State of Nevada

Department of Health and Human Services

2020-2021 Governor Recommends Budget
Division of Health Care Financing and Policy
March 1, 2019

Helping People. It’s who we are and what we do.
DHCFP Mission and Vision

Vision: A Healthier Nevada

Mission: The mission of the Nevada Division of Health Care Financing and Policy is to:

- Purchase and provide quality health care services to low-income Nevadans in the most efficient manner;
- Promote equal access to health care at an affordable cost to the taxpayers of Nevada;
- Restrain the growth of health care costs; and
- Review Medicaid and other state health care programs to maximize potential federal revenue.
DHCFP Goals

- Improve the health of Nevadans
- Ensure access to cost-effective care
- Improve the consumer experience and the quality of care provided
- Engage with providers to encourage participation in the Medicaid program
- Support program integrity activities to ensure that state and federal taxpayer dollars are spent effectively and to prevent fraud, waste, and abuse
- Ensure appropriate managed care oversight
- Focus on home and community-based services rather than institutional care
Summary of Agency Operations

• The Division of Health Care Financing and Policy works in partnership with the federal Centers for Medicare & Medicaid Services (CMS) to provide quality health care for eligible Nevadans.

• The Division administers the Medicaid and Nevada Check Up (CHIP) programs.

• Nevada procures most services by paying monthly per member premiums to contracted managed care organizations (MCOs) in urban areas of the state. In rural areas, care Nevadans are served through the state’s fee-for-service system, in which the state makes payments directly to health care providers.

• These programs serve many of the state’s lower-income and vulnerable populations. Medicaid covers some services that are not typically covered by other insurers, such as long-term services and supports and non-emergency medical transportation.
Accomplishments

• Modernized the information management system (MMIS)
• Expanded from two to three managed care carriers in urban Washoe and Clark Counties
• Collaborated to implement the Certified Community Behavioral Health Clinic Demonstration Project to provide integrated behavioral health and primary care services.
• Implemented initiatives to ensure that recipients receive appropriate, effective, and medically necessary services
Helping People. It's who we are and what we do.
Total Medicaid Caseload

Helping People. It’s who we are and what we do.
Nevada Check Up Caseload

Helping People. It's who we are and what we do.
DHCFP Budgeted Funding Sources 2018-19 and 2020-21 Biennium

Legislative Approved 2018-2019 Biennium
- Federal, 72% $5,973,036,432
- General Fund, 17% $1,420,035,498
- Other, 11% $897,460,780

$8,290,532,710

Governor Recommends 2020-2021 Biennium
- Federal, 71% $6,789,270,842
- General Fund, 19% $1,817,867,231
- Other, 10% $941,211,861

$9,548,349,934
### Summary by Budget Account

<table>
<thead>
<tr>
<th>Governor Recommends Budget (G01)</th>
<th>Fiscal Year 2020</th>
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<tr>
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<td>3178 Nevada Check-Up Program</td>
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<td>53,252,286</td>
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**DHCFP Total** | 865,645,985 | 3,302,075,519 | 473,936,057 | 4,641,657,561 | 952,221,246 | 3,487,195,323 | 467,275,804 | 4,906,692,373 |

**Biennial Total** | 1,817,867,231 | 6,789,270,842 | 941,211,861 | 9,548,349,934 |
Intergovernmental Transfer Program

Budget Account 3157
Overview

- The Intergovernmental Transfer (IGT) Program budget collects funds from other governmental entities to provide the state share of certain Medicaid expenditures, thereby reducing the need for General Fund appropriations. Funds collected in the IGT budget are transferred to the Nevada Medicaid, Nevada Check Up, and Administration budgets to provide the state share of supplemental payment programs and related administrative costs. In addition, revenues to support the state share of Medicaid services provided by local governmental entities, such as school-based services provided by school districts and non-emergency para-transit transportation services provided by regional transportation commissions, are collected in this budget and transferred to the Nevada Medicaid budget. Intergovernmental Transfer Payments that are in excess of the required state match are used to offset General Fund appropriations for other Medicaid expenditures, referred to as the State Savings.
Budget Information/Changes

The Intergovernmental Transfer (IGT) Account was established to receive funds provided by governmental entities that become the nonfederal share supplemental payment programs to Medicaid providers.

