

Nevada

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1. MANAGED CARE OPPORTUNITY ASSESSMENT (11-7-24)

Nevada plans to implement a statewide Medicaid managed care program starting January 1, 2026. The state released a request for proposals for the new statewide program in October 2024. Under the geographic expansion, the state will enroll low-income pregnant women, infants and children, parents, and adults without children, in the managed care program in rural areas.

Nevada currently operates a mandatory Medicaid managed care program in two counties, Clark and Washoe. The two counties comprise approximately 75 percent of the state's total Medicaid population. There was a total of approximately 917,586 Medicaid members at 2023 year-end – with about 73 percent in Medicaid managed care/ The remainder are in fee-for-service (FFS) arrangements.

Nevada's current Medicaid managed care contracts run from January 1, 2022, through December 31, 2025. Incumbents are Anthem/Community Care Health Plan, Centene/SilverSummit Health Plan, and UnitedHealthcare/Health Plan of Nevada, as well as new entrant Molina Healthcare. The state reassigned Medicaid managed care enrollees in December 2021 to prioritize equal distribution across plans following the addition of Molina.

Medicaid managed care plans provide certain benefits not available under FFS, including dental, disease management, healthy pregnancy, and smoking cessation. The state also recently received federal approval to cover housing and supportive services through the Medicaid managed care plans.

Nevada Medicaid Managed Care Program				
Program	Population	Carved In (Y/N)		
		Behavioral	LTSS	Pharmacy
Medicaid Managed Care	All traditional, expansion, and CHIP (Nevada Check Up, which includes children of families up to 200% FPL) enrollees in Clark and Washoe Counties.	Y	N	Y

HMA Managed Medicaid Opportunity Assessment for Nevada

Positive Metrics	Strong Indicators
<ul style="list-style-type: none"> Nevada is an expansion state, with enrollment up 176%, from September 2013 through December 2023. Nevada managed care enrollment exceeded 674,000 at 2023 year-end. Nevada estimates that 70,000 to 80,000 individuals in rural areas will be eligible under the geographic expansion, and the percentage of Medicaid beneficiaries enrolled in managed care will increase from 75 percent to nearly 90 percent. 	<ul style="list-style-type: none"> Nevada plans to go live with its statewide Medicaid managed care program in January 2026. An RFP for the new contract cycle was released in October 2024. Under the geographic expansion, the state will enroll low-income pregnant women, infants and children, parents, and adults without children, in the managed care program in rural areas.
Negative Metrics	Weak Indicators
<ul style="list-style-type: none"> Managed care is currently limited to the two-county area of Clark and Washoe. 	<ul style="list-style-type: none"> About 126,000 members are not included in the current plans for statewide managed care, including, but not limited to: children in foster care and juvenile justice system; people with disabilities; individuals 65 and older on Medicare; people in home & community-based waiver programs; Katie Beckett Program for children.
<p><i>Source: HMA</i></p>	

2. MANAGED MEDICAID PLAN FINANCIALS

Average medical loss ratios for three Nevada Medicaid managed care plans were 76.8% in 2022. Per member per month premiums for the plans averaged \$319.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

Nevada Medicaid Managed Care Plan Financials, 2022

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
Anthem/Community Care	Y	203,167	2,340,468	\$335.56	\$785,356	\$607,329	77.4%
Centene/SilverSummit HealthPlan Inc.	Y	138,651	1,732,215	\$285.75	\$494,979	\$404,710	81.8%
Molina Healthcare of Nevada	Y	117,387	1,417,686	\$254.51	\$360,810	\$266,135	73.8%
UnitedHealth/Health Plan of Nevada	Y	220,827	2,526,197	\$361.28	\$912,671	\$681,673	74.7%
Total, NV plans		680,032	8,016,566	\$318.57	\$2,553,816	\$1,959,847	76.8%

(1) After reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

Nevada Medicaid Managed Care Plan Financials, 2021

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
Anthem/Community Care	Y	266,471	3,015,358	\$313.92	\$946,592	\$738,698	78.0%
Centene/SilverSummit HealthPlan Inc.	Y	83,527	916,688	\$333.88	\$306,066	\$240,183	78.5%
UnitedHealth/Health Plan of Nevada	Y	297,996	3,427,778	\$313.96	\$1,076,197	\$840,208	78.1%
Total, NV plans		647,994	7,359,824	\$316.43	\$2,328,854	\$1,819,090	78.1%

