

NEVADA'S MEDICAID POPULATION

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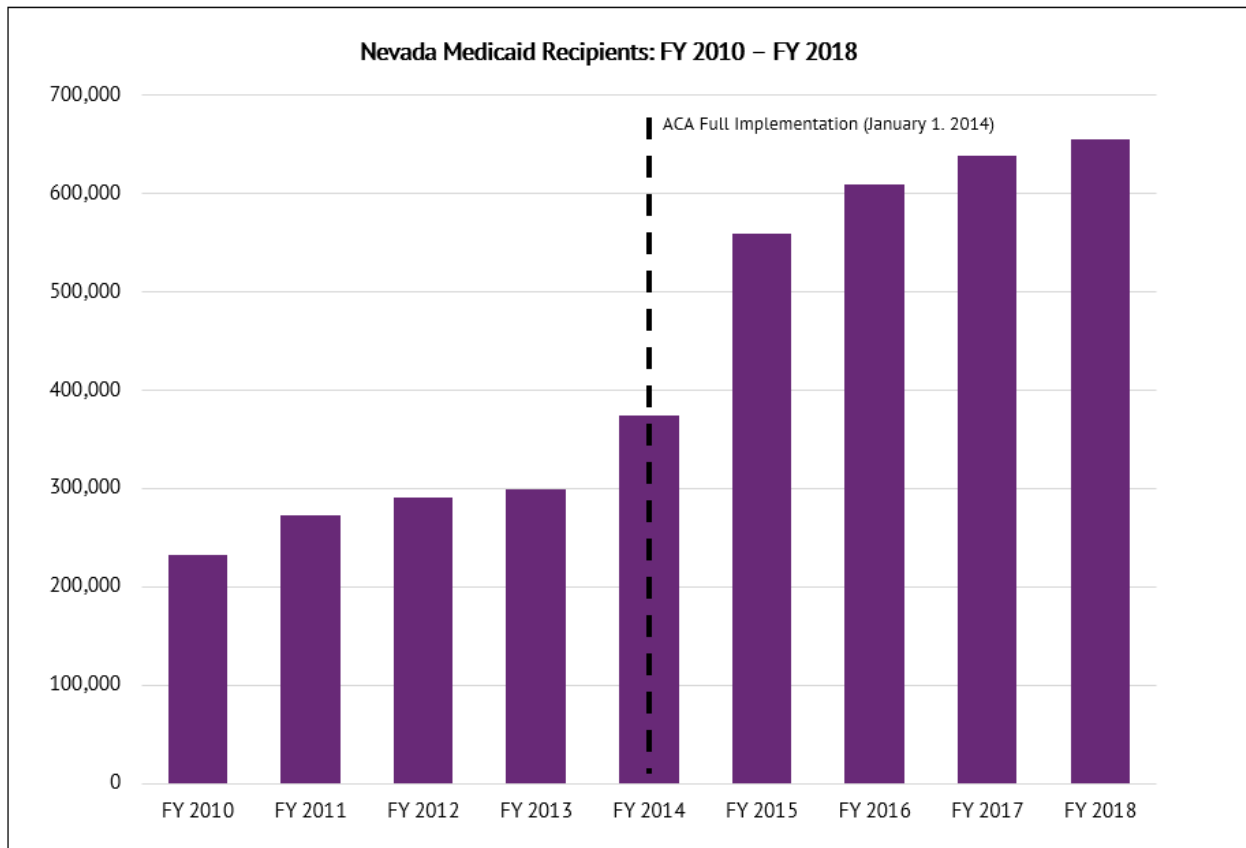
Nevada’s Medicaid Population

Medicaid is a [health coverage program](#) for eligible low-income individuals that is administered by the states under federal requirements and jointly funded by the federal government and states. As of [June 2019](#), 65.6 million people in the United States were covered by Medicaid.

Nevada’s Medicaid Program provides medical assistance to more than [half a million](#) low-income adults and children in the state. Doctor visits, prescriptions, and therapies, amongst others, [may be covered](#) by Nevada Medicaid. The program’s legislatively approved budget for the current biennium—state fiscal year (FY) 2020 and FY 2021—is roughly [\\$8.6 billion](#), of which approximately [\\$6.4 billion](#) (74.1 percent) is funded with federal money.