Current programs that generate State Savings are:

- Disproportionate Share Hospital (DSH) Supplemental Payment
- Upper Payment Limit Supplemental Payments to Public Hospitals for Inpatient Services (UPL – Public IP)
- Upper Payment Limit Supplemental Payments to Public Hospitals for Outpatient Services (UPL – Public OP)
- Graduate Medical Education (GME) Supplemental Payments
- Enhanced Rate for Managed Care Organization Services provided by Safety Net Hospitals (MCO Enhanced Rate)

Total Projected State Savings: $67.7 million in SFY20, $61.1 million in SFY21
E277 Clark County Voluntary Contribution

Aligns with new interlocal agreement for state fiscal years 2019-2021.

Contribution is 12.5% above the state share (SMAP) and the state retains 12.5% of the FMAP reclaiming funds.

SFY 2020 Total Cost = ($15,187,002)  State General Funds = $0
SFY 2021 Total Cost = ($15,911,589)  State General Funds = $0
Administration

Budget Account 3158
Overview
The mission of the Division of Health Care Financing and Policy is to provide quality health care services to low-income Nevadans through the Medicaid and Check Up programs in the most efficient manner; to promote equal access to health care at an affordable cost; to restrain the growth of health care costs; and to maximize the receipt of federal revenue for the provision of health care programs.
Budget Information

- The base budget includes funding for 292.51 FTE. Most administrative expenses are funded at 50% Federal, 50% State General Fund.
- This budget also includes funding for the fiscal agent, utilization review, Medicaid Management Information System (MMIS) maintenance and operations, payments to sister agencies, and other expenditures.

M101 Agency Specific Inflation

*Mandatory inflationary increases related to the fiscal agent contract.*

- SFY 2020 Total Cost = $1,121,863  
  State General Funds = $305,179
- SFY 2021 Total Cost = $2,188,415  
  State General Funds = $597,894
Caseload Increases
M151 Medicaid Caseload

*Increase in caseload from 659,387 in SFY 2018 to 664,337 in SFY 2019 (1% increase).*

- SFY 2020 Total Cost = $1,154,964
- SFY 2021 Total Cost = $1,154,964

State General Funds = $349,312
State General Funds = $350,454

M200 Medicaid Caseload

*Increase in caseload from 664,337 in SFY 2019 to 676,534 in SFY 2020 (1.8% increase over SFY 2019) and 686,625 in SFY 2021 (3.4% increase over SFY 2019).*

- SFY 2020 Total Cost = $634,312
- SFY 2021 Total Cost = $1,252,388

State General Funds = $185,082
State General Funds = $366,583

M205 Katie Beckett Caseload

*Increase in caseload from 658 in SFY 2019 to 663 in SFY 2020 (0.8% increase over SFY 2019) and 663 in SFY 2021 (3.2% increase over SFY 2019).*

- SFY 2020 Total Cost = $71,852
- SFY 2021 Total Cost = $92,459

State General Funds = $35,926
State General Funds = $46,229
Waivers

M201 Individuals with Intellectual Disabilities Waiver

*Increase in caseload from 2,318 in SFY 2019 to 2,434 in SFY 2020 (5.0% increase over SFY 2019) and 2,549 in SFY 2021 (10.0% increase over SFY 2019).*

- SFY 2020 Total Cost = $165,711 State General Funds = $2,275
- SFY 2021 Total Cost = $337,307 State General Funds = $6,508

M202 Frail Elderly Waiver

*Increase in caseload from 2,279 in SFY 2019 to 2,398 in SFY 2020 (5.2% increase over SFY 2019) and 2,505 in SFY 2021 (9.9% increase over SFY 2019).*

