NEVADA HEALTH AUTHORITY

# Nevada Medicaid 101

## Understanding Nevada's State Health Insurance Program

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# Who We Are

**Nevada Medicaid is a Division of the Nevada Health Authority (NVHA), the Executive Branch agency responsible for all health coverage programs that are procured or administered by the State.**

This includes:

- Nevada Medicaid
- Nevada Health Link (Exchange)
- Public Employees' Benefits Program
- Health Care Facility Licensing


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# NVHA Vision, Mission, and Values

**Vision** A healthy, thriving Nevada where health care is affordable and reliable.

**Mission** To ensure Nevadans can access affordable, reliable care by leveraging the state's buying power to get the best deal on services, streamlining programs for greater efficiencies, and driving better quality and innovation in the state's healthcare system.

## Our Core Values

### Public Service

We exist to serve the people of Nevada with dedication and compassion.

### Fiscal Discipline

We steward taxpayer resources responsibly and seek the best value in every decision.

### Program Integrity

We maintain the highest standards of quality, compliance, and ethical conduct.

### Transparency

We operate openly, sharing information and decisions with stakeholders and the public.

### Accountable Leadership

We hold ourselves responsible for outcomes and continuously work to improve results.

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# A few key basics of our program.

- Nevada Medicaid providers **no-cost health care to over 730,000 Nevadans**. This is the largest single health program in our state.
- Medicaid is a **federal-state partnership**, meaning that the state must follow all Federal regulations, rules, and guidance to get these Federal dollars. Nevada can make state-specific choices in addition to these mandatory items.
- Nevada Medicaid's budget is over **$15 billion** over the biennium, which is a combination of state General Fund and Federal dollars.

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# Medicaid 101: How much do you know about Nevada's program?

Keep track of your score for the following five trivia questions on Nevada Medicaid for a chance to win bragging rights!


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# Question 1:

# How many babies are born with health insurance coverage through Nevada Medicaid each year?

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# Question 2:

# Which president signed the Federal bill that created Medicaid?

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# Question 3:

# How many providers are enrolled in Nevada Medicaid?

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# Question 4:

# What was Nevada Medicaid originally called when it was created in 1967?

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# Question 5:

# What percentage of Nevada Medicaid's budget goes to health services?

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# There are three important questions that define our program.

## Who is eligible for the program?

- Eligible Nevadans range of all ages are generally people who have low incomes or are living with a disability.
- These eligibility categories are defined by Federal and State law.

## What does the program cover?

- Benefits are healthcare services that NV Medicaid can reimburse providers for delivering to eligible recipients.
- Benefits coverage policy is defined by Federal and State law.

## How is care delivered?

- The “delivery system” is the mechanism for operating Medicaid coverage, including developing provider networks, paying claims, and coordinating healthcare services.
- Nevada Medicaid has six total delivery systems.

