



DIVISION OF HEALTH CARE FINANCING & POLICY

Nevada Medicaid & Nevada Check Up Update

Legislative Committee on Health Care
October 31, 2007

EXHIBIT E Health Care Document consists of 16 pages.
 Entire document provided.
 Due to size limitations, pages ___ provided. A copy of the
complete document is available through the Research Library (775/684-6827) or
e-mail library@lcb.state.nv.us. Meeting Date 10/31/07



Program Summary

- The Division of Health Care Financing and Policy administers two major health coverage programs which provide health care to Nevadan's, and a health care cost reporting program.

Medicaid provides health care to low-income families, as well as aged, blind and disabled individuals. Services are provided as fee-for-service and through managed care networks.

Nevada Check Up provides health coverage to low-income, uninsured children who are not eligible for Medicaid. Services are provided as fee-for-service and through managed care networks.

Health Care Cost Containment provides reports on hospital financial status, hospital community investments, and also collects fees from insurers which support the Legislative Committee on Health Care.



Nevada Medicaid

- Caseload
 - September 2007 Total = 167,992
 - Temporary Aid for Needy Families (TANF)/Children's Health Assurance Program (CHAP) = 113,430
 - Aged, Blind and Disabled (ABD) = 41,718
 - Waiver = 3,645
 - County Match = 1,423
 - Child Welfare = 7,776
 - Managed Care enrollment:
 - 80,058
 - 53.0% in Health Plan of Nevada
 - 47.0% in Anthem Blue Cross Blue Shield



Update on 2006 Initiatives



- Behavioral Health Redesign
- Assisted Living Waiver-Silver Sky
- Health Insurance Flexibility and Accountability (HIFA) Waiver
 - Pregnant women up to 185% of FPL
 - Employer Sponsored Insurance (ESI)
- Dental coverage for TANF/CHAP – Managed Care benefit – north & south
- Payment Error Rate Measurement (PERM) reviews initiated
- National Provider Identifier (NPI)



The Medicaid Budget 2008-2009



- Budgeted caseload growth
 - FY 2008 = 163,819
 - FY 2009 = 167,457
- Strategies to Manage Care
 - ABD Managed Care – 1/1/09 start date
 - Care Management/Care Coordination – 1/1/08 start date
- Physician Rate Increase
 - 8/1/08 - update medical professional fee schedule to the Medicare 2007 schedule
 - Eliminate pediatric enhancement
 - Pay at 90% for Medicine and Evaluation & Management codes and 100% for all other codes



Budget Continued

- Enhancements
 - AB 629 Outreach funding
 - Provide dental benefits for pregnant women
 - Eliminate the unearned income limit for Health Insurance for Work Advancement (HIWA)
 - Expand the Waiver for Independent Nevadans (WIN), otherwise known as the Physical Disabilities Waiver, with two services for people with a Traumatic Brain Injury
 - Expand the Surveillance Utilization Review Services (SURS) unit with 7 new staff
 - Expand the Medicaid Estate Recovery (MER) unit by 5 staff
 - Funding for a clinical claims editor system
 - Transparency Initiatives
 - AB 146
 - AB 232



Be Prepared

- Payment Error Rate Measurement
 - Federal and state audits of eligibility, claims and payments
- Clinical Claims Editor
 - All new edits will be in addition to existing billing edits
 - New edits may include:
 - Mutually exclusive coding
 - Coding for incidental procedures
 - Unbundled coding edits
 - Surgical Global Fee
- Increased SURS staffing
- CMS Issues
 - Paying Public Providers - Certified Public Expenditures
 - Behavioral health services – Treatment homes
 - Rehab Option Regulations
 - School Based Services
 - Targeted Case Management
- Reduction of FFY 09 Federal Matching Assistance Percentage
- Increased Medicaid caseloads



Nevada Check Up



- Caseload
 - October 2007 enrollment = 29,919
 - Managed Care enrollment
 - 25,822
 - HPN – 16,008 (62%)
 - Anthem – 9,814 (38%)



Nevada Check Up Budget

- Budgeted caseload growth (Average monthly)
 - FY 2008 = 30,281
 - FY 2009 = 31,894
- Creates an Investigations and Fraud Unit
- Funds Check Up to conduct a participant survey
- Rate Increase for the professional fee schedule (same as Medicaid)
- Provides funding for outreach to increase enrollment for uninsured children
- Expands the ESI program



SCHIP Reauthorization



- SCHIP Reauthorization Bill (H.R. 976)
 - Reauthorizes funding.
 - Includes \$35B more increasing total spending to \$60B over five years.
 - Boosts enrollment from 6.6 million to 10 million children
 - Phases out existing state expansions to adults and pregnant women.
 - Despite claims, the bill did not expand eligibility to 300% of the FPL, as that was already available under the current program. The bill reduces the enhanced federal match rate above 300% of FPL.
 - Vetoed October 3, 2007.
 - Veto override failed October 18, 2007.