Here we examine some selected characteristics of Nevada’s Medicaid beneficiaries.

Figure 1. Nevada Medicaid Recipients: FY 2010 – FY 2018



Source: Nevada Department of Health and Human Services

As Figure 1 shows, Nevada Medicaid enrollment has increased substantially since FY 2013. This may be attributed to the enactment of the Patient Protection and Affordable Care Act (ACA) of 2010. The ACA allowed states to expand their Medicaid programs beginning in [January 2014](#) by extending [eligibility](#) “to all individuals with incomes up to 138 percent of the federal poverty level.” [Prior to 2014](#), “Medicaid eligibility [had] generally been limited to certain low-income children, pregnant women, parents of dependent children, the elderly, and individuals with disabilities.”

Nevada [announced](#) that it would expand Medicaid in 2012, with an effective opt-in date of [January 1, 2014](#). The Silver State is amongst the [37 states](#) (including the District of Columbia) that expanded Medicaid as of September 2019, including most of its Intermountain West neighbors: Arizona, California, Colorado, New Mexico, and Utah (Utah has adopted expansion but has yet to implement it; Texas has not expanded Medicaid).

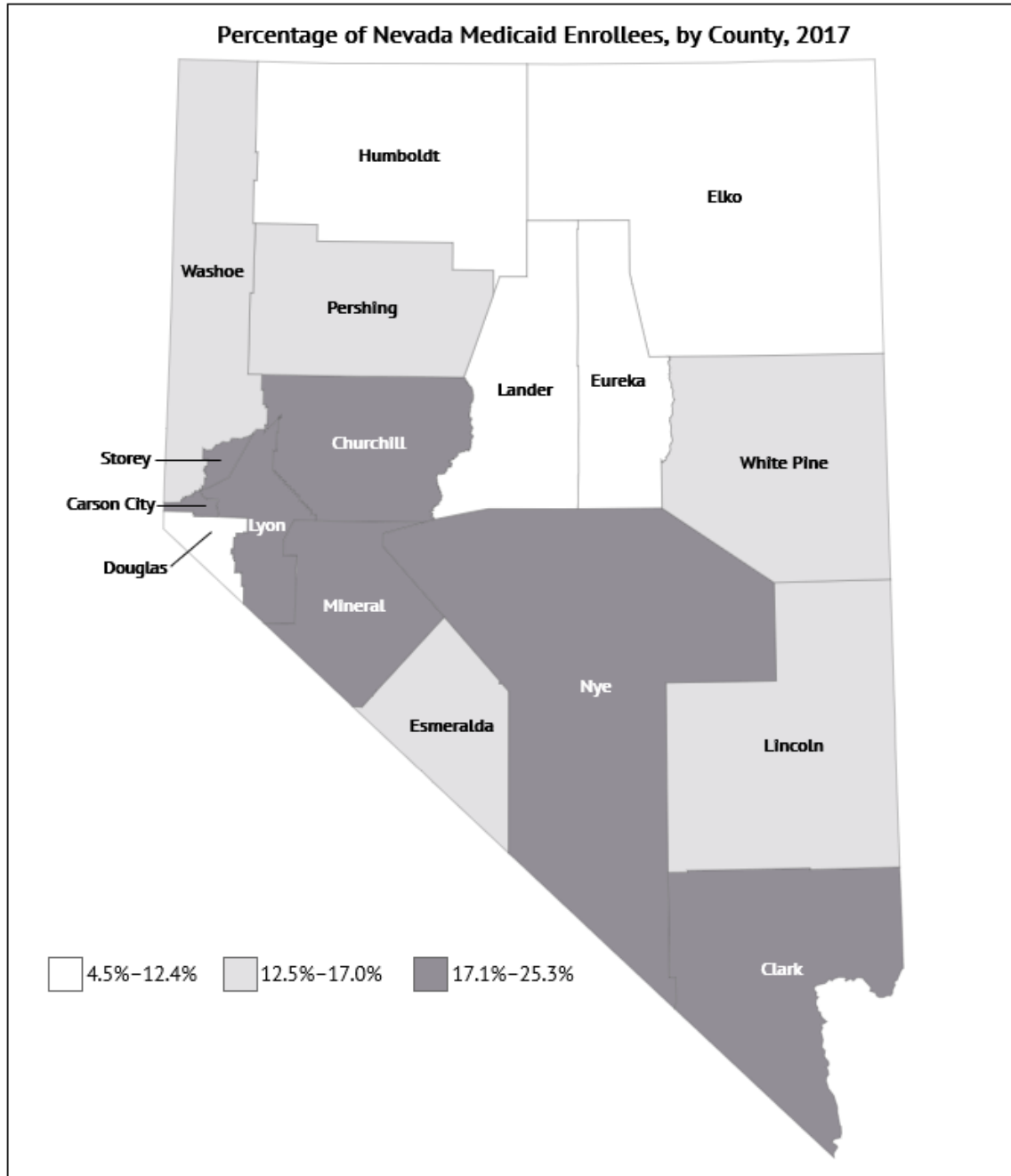
The Medicaid opt-in went into effect at the midpoint of FY 2014. Thus, the reference year for the basis of comparison—that is, the last pre-expansion year—is FY 2013 and the first full year of expansion is FY 2015. In FY 2013, 299,548 Nevadans were enrolled in Medicaid. The number of enrollees grew to 558,713 in FY 2015, for an increase of 86.5 percent. **As of FY 2018, Nevada’s Medicaid recipients more than doubled from pre-expansion levels to 654,943 (i.e., an increase of 118.6 percent).** The pattern may be summed up as follows: a sizable increase in the first (partial) year after expansion, followed by a spike in the first full year of expansion, and then steady but slowing growth in each FY 2016, FY 2017, and FY 2018.