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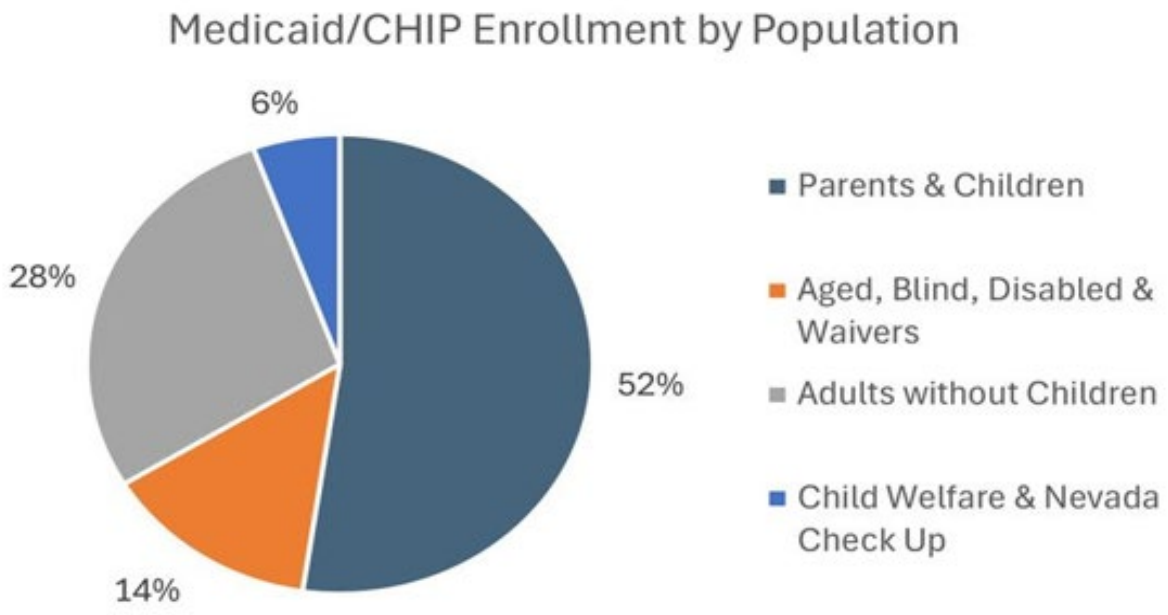
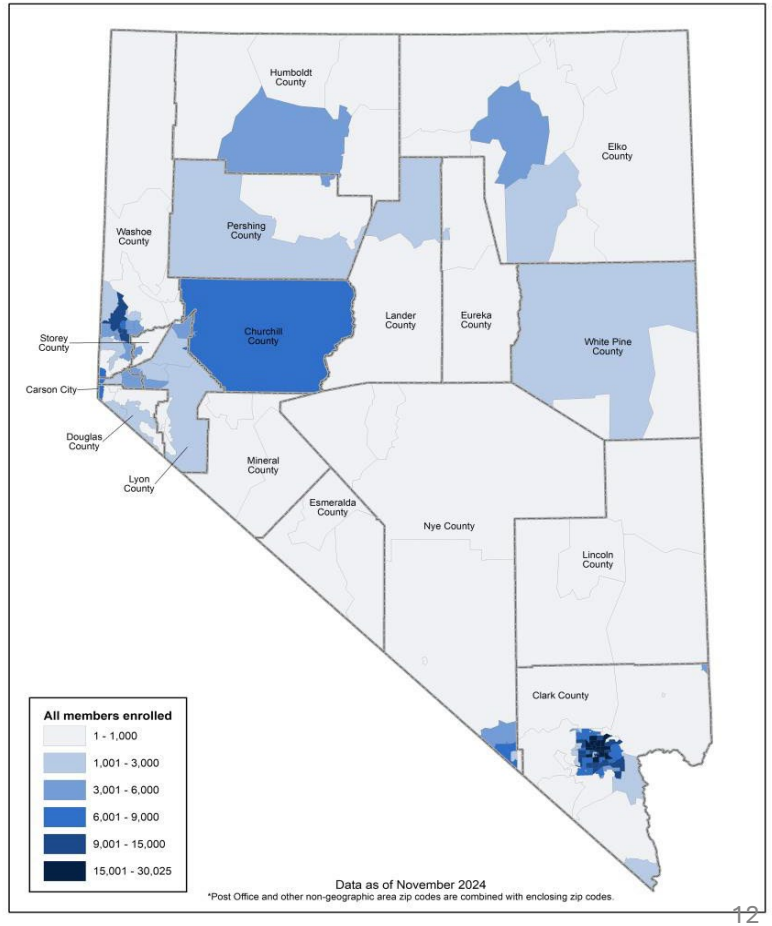
# Question 1: Who is eligible for the program?

Nevada Medicaid covers nearly 750,000 people across the state, ranging from infants to seniors.




**Nevada Enrolled Medicaid Participants by Zip Code***

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# Question 2: What services are covered?

- Nevada Medicaid covers both **mandatory and optional healthcare benefits**, as defined by the Social Security Act. These are defined in our contract with the Federal government (the State Plan) and detailed in our policy (Medicaid Services Manual).
- Benefits policy includes the **specific reimbursement methodology,** which is detailed in our Fee Schedule and Billing Guides.
- All benefits require money to pay providers; this **funding must be authorized** by the Nevada Legislature to include in the Medicaid budget.

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# What benefits does Nevada Medicaid cover?

## What is covered?

- ✓ **Doctor Visits**: Primary care and specialist visits.
- ✓ **Hospital Services**: Inpatient and outpatient care.
- ✓ **Prescription Drugs**: Medications prescribed by a doctor.
- ✓ **Preventive Care**: Immunizations, screenings, and wellness visits.
- ✓ **Behavioral Health Services**: Counseling, therapy, rehabilitative, and psychiatric care.
- ✓ **Dental Services**: Dental care for children and limited services for adults.
- ✓ **Vision Services**: Eye exams and glasses.
- ✓ **Emergency Services**: Emergency room visits and ambulance services.
- ✓ **Maternity and Newborn Care**: Prenatal, delivery, and postnatal care.
- ✓ **Long-Term Care**: Nursing home care and home health services.
- ✓ **Rehabilitation Services**: Physical, occupational, speech, and respiratory therapies.
- ✓ **Transportation**: related to medical care.

