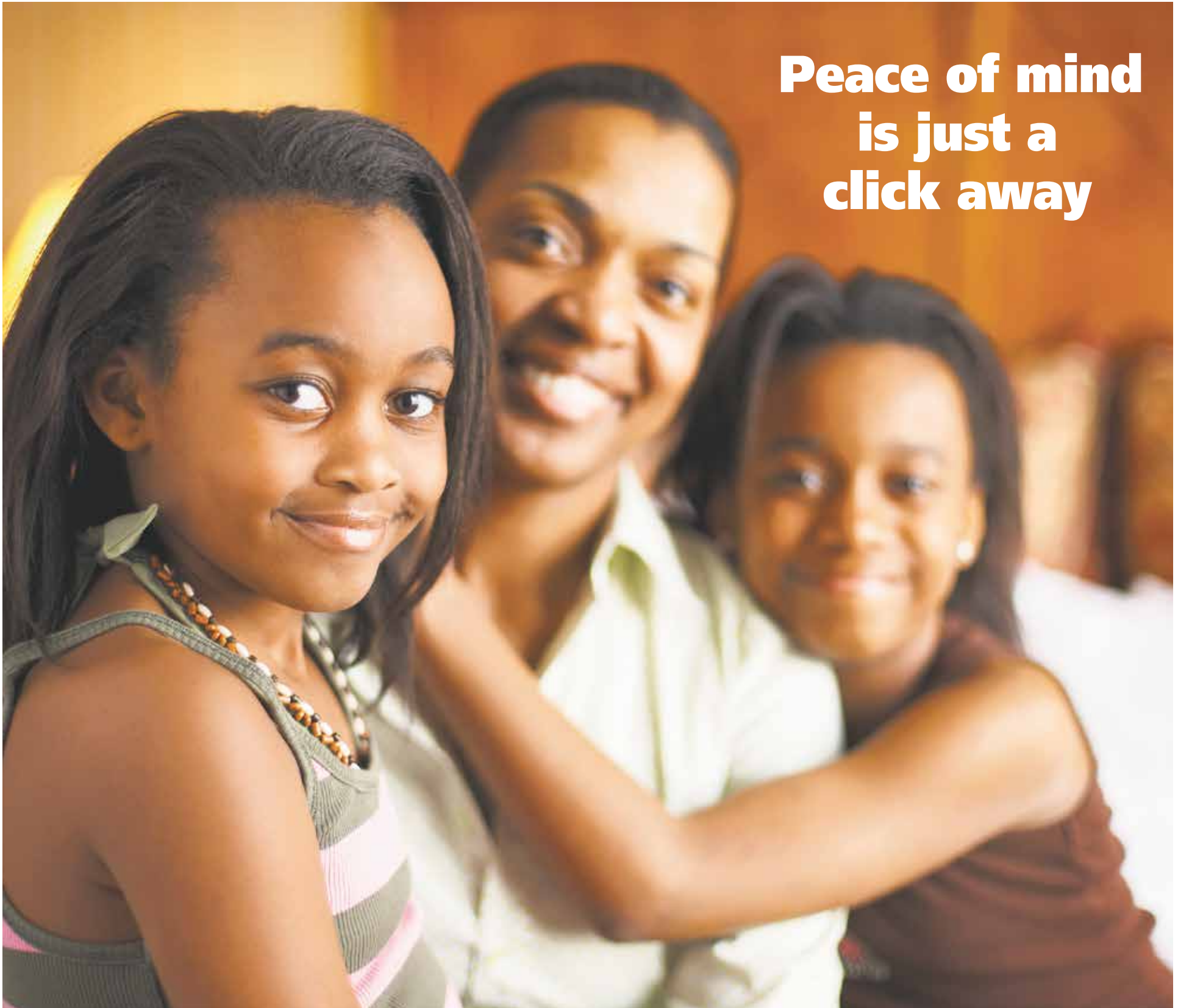


DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Guide to Medicaid

**Peace of mind
is just a
click away**



The Affordable Care Act in Nevada

The Patient Protection and Affordable Care Act (ACA) was signed into law on April 2010. It is a reform measure aimed at giving more Americans access to quality, affordable health insurance. This publication provides some of its key initiatives, outlined below.