Roughly [17.0 percent](#) of Nevada’s population is enrolled in Medicaid, which is below the U.S. average of [19.6 percent](#). Figure 2 maps Medicaid beneficiaries as a percent of county-level population. The most deeply shaded counties are those with shares of Medicaid enrollees that exceed the statewide average. Mineral County has the greatest share of Medicaid beneficiaries at 25.3 percent, followed by Nye County (23.7 percent), Carson City (21.6 percent), Lyon County (20.3 percent), Churchill County (18.1 percent), Storey County (18.0 percent), and Clark County (17.3 percent).

Using the [state standard classification](#) of urban counties (Carson City, Clark County, and Washoe County) versus rural/frontier counties (the other 14 counties in Nevada), the data suggests that Medicaid enrollment has a distinctly urban bent. Collectively, Medicaid enrollment in the high-recipient rural/frontier counties amounts to 26,722. In comparison, there are a total of 373,137 Medicaid beneficiaries in the two urban counties in which recipient share outstrips the statewide average.



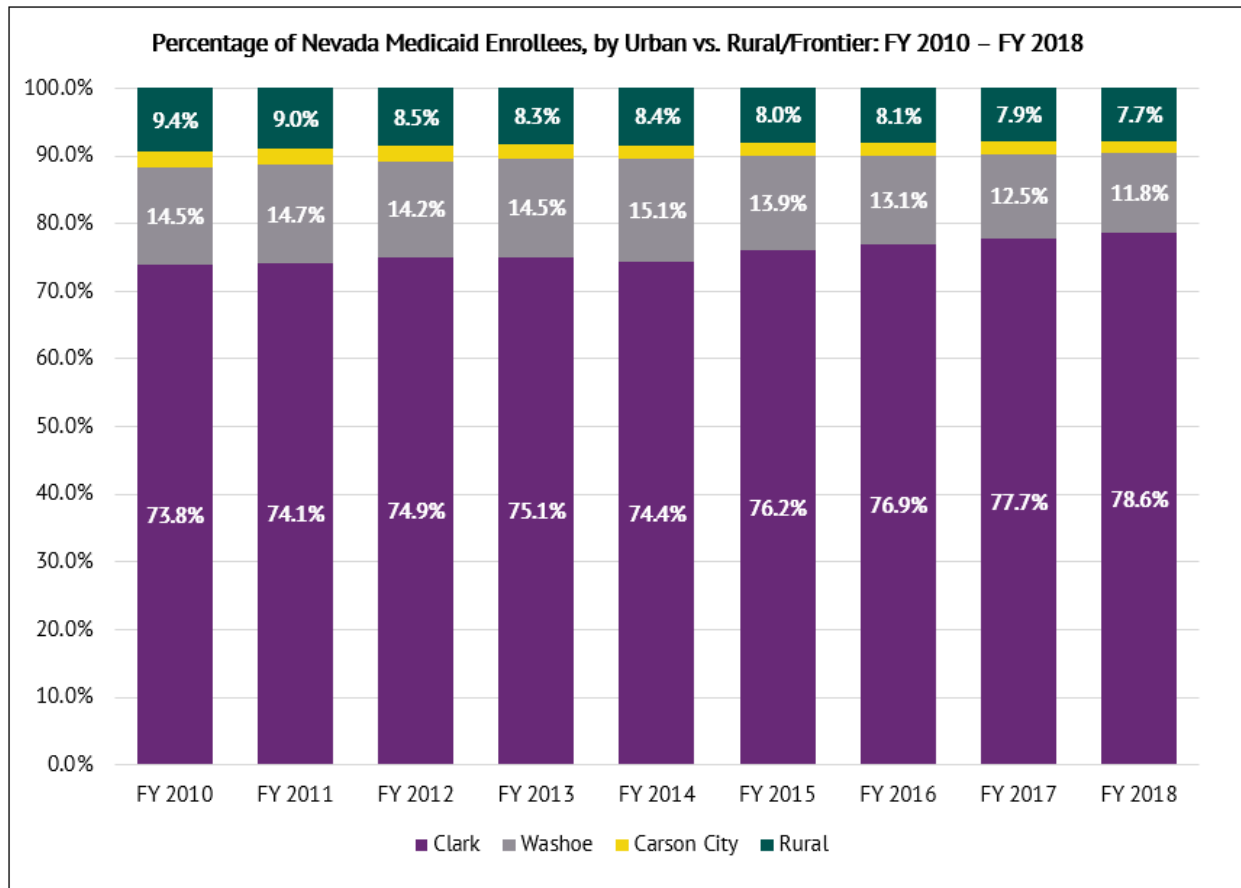
Figure 2. Percentage of Nevada Medicaid Enrollees, by County, 2017



Source: American Community Survey

Since expansion, though, the distribution of the Medicaid population has become only slightly more urban in nature, as Figure 3 illustrates. As of FY 2018, more than nine in ten Nevadans enrolled in Medicaid (92.3 percent) lived in Carson City, Clark County, or Washoe County. The remaining enrollees (7.7 percent) resided in rural/frontier counties. As a share of the Medicaid total, the percentage of rural recipients has decreased marginally over time: 0.6 percentage points between FY 2013 and FY 2018. However, actual enrollment numbers have increased irrespective of geography. For the three urban counties, the Medicaid population grew from 272,020 in FY 2013 to 609,438 in FY 2018, for a 124.0 percent increase. Enrollment in the rural/frontier counties increased from 24,528 in FY 2013 to 51,153 in FY 2018 (a 108.5 percent increase). Thus, the declining rural/frontier county recipients as a share of total Medicaid enrollment may be explained by the slightly steeper rate of increase in the urban counties.