- SFY 2020 Total Cost = $12,145 State General Funds = $3,036
- SFY 2021 Total Cost = $28,546 State General Funds = $7,137

M203 Physically Disabled Waiver

*Increase in caseload from 901 in SFY 2019 to 973 in SFY 2020 (8.0% increase over SFY 2019) and 1,038 in SFY 2021 (15.2% increase over SFY 2019).*

- SFY 2020 Total Cost = $5,974 State General Funds = $1,493
- SFY 2021 Total Cost = $16,096 State General Funds = $4,024
Waiver Waitlist Reductions

M510 Individuals with Intellectual Disabilities Waiver

Increase in waiver slots by 346 by the end of the upcoming biennium.

- SFY 2020 Total Cost = $13,694  
  State General Funds = $3,424
- SFY 2021 Total Cost = $38,975  
  State General Funds = $9,744

M511 Frail Elderly Waiver

Increase in waiver slots by 339 by the end of the upcoming biennium.

- SFY 2020 Total Cost = $13,444  
  State General Funds = $3,361
- SFY 2021 Total Cost = $38,266  
  State General Funds = $9,566

M512 Physically Disabled Waiver

Increase in waiver slots by 147 by the end of the upcoming biennium.

- SFY 2020 Total Cost = $5,844  
  State General Funds = $1,461
- SFY 2021 Total Cost = $16,635  
  State General Funds = $4,159
**Mandate**

**M501 Electronic Visit Verification**

*21st Century Cures Act requires an electronic system to verify the provision of Personal Care Services.*

- SFY 2020 Total Cost = $285,328  
  State General Funds = $142,664
- SFY 2021 Total Cost = $427,992  
  State General Funds = $213,996
Positions

E233 Information Security

*Dedicated Information Security Officer and Security Access Coordinator.*

- SFY 2020 Total Cost = $169,309  
  State General Funds = $84,654
- SFY 2021 Total Cost = $225,819  
  State General Funds = $112,910

E245 Public Information Officer

*Public Information Officer to facilitate the division’s media relations.*

- SFY 2020 Total Cost = $71,397  
  State General Funds = $35,698
- SFY 2021 Total Cost = $90,878  
  State General Funds = $45,439
Initiatives

E226 Program Integrity Initiative

*Expansion of the Surveillance Utilization Review, Provider Enrollment, and Recoveries and Recoupment teams.*

- SFY 2020 Total Cost = $823,475
- SFY 2021 Total Cost = $1,002,092

State General Funds:
- SFY 2020: $411,738
- SFY 2021: $501,046

E238 Certified Community Behavioral Health Clinics

*Continued growth in the continuum of care by adding additional clinics.*

- SFY 2020 Total Cost = $701,499
- SFY 2021 Total Cost = $770,661

State General Funds:
- SFY 2020: $350,750
- SFY 2021: $385,330
Increased Quality of Nursing Care

Budget Account 3160
Increased Quality of Nursing Care – BA 3160

Overview

The Increased Quality of Nursing Care budget was created by the 2003 Legislature through the enactment of Assembly Bill 395. The bill instituted a methodology that requires the Division of Health Care Financing and Policy to establish a provider tax program encompassing all free standing long-term care facilities (except those owned by the state) in Nevada. NRS 422.3785 provides that funding received through the imposition of the provider tax, which is used to match federal Title XIX funds, must be applied to increasing reimbursement rates and cannot be used to replace existing state expenditures paid to long-term care facilities. NRS 422.3785 allows the division to use no more than 1.0% of the taxes collected to administer the provider tax program.