- ▶ Individuals are required to maintain Minimum Essential Coverage (most types of health insurance) beginning in 2014. Tax credits are available for people with incomes between 100% to 400% of the Federal Poverty Level (FPL). Individuals who do not maintain coverage face tax penalties.

- ▶ Coverage under Medicaid and the Children’s Health Insurance Program (CHIP) is expanded. These programs provide medical coverage for low-income residents and are administered by states.

- ▶ Essential health benefits must be included on all health plans, including certain preventive care at no out-of-pocket cost, no annual or lifetime limits on healthcare, and guaranteed issue, meaning you can’t be denied coverage for any reason.

- ▶ Nevada Medicaid was expanded to cover not only families and children, but nearly all adults younger than 65 with an income at or below 138% of the FPL effective January 2014.

- ▶ Health Insurance Marketplaces are established under the ACA. Nevada’s is Nevada Health Link. This marketplace helps uninsured people find health coverage. Filling out an application helps people determine if they qualify for private health insurance, Medicaid or CHIP, and may help lower costs based on household size and income.



Enrolling in Medicaid program allowed Reno woman to take care of health issues

Tamara Skaar of Reno hadn’t had health insurance for 15 years.

She didn’t have prescription coverage to help get the medication she needed for asthma she has had from birth. She couldn’t afford to get a yearly checkup.

She did have a job — a few of them, in fact. But there still were a lot of barriers keeping her from getting a health plan.

“It’s been a horror,” Skaar said about her experiences. “You can’t get it through your employer because it costs too much, or you don’t work enough hours. There are varying reasons why you can’t get it through your employer.”

Even a stint working as a commercial bus driver didn’t help.

“A lot of companies will not pay health insurance for drivers,”

Skaar said. “They find ways around it. You could be on part-time, or they make sure they do not have enough employees (to trigger federal requirements to provide insurance).

“There are a lot of different ways they get out of it.”

So, when Nevada Health Link went online, Skaar, who was working as a caregiver at the time, decided to see what might be available for her.

Even with federal subsidies, a full-blown health plan was a bit beyond her means.

However, the website showed she qualified for Medicaid coverage through one of the two managed care organizations — Health Plan of Nevada and Amerigroup — that serve the urban areas of Washoe and Clark

counties. A series of provider networks covers the rest of the state.

“It was pretty easy,” Skaar said about her enrollment experience. “There were a couple of places where I did have challenges, and I just called the number, and they helped me through it.”

Once enrolled, Skaar was able to catch up on the health care she had put off for so long.

Now a part-time customer service representative with a division of the AARP, Skaar said anyone who needs assistance with their health care but still has not signed up should rethink their decision.

“Do it. It’s worth it. Your health is everything,” she said. ◀

“It was pretty easy, There were a couple of places where I did have challenges, and I just called the number and they helped me through it.”

— Tamara Skaar

Types of coverage under public assistance

Medicaid and Nevada Check Up

Medicaid is the nation's main public health insurance program for people with low income, and it is the single largest source of health coverage in the United States. In Nevada, Medicaid covers more than 615,000 individuals.

Medicaid is administered by the states within broad federal requirements, and is funded jointly by the states and the federal government.

Medicaid coverage groups include the following:

- ▶ Nearly all adults younger than 65 with incomes at or below 138% of the federal poverty level.
- ▶ “Waivers” are programs that waive certain Medicaid requirements to provide for long-term care of beneficiaries. Medicaid provides health and long-term care coverage for people with severe physical and mental health conditions and disabilities (e.g., cerebral palsy, Down Syndrome, autism). To address the spectrum of needs and limited ability to pay out-of-pocket, Medicaid covers benefits typically covered by private insurance and, in addition, may provide services such as transportation and community-based long-term care.
- ▶ Individuals with disabilities meeting certain income and other criteria.
- ▶ Nevada Check Up provides medical coverage to children younger than 19 whose income is up to 205% of the FPL.
- ▶ Medicare beneficiaries who meet income qualifications receive some benefits, such as payment of their Medicare premiums, coinsurance and deductibles.

