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State of Nevada
**Department of Health and
Human Services**

Nevada Medicaid and Proposed Policy Recommendations

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Division of Health Care Financing and Policy



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Helping people. It's who we are and what we do.



Agenda

1. Statistics and Covered Services
2. Nevada Rare Disease Advisory Council 2021 Annual Report
3. Medicaid Proposed Policy Recommendations



Division Mission

DHCFP administers Nevada Medicaid and Check Up to promote a healthier Nevada by:

- Purchasing and providing quality health care services for low-income Nevadans in the most efficient manner.
- Promoting equal access to health care at an affordable cost to the taxpayers of Nevada.
- Restraining growth of health care costs.
- Reviewing Medicaid and other state health care programs to maximize potential federal revenue.
- **Considered public assistance not an insurance company**
NRS 422A.065

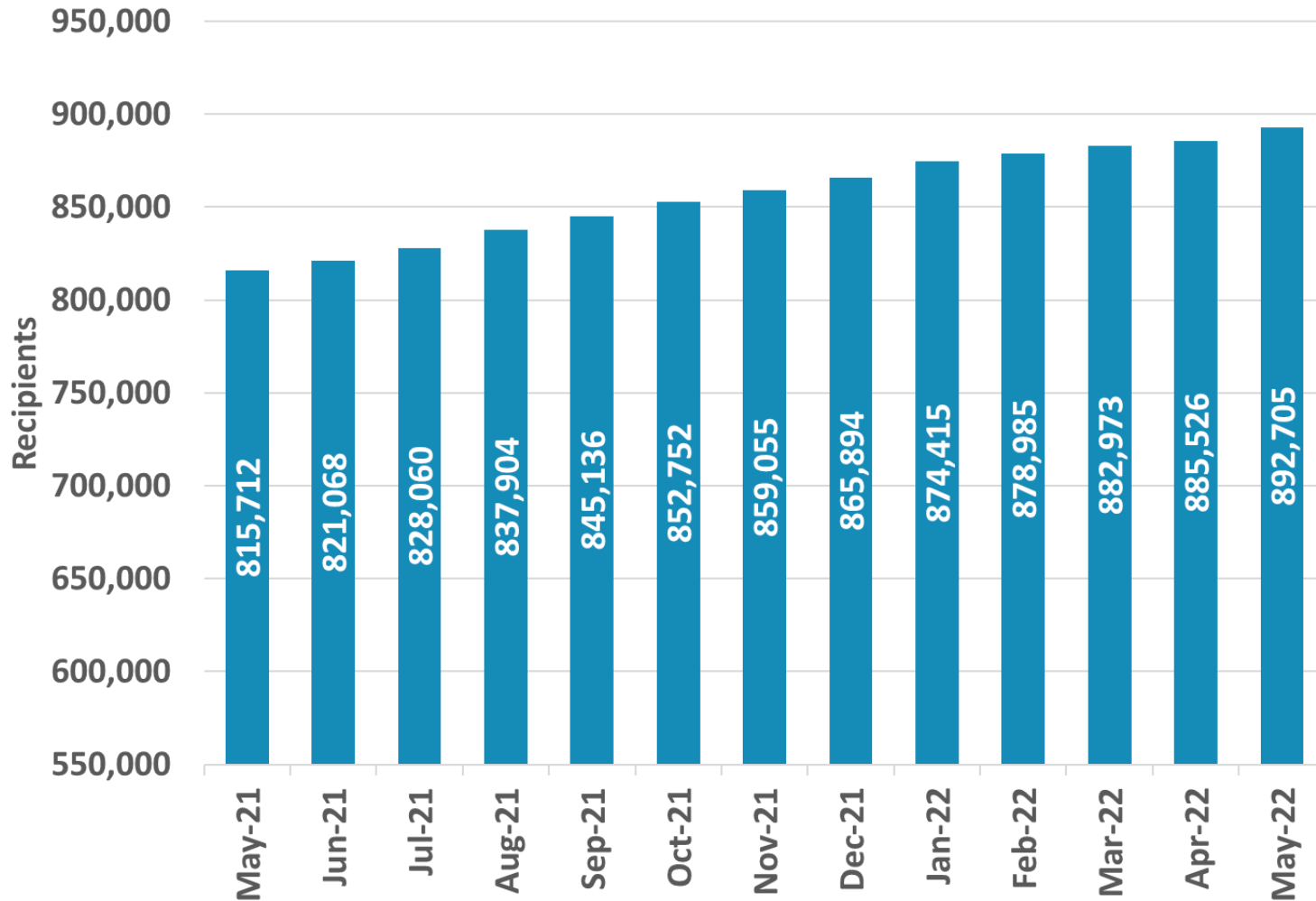


Notable Statistics

1 in 4	Nevadans covered by Medicaid
242,943	Growth of recipients since Feb. 2020 (36.2% growth)
\$4.6 billion	Expenditures in FY21 (nearly 30% of state expenditures)
55%	Births in Nevada covered by Medicaid in 2021
76%	Medicaid recipients served through Managed Care
42%	Medicaid recipients aged 0-18 years old
6,516	Children enrolled in Medicaid have a diagnosis of cancer in CY 2021

Caseload

Total Medicaid Caseload



Medicaid

- Authorized by Congress under Title XIX of the Social Security Act in 1965.
- Medicaid is an optional medical coverage program that states elect to provide to their residents.
- States work in partnership with the federal Centers for Medicare and Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals.
- Federal regulations define mandatory groups to be covered (Nevada generally covers only mandatory groups).
- Federal regulations define mandatory and optional services (Nevada generally covers mandatory services, or optional services if cost-effective).



