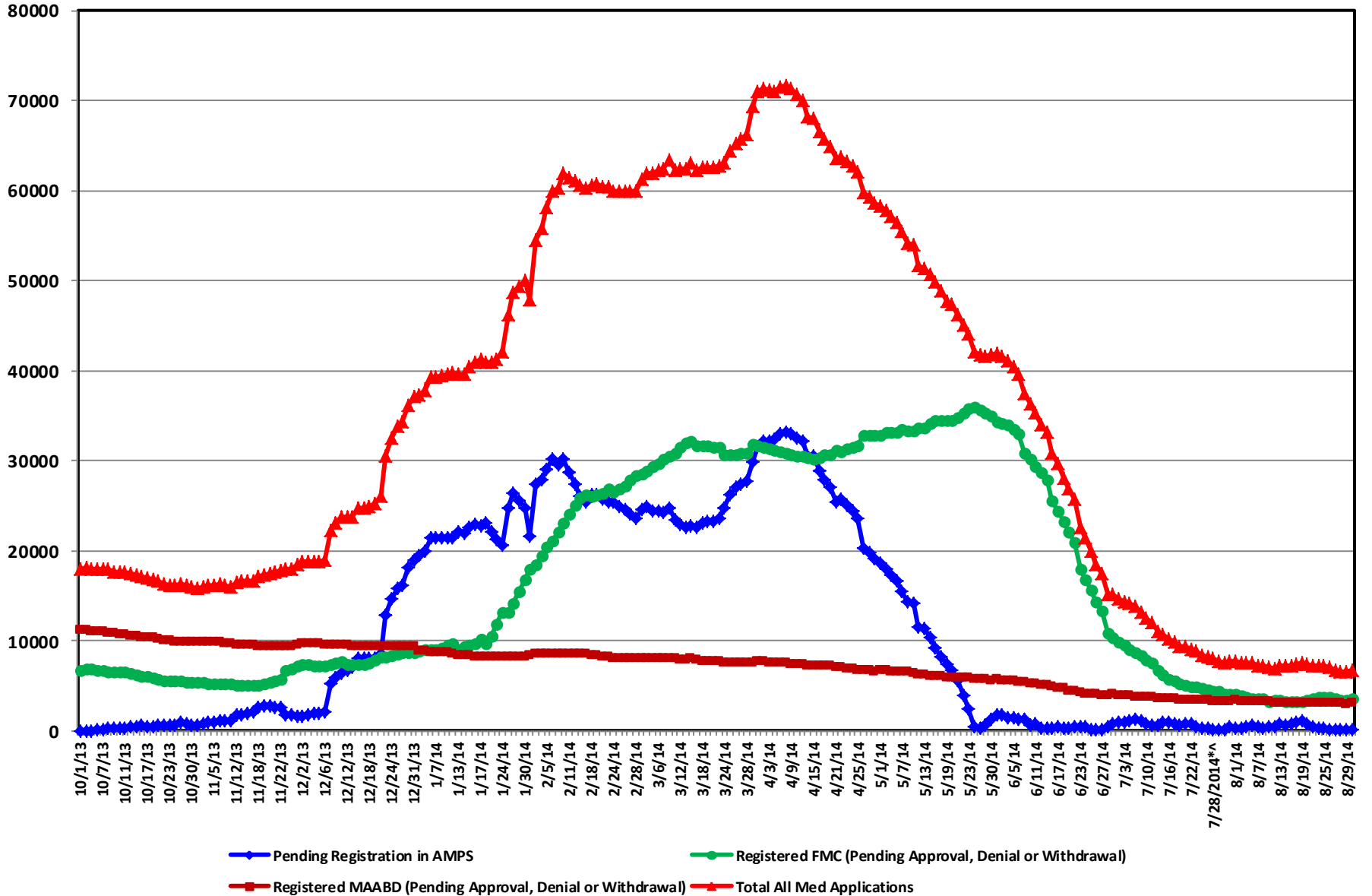
Caseload Growth



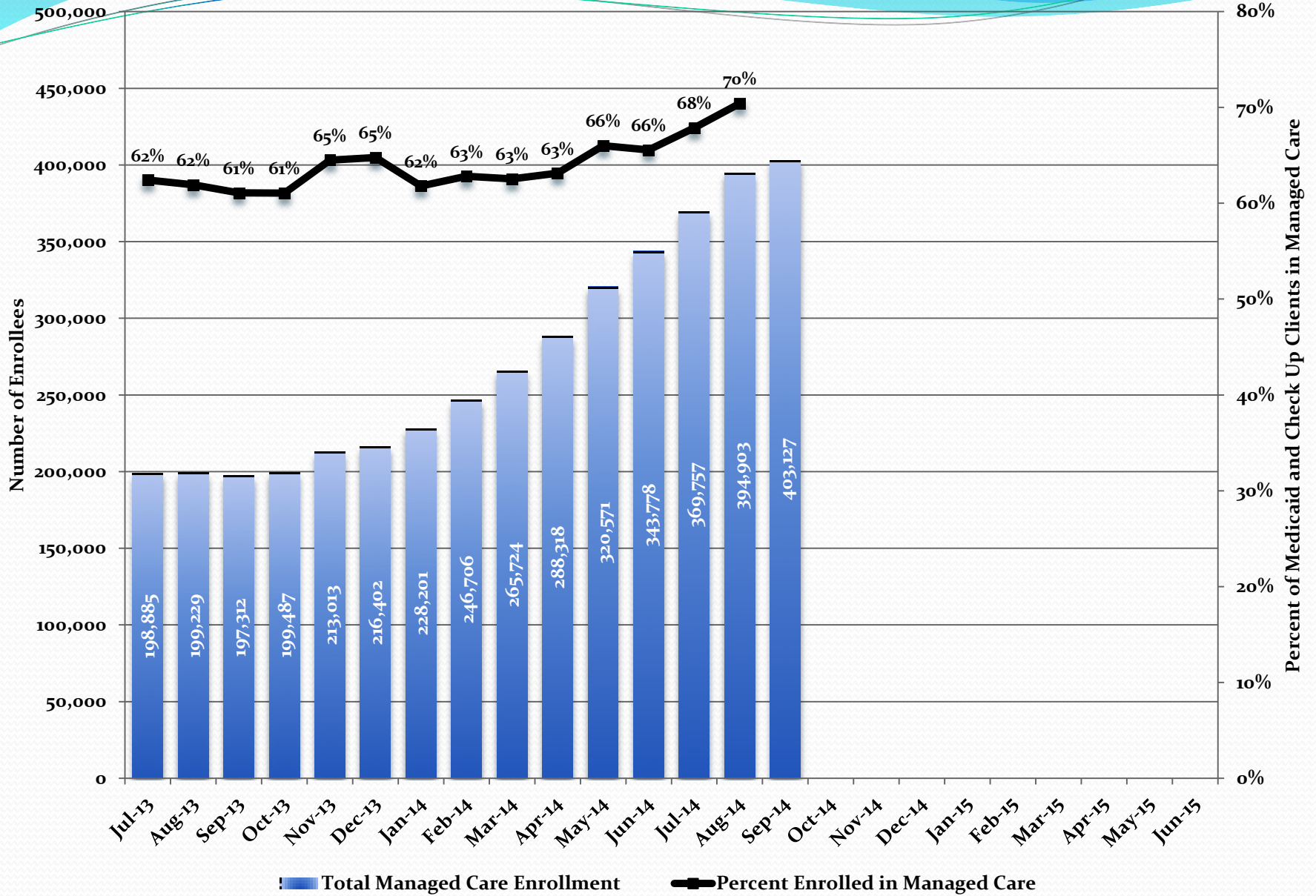
Newly Eligible Adults



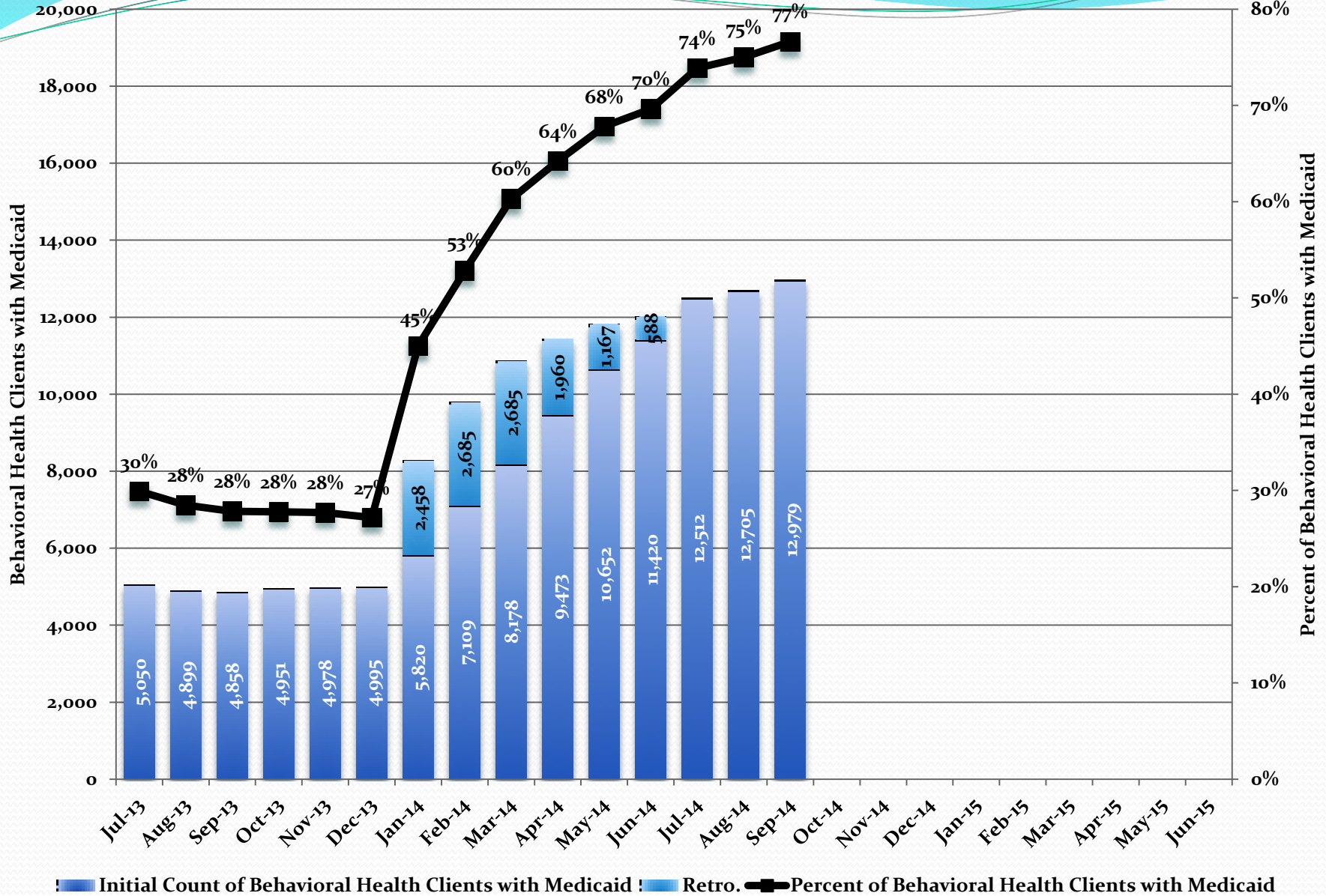
Pending Applications



Managed Care Enrollment



Behavioral Health Clients with Medicaid



Behavioral Health and Wellness Commission

10/6/2014

Access to Care



When the number of Nevadans with health care coverage increases and the statewide provider pool remains the same, access to care becomes a statewide issue.