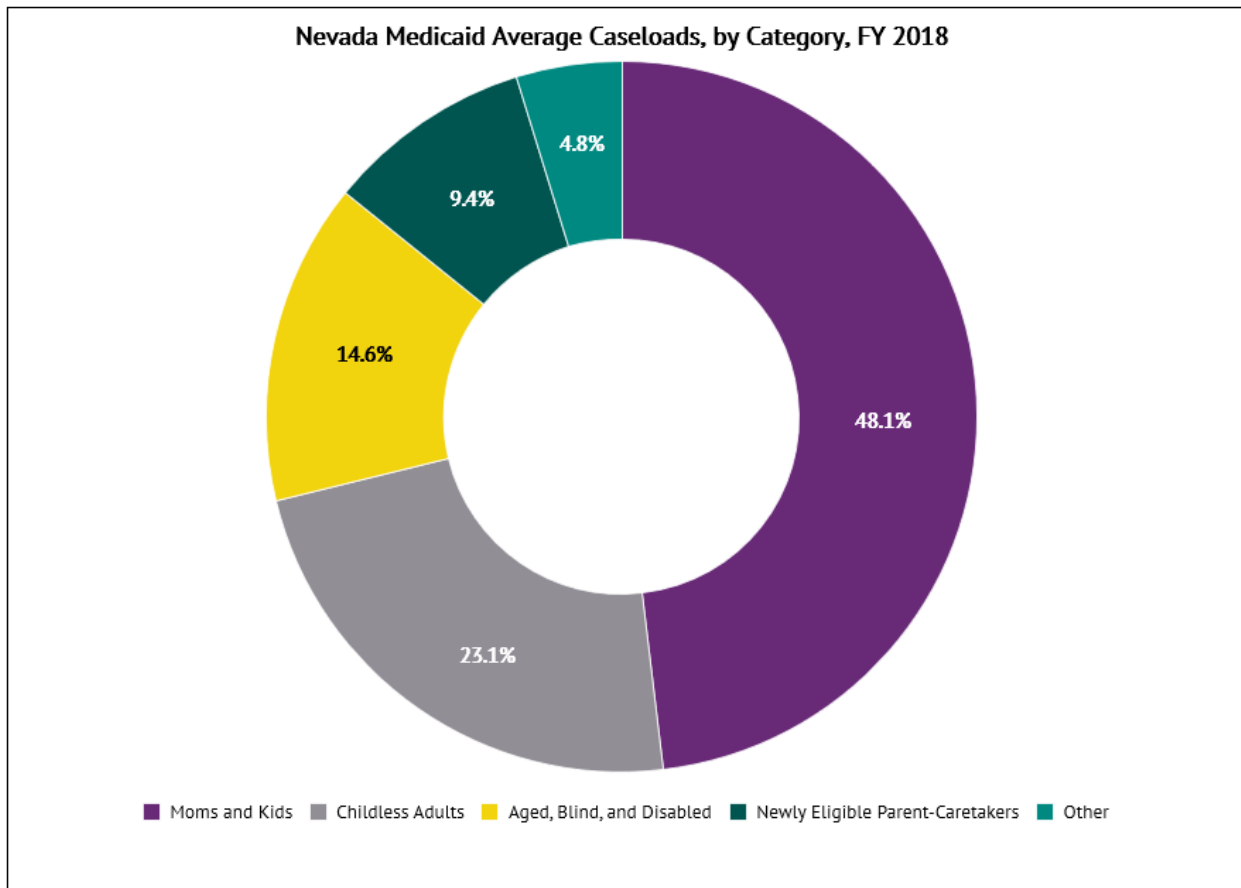
Figure 3. Percentage of Nevada Medicaid Enrollees, by Urban vs. Rural/Frontier: FY 2010 – FY 2018



Source: Nevada Department of Health and Human Services

Expansion has also prompted a redefinition of Medicaid categories to reflect the more broad-based eligibility criteria. Figure 4 provides a breakdown of the post-expansion categories as a percentage of the total for FY 2018. “Moms and Kids” represents the largest share of any recipient group at 48.1 percent, and when combined with the Aged, Blind, and Disabled (14.6 percent), these pre-expansion groups make up nearly two-thirds of the total (62.7 percent). Childless adults, which are part of the expansion population, comprise the second-largest eligibility group at 23.1 percent of the total. Newly eligible parent-caretakers account for 9.4 percent of Medicaid, thus bringing the expansion population to around one-third of the total.

