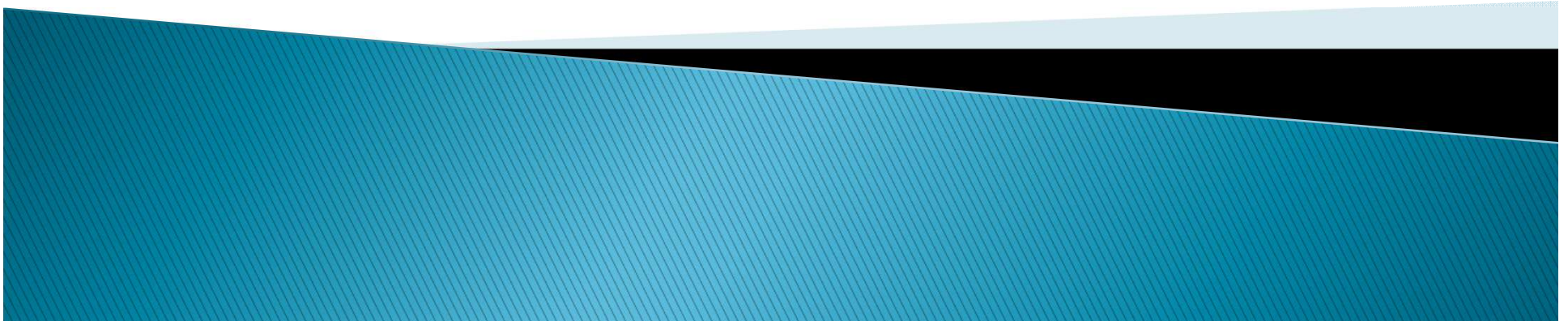




Medicaid Expansion & The Impact On Our Partners



ACA, Expansion, New Services What Does it Mean?

- ▶ Newly eligible population
- ▶ New way to determine eligibility
- ▶ Benefit plans & services
- ▶ Provider Concerns



How Did We Get Here?

▶ UNINSURED

- ▶ 22.4% of Nevadans (605,000 people)
- ▶ 2nd worst in Nation; (Texas 23.8%)
- ▶ National Average is 16%

▶ CHILDREN

- ▶ Worst in Nation with 19.3% uninsured
- ▶ Texas next at 16.6% uninsured
- ▶ Nationwide 9.7% children uninsured



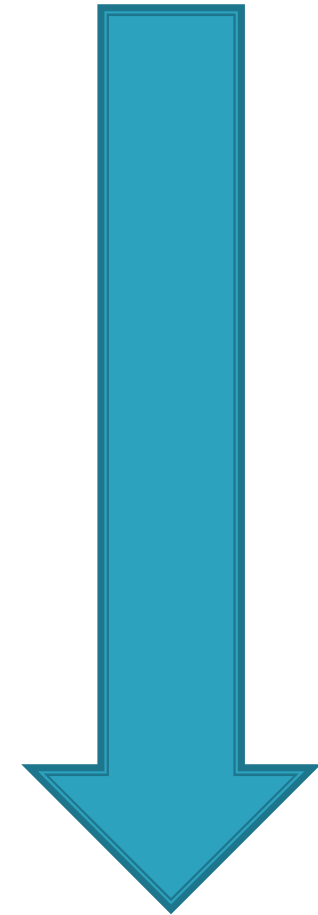
Anticipated Outcomes

- ▶ Uninsured will decrease

FY 2013 22.2%

FY 2014 12.5%

FY 2015 10.4%



Biggest Impact

New Adult Population Medicaid

- ▶ 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 Administration



Medicaid Caseload Growth

Date	Actuals	Legislative Approved Projections	Current Month's Projections
July 2012	310,260	301,296	
December 2012	313,762	306,590	
July 2013	325,988	318,814	
December 2013		336,195	344,000
July 2014		446,834	463,886
December 2014		463,816	482,490
June 2015		477,927	500,044



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)



What Can Health Link Do?

- ▶ Select & enroll in health insurance
- ▶ Aggregate premiums
- ▶ Determine eligibility for tax credit
- ▶ Determine eligibility for Medicaid
- ▶ Allow small businesses to purchase health insurance



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;
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.



New Coverage

- ▶ Telehealth
- ▶ Wellness Visits (over age 21)
- ▶ Updated Bariatric Surgery policy
- ▶ Free Standing Birthing Centers
- ▶ Dialysis for non-citizens



Care Management Organization

▶ **Why CMO**

- Improve Health Outcomes and Quality
- Better adherence to medication plans
- Preventative care
- Improve access to care
- Integrate care among different providers



What's Included

- ▶ Asthma
- ▶ Cerebrovascular Disease
- ▶ Aneurysm
- ▶ Epilepsy
- ▶ Chronic Obstructive Pulmonary Disease
- ▶ Diabetes
- ▶ End Stage Renal Disease
- ▶ Heart Disease
- ▶ Coronary Artery Disease



Con't

- ▶ HIV/AIDS
- ▶ Mental Health Disorders
- ▶ Musculoskeletal diseases
- ▶ Neoplasm/tumor
- ▶ Obesity
- ▶ **Pregnancy**
- ▶ Substance Use Disorder
- ▶ Complex Condition/High Utilizer



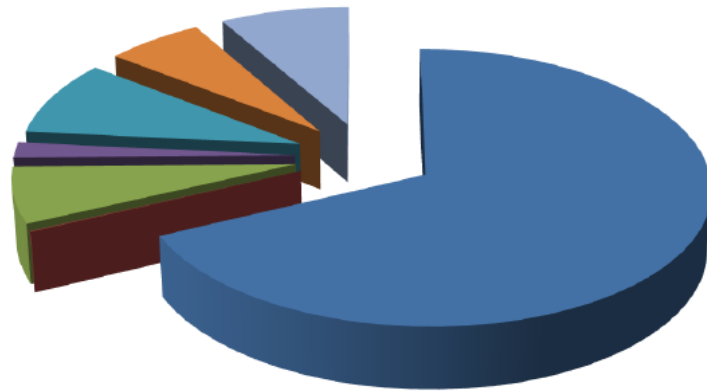
What We Hear

- ▶ Low Reimbursement Rates & Slow Payment
- ▶ Difficult to talk to live people
- ▶ Medicaid patients are the hardest to serve
- ▶ Medicaid doesn't listen
- ▶ Code Updates and Policy Changes take too long



The Breakdown

Department of Health and Human Services Revenues by Division for 2014 – 2015 Biennia




Total \$7,413,368,829

- Health Care Financing and Policy
\$5,038,158,190 - 68%
- Public Defender
\$5,418,192 - 0.001%
- Aging and Disability Services
\$494,189,838 - 7%
- Director's Office
\$135,227,783 - 2%
- Public & Behavioral Health
\$665,205,438 - 9%
- Child & Family Services
\$462,279,816 - 6%
- Welfare & Supportive Services
\$612,889,572 - 8%



Breakdown In Depth

- ▶ Administration
 - ▶ Improved Communication
 - ▶ Streamlined Processes
 - ▶ PCP Rate Increase/Restored Rates (yes! Really)
 - ▶ Better Education and Training- Field Reps
 - ▶ Satisfaction Surveys
- 

Where Are We Headed?

- ▶ Building better relationships
- ▶ Avoiding access to care issues
- ▶ Improving care
- ▶ Outreach and Education



Questions / Contact Information

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