Medicaid is publicly financed, but is not a government-run health care delivery system. The state pays medical providers for services furnished to beneficiaries on a fee-for-service basis (mostly in rural areas) or through Managed Care Organizations (MCOs).

The MCOs providing services to Nevada Medicaid are Health Plan of Nevada and Amerigroup.

More details on eligibility for Medicaid programs is available at the Division of Welfare and Supportive Services homepage (<https://dwss.nv.gov/>) This agency determines eligibility for Medicaid programs.

Medicaid provides health care coverage for many people, including low-income families with children whose family income is at or below 138% percent of poverty (and pregnant women and children 0-5 are eligible up to 165%) Supplemental Security Income (SSI) recipients, certain Medicare beneficiaries, and recipients of adoption assistance, foster care and some children aging out of foster care.

The DHCFP also operates five Home or Community-Based Services waivers offered to certain persons throughout the state.

Nevada Check Up provides health care benefits to uninsured children from low-income families who are not eligible for Medicaid but whose family income is at or below 205% of the Federal Poverty Level.

Medical Assistance for the Aged, Blind and Disabled (MAABD) is Medicaid for eligible Nevada residents who are:

- ▶ Aged Individuals: must be 65 years or older.
- ▶ Blind: determined blind according to Social Security Administration (SSA) criteria.
- ▶ Disabled Individuals: individual must meet the disability criteria established by the SSA. The determination can be made by Social Security or the Nevada Medicaid Office.

Medicare Beneficiaries are individuals eligible for Medicare who may also qualify for benefits from the Medicare Beneficiaries program. Coverage provided by this program is different than other Medicaid groups as it does not provide the full scope of medical benefits.



Other DWSS assistance programs

There are other services Nevadans can get through Access Nevada from the Division of Welfare and Supportive Service.

- ▶ The Supplemental Nutrition Assistance Program, also called SNAP — once known as the food stamp program — helps low-income single adults, families and elderly residents buy food from local retailers.
- ▶ Temporary Assistance for Needy Families, or TANF, gives money to parents who need help caring for their children at home or at a relative's home, including such things as food, clothing, transportation and housing expenses. TANF also helps parents or caretakers with job preparation, finding work opportunities and getting the support they need to become self-sufficient.
- ▶ Medical Assistance for the Aged, Blind and Disabled (MAABD) is a Medicaid program for Nevada residents who are at least 65 years old, who are determined to be blind according to criteria set forth by the Social Security Administration or who meet Social Security's standards for disability.

Applying for a health insurance account is *simple!*

The Division of Welfare and Supportive Services caseworker determines eligibility and identifies programs the applicant may benefit from.

Application is submitted by paper or through Access Nevada (online application).