Figure 4. Nevada Medicaid Average Caseloads, by Category, FY 2018



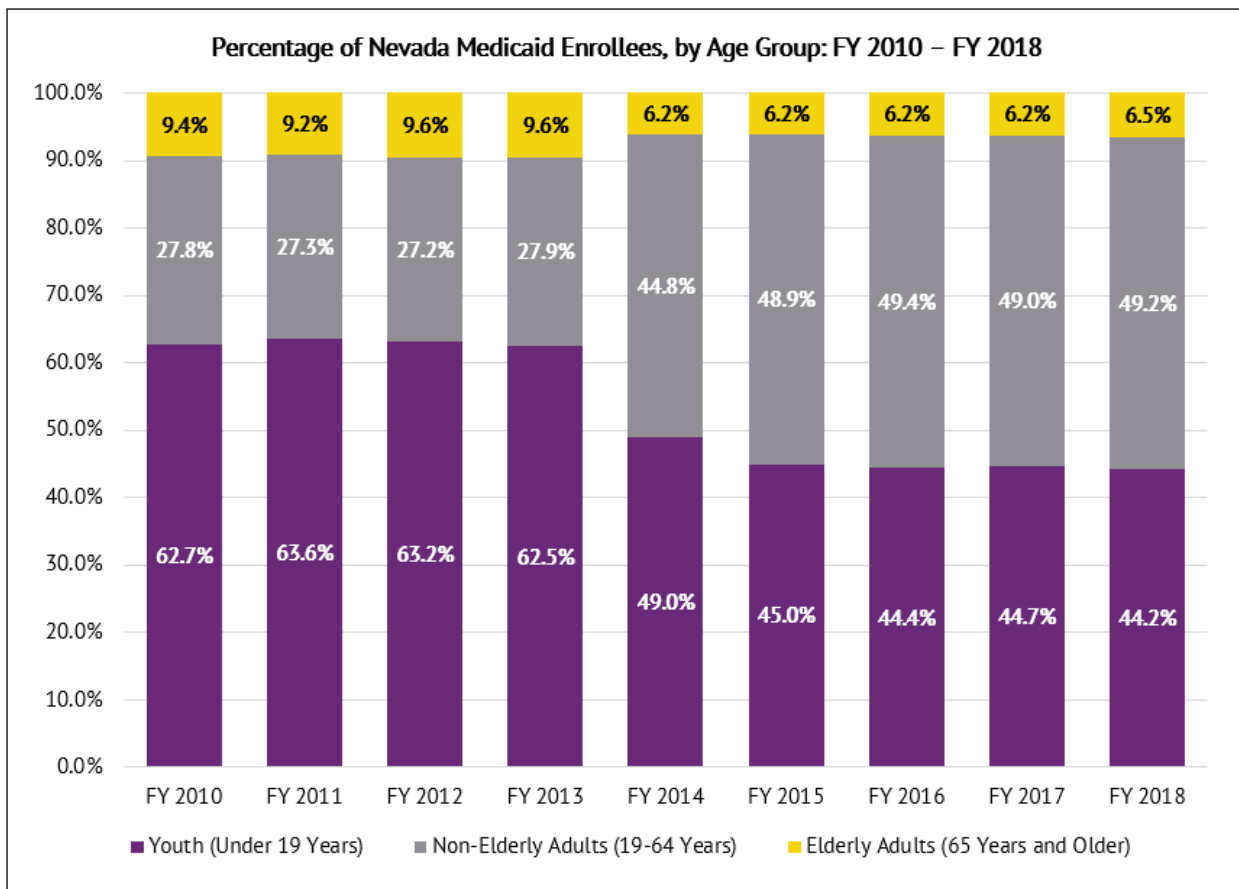
Source: Nevada Department of Health and Human Services



Low-income [childless adults](#) perhaps are the greatest beneficiaries of Medicaid expansion, as they traditionally had some of the highest exclusion rates; most states did not extend Medicaid eligibility to this group.

In Nevada, the effects of expansion, accordingly, are most pronounced for non-elderly adults, or those aged 19 to 64 (Figure 5). Prior to expansion, just 82,838 non-elderly adults were enrolled in Medicaid, for a 27.9 percent share of the total. Enrollment numbers for this group grew to 276,749 in FY 2015 (48.9 percent of the total), the first full year of expansion, which represents a 234.1 percent increase. **As of FY 2018, about one in two Nevada Medicaid enrollees was a non-elderly adult (49.2 percent), and, as such, this group comprises the largest share of Medicaid recipients in the state.**