## What is not covered?

- **Cosmetic Surgery**: Procedures not medically necessary.
- **Experimental Treatments**: Non-FDA approved treatments.
- **Over-the-Counter Medications**: Unless prescribed by a doctor.
- **Alternative Therapies**: Acupuncture, chiropractic care, and naturopathy.
- **Certain Dental Procedures**: Cosmetic dental work for adults.
- **Personal Comfort Items**: Items like TVs or phones in hospital rooms.

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# What authorities are required?

Each of these benefits required a legislative action to implement & authorize funding!

Examples from the 2025 Legislative Session

- What is covered by a **1905(A) State Plan** authority?
  - **Adult Dental Services** are covered by a State Plan authority because they are available to all adults across the state that meet medical necessity
- What could be covered by an **1115 Demonstration Waiver**?
  - **Fertility Preservation Services** requires a waiver is needed because it is limited to a specific population (people with breast or ovarian cancer) and the services (egg retrieval and storage) are not mandatory or optional benefits in the Social Security Act
- What could be covered by a **1915(C) Home and Community-Based Services Waiver?** Structured Family Caregiving
  - **Structured Family Caregiving** is a home- and community-based service that requires a waiver to evaluate the patient's level of care; the goal is to keep people out of nursing facilities and at home by compensating family caregivers.

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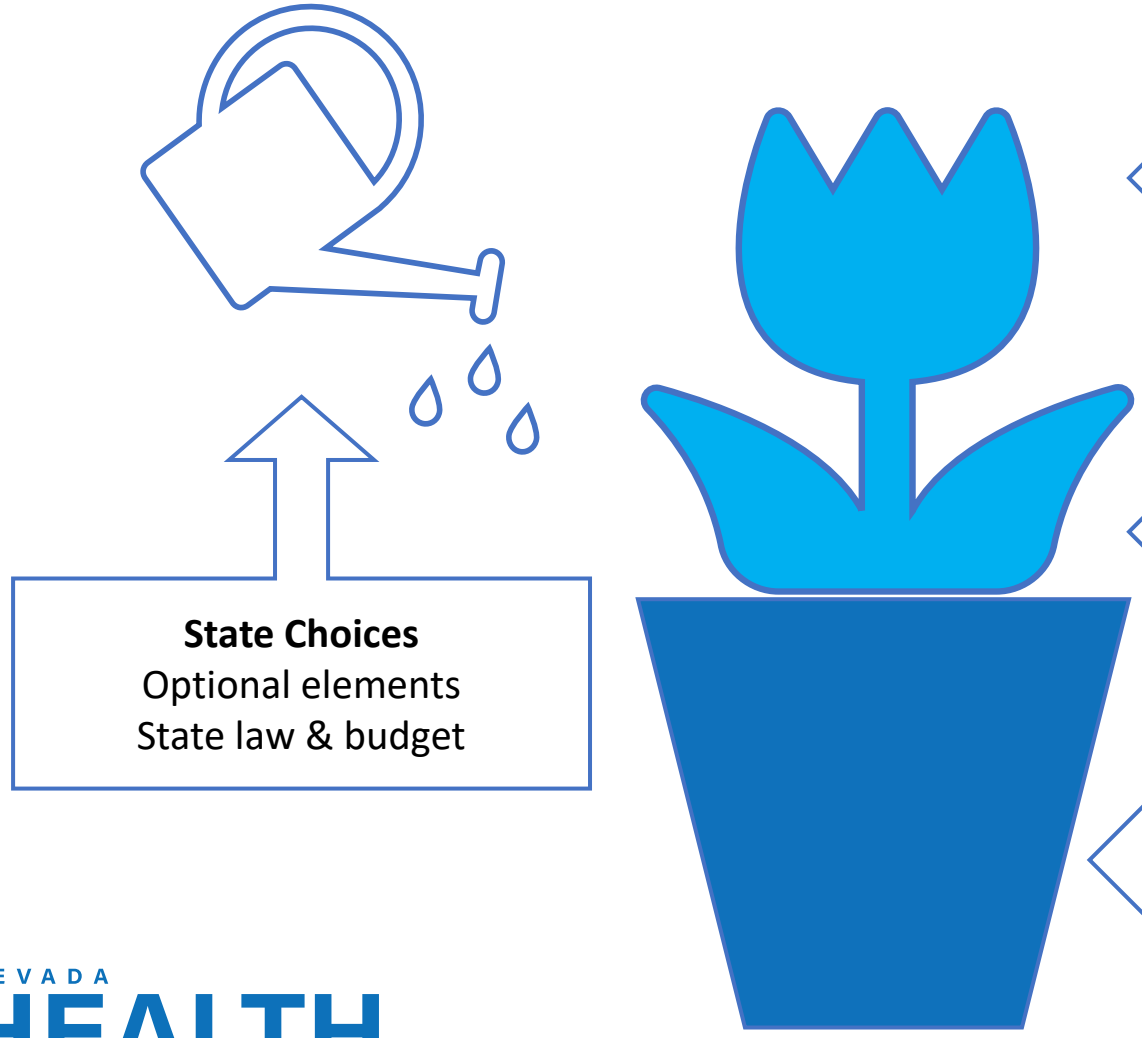
# Nevada Medicaid is a "special flower"



