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Medicaid Managed Care

Division of Health Care Financing and Policy

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Department of Health and Human Services

Helping people. It's who we are and what we do.





Medicaid Delivery Systems

Fee for Service (FFS)

- State sets rates & pays providers directly per service
- Rewards volume only
- Risk to state budget; no utilization management
- Waiver recipients; aged, blind, and disabled

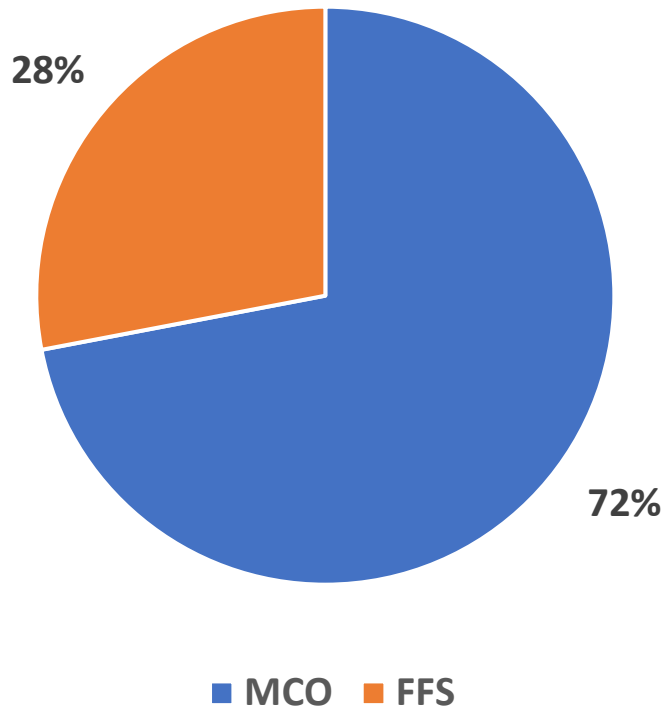
Managed Care Organization (MCO) System

- State contracts with managed care organizations (MCOs) to manage cost, utilization, quality of care
- MCOs develop provider networks and pay
- MCOs negotiate rates with providers
- State anticipates that 10% of current FFS members would shift to MCO members

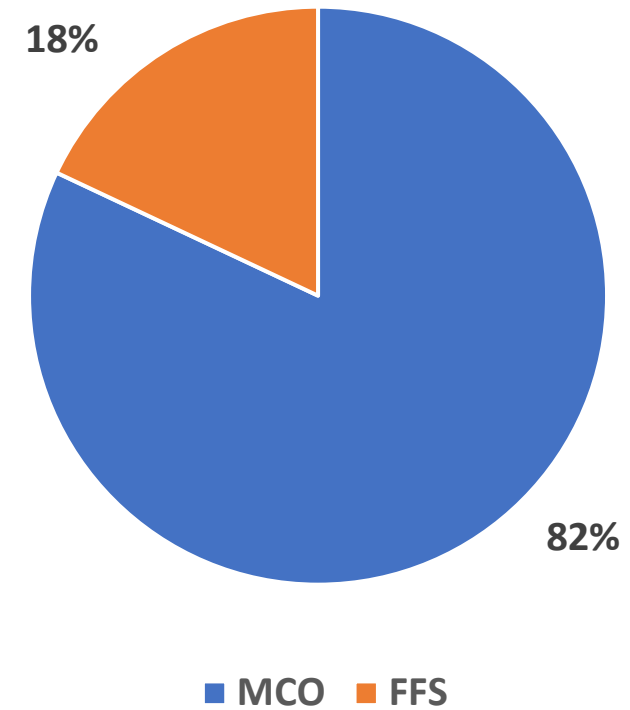


Medicaid Delivery Systems

NV Medicaid Recipient by Delivery System,
October 2023



NV Medicaid by Delivery System,
Statewide Managed Care





What do the MCOs do?



- Care coordination
- Patient education
- Preventative care
- Connection of individuals with specialty providers
- Ensure the right service is provided at the right time
- Help members navigate the health care system
- Maintain an adequate network of health care providers



What services are provided by the MCOs?

MCOs must provide the same amount, frequency, duration and scope of services as provided to recipients under FFS.

