

Comparison of Current Nevada Medicaid Population to 1115 Waivers Populations from other States

Nevada Medicaid		Arkansas Proposed Waiver		Louisiana Proposed Waiver	
Eligible Adult Population:	Pregnant women up to 133% of FPL Supplemental Security Income up to 76% of FPL Parents (TANF) up to 31% of FPL	Employed Adults, aged 19-64, and their spouses with income up to 200% FPL		Parents, aged 19-64, of children eligible for benefits under TXX and/or SCHIP with incomes between 16% and 200% of FPL Childless Adults, aged 19-64, with incomes up to 200% of FPL	
Premium and/or Programmatic Cost Sharing:	None	\$100 Deductible 15% coinsurance \$1,000 OOP Maximum		\$100,000 annual benefit maximum	
New Mexico		Utah			
Eligible Adult Population:	Employed Adults, aged 19-64, and their spouses with income up to 200% of FPL	Adults, aged 19-64, covered under section 1931 (up to 150% FPL) and medically needy adults		Adults, aged 19-64, up to 200% of FPL, that do not qualify under other programs	
Premium and/or Programmatic Cost Sharing:	Employer: \$75 / month Employee: \$0, \$20, \$35 / month (income basis) \$100,000 annual benefit maximum	\$50 Application fee \$500 OOP Maximum		\$50 Application fee \$1,000 OOP Maximum	

EXHIBIT E HealthCareInsurance Document consists of 1 pages

☒ Entire document provided.

☐ Due to size limitations, pages through provided.

A copy of the complete document is available through the Research Library (775.684.6827 or e-mail library@icb.state.nv.us).

Meeting Date 3-10-04

Comparison of Current Nevada Medicaid Benefits for Adults to 1115 Waivers from other States

		Nevada		Arkansas		Louisiana		New Mexico		Utah			
Code	Category	Nevada Medicaid ¹	Current Limits for Services and Cost Sharing Medicaid Adults	Arkansas Proposed 1115 Waiver ²	Current Limits for Services and Cost Sharing Medicaid Adults	Louisiana Proposed 1115 Waiver	Current Limits for Services and Cost Sharing Medicaid Adults	New Mexico 1115 Waiver ³	Current Limits for Services and Cost Sharing Medicaid Adults	Utah 1115 Waiver Limited Comp ⁴	Current Limits for Services and Cost Sharing Medicaid Adults	Utah 1115 Waiver Primary Care ⁴	Current Limits for Services and Cost Sharing Medicaid Adults
Inpatient Services													
	Inpatient Hospital Services	Yes	PA required for Non-Emergency Admissions except Maternity	Yes	7 days / year	Yes	Psych. Services covered when a distinct part of a general hospital	Yes	25 days / year. PA required \$25, \$75, \$150 / day (Med/Surg) \$25, \$75, \$100 / day (Mat) Based on income	Yes	\$100 per admission PA required for specified non-emergency admissions	No	
	Hospital Intensive Neurological Rehabilitation Care Units	Yes	PA required	No		No		No		No		No	
	Under 21 Psychiatric Services	Yes	PA required	No		No		Yes	Included in 25 days / year inpatient total. PA required	Yes		No	
	IMD over 65	Yes	Limited to 5 days, subject to physician override	No		No		No		No		No	
Ambulatory Medical Services													
Outpatient Hospital Services													
	ER	Yes		Yes	2 visits / year, included in Ambulatory visits	Yes	3 emergency visits \$35 per visit copay waived if admitted	Yes	\$15, \$30, \$45 \$5, \$10, \$15 Urgent Care (\$25, \$75, \$125 for non-emergent treatments)	Yes	\$6 for non emergency visit	Yes	\$30 / visit Limited to treatment in ER
	Outpatient Hospital Clinic	Yes	2 visits / mon	Yes	2 visits / year, included in Ambulatory visits	Yes	Included in 12 ambulatory visit limit, \$5 copay	Yes	\$5, \$10, \$20 copays (income based)	Yes	Limited to 30 visits / year included with other Outpatient services	Yes	\$5 / visit
	Outpatient lab, radiology, chemo	Yes	MRI limited to 1 / year	Yes	2 visits / year, included in Ambulatory visits	Yes	PA required	Yes	\$25, \$75, \$100 (excludes routine lab & x-ray) PA for MRI, CT	Yes	Limited to 30 visits / year included with other Outpatient services	Yes	5% of lab payment over \$50 or x-ray over \$100

