NEVADA MEDICAID FACTS

Who is covered in Nevada’s Medicaid Program?

**ELIGIBILITY GROUPS**

<table>
<thead>
<tr>
<th>FFS(^1,2)</th>
<th>MCOs(^3-5)</th>
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<tbody>
<tr>
<td>Foster Care Children</td>
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<td>Aged, Blind, Disabled Adults</td>
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<tr>
<td>Dual Eligibles</td>
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<td>Disabled Children</td>
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<td>Undocumented Immigrants**</td>
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<td>Intellectual and Developmental Disabilities</td>
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<tr>
<td>Incarcerated**</td>
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*Qualified non-citizens are subject to a 5-year waiting requirement.

**Emergency Medicaid services only.

Important News

- **July 2016** - Nevada releases a request for proposals for bids on their state’s Medicaid managed care program.\(^7\)
- **June 2017** - Nevada legislature passes a bill that allows anyone who is without insurance to buy into their Medicaid insurance program. It would allow the state Medicaid insurance plan to be available on the marketplace, competing with private insurers.\(^8\) The governor vetoed the bill.\(^9\)

Do Medicaid health plans provide coverage?\(^*\)

- YES
- NO

- Amerigroup
- Health Plan of Nevada

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How is Nevada meeting the needs of Medicaid enrollees?

**Women’s Health**
Through Nevada Check Up, pregnant women receive:¹⁴
- Prenatal visits, lab work, and tests including ultrasounds
- Labor and delivery charges
- Anesthesia
- Hospitalization
- 6-week checkup after the baby is born

Nevada’s Women’s Health Connection (WHC) Program is a breast and cervical cancer early detection program dedicated to serving low-income, high-risk, uninsured/underinsured women living in Nevada. The program offers:¹²
- Annual pelvic exam
- Annual clinical breast exam
- Pap test every 3 years or pap test with HPV; co-testing every 5 years
- Diagnostic services following an abnormal exam
- Annual screening mammogram

**Family Planning**¹¹
Services for adults age 21 years or older:
- Birth control pills
- Condoms
- Creams
- Diaphragms Foams
- IUDs Shots (ex. Depo-Provera)
- Sponges
- Under some circumstances, Nevada Medicaid will pay for tubal ligation or vasectomy (sterilization)

**Behavioral Health**
Nevada’s behavioral health services program offers rehabilitative mental health treatment, substance abuse prevention and treatment, targeted case management, inpatient psychiatric services, and residential treatment centers. Some services include:¹³,¹⁴
- Outpatient services include assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, therapy, partial and intensive outpatient hospitalization, medication management, and case management
- Mental health therapy is covered for individual and group and/or family therapy

Drug therapies covered:¹⁵
methadone, naloxone, naltrexone, and disulfiram

**Oral Health**¹⁶
Adults over age 21 can only receive coverage for:
- Emergency extractions
- Pain management
- Dentures (in certain cases)

Children and pregnant women can receive comprehensive dental care. Services include:
- Periodic and routine dental services
- Prevention of oral disease
- Orthodontia when medically necessary

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### Federal
- **1965**: President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- **1967**: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- **1972**: Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- **1981**: Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- **1984**: Children and pregnant women become mandatory Medicaid eligibility groups.
- **1989**: Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- **1990**: Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- **1997**: Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- **1998**: Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- **2006**: Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- **2012**: ACA implementation begins.
- **2013 & 2014**: 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

### Nevada
- **1967**: Nevada adopts the Medicaid program.
- **1998**: Nevada’s managed care program, Mandatory Health Maintenance Program, covers acute, primary, specialty, and behavioral health care services for children and families, pregnant women, and low-income adults on a mandatory basis. American Indians, children with severe emotional disturbance, and special-needs children can voluntarily enroll.
- **2006**: Nevada begins operating a mandatory, capitated, non-emergency medical transportation program available to all Medicaid-eligible enrollees.
- **2010**: Nevada begins the primary care case management (PCCM) program, Nevada Comprehensive Care Waiver (NCCW), through a Section 1115 waiver. The NCCW implements mandatory care management services, operated through a fee-for-service arrangement, throughout the state for a subset of high-cost, high-need enrollees not served by the Mandatory Health Maintenance Program.
- **2017**: Nevada authorizes Medicaid expansion to cover eligible adults up to 138% of the federal poverty level (FPL).
- **2017**: Nevada changes parts of the drug use policy in the Medicaid program. One change addresses the use of opioids by adding quantity limits for daily max and initial fill days and supply limitations.

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org