Federal rules require that health care-related taxes, such as the provider tax, be broad-based, uniform, and generally redistributive. Historically, the provider tax was established as a uniform rate equivalent of 6.0% of the total annual gross revenues based on the number of days of care provided to non-Medicare patient. However, the Centers for Medicare and Medicaid Services determined that the provider tax was not generally redistributive when a uniform tax rate was applied. Consequently, DHCFP obtained a federal waiver in 2011 for the uniformity requirement of the tax. The DHCFP now sets two tax rates not to exceed 6.0% of net revenues from patient services per quarter, with nursing facilities with a Medicaid occupancy rate greater than 65% paying a lower rate than nursing facilities with a Medicaid occupancy rate less than 65%. Tax rates are set using a statistical test to ensure that the tax is generally redistributive.
Increased Quality of Nursing Care – BA 3160

The 2003 Legislature instituted a provider fee on Free Standing Nursing Facilities (SNFs) to increase the quality of long-term nursing care in Nevada. The fees collected are based on 6% of net patient revenues of SNFs. Once collected, the fees become the nonfederal share of a supplemental payment to Medicaid participating SNFs.

SFY20
- Projected Provider Tax - $41,072,053
- Projected Total Supplemental Payments - $115,893,780

SFY21
- Projected Provider Tax - $43,511,733
- Projected Total Supplemental Payments - $123,885,638
Nevada Check Up

Budget Account 3178
Overview

The Balanced Budget Act of 1997 created the state Children’s Health Insurance Program (CHIP) under Title XXI of the Social Security Act to enable states to expand health care coverage targeted to low-income and uninsured children. Nevada’s CHIP, called the Nevada Check Up program, is approved as a combination program that covers low-income, uninsured children who are not eligible for Medicaid from ages birth through 18 years from families with incomes up to 205% of the federal poverty level (FPL). Families pay quarterly premiums ranging from $0 to $80 based on household income and family size. Services are provided under a managed care arrangement with participating Managed Care Organizations (MCO) in Clark and Washoe Counties and on a fee-for-service basis in areas of the state where an MCO network does not exist. Enrollment in the program began in October 1998.
Nevada Check Up – BA 3178

**Budget Information**

- The base budget includes funding for medical services and capitation payments for Nevada Check Up clients. The federal match for this program is based on the Affordable Care Act Enhanced Children’s Health Insurance Program Federal Medical Assistance Percentage, which is projected to be 89.29% for SFY 2020 and 78.11% for SFY 2021.

- The budget also includes federal match to help support the state’s immunization program.

- Client premium revenues are received in this budget account and partially offset medical expenditure and capitation payment costs.

**M101 Agency Specific Inflation**

*Mandatory inflationary increases related to pharmacy, hospice, Federally Qualified Health Centers, Rural Health Centers, and Indian Health Services.*

SFY 2020 Total Cost = $1,606,461  State General Funds = $172,052
SFY 2021 Total Cost = $3,427,465  State General Funds = $750,272
Nevada Check Up – BA 3178

Caseload Increases

M151 Nevada Check Up Caseload

*Increase in caseload from 27,406 in SFY 2018 to 29,219 in SFY 2019 (7% increase).*

- SFY 2020 Total Cost = $3,149,326 State General Funds = ($202,272)
- SFY 2021 Total Cost = $3,149,325 State General Funds = ($239,634)

M200 Nevada Check Up Caseload

*Increase in caseload from 29,219 in SFY 2019 to 30,012 in SFY 2020 (2.7% increase over SFY 2019) and 30,188 in SFY 2021 (3.3% increase over SFY 2019).*

- SFY 2020 Total Cost = $2,196,511 State General Funds = $122,705
- SFY 2021 Total Cost = $3,008,181 State General Funds = $509,219
Rate Increases

E242 Pediatric Intensive Care Unit (PICU)

*Increases the PICU rate by 15% beginning January 1, 2020.*

- SFY 2020 Total Cost = $3,280  
  State General Funds = $351
- SFY 2021 Total Cost = $6,686  
  State General Funds = $1,463

E230 Neonatal Intensive Care Unit (NICU)

*Increases the NICU daily rate for Level 2 from $327 to $408 and the Level 3/4 rate from $1,487 to $1,858 beginning January 1, 2020.*

- SFY 2020 Total Cost = $77,101  
  State General Funds = $8,258
- SFY 2021 Total Cost = $156,715  
  State General Funds = $34,301
Nevada Medicaid