**The Flower**
Medicaid Policy Manual
Federal Waivers
Managed Care Contracts

**The Stem**
Medicaid State Plan
*Approved by Center for Medicare and Medicaid Services (CMS)*

**The Foundation**
Title XIX of Social Security Act
Regulations/Guidance
"Mandates"

**State Choices**
Optional elements
State law & budget

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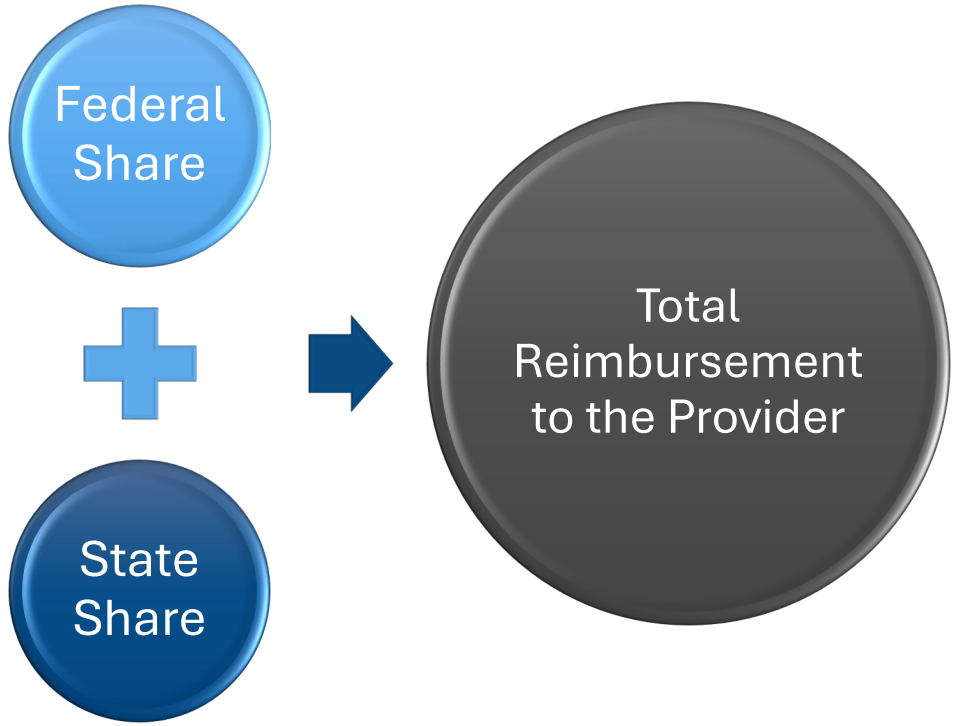
# Who pays for Medicaid services?

- The Federal government pays a guaranteed share (or %) of the costs for services when "**matchable**."
- Amount of federal share varies by state and is based on a formula known as **FMAP** (Federal Medical Assistance Percentage) resulting in **FFP** (federal financial participation)
- Nevada's overall FMAP is typically around **60%** range, but it does vary based on population or other factors. For example, the newly eligible population (Medicaid expansion) receive a 90% FMAP.

