

## Nevada Managed Care Program Features, as of 2015

Features	Nevada Medicaid	Non-Emergency Transportation (NET)	Health Care Guidance Program (HCGP)
<b>Program type</b>	Comprehensive MCO	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
<b>Statewide or region-specific?</b>	Urban zip codes in Washoe (Reno) and Clark (Las Vegas) counties	Statewide	Statewide
<b>Federal operating authority</b>	1932(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
<b>Program start date</b>	10/31/1988		06/01/2014
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2015, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults		Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
<b>Populations enrolled: Enrollment choice period</b>	Other		N/A
<b>Populations enrolled: Enrollment broker name (if applicable)</b>	Hewlett Packard Enterprise Services		Hewlett Packard Enterprise Services
<b>Populations enrolled: Notes on enrollment choice period</b>	Members choose upon application and have 90 days to switch plans; exception if members have been eligible and enrolled in a plan within the past 60 days: auto-enrolled in prior plan.		
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		

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Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X		X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Home health agency services	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nursing facility services under 45 days		
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria	No	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA		Vendor is contractually required to adhere to NCQA standards
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Nevada and Health Services Advisory Group
Performance incentives? Payment bonuses/differentials to reward plans			X
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics			X
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

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Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	Health Plan of Nevada (HPN); Amerigroup Community Care (AGP)	Logisticare	Axis Point Health
Notes: Program notes	Last year I reported Children with Special Health Care Needs as Enrolled Mandatorily; this was in error and corrected this year.		Last year I reported mistakenly under Quality Assurance and Performance Incentives: while not mandated, we do have our EQRO contractor extensively involved in the program with regard to performance measure validation and assessment; also, there is a payment incentive for truly exceptional performance with regard to member health care outcomes.