



PROVIDING THE VITAL CARE NEVADANS NEED

Ensuring Access to Care for Medicaid Patients

The Situation

Nevada's current Medicaid policies, processes and low reimbursement cause non-hospital providers to be unwilling or unable to accept Medicaid patients. When Medicaid patients seek care, they access hospital emergency rooms even for the most primary and routine medical needs. This means that Medicaid patients are using the most expensive health care setting due to the lack of access to the appropriate level of care.

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care for our most vulnerable populations and provide a system that doesn't "force" them to seek care in hospital emergency rooms.

The overuse of hospitals drives up the costs of care to other patients and insurance companies in the healthcare system. This is especially true when approximately 26% of all hospital days in Nevada are spent on Medicaid patients (2017).

Medicaid reimbursement to hospitals is not sustainable. If we continue with the same or decreased level of Medicaid reimbursement, hospitals will be impacted in ways that could limit access to care for all patients. Due to inadequate Medicaid reimbursement, Nevada hospitals continue to face challenges about the sustainability of certain services and investing in new technologies and facilities.

A Patient's Story*

Jesse G. considered himself fortunate when Nevada expanded its Medicaid coverage several years ago. However, he still finds it difficult to get the care he needs in a timely manner due to the lack of clinics and physicians who accept Medicaid patients. Even though it's not his first choice, he sometimes has to go to the emergency room of his local hospital when he can't wait to get care.

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Three weeks ago, he came down with what he thought might be the flu, so he went to his hospital's emergency room. The hospital treated him, gave him fluids, prescribed an antiviral medication and gave him medicine to help with the fever and nausea. They told him to follow up with his primary care doctor in three days. He spent seven hours in the emergency room and he was one of 12 low-acuity patients there with non-life-threatening problems. Simultaneously, that emergency room was also taking care of several motor vehicle injuries, suspected heart attacks and a handful of life-threatening bleeding problems. "I didn't want to have to use the emergency room, but I felt so sick and didn't have anywhere else to go," said Jesse.



* The individuals reflected in this example are an aggregate of several people and their experiences.

THE PROBLEM WE FACE

Nevada ranked last in the U.S. in Medicaid spending per enrollee at just \$3,620 per person (Kaiser Family Foundation, 2014)

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Patients receive one of five levels of care in an emergency room. For the two lowest levels, Medicaid patients make up 51% of patients receiving care. This is disproportionately higher than the overall percent of Medicaid patients seeking ER care. Critical patients needing ER care can be impacted with longer wait times.

(CHIA UB-04 Reporting Data)

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There is not enough capacity in the state's Federally Qualified Health Centers (FQHCs) to handle all Medicaid patients. Nevada ranks 49th in visits per 100,000 population to FQHCs. Patients are taking themselves elsewhere.

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Nevada hospitals have limited options when referring Medicaid patients from our hospitals to more appropriate levels of care due to Nevada's current Medicaid policies, processes and low reimbursement. In the summer of 2018, 15 of Nevada's acute care hospitals reported that over a two-week period they had 734 patient days meaning that that they were holding patients in their facilities who were no longer acute, but there was not a lower level bed available.

Nevada Hospital Association's Stance

The Nevada Hospital Association believes in fair reimbursement to healthcare providers to help sustain its growth and prevent the loss of services. Fair Medicaid reimbursement will continue access to care for Nevada's most vulnerable population. Reimbursement needs to be in line with the hospitals' cost of care provided, or the system will not be sustainable.



Impact on Other Critical Health Issues

Nevada's Medicaid enrollees have diverse needs. When they cannot get the care that they need, they often go to hospital emergency rooms. **This impacts the following:**

- Nevada emergency rooms are not the ideal location for mental health patients. When Medicaid patients can't find help for mental/behavioral health issues, they unfortunately end up where there is very little support for their problems.
- Hospital emergency rooms are often the most expensive way of receiving health care and are over-used for non-emergency issues. Medicaid patients in Nevada often feel that they have no choice but to go to an emergency room because they have no other option. ERs should be focused on helping patients with emergent conditions.

If hospitals saw even a 3% decrease in uncompensated care, that would amount to \$39.2 million that could be invested in improved care and reduced costs. Alternatively, if the state increased the share available for federal match by \$16.5 million, hospitals would see a 5% increase in Medicaid payments resulting in a \$38.2 million decrease in uncompensated care.