NEVADA'S ACCESS TO HEALTHCARE PROGRAM SHARED RESPONSIBILITY MATRIX

Hospitals

- Seed money for network start up
- Offer services for a reduced fee

Members

- Pay cash at the time services are provided
- Pay annual Membership fee (individual and family)

Providers

Primary Care Providers: (Federally Qualified Health Centers, Rural, Tribal and Hospital Clinics, Orvis Nursing Clinic and Private Primary Care Physicians), Specialists, Hospitals, Pharmacy, Mental Health and Ancillary Services

• Offer services for a reduced fee

Government County and State

- Grant funding, In-Kind staff donations
- Tax incentives for Employers
- Annual contribution for Network sustainability funding and Patient Care Fund

Access to Healthcare Statewide Administration

- Sustainability Funding
 - o annual operating budget

Access to Healthcare Member Care Fund

 Establishes criteria and system for charitable giving program for member to access healthcare services

Community

- Medical Societies
- Foundations, corporations, businesses, individual donations
- Supports Network sustainability and Patient Care Fund

Employers

- Pay annual fee for uninsured employees and family members to access reduced fee Network
- Receive tax incentive
- Employee pays portion of annual fee

EXHIBIT M Health Care

Document consists of 2 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: July 11, 2006

1 Shared Responsibility Matrix Draft 7/6/06

NEVADA'S ACCESS TO HEALTHCARE PROGRAM SHARED RESPONSIBILITY MATRIX

The Face of Individuals and Families In Search of Accessible and Affordable Health Care

You may know the uninsured by the stigma of not having insurance, not qualified for Nevada Medicaid or Nevada Check-up for their children. You may not know that these individuals are tax-payers who work for a living, some of them for minimum wage, part-time or seasonal jobs, living on social security and not old enough for Medicare. These individuals may have insurance through a spouse's employer and cannot afford to pay the insurance premium for their children or spouse, or the employer may not provide health insurance as an option to their employees.

Across the country, there are programs, which focus on specific populations of the uninsured that marshal resources required so that these populations will receive low cost health care services. Equally important is program design which ensures provision of services in a comprehensive, coordinated way – instead of the patchwork of care, at best, usually available to the uninsured.

This model of shared responsibility is in response to the access to care program presentation on March 15, 2006 to the Legislative Committee on Health Care. The model incorporates what is implemented in other states around the country. Clearly, without intervention, the issues related to our uninsured population will remain a persistent problem for all Nevadans.

Great Basin Primary Care Association facilitated the formation of the Washoe County Access to Health Care Network in Northern Nevada and the AccessHealth program in Southern Nevada. The Washoe County Access to Healthcare Network and AccessHealth programs provide a service to residents of Nevada who have a household family income that ranges from 100% to 250% of the federal poverty level (family of four of \$20,000 - \$50,000) and are not qualified for public programs. These programs focus to improve access to affordable health care for uninsured residents of Nevada, assist them in the application process for public programs, and for those who are not approved enroll them in Nevada's access to care programs.

With funding for statewide expansion of these to serve a larger percentage of Nevada's uninsured residents and provide access to affordable health care, we will have a healthier children and work force. A shared model of responsibility brings about change in the way we all look at the provision of services for those who are not offered or cannot afford health insurance. Collaborating to support and share in the sustainability of a program that is comprehensive and coordinated and partners to complement services versus duplicating services is one where we all win.