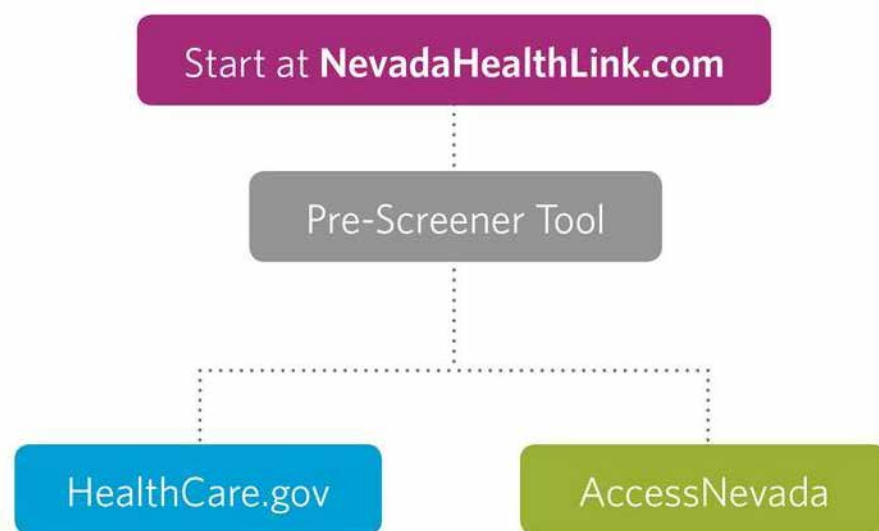
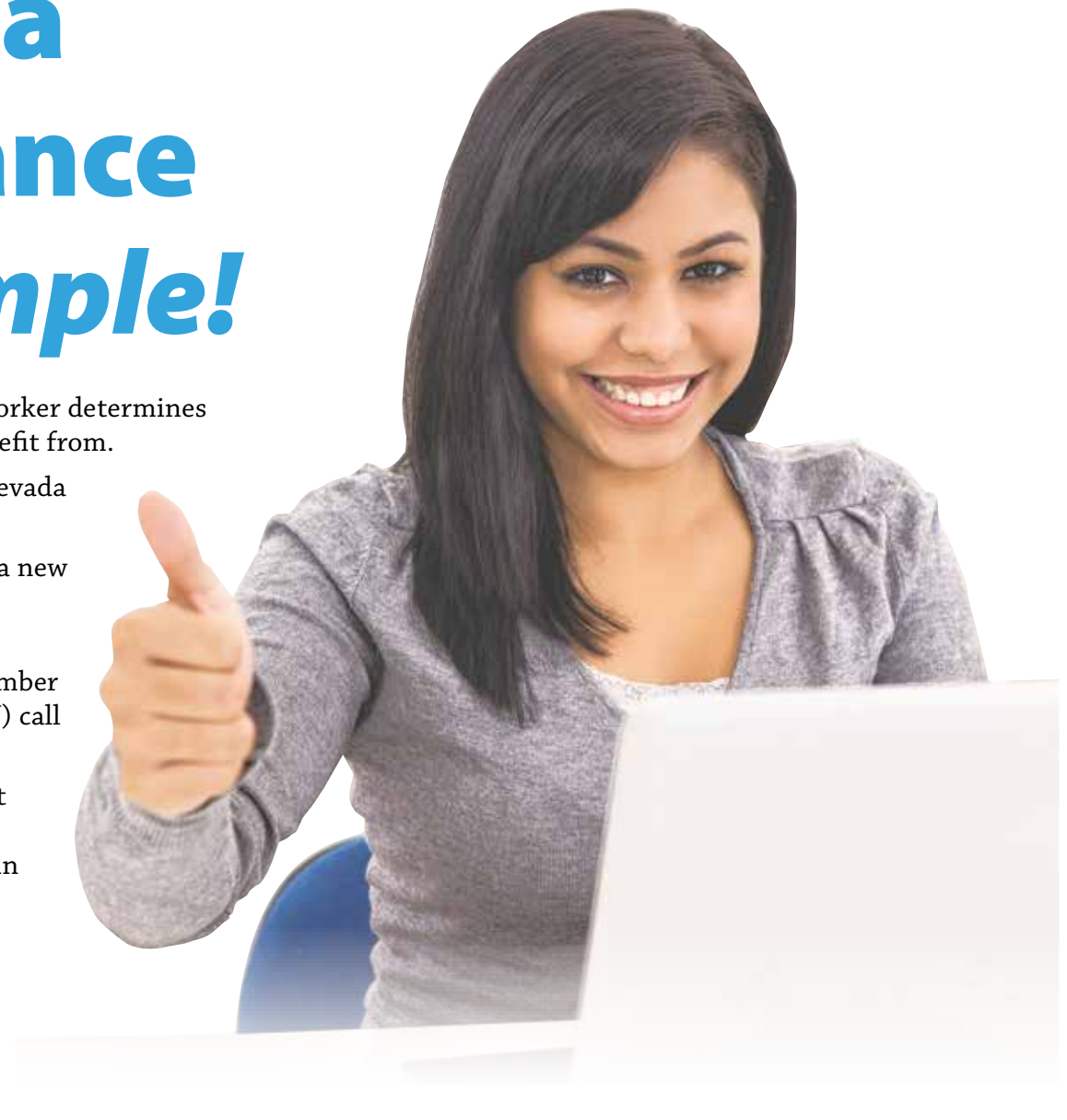
Access Nevada is a new system, you will have to create a new account.