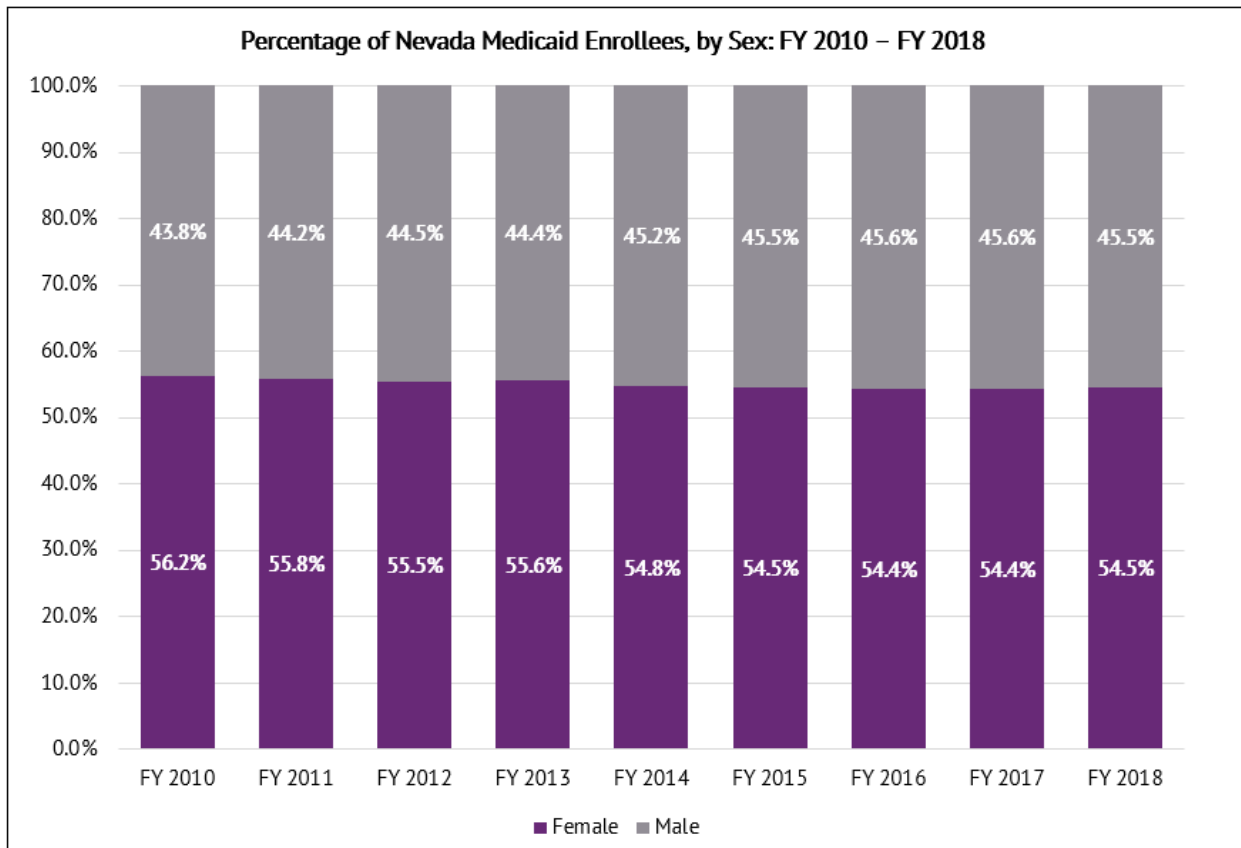
Figure 5. Percentage of Nevada Medicaid Enrollees, by Age Group: FY 2010 – FY 2018



Source: Nevada Department of Health and Human Services

As Figure 6 illustrates, the share of Medicaid enrollees, by sex, has remained relatively constant over time. The number of male and female recipients has increased over time but at somewhat similar rates, which explains the unvarying nature of the data. In FY 2013, the number of female Medicaid beneficiaries was 164,866, and by FY 2018, that number had grown to 359,719, for a 118.2 percent increase. For male enrollees, the number rose from 131,682 in FY 2013 to 300,872 in FY 2018, which is a 128.5 percent increase. Over the entire period, women are overrepresented in the Medicaid population relative to their percentages of Nevada’s total population, which has been under 50.0 percent [since 2010](#). For example, in FY 2018, the female share of the Medicaid population was 54.5 percent, while its total population share for 2018 was [49.9 percent](#).