Some services are “carved out” of Managed Care. This means the services are paid for/authorized by Fee For Service instead of the Managed Care Organization:

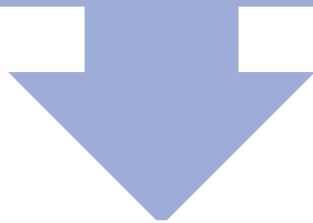
- All services provided at Indian Health Service Facilities and Tribal Clinics
- Non-Emergency Transportation
- Ground Emergency Transportation
- Hospice Medicaid (Disenrolled from MCO)
- Hospice Nevada Check Up (Stays Enrolled in MCO)
- Orthodontics
- Swing Bed Stays Over 45 Days
- Nursing Facility Stays Over 180 Days
- School Based Health Services
- Adult Day Health Care
- Pharmacy Drug Limitation (Zolgensma[®])
- Habilitation Services
- Home and Community Based Waiver Services
- Targeted Case Management
- Prior Medical Months
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Inpatient Psychiatric Services over 15 days



What are value-added benefits?

The list of value-added benefits for each MCO are listed in each MCO Benefit Fact Sheet available on the Managed Care member page.

<https://dhcfp.nv.gov/Members/BLU/MCOMain/>.



Each MCO may have different value-added benefits. Below are some examples of VABs offered by the MCOs:

FREE Costco Gold Card membership

\$50 for college application fees for 17+

FREE WW® (formerly called Weight Watchers®) membership for ages 17+

- Value-added benefits (VABs) are additional services offered by an MCO that are not covered by Fee For Services and are at no cost to eligible members.
- VAB are paid for with MCO profits, not Medicaid dollars.
- There are some federal restrictions on VABs including prohibitions on providing members large gift cards to box stores, like Amazon or Wal-mart.



In Lieu of Services (ILOS)

ILOS are optional services that if approved by CMS allow for Medicaid funds to pay for the services. They must be cost-effective and replace an otherwise covered service.

The state is requesting ILOS coverage for housing supports and services as a replacement to ER visits and inpatient stays for the homeless population.

Housing Transition Supports will assist Medicaid recipients with securing housing.

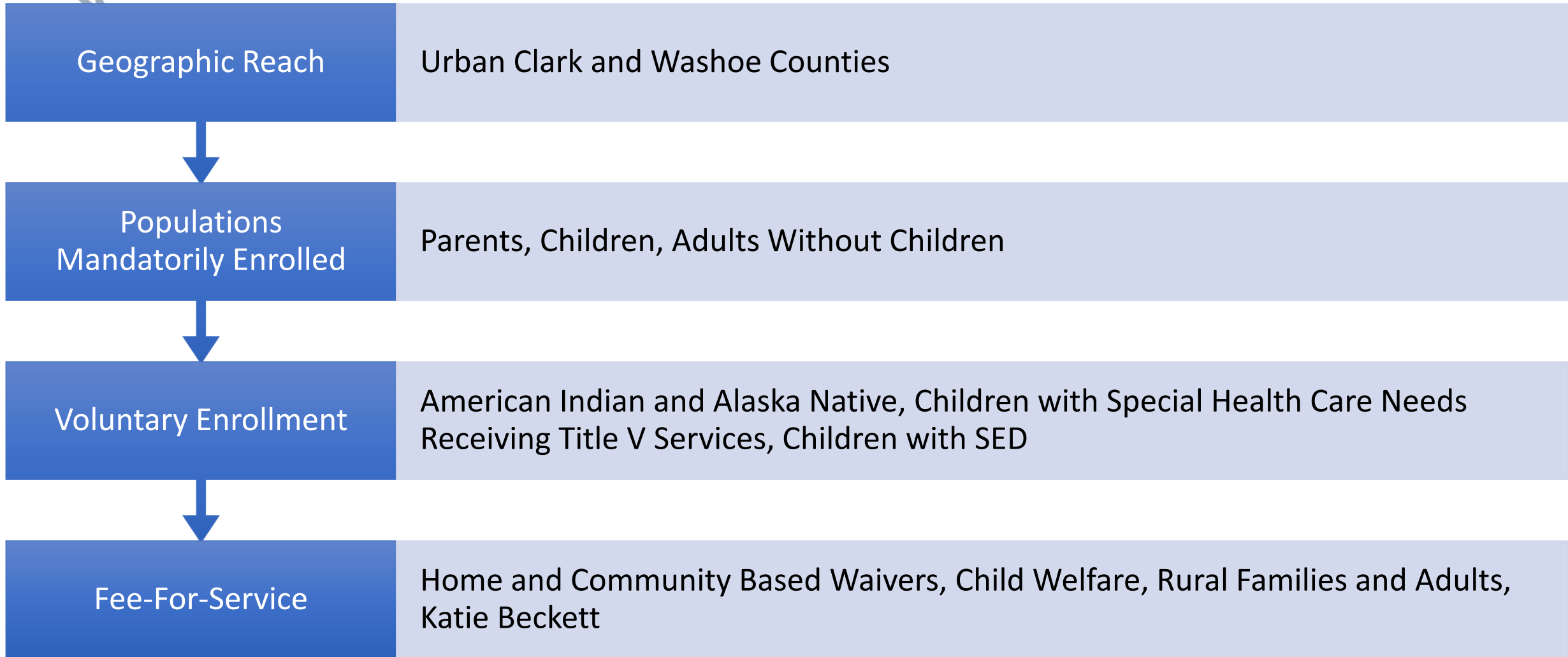
Housing-Related Deposits will help Medicaid recipients with identifying, securing, and/or financing one-time services and modifications necessary for establishing a household.