If not already in the system, you will receive a letter confirming registration. It also will provide your case number and PIN number to access the Voice Response Unit (VRU) call center and online “Check my Benefits” web app.

If additional information is needed, a letter will be sent outlining the required information. The application is pending. If DWSS does not receive the information within 10 days, the case is closed.

Notice of Determination will be sent, indicating if the application is approved or denied.

If you need clarification or disagree with the decision, you can call the DWSS Call Center.



Application pre-screener

The Nevada Pre-screening tool is an initial web page that asks six questions to best direct the user to either Nevada Health Link (www.healthcare.gov) or Access Nevada (DWSS website).

The results will provide a link to the programs the applicant and/or the applicant’s family may be eligible for in an effort to get the applicant to the most appropriate online application:

- ▶ Medicaid/Nevada Check Up
- ▶ Advanced Premium Tax Credit (APTC)
- ▶ Qualified Health Plan

In order to get insured as soon as possible, you may want to submit two applications: one for Medicaid/Nevada Check Up and one for a Qualified Health Plan.

There are many rules around the day medical coverage starts, so completing two applications is your best option to getting covered as soon as possible.

However, if you only complete one application, your account information will be transferred to the other agency for a determination if appropriate..

Documents needed when you apply

Here are the verifications needed when you apply for health insurance via Access Nevada at www.dwss.nv.gov to apply for Medicaid or Nevada Check Up, or via Nevada Health Link at www.NevadaHealthLink.com to apply for a subsidized health plan.

- ▶ **Proof of citizenship:** This may include a copy of your birth certificate, a naturalization certificate or a permanent-residency ID card.
- ▶ **Social Security Number.**
- ▶ **Proof of Nevada residence:** A driver's license or state identification card, a voter registration card or a bill that has been sent to your address — such as a power or a phone bill — will do the job.
- ▶ **Proof of income:** Anything

that shows how much money you make at your job. You can use a couple of recent paycheck stubs or a copy of your 2013 federal tax return.

- ▶ **Current employment information:** Have your employer's company name, address and phone number handy, as well as the name of your boss or human resources contact.
- ▶ **Current health insurance information:** If you already have health insurance, a copy of your insurance card will be needed.
- ▶ **Tribal membership:** If you are a member of a federally recognized Native American or Alaskan Native tribe.

Requested info or reporting change

Requests for additional information must be submitted within 10 calendar days. If the information is not submitted, the application can be denied based on non-cooperation.

Changes in household composition, residence, income, resources and expenses must be reported by the fifth (5th) of the month following the month in which the change in circumstances occurred.

Additional information and/or changes may be submitted by:

- ▶ **Mail**
Document Imaging Center
PO Box 15400
Las Vegas, NV 89114
- ▶ **For local DWSS district office and drop off box information, go to <https://dwss.nv.gov/> and select "Contact us" on the bottom of the left navigation panel.** ◀

Checking status of applications

"Check My Benefit" link on ACCESS Nevada (<https://dwss.nv.gov/>) can provide basic information.

DWSS Call Center at 702-486-1646 or 775-684-7200 or any local DWSS number (found on the website). The Voice Response System provides current benefit information when the correct case number and PIN are entered.

Requests for information will only be given to the applicant, applicant's spouse, or Designated Authorized Representative. ◀

Eligibility Chart

Federal poverty levels are used to determine your eligibility for certain programs and benefits. This is a measure of income level issued annually by the Department of Health and Human Services.