(1) After reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

3. RFP DEVELOPMENTS AND ANALYSIS

Nevada is transitioning to a statewide Medicaid managed care program starting January 1, 2026, and released a request for proposals in October 2024. This procurement expands managed care to an additional 75,000 individuals who live in rural areas. As a result, the RFP contains robust questions on rural care. Contracts are expected to run through December 31, 2030, with one two-year extension available.

The state currently requires managed care plans to invest at least three percent of their pre-tax profits on certain community organizations and programs focused on addressing social determinants of health. Under the new contracts, as outlined in the Scope of Work, MCOs operating in Nevada must contract with providers that use alternative payment methodologies (APMs), and plans will need to outline value-based purchasing (VBP) strategies within their proposals. APM contracting strategies must support priority areas such as addressing health-related social needs and improving health equity, access, behavioral health, and maternal and child health outcomes. APM contracting strategies must also include quality measures in the payment methodology and outline reporting and estimated financial details. Additionally, MCOs are required to develop a Population Health Program, so proposals must outline how it will leverage specific APMs to meet the program's goals.

Nevada intends to award four or more contracts to Medicaid MCOs; the two awarded vendors with the highest rural care score will operate in Urban Clark, Urban Washoe, and Rural service areas (SAs), and the remaining awarded vendors will operate in Urban Clark, and Urban Washoe SAs. If the state awards a fifth contract, that MCO would operate in the Urban Clark SA only.

The state assigns the highest number of points to Technical Proposal Questions in the section addressing provider networks and access to care followed by the section addressing rural care and service area expansion. In addition, Technical Proposal Questions on other topics require bidders to address their rural service experiences and strategies, including questions for sections about primary care and telehealth, maternal health, and behavioral health.

Nevada contracts with incumbents Anthem/Community Care Health Plan, Centene/SilverSummit Health Plan, and UnitedHealthcare/Health Plan of Nevada, as well as new entrant Molina Healthcare for its current Medicaid managed care contracts which run from January 1, 2022, to December 31, 2025. The state reassigned Medicaid managed care enrollees in December 2021 to prioritize equal distribution across plans following the addition of Molina. Contracts are for the existing two-county area of Clark and Washoe. Eligible populations include Family Medical Coverage (FMC), including Nevada Check Up (CHIP) and children who have aged out of foster care.

Nevada Medicaid RFP Calendar

Contract	Key Dates	# of Beneficiaries
Nevada Medicaid Managed Care	RFP Release: October 21, 2024	~665,000
	Proposals Due: January 3, 2025	
	Intents to Award Expected: February 10, 2025	
	Final Awards Expected: March 14, 2025. Implementation: January 2026	