Recent/New program changes

- Implementation of Telehealth Expansion
- Advanced Practice Registered Nurses
- Physician Forums with FFS and MCO
- Prior Authorization Alignment between FFS and MCO
- Health Care Guidance Program for high need Fee for Service Recipients
- Increased Inpatient Psychiatric Rate
- Pursuing In Lieu of Option for MCO

TELEHEALTH



- Policy is being updated to remove geographic restrictions.
- Telehealth is the use of a telecommunications system instead of an in-person recipient encounter for professional consultations, office visits, office psychiatry services and a limited number of other medical services.
- The originating site is the location where an eligible Medicaid/Nevada Check Up recipient is at the time the service is being furnished via a telecommunications system. Nevada Medicaid and Nevada Check Up providers may bill HCPCS code Q3014 (Telehealth originating site facility fee).
- The distant site is the site where the provider delivering services is located at the time the service is provided via a telecommunications system. The distant site uses the appropriate CPT code with modifier GT (via interactive audio and video telecommunication system) in field 24D of the CMS-1500 Claim Form.

ADVANCED PRACTICE REGISTERED NURSES

- Assembly Bill 170 – 2013 Legislative Session
 - Changed Advanced Practice Nurse (APN) to Advanced Practice Registered Nurse (APRN)
 - Collaborative agreement with physician no longer required if practiced as APN >2 years or >2000 hours

PHYSICIAN FORUMS

- Face-to-face meetings with pediatricians and pediatric subspecialists to hear medical care concerns regarding children in Northern Nevada
- Opportunity to clarify differences and similarities between Medicaid MCOs and Medicaid FFS
- Issues are addressed and solutions offered.
- Has resulted in new physicians signing on as providers

PRIOR AUTHORIZATION ALIGNMENT

- With an access to care issue with dermatologists, the MCOs removed many of the PA requirements on dermatology, in order to make it easier on providers. The FFS side of Medicaid agreed to do the same with support from our medical review physicians.
- It became clear that most of the physician medical reviewers were approving the medical necessity of removal of skin tags, lesions, etc. so there was no concern about removing the PA requirements. However, revision of eyelids, and other procedures that could be considered cosmetic will remain on the PA requirement list.

The Health Care Guidance Program

- Nevada received approval from CMS through a research and demonstration waiver (Section 1115 Waiver) to provide Care Management Services to high need/high cost recipients in our fee for service program who are not otherwise care managed.
- Goal is to improve quality of care, health outcomes and satisfaction while controlling costs (improved health, decreased re-hospitalization).
- This program will help recipients through transitions from inpatient to outpatient care and to follow through on health care needs. It will help physicians by supporting attendance at appointments, assisting with care access and care follow through.

Inpatient Psychiatric Care

- The Psychiatric Inpatient Per Diem Rate paid to General Acute Hospitals who provide Psychiatric Services increased from \$460 to \$944 with a implementation date of July 1, 2014.
- Freestanding psychiatric hospitals are reimbursed at a negotiated rate (the lowest rate acceptable to Nevada Medicaid and the provider).

MCO and “In Lieu of” Service

- “In Lieu of” services is an option allowable for Medicaid Managed Care Organizations.
- The MCO may provide services in alternate licensed inpatient settings *in lieu of* services in an inpatient hospital when these settings are lower cost than traditional inpatient settings.
- The DHCFP is able to support this option under our existing 1932(a) State Plan Authority.
- The DHCFP must amend our MCO contracts to add this option.
- The DHCFP must demonstrate to CMS the cost-effectiveness of the in lieu of services.

Questions?



Thank you for your attention