

**State:** Nevada

**Demonstration Name:** Nevada Comprehensive Care

**Description & Status:**

The Nevada Comprehensive Care Waiver (NCCW) is a statewide program to provide care management services to individuals with certain qualifying conditions who are not eligible for the state's existing care management options (including managed care organizations (MCOs)). The care management services will be provided by a care management organization (CMO), a primary care case management entity (PCCM). This demonstration does not change Medicaid eligibility in Nevada. There are no other changes to benefits under this demonstration. All Medicaid benefits will continue to be provided on a fee-for-service (FFS) basis. Enrollment in the demonstration is mandatory for individuals with qualifying conditions.

This demonstration was approved on June 28, 2013. The approval is effective from July 1, 2013, through June 30, 2018.

**Populations:**

The CMO will serve state plan eligible individuals who are not otherwise eligible for the state's existing care management options (including the state's existing managed care organizations (MCOs)) and who have at least one of the following demonstration-qualifying conditions: asthma; chronic obstructive pulmonary disease/chronic bronchitis/emphysema; pregnancy and complications of pregnancy; diabetes mellitus; end stage renal disease/chronic kidney disease; heart disease/coronary artery disease; HIV/AIDS; mental health; neoplasm/tumor/cancer; obesity; substance use disorder; cerebrovascular disease/aneurysm/epilepsy; and musculoskeletal system problems. In addition to these specific conditions, the state will also enroll individuals in the CMO if the individual has a complex condition (such as transplants or burns) or is a high utilizer of medical services, including excessive emergency room use.

**Approval Date:** June 28, 2013

**Effective Date:** July 1, 2013

**Expiration Date:** June 30, 2018

**NEVADA**  
**SECTION 1115 DEMONSTRATION**  
**FACT SHEET**

**Program Name:** Nevada Comprehensive Care Waiver (NCCW) Medicaid Section 1115 Demonstration

**Initial Application**

Date Proposal Submitted: April 24, 2012  
Date Proposal Approved: June 28, 2013  
Date of Implementation: July 1, 2013

**SUMMARY**

NCCW is a statewide program to provide care management services to individuals with certain demonstration-qualifying conditions who are not eligible for the state's existing care management options (including managed care organizations (MCOs)). The state will use a care management organization (CMO), a primary care case management entity (PCCM), to serve demonstration-eligible beneficiaries. This demonstration does not change Medicaid eligibility in Nevada.

The goals of the NCCW demonstration are to:

- Provide care management to high-cost, high-need Medicaid beneficiaries who receive services on a fee-for-service (FFS) basis;
- Improve the quality of care that high-cost, high-need Nevada Medicaid beneficiaries in FFS receive through care management and financial incentives such as pay for performance (quality and outcomes); and,
- Establish long-lasting reforms that sustain the improvements in the quality of health and wellness for Nevada Medicaid beneficiaries and provide care in a more cost efficient manner.

**ELIGIBILITY**

The CMO will serve state plan eligible individuals who are not otherwise eligible for care management services (see additional exclusions below) and who have at least one of the following demonstration-qualifying conditions: asthma; chronic obstructive pulmonary disease/chronic bronchitis/emphysema; pregnancy; diabetes mellitus; end stage renal disease/chronic kidney disease; heart disease/coronary artery disease; HIV/AIDS; mental health; neoplasm/tumor/cancer; obesity; substance use disorder; cerebrovascular disease/aneurysm/epilepsy; and musculoskeletal system problems. In addition to these specific conditions, the state will also enroll individuals in the CMO if the individual has a complex condition (such as transplants or burns) or is a high utilizer of medical services, including excessive emergency room use. Enrollment in the demonstration is mandatory for individuals with demonstration-qualifying conditions, except for American Indians/Alaska Natives (AI/ANs) whose participation is voluntary.

*Date Last Updated: July 1, 2013*

The following populations are excluded from the demonstration: beneficiaries enrolled in MCOs; beneficiaries dually eligible for Medicare; individuals receiving case management services through one of the state's 1915(c) home and community based services (HCBS) waivers; individuals in the child welfare system (juvenile justice or foster care programs); individuals receiving emergency Medicaid; beneficiaries receiving targeted case management; and residents of Intermediate Care Facilities for individuals with Mental Retardation (ICF/MRs). This demonstration does not include the state's title XXI Children's Health Insurance Program (CHIP).

### **DELIVERY SYSTEM**

NCCW will operate a minimum of one care management organization (CMO). While the state will be allowed to operate a single CMO statewide, beneficiaries must be afforded a choice of care manager within the CMO. State plan and other Medicaid benefits will continue to be paid on a fee-for-service (FFS) basis.

### **BENEFITS**

Once enrolled in the CMO, demonstration participants will receive care management services in addition to their state plan and other Medicaid benefits, which will continue to be provided FFS. There are no other changes to benefits under this demonstration.

### **QUALITY AND EVALUATION PLAN**

Under the section 1115(a) demonstration, Nevada is required to meet all the PCCM reporting requirements under 42 CFR 438 et seq. Also under the demonstration, Nevada will assess the following hypotheses:

1. Enrollment in a CMO improves the quality of care for Medicaid beneficiaries with a demonstration-qualifying condition compared to enrollment in a MCO or in the FFS system.
2. Enrollment in a CMO improves health outcomes for Medicaid beneficiaries with a demonstration-qualifying condition compared to enrollment in a MCO or in the FFS system.
3. Enrollment in a CMO reduces the total and per capita costs of providing Medicaid services to Medicaid beneficiaries with a demonstration-qualifying condition compared to enrollment in a MCO or in the FFS system.
4. Medicaid beneficiaries enrolled in a CMO are more satisfied with the quality of their health care than beneficiaries in a MCO or in the FFS system.

The state is also required to address the goals of the demonstration listed in the Summary section above.

### **COST-SHARING**

There is no additional cost-sharing under the NCCW demonstration.