Source: HMA, Colorado Department of Health Care Policy and Financing

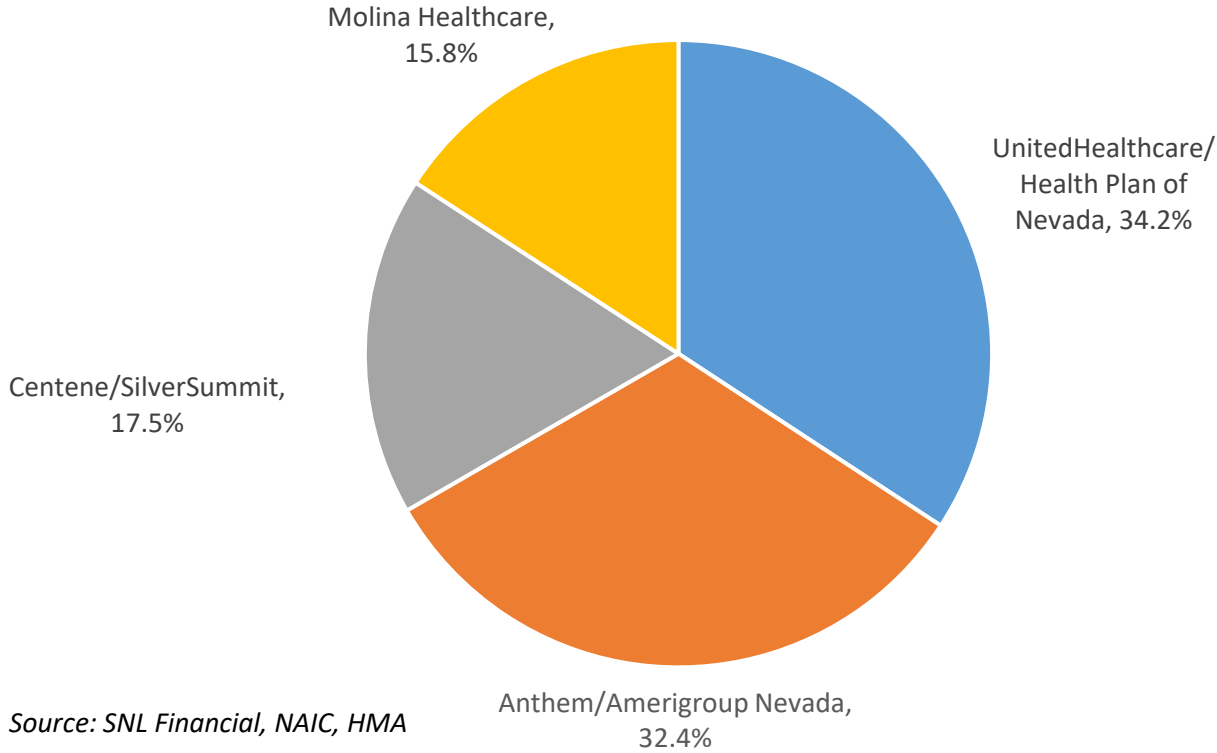
4. MANAGED CARE ENROLLMENT UPDATE

Medicaid managed care enrollment in Nevada was down 12.5% at approximately 590,000 in June 2024 compared to year-end 2023, after decreasing 2.7% in 2023, increasing 5.7% in 2022, increasing 12.6% in 2021, increasing 25.8% in 2020, and decreasing 2.5% in 2019. New contracts began January 1, 2022, with new entrant Molina Healthcare.

Enrollment in Nevada Medicaid Managed Care by Plan, 2019-24						
Plan	2019	2020	2021	2022	2023	Jun-24
UnitedHealthcare/Health Plan of Nevada	229,709	278,969	304,761	229,695	223,105	201,985
<i>+/- between reporting periods</i>	<i>(16,826)</i>	49,260	25,792	<i>(75,066)</i>	<i>(6,590)</i>	<i>(21,120)</i>
<i>% chg. between reporting periods</i>	<i>-6.8%</i>	21.4%	9.2%	<i>-24.6%</i>	<i>-2.9%</i>	<i>-9.5%</i>
<i>% of total</i>	<i>49.7%</i>	<i>47.9%</i>	<i>46.5%</i>	<i>33.2%</i>	<i>33.1%</i>	<i>34.2%</i>
Anthem/Amerigroup Nevada	184,187	236,320	270,047	210,214	213,186	191,454
<i>+/- between reporting periods</i>	5,106	52,133	33,727	<i>(59,833)</i>	2,972	<i>(21,732)</i>
<i>% chg. between reporting periods</i>	2.9%	28.3%	14.3%	<i>-22.2%</i>	1.4%	<i>-10.2%</i>
<i>% of total</i>	<i>39.8%</i>	<i>40.6%</i>	<i>41.2%</i>	<i>30.3%</i>	<i>31.6%</i>	<i>32.4%</i>
Centene/SilverSummit HealthPlan	48,646	66,656	80,670	136,073	126,135	103,291
<i>+/- between reporting periods</i>	<i>(183)</i>	18,010	14,014	55,403	<i>(9,938)</i>	<i>(22,844)</i>
<i>% chg. between reporting periods</i>	<i>-0.4%</i>	37.0%	21.0%	68.7%	<i>-7.3%</i>	<i>-18.1%</i>
<i>% of total</i>	<i>10.5%</i>	<i>11.5%</i>	<i>12.3%</i>	<i>19.6%</i>	<i>18.7%</i>	<i>17.5%</i>
Molina Healthcare				116,908	111,891	93,461
<i>+/- between reporting periods</i>				116,908	<i>(5,017)</i>	<i>(18,430)</i>
<i>% chg. between reporting periods</i>				NM	<i>-4.3%</i>	<i>-16.5%</i>
<i>% of total</i>				<i>16.9%</i>	<i>16.6%</i>	<i>15.8%</i>
Total, 4 NV plans	462,542	581,945	655,478	692,890	674,317	590,191
<i>+/- between reporting periods</i>	<i>(11,903)</i>	119,403	73,533	37,412	<i>(18,573)</i>	<i>(84,126)</i>
<i>% chg. between reporting periods</i>	<i>-2.5%</i>	25.8%	12.6%	5.7%	<i>-2.7%</i>	<i>-12.5%</i>