Budget Account 3243
Overview

Medicaid is the state-administered program for medical assistance established in 1965 with passage of Title XIX of the Social Security Act. The Medicaid program purchases or provides medical services for low-income persons who meet certain eligibility criteria. Under federal Medicaid law, certain eligibility groups and benefits must be covered by states. However, states are given discretion and flexibility to determine additional categories of benefits and the eligibility groups their Medicaid programs will cover. Nevada Medicaid covers low-income individuals, families, the elderly, and the disabled, and has adopted optional benefit packages to be covered under its state plan. Nevada’s Medicaid program currently covers approximately 21% percent of the state’s population.
Budget Information

- The base budget includes funding for medical services and capitation payments for Medicaid clients. The federal match for the Medicaid program is based on eligibility groups:
  - 64.17% in SFY 2020 and 64.63% in SFY 2021 for Parents and Children, Aged Blind and Disabled, Waiver, Child Welfare, and County Match.
  - 89.29% in SFY 2020 and 78.11% in SFY 2021 for CHIP to Medicaid Expansion Children.
  - 91.50% in SFY 2020 and 90.00% in SFY 2021 for Newly Eligible Adults.
- This budget receives expenditure offsets such as drug rebates, recoveries, and recoupments which partially offset the costs of medical services.

M101 Agency Specific Inflation

*Mandatory inflationary increases related to pharmacy, hospice, Federally Qualified Health Centers, Rural Health Centers, and Indian Health Services.*

SFY 2020 Total Cost = $120,461,919  State General Funds = $26,174,886
SFY 2021 Total Cost = $217,179,616  State General Funds = $49,971,680
Caseload Increases

M151 Medicaid Caseload

*Increase in caseload from 659,387 in SFY 2018 to 664,337 in SFY 2019 (1% increase).*

- SFY 2020 Total Cost = $204,966,635  State General Funds = $23,031,504
- SFY 2021 Total Cost = $254,088,810  State General Funds = $36,815,937

M200 Medicaid Caseload

*Increase in caseload from 664,337 in SFY 2019 to 676,534 in SFY 2020 (1.8% increase over SFY 2019) and 686,625 in SFY 2021 (3.4% increase over SFY 2019).*

- SFY 2020 Total Cost = $35,282,292  State General Funds = $17,673,787
- SFY 2021 Total Cost = $101,839,996  State General Funds = $33,608,113
Nevada Medicaid – BA 3243

Waivers

M201 Individuals with Intellectual Disabilities Waiver

Increase in caseload from 2,318 in SFY 2019 to 2,434 in SFY 2020 (5.0% increase over SFY 2019) and 2,549 in SFY 2021 (10.0% increase over SFY 2019).

- SFY 2020 Total Cost = $3,365,585  State General Funds = $226,824
- SFY 2021 Total Cost = $7,381,663  State General Funds = $640,775

M202 Frail Elderly Waiver

Increase in caseload from 2,279 in SFY 2019 to 2,398 in SFY 2020 (5.2% increase over SFY 2019) and 2,505 in SFY 2021 (9.9% increase over SFY 2019).

- SFY 2020 Total Cost = $4,325,384  State General Funds = $1,549,785
- SFY 2021 Total Cost = $10,166,388  State General Funds = $3,595,851

M203 Physically Disabled Waiver

Increase in caseload from 901 in SFY 2019 to 973 in SFY 2020 (8.0% increase over SFY 2019) and 1,038 in SFY 2021 (15.2% increase over SFY 2019).

