

A Look At The Numbers

Managed Care Organizations Provide Value For Nevada

The state of Nevada partners with managed care organizations (MCOs) to serve the healthcare needs of individuals facing economic and social barriers. MCOs align with Nevada requirements to deliver a higher standard of healthcare.



Public resources
Accountability
Oversight



Private sector capital
Expertise
Innovation



This partnership leads to higher quality care and improved health outcomes for Nevadans enrolled in Medicaid while managing Medicaid costs.

89%

of parents with children in Medicaid managed care rated their health plan 8 out of 10 or higher in satisfaction¹

75%

of Medicaid recipients are cared for by MCOs in Nevada²

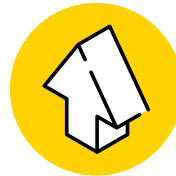
MCOs enable Nevada to deliver:

Coverage To The Most Vulnerable



- ↑ 250,000+ children are covered by managed care and CHIP³
- ↑ 8% increase in postpartum care between 2015 and 2018⁴
- ↑ 10% increase in medication compliance for people with asthma between 2016 and 2018⁵
- ↑ 11% improvement in the number of adolescents receiving well-care visits, meaning more support for healthy young people between 2015 and 2018⁴

More Value and Efficiency



- ↑ 97% of clean claims are paid to providers within 30 days⁷
- ↑ MCOs provide improved access to care including: expanded telemedicine/telehealth, new community paramedicine programs, and mobile clinics
- ↑ MCOs offer 43 additional services for those receiving Medicaid, in comparison to non-managed care models. These services include: bus passes, transitional housing, and wellness incentives.⁸

Quality of Care



- ↑ 14% increase in infants receiving six or more well-child visits from their primary care provider in their first 15 months between 2015 and 2018⁴
- ↑ 32% increase from 2015 to 2018 in counseling for nutrition and physical activity⁴
- ↑ MCOs on average score 95.86% on external quality review audits, indicating a strong commitment to meeting state standards and requirements³