Source: 2013-17 SNL Financial, NAIC; 2018-22 Nevada Department of Health and Human Services; HMA

Nevada Medicaid Managed Care Enrollment Share by Plan, June 2024



Source: SNL Financial, NAIC, HMA

5. MEDICAID FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in Nevada was more than 863,000 in 2023. About 78.1% of Medicaid beneficiaries were enrolled in a managed care plan. The remainder are in fee-for-service Medicaid. (Note: HMAIS also carries CMS monthly total Medicaid enrollment reports broken down by state; click [here](#)). Total Medicaid expenditures in Nevada were \$5.6 billion in 2023, with about 52.4% through managed care and the rest through fee-for-service.

Nevada Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-23						
Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures ⁽¹⁾	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2023	\$5,569,445,362	\$2,919,580,000	52.4%	862,954	674,317	78.1%
2022	\$5,052,662,737	\$2,771,818,809	54.9%	870,550	692,890	79.6%
2021	\$4,735,008,193	\$2,485,115,569	52.5%	835,255	655,478	78.5%
2020	\$4,119,506,708	\$2,021,704,720	49.1%	749,040	581,945	77.7%
2019 ⁽²⁾	\$3,978,540,873	\$1,818,994,262	45.7%	626,078	468,984	74.9%
2018	\$3,922,474,284	\$1,826,795,785	46.6%	636,208	474,445	74.6%
2017 ⁽³⁾	\$3,530,342,184	\$1,611,130,381	45.6%	638,420	471,783	73.9%
2016 ⁽⁴⁾	\$3,335,480,165	\$1,473,758,853	44.2%	620,116	415,284	67.0%
2015 ⁽⁵⁾	\$3,105,520,904	\$1,303,399,354	42.0%	587,220	403,435	68.7%
2014 ⁽⁶⁾	\$2,281,105,301	\$713,060,718	31.3%	541,334	388,318	71.7%

(1) Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

(2) MCO Enrollment as of August 2019.

(3) MCO Enrollment as of June 2017.

(4) MCO Enrollment as of December 31, 2015.

(5) MCO Enrollment as of September 1, 2015.

(6) MCO Enrollment as of December 31, 2014.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.

6. SNPs ([BACK TO TOP](#))

Nevada had 40,191 Special Needs Plan members as of March 2024. Starting January 1, 2021, Nevada required Dual Eligible Special Needs Plans (D-SNP) to offer seven mandatory services including dental, vision, hearing aids, non-emergency medical transportation, nursing hotline, telehealth, and post-acute care meal services.

Nevada SNP Enrollment by Plan, March 2024

	Total SNPs	DSNPs	CSNPs	ISNPs	% Share
Humana	14,147	9,296	4,851		35.2%
UnitedHealthcare	13,659	10,307	3,352		34.0%
CVS Health	5,903	5,903			14.7%
Elevance	2,762	946	1,141	675	6.9%
Prominence HealthFirst	1,677	538	1,139		4.2%
Centene	958	812	146		2.4%
Alignment Health Plan	415	243	172		1.0%
Hometown Health Plan	353	353			0.9%
SCAN Health Plan	296		296		0.7%
Molina	21	21			0.1%
Totals	40,191	28,419	11,097	675	100.0%

Source: CMS, HMA