- SFY 2020 Total Cost = $638,411  State General Funds = $228,743
- SFY 2021 Total Cost = $1,719,801  State General Funds = $608,294
Nevada Medicaid – BA 3243

Waiver Waitlist Reductions

M510 Individuals with Intellectual Disabilities Waiver

*Increase in waiver slots by 346 by the end of the upcoming biennium.*

- SFY 2020 Total Cost = $8,702,299  
  State General Funds = $341,467
- SFY 2021 Total Cost = $10,667,320  
  State General Funds = $959,324

M511 Frail Elderly Waiver

*Increase in waiver slots by 339 by the end of the upcoming biennium.*

- SFY 2020 Total Cost = $4,788,292  
  State General Funds = $1,715,645
- SFY 2021 Total Cost = $13,628,214  
  State General Funds = $4,820,299

M512 Physically Disabled Waiver

*Increase in waiver slots by 147 by the end of the upcoming biennium.*

- SFY 2020 Total Cost = $624,481  
  State General Funds = $223,752
- SFY 2021 Total Cost = $1,777,371  
  State General Funds = $628,656
Rate Increases

E242 Pediatric Intensive Care Unit (PICU)

*Increases the PICU rate by 15% beginning January 1, 2020.*

- SFY 2020 Total Cost = $823,255  
  State General Funds = $293,365
- SFY 2021 Total Cost = $1,678,185  
  State General Funds = $591,813

E230 Neonatal Intensive Care Unit (NICU)

*Increases the NICU daily rate for Level 2 from $327 to $408 and the Level 3/4 rate from $1,487 to $1,858 beginning January 1, 2020.*

- SFY 2020 Total Cost = $8,241,059  
  State General Funds = $2,953,183
- SFY 2021 Total Cost = $16,750,784  
  State General Funds = $5,925,171
Rate Increases

E234 Personal Care Services (PCS)

*Increases the PCS rate by 3.3% beginning January 1, 2020.*

- SFY 2020 Total Cost = $1,984,851 State General Funds = $704,538
- SFY 2021 Total Cost = $4,073,142 State General Funds = $1,427,720

E250 Supported Living Arrangements

*Increases the SLA rate from $20.48 to $20.91 beginning January 1, 2020.*

- SFY 2020 Total Cost = $1,357,064 State General Funds = $0
- SFY 2021 Total Cost = $1,411,963 State General Funds = $0

E249 Supported Living Arrangements

*Additional increase in the SLA rate to $22.00 in SFY 2020 and $23.00 in SFY 2021.*

- SFY 2020 Total Cost = $4,688,039 State General Funds = $0
- SFY 2021 Total Cost = $7,929,161 State General Funds = $0
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Nevada Medicaid – BA 3243

Initiatives

E226 Program Integrity Initiative

Expansion of the Surveillance Utilization Review, Provider Enrollment, and Recoveries and Recoupment teams results in offsets in medical expenditures.

SFY 2020 Total Cost = ($1,453,853)  State General Funds = ($513,901)
SFY 2021 Total Cost = ($1,938,471)  State General Funds = ($689,369)

E238 Certified Community Behavioral Health Clinics

Continues growth in the continuum of care by adding additional clinics.

SFY 2020 Total Cost = $17,334,866  State General Funds = $3,490,583
SFY 2021 Total Cost = $21,604,041  State General Funds = $4,502,501
Initiatives

E227 Psychiatric Residential Treatment Facility (PRTF)

Converts Division of Child and Family Services existing treatment home facilities into PRTFs.

- SFY 2020 Total Cost = $942,535  State General Funds = $0
- SFY 2021 Total Cost = $2,834,585  State General Funds = $0

E232 1915i Supported Housing for the Homeless

Funds supported housing services to reduce housing instability experienced by homeless individuals.

- SFY 2020 Total Cost = $3,227,167  State General Funds = $621,653
- SFY 2021 Total Cost = $6,548,088  State General Funds = $1,310,568
Nevada Medicaid – BA 3243

Funding Changes

**E277 Clark County Voluntary Contribution**

*Aligns with new interlocal agreement for state fiscal years 2019-2021.*

- SFY 2020 Total Cost = $0 State General Funds = $15,187,002
- SFY 2021 Total Cost = $0 State General Funds = $15,911,589

**E246 County Match Supplemental Fund**

*Funds County Match Program expenditures in excess of a county’s 8 cent cap.*

- SFY 2020 Total Cost = $0 State General Funds = $227,134
- SFY 2021 Total Cost = $0 State General Funds = $223,468

