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 services by:
  • Paying monthly per member premiums to managed care organizations (MCOs) in urban areas.
  • Making direct payment to health care providers in rural areas through the state’s fee-for-service system.

• 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.
DHCFP Organizational Chart

Suzanne Bierman
Administrator

Cody Phinney
Deputy Administrator
- Behavioral Health
- Managed Care and Quality Assurance
- Program Integrity
- Nevada Check Up
- Access to Care Monitoring
- Third Party Liability

DuAne Young
Deputy Administrator
- Hospital and Physician Services
- Children’s Programs
- EPSDT
- Indian Health
- Long-Term Support Services

Budd Milazzo
Chief Financial Officer
- Fiscal Services
- Supplemental Reimbursements
- Federal Reporting
- Procurement and Performance Management
- Rate Analysis and Development

Sandie Ruybalid
Chief of Information Services
- MMIS
- Application Development
- Business Process Analysis
- Project Management
- IT Operations

Tammy Moffitt
Chief of Operations
- Human Resources
- Division Compliance
- Internal Audits
- Recipient Services

Helping People. It’s who we are and what we do.
Accomplishments

• Modernized the Medicaid Management Information 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 (CCBHC) Demonstration Project to provide integrated behavioral health and primary care services.

• Implemented initiatives to ensure that recipients receive appropriate, effective, and medically necessary services.
MMIS Modernization Update

• “Modernization” is a short term for a BIG project to replace the Medicaid Claims payment computer system. The system is called the Medicaid Management Information System (MMIS).
• The Modernization was 90% federally funded.
• The third and final phase of this project went live on February 1 and the new system began paying claims submitted by our providers.
• This system is more nimble than the previous system, allowing Medicaid to edit more quickly and update in a more timely manner.
• Nevada is the first state to have a completely paperless claims process.
Opportunities

• 1115 Demonstration Waiver for Specialized Foster Care
  ➢ Collaboration with Division of Child and Family Services

• 1115 Demonstration Waiver for CCBHC
  ➢ Collaboration with Division of Public and Behavioral Health

• 1915(i) State Plan Option for Supportive Housing Services
  ➢ Medicaid’s piece in the homelessness puzzle

• Establishment of the Hospital Provider Fee
  ➢ Collaboration with the Nevada Hospital Association
Challenges

• Decrease in Federal match
• Lack of Board Certified Behavioral Analyst (BCBA) providers for Applied Behavioral Analysis (ABA) services
• Lack of behavioral health step down facilities in Nevada
• Lack of access to services in rural and frontier areas of the state
Total Medicaid Caseload

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

Nevada Check Up Recipients

Nevada Check Up
Leg. Approved
Gov. Rec.
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%)
- Expansion Children: 13,380 (2%)
- Child Welfare: 11,274 (2%)
- Waiver: 5,083 (1%)
- County Match: 1,569 (0%)
SFY18 Monthly Costs Per Recipient by Caseload Category

- Waiver: $1,078
- Aged, Blind, and Disabled: $963
- Child Welfare: $609
- Newly Eligible Adults: $504
- Parents and Children: $244
- Nevada Check Up: $160
- Expansion Children: $142
# 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>
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Note: The FMAP values for FY21 through FY23 are projections. The ACA Enhanced (CHIP) FMAP ends in September 2020.
Acronyms

- DHCFP: Division of Health Care Financing and Policy
- CMS: Centers for Medicare and Medicaid
- CHIP: Children’s Health Insurance Program
- MCO: Managed Care Organization
- MMIS: Medicaid Management Information System
- EPSDT: Early and Periodic Screen, Diagnostic, and Treatment
- 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