

Managed Care in Nevada

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about 84 percent of Medicaid beneficiaries were enrolled in some form of managed care. Nevada has been operating a mandatory managed care program in two counties in the state (Clark and Washoe Counties) since 1998. The program, called the **Nevada 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 need children can voluntarily enroll. Nevada has also operated a mandatory capitated **non-emergency transportation program** available to all Medicaid-eligible participants since 2006.

In 2013, Nevada received federal approval for a section 1115 demonstration entitled the Nevada Comprehensive Care Waiver (NCCW). The NCCW implements mandatory care management services throughout the state for a subset of high-cost, high-need beneficiaries not served by the Mandatory Health Maintenance Program. Individuals eligible for NCCW will receive benefits in a fee-for-service (FFS) environment with the mandatory care management to support improved quality of care. Under this demonstration, the state will contract with a care management organization and a primary care case management entity or health home to manage care for enrolled beneficiaries.

Participating Plans, Plan Selection, and Rate Setting

Nevada contracts with **two national, for-profit plans** (Amerigroup Community Care and Health Plan of Nevada, owned by UnitedHealthcare) to provide health care services. Nevada selects plans through a competitive bidding process and sets rates through an administrative process using actuarial analysis that accounts for differences in costs due to a number of factors, including age, gender, geography, eligibility category, and health status. .

Quality and Performance Incentives

Nevada requires MCOs to report CAHPS, HEDIS, and other performance data. In accordance with federal requirements, the state requires two performance improvement projects) and publicly reports quality or performance data. Nevada also has a pay-for-performance program in which it provides monetary incentive payments, not to exceed one million dollars annually, to plans that report quality scores at or above the national HEDIS 90th percentile in a single year and/or a 10 percent improvement from one year to the next. The state and plans jointly determine the set of quality scores eligible for performance incentives at the beginning of the contract period.

Table: Managed Care Program Features, as of October 2014

Program Name	Mandatory Health Maintenance Program	Mandatory Non-Emergency Transportation Broker Program	Nevada Comprehensive Care Waiver (NCCW)
Program Type	MCO	Transportation PAHP	PCCM
Program Start Date	October 1998	April 2006	July 1, 2013
Statutory Authorities	1932(a)	1902(a)(70)	1115(a)
Geographic Reach of Program	Select Counties	Statewide	Selected Counties
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)			
Aged		X	X
Disabled Children & Adults	X (adults and children with behavioral health needs only*)	X	X
Children	X	X	X
Low-Income Adults	X	X	X
Medicare-Medicaid Eligibles (“duals”)		X	X
Foster Care Children		X	X
American Indians/Alaska Natives	X	X	X
Mandatory or Voluntary enrollment?	Varies	Mandatory	Varies
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or “carved out” of the benefit package.</i>)			
Inpatient hospital	X		
Primary Care and Outpatient services	X		
Pharmacy	X		
Institutional LTC			
Personal Care/HCBS	X		
Inpatient Behavioral Health Services	X		
Outpatient Behavioral Health Services	X		
Dental	X		
Transportation	X	X	
Participating Plans or Organizations	1. Amerigroup Community Care 2. Health Plan of Nevada (UnitedHealthcare)	1. Logisticare	Health Care Guidance Program
Uses HEDIS Measures or Similar	X		

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Uses CAHPS Measures or Similar	X		
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	NA	
State Requires MCO Accreditation		NA	
External Quality Review Organization	Health Services Advisory Group (HSAG)		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* Includes adults with serious mental illness, children with severe emotional disturbances, and children with special needs.