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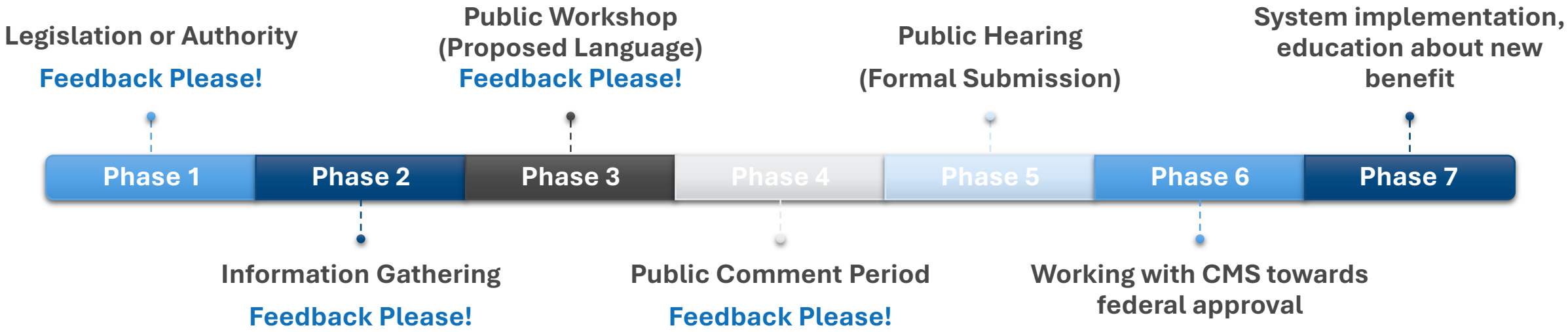
# Overview: How does a benefit or rate change happen?

Implementing a new or updated Medicaid benefit is typically a 1-2 year process due to State and Federal authorization requirements. Community feedback is key!




**REMINDER:** No benefits or rate changes are free to the state! To add a benefit or make a rate increase, Nevada Medicaid requires state legislative approval of the state share of the cost of those changes unless the changes result in a minimal cost increase.

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# Question 3: How is care delivered?

Nevada Medicaid has six delivery systems: Fee for Service and five Managed Care Organizations across the state.

## Fee-For-Service (FFS)

- In FFS Medicaid, Nevada Medicaid contracts directly with providers who bill Nevada Medicaid for services.
- The FFS population primarily includes:
  - Dual-Eligible Individuals (Medicare + Medicaid);
  - Individuals with Certain Disabilities;
  - Children in Foster Care; and
  - American Indians and Alaska Natives who have opted-out of Managed Care.

## Managed Care Organizations (MCO)

- In MCO Medicaid, Nevada Medicaid contracts with managed care organizations (health insurers) who manage provider networks and pay providers on behalf of Nevada Medicaid.
- MCOs have to follow all state contract requirements and federal law to run their delivery system.
- Nevada Medicaid pays MCOs a monthly capitation payment—which is similar to an insurance premium—for each enrolled member.
- The MCO population includes all individuals not enrolled in FFS.