**E248 County Match Increased Contribution**

*Increases the county contribution to cover the full non-federal share of expenditures for services for County Match Program recipients.*

- SFY 2020 Total Cost = $0 State General Funds = ($9,601,236)
- SFY 2021 Total Cost = $0 State General Funds = ($9,624,515)
Appendix
### Bill Draft Requests

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<th>NRS</th>
<th>Description</th>
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<td>422.4025</td>
<td>Eliminate Sunset for Preferred Drug List</td>
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<td>Allow the Division to receive other funds from the Board of Trustees of the Fund for Hospital Care to Indigent Persons</td>
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Acronyms

- DHCFP: Division of Health Care Financing and Policy
- CMS: Centers for Medicare and Medicaid Services
- CHIP: Children’s Health Insurance Program
- MCO: Managed Care Organization
- MMIS: Medicaid Management Information System
- EPSDT: Early and Periodic Screen, Diagnostic, and Treatment
- FPL: Federal Poverty Level
- FMAP: Federal Medical Assistance Percentage
- PICU: Pediatric Intensive Care Unit
- NICU: Newborn Intensive Care Unit
- IGT: Inter-governmental Transfer
- DSH: Disproportionate Share Hospital
- UPL: Upper Payment Limit
- SMAP: State Medical Assistance Percentage
- SNF: Skilled Nursing Facility
SFY18 Medicaid and Check Up Service Expenditures

Managed Care $1,816

These Managed Care payments generate an estimated $62 million in Nevada’s state insurance premium tax revenues.

Inpatient $845

Outpatient $85

Professional $949

Prescriptions $284

Green = Payments to Managed Care Organizations, which coordinate care and pay providers directly for medical services to Medicaid recipients
Blue = Fee for Service Expenditures
Note: Chart reflects services only. Other expenditures and offsets are not included.
SFY18 Medicaid Funding Sources

Federal Funds $2,881

State General Fund $672

Intergovernmental Transfers $160

Long-Term Care Provider Fee $35

County Match Reimbursements $23

Drug Rebates & Expenditure Offsets $354

Blue = Revenues per DAWN
Green = Expenditure offsets in Category 28 Offline. FMAP must be applied to determine retained funding.
SFY18 Average Caseload by Category

- **Parents and Children**: 321,933 (47%)
- **Newly Eligible Adults**: 218,878 (32%)
- **Aged, Blind, and Disabled**: 79,958 (12%)
- **Check Up**: 27,300 (4%)
- **Waiver**: 5,083 (1%)
- **County Match**: 1,569 (0%)
- **Child Welfare**: 11,274 (2%)
- **Expansion Children**: 13,380 (2%)

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SFY18 Monthly Costs Per Recipient by Caseload Category

- Aged, Blind, and Disabled: $963
- Child Welfare: $609
- Newly Eligible Adults: $504
- Parents and Children: $244
- Nevada Check Up: $160
- Expansion Children: $142
SFY18 Fee-for-Service Expenditures

- 011 Hospital, Inpatient: $506,436,532 (24%)
- 028 Pharmacy: $284,987,059 (13%)
- 019 Nursing Facility: $270,490,113 (13%)
- 020 Physician, M.D., Osteopath, D.O.: $183,681,959 (9%)
- 014 Behavioral Health Outpatient: $177,946,232 (8%)
- 030 Personal Care Aid Prov Agency: $106,013,304 (5%)
- 038 Intellectual Disability Waiver: $73,432,387 (3%)
- 022 Dentist: $75,645,072 (3%)
- 012 Hospital, Outpatient: $37,341,271 (2%)
- 054 Targeted Case Management: $37,010,797 (2%)
- Other: $389,421,476 (18%)