2014 Federal Poverty Level (FPL) Chart			
If your monthly income falls within one of these ranges, you may be eligible for assistance.			
	<u>Nevada Medicaid Monthly*</u>	<u>Nevada Check Up Monthly*</u>	<u>Nevada Health Link Monthly*</u>
Family Size:	138% of FPL	To qualify for Nevada Check Up, your income should be below 205% of FPL	To qualify for a subsidy (help with your insurance cost), your income must be below 400% of FPL
	138%	205%	400%
1	\$1,342.08	\$1,945.00	\$3,890.00
2	\$1,808.92	\$2,621.67	\$5,243.33
3	\$2,275.83	\$3,298.33	\$6,596.67
4	\$2,742.75	\$3,975.00	\$7,950.00
5	\$3,209.67	\$4,651.67	\$9,303.33
6	\$3,676.58	\$5,328.33	\$10,656.67
7	\$4,143.42	\$6,005.00	\$12,010.00
8	\$4,610.33	\$6,681.67	\$13,363.33
	*Monthly income was calculated by dividing the poverty guidelines, which is an annual figure by 12 months.	*Must not be eligible for Medicaid or other health insurance plan.	*Must not be eligible for Medicaid or other health insurance plan.



Access Nevada online application

ACCESS Nevada is an online application for medical assistance (Medicaid and Nevada Checkup). Food assistance (Supplemental Nutrition Assistance Program — SNAP) helps low-income families buy nutritious food from local retailers.

Assistance is available to qualifying families, elderly people and single adults. The program formerly was known as the Food Stamp program.)

Cash assistance (Temporary Assistance to Needy Families — TANF) provides cash assistance to needy families so children may be cared for in their homes or in the homes of relatives. It provides parents/caretakers with job preparation, work opportunities and support services to become self-sufficient.

The online application system is dynamic with the next question being based on the previous answer. The user can scan/attach required

documents, receive confirmation the application has been received and check status with “Check My Benefits.”

As of Nov. 10, all users will need to create a new account.

The user id must be at least six characters but not more than twelve characters. Please only use letters (A-Z) and numbers (0-9), and ensure the value does not start with a number, or include any special characters or spaces.

Your password must be at least eight characters but not more than twenty. It should have at least one UPPERCASE letter, one lowercase letter, one number and one special character; example of a special character (!@#\$\$%^&*). The same digit cannot be repeated more than twice in a row or three times in the entire password.

The application link is: <https://dwss.nv.gov/>

Authorized representative

DWSS Authorized Representative (Welfare)

Applicants may designate anyone they choose to act on their behalf by completing the authorized representative section on the application, using the Authorized Representative Form 2525 OR they may sign a “Release of Information” allowing DWSS to release case information to individuals or agencies/organizations.

The authorized representative must be:
An adult, 18 years of age or older and designated in writing. If the designation is made by a household member who is unable to or cannot sign, their mark must be witnessed by someone other than the A/R.

There are two types of authorized representatives:

▶ Primary — Legal

guardians always are considered primary representatives. Family members also are the primary. The primary receives all requests for information along with any attachments plus all notices. They hold the same responsibility as the client in securing information for determining eligibility, reporting responsibilities and they are the only one authorized to sign on behalf of the client. Primary representatives also have the same access to case information as a client.

▶ Secondary — the representative receives all requests for information and notices. They are not held responsible for securing or reporting information. However, if they choose, they may secure and report information to the division. Secondary representatives also have the same access to case information as a client.

Eligibility redetermination

An annual review for medical assistance occurs once every 12 months. DWSS will send out a pre-populated form at least 60 days prior to the redetermination date. DWSS requests the client to provide any required verifications and sign and return the form within 30 days.

If the document has not been received by the 31st day, the case will be closed for non-cooperation.

Evaluate eligibility under all medical assistance programs when processing a redetermination.

You should review the prepopulated form with the eligibility factors (income, tax filing status/household, authorized representative and residency).

Please check “by checking this box you attest that the above information remains the same.” if the information is correct. If it’s not, check the second box and provide the correct information.



Help with applying for Medicaid/Nevada Check Up

Nevada Health Centers

Statewide
 Guest relations: 855-810-9665
 Program Information: Health centers are located in Las Vegas, Carson City and many rural communities. Uninsured patients, based on family income, may use a sliding fee scale for medical services. Must call for an appointment.