Medicaid - Unique by State

- If you've seen one Medicaid program, you've seen one Medicaid program.
 - A person eligible in one State may not be eligible in another State.
 - Services provided by one State may differ considerably in amount, duration, or scope from services provided in a similar or neighboring State.
 - State legislatures may change Medicaid eligibility, services, and/or reimbursement during the year.





Publicly Financed but Private Sector Services

- Publicly financed but not a government run healthcare delivery system
- Medicaid procures most services in the private health care market through purchasing services on a fee for service basis or through paying premiums to contracted managed care organizations (MCOs).

Organizational Structure

The Division of Health Care Financing and Policy operates under the Department of Health and Human Services (DHHS)

Other DHHS agencies (sister agencies):

- Division of Welfare and Supportive Services (DWSS)
- Division of Public and Behavioral Health (DPBH)
- Aging and Disability Services Division (ADSD)
- Division of Child and Family Services (DCFS)
- Public Defender



Medicaid and Welfare

Division of Welfare and Supported Services (DWSS)

- Welfare
 - Determine Eligibility
 - NOMADS
- Eligibility information can take 24-48 hours to upload to the Medicaid system and another 24 hours to the Pharmacy system.

Division of Health Care Financing and Policy (DHCFP)

- Medicaid
 - Medicaid Management Information System (MMIS) known as interChange (iC)
 - EVS- Electronic Verification System (used by providers)
 - Special programs run through Medicaid District Offices
 - Waivers (ADSD)



Mandatory & Optional Benefits

Mandatory

- Inpatient & outpatient hospital services
- EPSDT
- Nursing facility services
- Home health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory & X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric & Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed/recognized by the state)
- Transportation to medical care
- Tobacco cessation for pregnant women

[Welcome to Nevada Medicaid Recipient Booklet](#)

Optional (NV Medicaid covers all except for*)

- Prescription drugs
- Clinic services
- Physical, occupational, speech, respiratory therapy
- Diagnostic, screening, preventive, rehab services
- Podiatry services
- Optometry services, Eyeglasses
- Dental services
- Prosthetics
- Chiropractic services for children only
- Other practitioner services
- Private duty nursing services
- Personal care services
- Hospice
- Case management
- Services for people 65 or older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual and Developmental Disability
- State Plan Home and Community Based Services- 1915(i)
- TB Related Services
- Inpatient psychiatric services for people under 21 years old
- Self-Directed Personal Assistance Services- 1915(j)*
- Community First Choice Option- 1915(k)*
- Health Homes for Enrollees with Chronic Conditions*





Child Health Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- EPSDT services are preventive and diagnostic services available to recipients under age 21 years old.
- This federal program is designed to identify medical conditions and to provide medically necessary treatment.
- In Nevada, EPSDT program is known as Healthy Kids Program.
- Medicaid follows American Academy Pediatrics (AAP) [Bright Futures](#) screening.





Nevada Rare Disease Advisory Council 2021 Annual Report



2021 RDAC Report

- **Objective # 4** - Identify evidence-based strategies to prevent and control rare disease.
- **Objective # 6** - Study the effect of early treatment for rare disease on the quality of life for patients suffering from rare disease; the provision of services to such patients and reimbursement for such services.
- **Objective #8** - Evaluate the systems for delivery of treatment for rare diseases in place in Nevada and develop recommendations to increase the survival rates and quality of life of patients with rare disease.
- **Objective # 9** - Determine the effective methods of collecting data concerning cases of rare diseases in Nevada for the purpose of conducting epidemiological studies of rare disease.
- **Objective #10** - Establish a comprehensive plan for the management of rare diseases in Nevada which must include recommendations for the state and local health authorities, public and private organizations, businesses and potential sources of funding, and update the comprehensive plan, as necessary.



2021 RDAC Report (continued)

Limitations Identified

- Lack of an agreed-upon list of ICD-10 codes that capture all rare diseases
- Lack of state directory of clinicians skilled in treating rare diseases
- Lack of centralized registry or database

Recommendations to DHHS/Medicaid

- Public notification of policy changes
- Improve reimbursement for rare disease care
- Allow fee-for-service Medicaid providers to enroll with managed care
- Develop a state disease-specific reimbursement model



Policy Recommendations





Proposal #1

- Centered on creating a system specific to specialty clinics.
- Involves creation of a new provider type for clinics that treat individuals with rare diseases.
- Involves State Plan Amendment (NVs contract with CMS), policy changes, and the need for additional fiscal authority.



Proposal #2

- Centered on improving payment structures.
- Policy lever to include cancer hospitals and facilities into a directed payment program.
- Other sources of state match are needed to draw down federal Medicaid dollars.
- Applicable to both fee-for-service and managed care.
- Involves State Plan Amendment, policy changes, and the need for additional fiscal authority.

Proposal #3

- Centered on the comprehensive nature of services needed to provide care.
- Creation of a health home for individuals with rare diseases.
- Offers team-based care coordination and a full complement of supportive resources.
- Could be incorporated into proposal #1.
- Involves State Plan Amendment, policy changes, and the need for additional fiscal authority.



Questions?





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Acronyms

- CHIP – Children’s Health Insurance Program
- CMS – Centers for Medicare and Medicaid Services
- CY – Calendar Year
- DHCFP – Division of Health Care Financing and Policy
- DHHS – Department of Health and Human Services
- DWSS – Division of Welfare and Supportive Services
- FPL – Federal Poverty Limit
- FY – Fiscal Year
- MSM – Medicaid Services Manual
- PMPM – Per Member Per Month
- PT – Provider Type
- RDAC – Rare Disease Advisory Council
- SPA – State Plan Amendment
- WA – Web Announcement