Helping People. It's who we are and what we do.
SFY18 Managed Care Expenditures

- 011 Hospital, Inpatient $268,388,040 20%
- 028 Pharmacy $298,455,232 22%
- 014 Behavioral Health Outpatient $40,801,247 3%
- 012 Hospital, Outpatient $65,239,373 5%
- 013 Psychiatric Hosp, Inpatient $25,415,609 2%
- 024 Adv. Practice R.N.s $26,089,185 2%
- 022 Dentist $36,098,660 3%
- 019 Nursing Facility $23,905,518 2%
- 034 Therapy $18,729,947 1%
- Other $154,662,567 11%
- 020 Physician, M.D., Osteopath, D.O. $391,273,070 29%

*Note: The MCO expenditures shown are not direct costs to the state, they are amounts paid by the MCOs to their providers for serving Medicaid clients.*
Federal Medical Assistance Percentage (FMAP)

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>FMAP</th>
<th>Enhanced (CHIP) FMAP</th>
<th>ACA Enhanced (CHIP) FMAP</th>
<th>New Eligibles FMAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12</td>
<td>55.05%</td>
<td>68.54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td>58.86%</td>
<td>71.20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY14</td>
<td>62.26%</td>
<td>73.58%</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>FY15</td>
<td>64.04%</td>
<td>74.83%</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>FY16</td>
<td>64.79%</td>
<td>75.35%</td>
<td>92.60%</td>
<td>100.00%</td>
</tr>
<tr>
<td>FY17</td>
<td>64.74%</td>
<td>75.32%</td>
<td>98.32%</td>
<td>97.50%</td>
</tr>
<tr>
<td>FY18</td>
<td>65.48%</td>
<td>75.84%</td>
<td>98.84%</td>
<td>94.50%</td>
</tr>
<tr>
<td>FY19</td>
<td>65.09%</td>
<td>75.57%</td>
<td>98.57%</td>
<td>93.50%</td>
</tr>
<tr>
<td>FY20</td>
<td>64.17%</td>
<td>74.92%</td>
<td>89.29%</td>
<td>91.50%</td>
</tr>
<tr>
<td>FY21</td>
<td>64.63%</td>
<td>75.24%</td>
<td>78.11%</td>
<td>90.00%</td>
</tr>
<tr>
<td>FY22</td>
<td>65.24%</td>
<td>75.66%</td>
<td></td>
<td>90.00%</td>
</tr>
<tr>
<td>FY23</td>
<td>65.99%</td>
<td>76.19%</td>
<td></td>
<td>90.00%</td>
</tr>
</tbody>
</table>

*Note: The FMAP values for FY21 through FY23 are projections. The ACA Enhanced (CHIP) FMAP ends in September 2020.*
# Medicaid and Check Up Eligibility and Income Limits

## Medicaid

<table>
<thead>
<tr>
<th>Group</th>
<th>Eligibility FPL</th>
<th>Income Household Size 1</th>
<th>Income Household Size 2</th>
<th>Income Household Size 3</th>
<th>Income Household Size 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-5</td>
<td>165%</td>
<td>$20,609</td>
<td>$27,902</td>
<td>$35,195</td>
<td>$42,488</td>
</tr>
<tr>
<td>Children 6-18</td>
<td>138%</td>
<td>$17,236</td>
<td>$23,336</td>
<td>$29,435</td>
<td>$35,535</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>165%</td>
<td>$20,609</td>
<td>$27,902</td>
<td>$35,195</td>
<td>$42,488</td>
</tr>
<tr>
<td>Other Adults</td>
<td>138%</td>
<td>$17,236</td>
<td>$23,336</td>
<td>$29,435</td>
<td>$35,535</td>
</tr>
</tbody>
</table>

## Nevada Check Up

<table>
<thead>
<tr>
<th>Group</th>
<th>Eligibility FPL</th>
<th>Income Household Size 1</th>
<th>Income Household Size 2</th>
<th>Income Household Size 3</th>
<th>Income Household Size 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-18</td>
<td>205%</td>
<td>$25,605</td>
<td>$34,666</td>
<td>$43,727</td>
<td>$52,788</td>
</tr>
</tbody>
</table>