Positively Kids

Positively Kids is funded to help uninsured Clark County children enrolled in Medicaid/Nevada Check Up. Four Enrollment Service Centers to screen for eligibility, provide FREE application assistance & referrals. Information on medical clinics, school-based health centers and pediatric services at www.positivelykids.org.

Service Center No. 1

Salvation Army Family Center
 1581 N. Main St., (near Owens)
 Las Vegas 89101
 Appointments: 855-777-5447, ext. 1
 Covering ZIP codes: 89030, 89031, 89032, 89081, 89084, 89085, 89086, 89087, 89106, 89115, 89130, 89131, 89143 and 89165.

Service Center No. 2

Latin Chamber of Commerce Community Foundation
 2900 E. Stewart Ave. (near Mojave)
 Las Vegas 89101
 Appointments: 855-777-5447, ext. 2
 Covering ZIP codes: 89101, 89104, 89109, 89119, 89120, 89121, 89123, 89169 and 89183.

Service Center No. 3

Southern Nevada Health District
 570 N. Nellis Blvd. (near Stewart)
 Las Vegas 89110
 Appointments: 855-777-5447, ext. 3
 Covering ZIP codes: 89002, 89011, 89012, 89014, 89015, 89044, 89052, 89074, 89110, 89122, 89124, 89142 and 89156.

Service Center No. 4

Southern Nevada Health District
 330 S. Valley View Blvd. (near Meadows Mall)
 Las Vegas 89107
 Appointments: 855-777-5447, ext. 4
 Covering ZIP codes: 89102, 89103, 89107, 89108, 89113, 89117, 89118, 89128, 89129, 89134, 89135, 89139, 89141, 89144, 89145, 89146, 89147, 89148 and 89149. ◀

Nevada Medicaid

In the urban areas of Clark and Washoe counties, Medicaid and Nevada Check Up services are provided through managed care organizations: Amerigroup and Health Plan of Nevada. People in those two counties can choose either one of these organizations when they apply for benefits, though they have 90 days to change their minds.

Returning benefit recipients will be re-enrolled in the organization they chose unless they are able to switch to the other organization during an open-enrollment period. Recipients who can make the switch will get a letter letting them know they can do so.

In rural areas and for some coverage groups, the Division of Health Care Financing & Policy pays claims on a “fee for service” basis.

Fee for Service

Carson City: 775-684-3651
 Elko: 775-753-1191
 Las Vegas: 702-668-4200
 Reno: 775-687-1900
<https://dhcfp.nv.gov>



Amerigroup

Participant Services: 800-600-4441
 AT&T Relay Service: 800-855-2880
 AT&T Relay Service Spanish: 800-855-2884
www.myamerigroup.com



Health Plan of Nevada

Service Area: Clark and Washoe counties
 Participant Services: 800-962-8074
www.healthplanofnevada.com



Your ROADMAP to health



1 Start here

Put your health first

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.



2 Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.



3 Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.



4 Find a provider

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.



5 Make an appointment

- Mention if you're a new patient or have been there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.



6 Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.



7 Decide if the provider is right for you

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!

If you want to change your provider, return to Step 4.



8 Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take them as directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

CMS Product No.
11814 June 2014

Visit marketplace.cms.gov/c2c for more information.

Need help? Try these resources

Medicaid and Nevada Check Up

Website: dwss.nv.gov (click on the "Contact Us" link)

Northern Nevada call center: 775-684-7200

Southern Nevada call center: 702-486-1646

Statewide call center: 877-543-7669

Division of Welfare and Supportive Services call centers provide information, take changes to your account and send call-back requests to division employees.

Nevada Health Link

Website: www.NevadaHealthLink.com

855-7-NVLINK (855-768-7465)

Division of Healthcare Finance and Policy (Medicaid)

Website: <https://dhcfp.nv.gov>

Carson City Medicaid District Office: 775-684-3651

Elko Medicaid District Office: 775-753-1191

Las Vegas Medicaid District Office: 702-668-4200

Reno Medicaid District Office: 775-687-1900