SCHIP Reauthorization

- Reauthorization Failure – Impact on Nevada Check Up
 - No immediate impact.
 - Federal allotments for FFY 2006 and FFY 2007 = \$89M.
 - Federal funding sufficient to cover children through FFY 2009.
 - Continuing resolution provides funding to some states until Nov. 16, 2007.
- CMS Guidance on SCHIP
 - Guidance issued on August 17, 2007.
 - Requires that state expanding above 250% of the FPL adopt strategies to prevent crowd-out.
 - Expansion states must provide assurance that 95% of eligible children below 200% of the FPL are enrolled in Medicaid or SCHIP; and
 - Must insure that target children enrolled in private plans have not decreased more than 2% over the prior five year period.



SCHIP Survey

- **Coverage above 200% FPL**
 - 13 states provided coverage of children above 200% of FPL.
 - California, Connecticut, Georgia, Maryland, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, New York, Rhode Island, Vermont, Washington
- **State funded Buy in Programs**
 - Seven states reported an enrollee buy-in program in 2005 and one (New Jersey) reported that it was developing such a program. An enrollee buy-in program is a program under which the family of a child that does not qualify for the SCHIP program (usually due to excess income) can 'buy-in' to the program.
 - These states do not receive any federal matching funds for the services provided to these children nor for the costs of administering the buy-in program.
 - Connecticut, Florida, Maine, North Carolina, New Hampshire, New York, Pennsylvania
- **Unborn Children covered under SCHIP**
 - Seven separate programs reported that as of July 1, 2005 they had an approved State Plan Amendment (SPA) allowing them to cover unborn children from families with incomes up to 200% FPL who did not qualify for Medicaid.
 - Arkansas, Illinois, Massachusetts, Michigan, Minnesota, Rhode Island, Washington
- **Internet Applications**
 - In 2005, 47% of separate SCHIP programs allowed internet applications. Nevada allows internet applications but requires follow up submittal of income verification documentation.

SOURCE: Charting SCHIP III: An Analysis of the Third Comprehensive Survey of State Children's Health Insurance Programs, September 2006, Funded by The David and Lucile Packard Foundation



SCHIP Survey (continued)

- **Presumptive Eligibility**
 - 9 Medicaid, 6 SCHIP, 7 Aligned Medicaid and SCHIP programs had presumptive eligibility in 2006.
- **12 month continuous eligibility**
 - 16 Medicaid, 25 SCHIP, 16 Aligned Medicaid and SCHIP have 12 month continuous eligibility. Nevada Check Up has this.
- **Joint Medicaid/SCHIP application**
 - 33 states have a joint Medicaid/SCHIP application

SOURCE: Kaiser Family Foundation, State Health Facts 2006



Nevada Check vs. Other SCHIP Programs



- Nevada Check Up Covers Children up to 200% of the Federal Poverty Level (FPL). Other eligibility requirements:
 - The child is not eligible for Medicaid;
 - The child is a U.S. citizen or "qualified alien;"
 - The child did not have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control;
 - The child is under age 19 at the date the coverage will begin; and
 - The family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines (\$41,300 for a family of four).
- Nevada HIFA
 - Nevada also covers under Title XXI SCHIP funding prenatal care for pregnant women above 133% to 185% FPL. (*Note: Most states cover pregnant women up to 185% FPL under their Title XIX, Medicaid programs.*)
 - Provides a health care premium subsidy to parents who make up to 200% FPL and work for a qualified small business employer.
 - SCHIP reauthorization legislation phases out coverage of parents. Allows coverage of pregnant women above 185% FPL.



Nevada Comparison with Other Stand-Alone SCHIP Programs



	Nevada	Other SCHIP
Coverage above 200% of FPL	No	13
Presumptive eligibility	No	6
12-month continuous eligibility	Yes	25
Joint Medicaid/SCHIP application	No	33
Internet application	Yes	47%
Coverage of unborn children	No	7
Coverage of pregnant women	Yes	5
Coverage of parents	Yes	8
Coverage of childless adults	No	5
State funded buy-in program	No	7



For more information



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