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Ambulatory Medical Services (Cont.)													
	Physician Services	Yes		Yes	6 visits / year; included in MD visits	Yes	12 ambulatory visits, \$5 copay	Yes	\$5, \$10, \$20 copays (income based)	Yes	\$3 / visit	Yes	\$5 / visit
	Clinic Services	Yes	2 visits / mon	Yes	6 visits / year; included in MD visits	Yes	Included in 12 ambulatory visit limit, \$5 copay	Yes	\$5, \$10, \$20 copays (income based)	Yes	Limited to 30 visits / year included with other Outpatient services providers	Yes	\$5 / visit
	Chiropractic	Yes	Limited to enrollees under 21 and referred as a result of EPSDT	No		No		No		Yes	Limited to 16 visits / year included with Therapy providers	Yes	\$5 / visit
	Podiatry	Yes	Limited to enrollees under 21 and referred as a result of EPSDT	No		No		No		Yes	\$3 / visit	No	
	FQHCs	Yes		No		Yes	Included in 12 ambulatory visit limit, \$5 copay	No		Yes	\$3 / visit	Yes	\$5 / visit
	Rural Health Clinics	Yes		No		Yes	Included in 12 ambulatory visit limit, \$5 copay	No		Yes	\$3 / visit	Yes	\$5 / visit
	EPSDT	Yes		No		No		No		Yes		Yes	
	Family Planning	Yes				No		No		Yes		Yes	
	Ambulatory prenatal care	Yes		No		No		Yes	1 visit / month (1st & 2nd trimester) 2 visit / mon (7th & 8th month) 1 visit / week (9th month)	No		No	
	Ambulatory Surgical Centers	Yes	Limited to specific services	Yes	Eligible as Outpatient Hospital Service	Yes	PA required	Yes	PA required	Yes	PA required	No	

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Ambulatory Medical Services (Cont.)													
	Nurse Midwife	Yes	2 visits / mon			Yes	Included in 12 visit limit, \$5 copay	No		Yes	\$3 / visit	Yes	\$5 / visit
	Family Nurse Practitioner/Physician's Assistant	Yes	2 visits / mon			Yes	Included in 12 visit limit, \$5 copay	No		Yes	\$3 / visit	Yes	\$5 / visit
Ancillary Services													
	Drug Services	Yes	3 PDL / month 34 day supply Adult vitamins limited to pregnancy supplements, 30 day supply for chronic conditions	Yes	2 / month	Yes	\$5, \$10, \$15 and PDL 5 per month with prior authorization for more than five mandatory generics	Yes		Yes	\$2 / Rx Up to 7 / month full payment for brand when generic available	Yes	\$5 / Rx 25% co-insurance for brand when generic not available
	Lab And X-Ray Services	Yes		No	Eligible as Outpatient Hospital Service	Yes		Yes	\$25, \$75, \$100 (excludes routine lab & x-ray) PA for MRI, CT	Yes		Yes	5% of lab payment over \$50 or x-ray over \$100
	Optometric Services	Yes	PA required	Yes	Allowable under Physician Services	No		No		Yes	Balance of hearing exam cost over \$30 1 refractive exam / year	Yes	Balance of hearing exam cost over \$30 1 refractive exam / year
	Emergency Transportation	Yes		No		Yes		No		Yes		Yes	
	Nonemergency Transportation	Yes	PA required	No		No		No		No		No	
	Dental Services	Yes	Limited to Trauma care and Emergency treatment for relief of pain and infection	No		No		No		Yes	Exam and cleaning 2 / year PA for specified services	Yes	Exam and cleaning 2 / year
	Medical and surgical services furnished by a dentist	Yes		No		Yes		No		Yes	Limited to trauma care and emergency treatment for relief of pain and infection	Yes	Limited to trauma care and emergency treatment for relief of pain and infection
	Dentures	Yes	PA required	No		No		No		Yes	PA required	Yes	PA required

