

Nevada Managed Care Program Features, as of 2014

Features	Mandatory Health Maintenance Program	Non-Emergency Transportation	Health Care Guidance Program (HCGP)
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Primary Care Case Management (PCCM)
Statewide or region-specific?	Urban centers of Clark and Washoe counties	Statewide	Statewide
Federal operating authority	1932(a)	1902(a)(70) NEMT	1115(a) (Medicaid demonstration waivers)
Program start date	10/31/1988	10/31/1998	6/1/2014
Waiver expiration date (if applicable)			6/30/2018
If the program ended in 2014, indicate the end date			
Populations enrolled			
Low-income Adults not eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII	Mandatory	Mandatory	Mandatory
Full Duals			
Partial Duals			
Children with Special Health Care Needs	Voluntary	Mandatory	Mandatory
Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Foster Care and Adoption Assistance Children	Exempt	Mandatory	Mandatory
Enrollment choice period	Other	Other	N/A
Enrollment broker name (if applicable)	Hewlett Packard Enterprise Services		
Notes on enrollment choice period	Members choose at application and have 90 days to switch plans	Members do not have choice; State employs a single vendor statewide	Single statewide vendor, no choice. Enrollment is determined by the vendor through analysis and stratification of diagnoses and medical claims
Benefits covered			
Inpatient hospital physical health	X		
Inpatient hospital behavioral health (MH and/or SUD)	X		X
Outpatient hospital physical health	X		
Outpatient hospital behavioral health (MH and/or SUD)	X		
Partial hospitalization	X		
Physician	X		
Nurse practitioner	X		
Rural health clinics and FQHCs	X		
Clinic services	X		
Lab and x-ray	X		
Prescription drugs and prosthetic devices	X		
EPSDT	X		

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Case management	X		X
Health home (SSA 1945)			
Family planning	X		
Dental services (medical/surgical)	X		
Dental (preventative or corrective)	X		
Home health agency services	X		
Personal care (state plan option)	X		
HCBS waiver services	X		
Private duty nursing	X		
ICF-IDD	X		
Nursing facility services			
Hospice care	X		
Non-Emergency Medical Transportation		X	
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
CAHPS data required?	Yes	No	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA		Vendor is contractually required to adhere to NCQA standards
EQRO contractor name (if applicable)	Health Services Advisory Group		
Performance incentives?			
Payment bonuses/differentials to reward plans			
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
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; Amerigroup Community Care	Logisticare	Axis Point Health
Notes			

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Program notes			This program is directed at co-morbid, high-risk beneficiaries of fee-for-service plans.