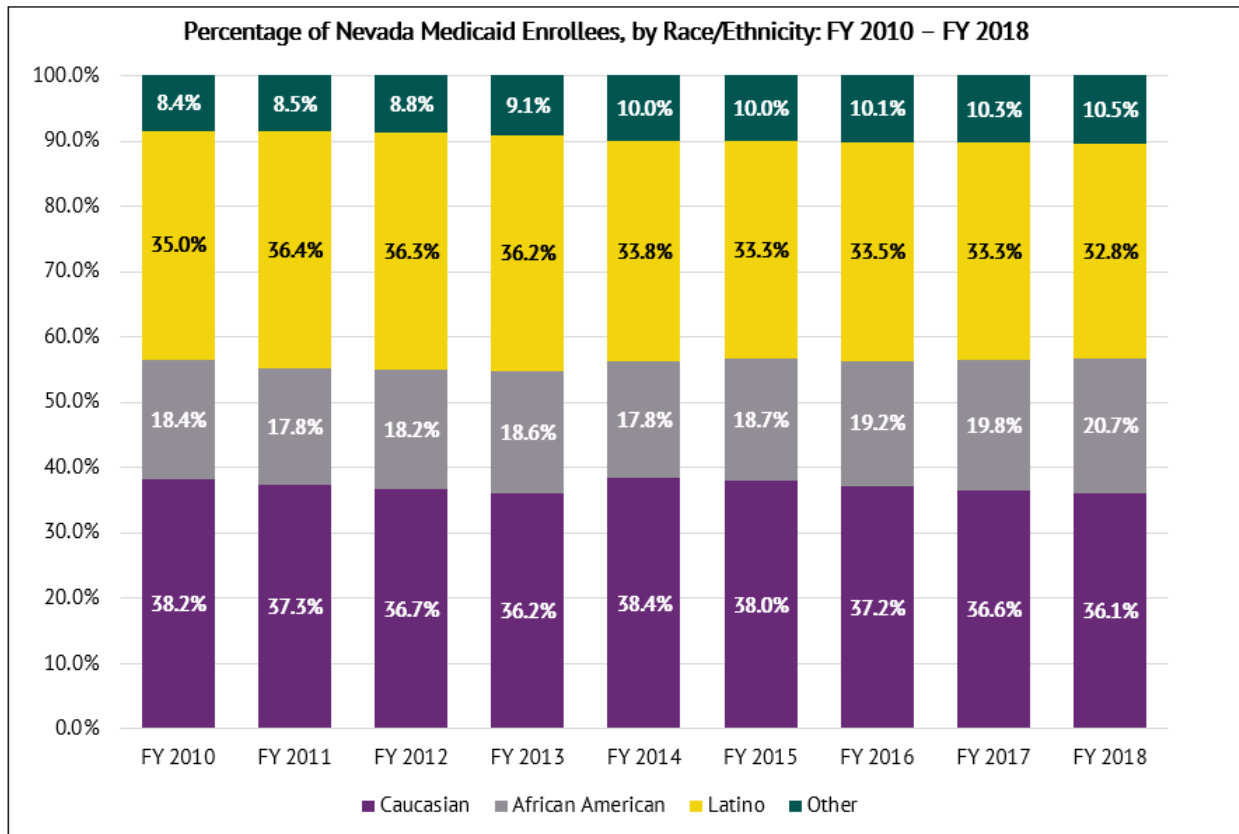
Figure 6. Percentage of Nevada Medicaid Enrollees, by Sex: FY 2010 – FY 2018



Source: Nevada Department of Health and Human Services

Similarly, expansion did not alter the racial and ethnic shares of Medicaid enrollment in a significant manner, as shown in Figure 7. As with recipient’s sex, race and ethnicity as shares of the Medicaid population remained fairly constant from FY 2010 to FY 2018. However, each group experienced increases in total enrollment. The number of white beneficiaries increased the most, from 107,224 in FY 2010 to 238,324 in FY 2018. This amounted to a percent increase of 122.3 percent, though, which is the third-highest of all groups. The greatest percent increase—157.0 percent—was in the Other category, though it had the smallest actual growth at 42,261 (i.e., from 26,910 in FY 2010 to 69,171 in FY 2018). Latino enrollment was 107,208 in FY 2010 and 216,606 in FY 2018, which is an increase of 109,398 enrollees (102.0 percent). African Americans had the second-highest percent increase of Medicaid recipients, at 147.2 percent, but was next-to-last in growth of total enrollees, which increased by just 81,284 individuals between FY 2010 and FY 2018.

Figure 7. Percentage of Nevada Medicaid Enrollees, by Race/Ethnicity: FY 2010 – FY 2018



Source: Nevada Department of Health and Human Services

About the Guinn Center

The Guinn Center is a 501(c)(3) nonprofit, bipartisan, independent research center focused on providing fact-based, relevant, and well-reasoned analysis of critical policy issues facing Nevada and the Intermountain West. The Guinn Center provides analysis, promotes civic innovation, and encourages public engagement.

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