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Ancillary Services (cont.)													
	Prosthetics	Yes	PA required	No		No		No		Yes	Orthotics not covered	Yes	10% of payment for item
	Eyeglass Services	Yes	1 pair eyeglasses / 2 years if minimum diopter correction criteria met	No		No		No		Yes	Limited to post-cataract surgery contact lenses	No	
	Hearing Aids	Yes		No		No		No		Yes	Limited to aids to address congenital defects	Yes	Limited to aids to address congenital defects
	Freestanding Dialysis	Yes	2 visits / mon			Yes				Yes		No	
Home Health and Therapies													
	Home Health Agency Services	Yes	PA required for initiation of care	No		Yes	\$30 for all HHA	Yes	Included in 25 days / year inpatient total; PA required	Yes	Services for convenience of beneficiary or family not covered	No	
	Home Health Aide	Yes	PA required for initiation of care	No		Yes	\$30 for all HHA	Yes	PA Required	Yes	Services for convenience of beneficiary or family not covered	No	
	Home Health Agency Medical Supplies and Equipment	Yes	PA required for initiation of care	No		Yes	PA over \$25	Yes	PA Required	Yes	Services for convenience of beneficiary or family not covered	No	
	HHA PT, OT, Speech	Yes	Rehab potential required PA required	No		No		Yes	PA Required with demonstration of progress	Yes	Services for convenience of beneficiary or family not covered	No	
	Private Duty Nursing	Yes	PA required	No		No		No		No		No	
	Durable medical equipment	Yes	PA required	No		Yes	PA	Yes		Yes	Limited to specified services	Yes	10% of payment for item Limited to specified services

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Home Health and Therapies (cont.)													
	PT (outside of HHA)	Yes	Rehab potential required PA required	No		No		Yes	PA Required with demonstration of progress	Yes	\$3 / visit Limited to 16 visits / year	No	
	OT (outside of HHA)	Yes	Rehab potential required PA required	No		No		Yes	PA Required with demonstration of progress	No		No	
	Speech (outside of HHA)	Yes	Rehab potential required, audiological testing and evaluation requires MD order, PA required	No		No		Yes	PA Required with demonstration of progress	Yes	Balance of exam costs over \$30 Speech pathology not covered	No	
	Audiology	Yes	Rehab potential required, audiological testing and evaluation requires MD order, PA required	No		No		No		Yes	Balance of hearing exam cost over \$30 1 audiological exam / year	Yes	Balance of hearing exam cost over \$30 1 audiological exam / year
	Mental Health Clinic Services	Yes		No		Yes	12 visits for MH	Yes		Yes	30 day(visit) maximum for inpatient/ residential care per year	No	
	Substance Abuse Clinic Services	Yes		No		Yes	12 visits for Substance Abuse	Yes	12 days / year 10 days detox / year	Yes	30 day(visit) maximum for inpatient/ residential care per year	No	
	Mental Health Rehabilitation Services	Yes	Six hours of treatment/day, substance abuse treatment not covered	No		No		No		Yes	30 day(visit) maximum for inpatient/ residential care per year	No	
	Rehabilitation Clinic Services	Yes	Rehab potential required PA required	No		No		No		No		No	

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LTC Institutional Care												
	Intermediate Care for MR	Yes	Hosp leave days not covered, 20 consecutive therapeutic leave days with no annual limit	No	No	No	No	No	No	No	No	No
	Hospice	Yes		No	No	No	No	Yes	Respite care and services for convenience of beneficiary or family not covered	No	No	

¹ Source: Kaiser Benefits Survey January 2003

² Source: CMS Pending Benefits for 1115 Waiver; not yet approved

³ Source: CMS Approved Benefits for 1115 Waiver; not yet implemented

⁴ Source: CMS Approved Benefits for 1115 Waiver

Note: Of 34 States offering Medicaid coverage for Medically Needy Individuals, the average income eligibility level is 55.6%