

State: Nevada

Citation Condition or Requirement

1932(a)(1)(A) A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Nevada enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on state wideeness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may *not* be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place check mark to affirm such compliance.

1932(a)(1)(B)(i) B. Managed Care Delivery System.

1932(a)(1)(B)(ii)

42 CFR 438.50(b)(1) - (2)

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

1. MCO
 - a. Capitation
2. PCCM (individual practitioners)
 - a. Case management fee
 - b. Bonus/incentive payments
 - c. Other (please explain below)
3. PCCM (entity based)
 - a. Case management fee
 - b. Bonus/incentive payments
 - c. Other (please explain below)

The State of Nevada Division of Health Care Financing and Policy (DHCFP – aka Nevada Medicaid) oversees the administration of all Medicaid Managed Care Organizations (MCOs), **Prepaid Ambulatory Health Plans (PAHPs)** and Medicaid PCCM program(s) in the state. Nevada Medicaid operates a Fee-for-Service and a managed care reimbursement and service delivery system with which to provide covered medically necessary services to its Medicaid eligible population. ~~Contracted Managed Care Organizations (MCOs) are currently the primary managed care entities providing Medicaid managed care in Nevada; at this time, Nevada Medicaid does not contract with PIHPs or PAHPs.~~