**FFS Medicaid and MCO Medicaid are both Nevada Medicaid and provide the same benefits.**

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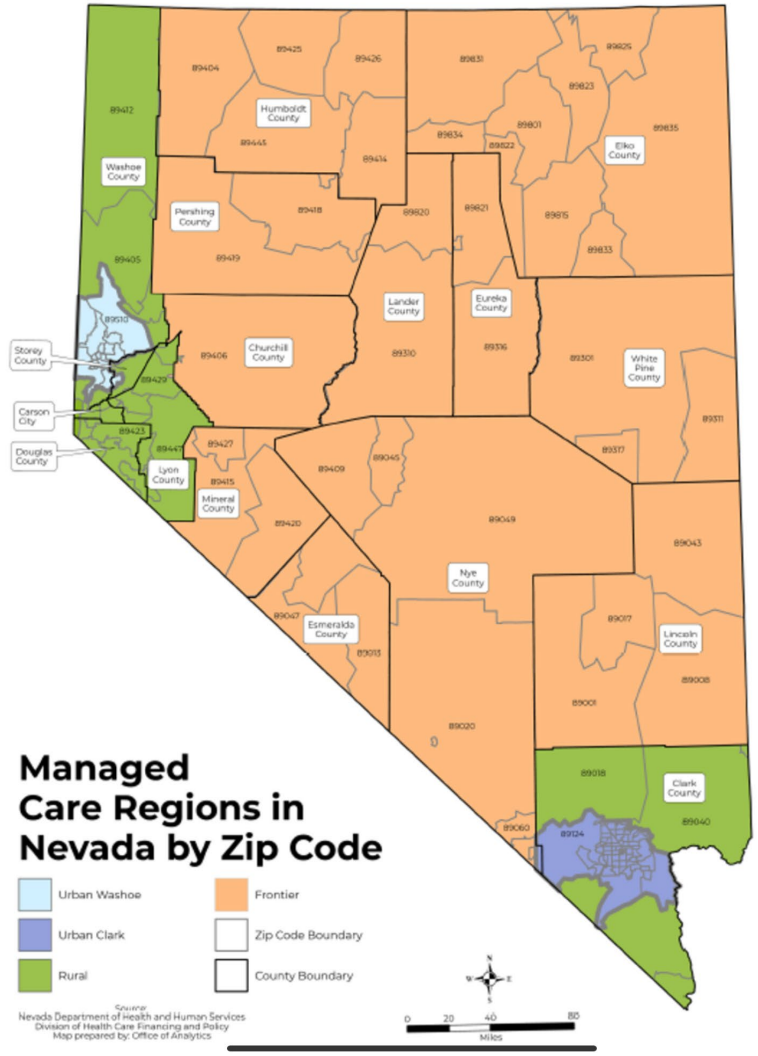
# Managed Care delivery systems are available statewide.

Nevada Medicaid has contracted five MCOs to serve nearly **625,000 Nevadans** across the entire state.

- All 5 MCOs are available in Urban Clark County, 4 MCOs are available in Washoe County, and 2 MCOs are available in all rural and frontier counties.
- The new Managed Care contract period began on January 1, 2026. In addition to the geographic expansion, the State made contract improvements based on community feedback, including:
  - Requiring MCOs to **meet or exceed FFS rates** for nearly all services when contracting with their providers
  - Launching "**In Lieu of Services**" to serve member's social needs through meals, housing supports, and other services intended to improve health outcomes.
  - Implementing strong **quality performance and community reinvestment** requirements.

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Data as of April 2026 MCO enrollments.

# How do Managed Care delivery systems compare to FFS?

## Prior Authorizations

- MCOs must follow Nevada law (AB463, 2025) and Federal law for prior authorizations.
- MCOs cannot be more restrictive in their prior authorization criteria than FFS, but their processes can be different.
- PA denial rates are tracked and published here.

## Care Coordination & Case Management

- MCOs must screen members and provide care coordination or case management services to persons with higher-level needs.
- Some situations like an inpatient psychiatric hospitalization mandate MCO case management.

## Provider Networks

- MCOs are allowed to maintain their own networks, but Nevada Medicaid monitors their networks to ensure they meet adequacy standards.
- Generally, Nevada Medicaid cannot require an MCO to contract with a specific provider.

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# Council Focus: Non-Emergency Medical Transportation (NEMT) Services

## Attendants

Members under 18 years of age *must* be accompanied by an adult

Members with a physical or cognitive disability *can* have an attendant accompany them during transport if assistance is needed

*An attendant's transportation costs are covered by the NEMT Broker

## Out of Area Travel

If members can only receive their medical services from an out-of-state Medicaid provider, then transport includes:

- Need 14-day advance notice
- Commercial flights and ground transportation
- Lodging when overnight stay is required
- Meals covered either Half Day or Full Day rate

**Friendly Reminder:** Transportation is for eligible Medicaid members who are traveling to Medicaid covered services by Medicaid providers and must be pre-authorized. For more information- Medicaid Non-Emergency Transportation Services

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# “Top 3” Medicaid Priorities: Q3 2026

1. Implementing **Federal changes to Medicaid eligibility** and innovative enrollment improvements (online, real time Medicaid determination!).
2. **State legislative efforts:** continue strong progress implementing 34 bills from this past legislative session and prepare for the 2027 legislative session
3. **Children’s Behavioral Health Transformation:** launch updated procurement for a new delivery system plan for kids with complex behavioral health needs

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# Thank you for your participation!

## Learn More & Stay Involved

Website: **nevadamedicaid.nv.gov**

Sign up for stakeholder email newsletter

Upcoming workshops listed at NVHA website.

## Contact Us

Nevada Medicaid
Medicaid@nvha.nv.gov

For accommodations, translated materials, or to submit comments in another format, please contact us at the information above.

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