Housing Sustainment Services will be offered to support Medicaid recipients in sustaining safe and stable tenancy once housing is secured.

Specialized Case Management for Homelessness will support Medicaid recipients who do not have a home and have high medical and behavioral health needs to improve continuity of care in the transition from inpatient, correctional, or institutional/residential settings.



Who gets enrolled in an MCO?





Selecting & Changing MCOs

Recipients eligible for Medicaid Managed Care can choose their MCO plan at the time of application.

If no selection is made:

- - Assigned to MCO of record,
- - Assigned to MCO of history, OR
- - Auto-assigned to MCO

New enrollees have a 90 day “right to change” period

After 90 days, enrollees can only change MCOs if they have a reason that qualifies as “Good Cause Disenrollment”

Opportunity to change plans annually at open enrollment (every October)



Statewide Managed Care

As of January 1, 2026, about 75,000 more Nevadans will receive coverage through Medicaid Managed Care Plans.

The expansion will not include certain Fee-For-Service (FFS) enrollees who fall under these eligibility categories:

- Katie-Beckett Program for children
- Children in the welfare system (foster care and juvenile justice)
- Individuals with disabilities
- Seniors (ages 65 and older)
- People in home and community-based waiver services



Statewide Managed Care

Gather Public Feedback

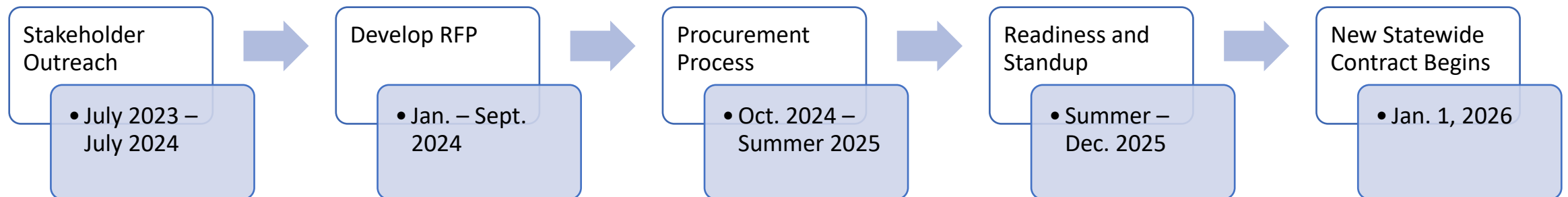
- Request for Information (RFI) Closed October 17, 2023
 - [Stakeholder Responses to RFI](#)

Public Workshops

Develop RFP & Contract

- Contracted with Manatt Health Strategies

https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/





Online Resources

- Statewide Managed Care
 - https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/
- Medicaid Managed Care
 - <http://dhcfp.nv.gov/Members/BLU/MCOMain/>
- NCQA Health Plan Report Cards
 - <https://reportcards.ncqa.org/health-plans?filter-plan=Medicaid&pg=1&dropdown-state=Nevada&filter-state=Nevada>
- Managed Care Quality Reports
 - <http://dhcfp.nv.gov/Members/BLU/MCOMain/>



Questions? Thank you!

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