NEVADA HOSPITAL ASSOCIATION PRESENTATION

September 5, 2013

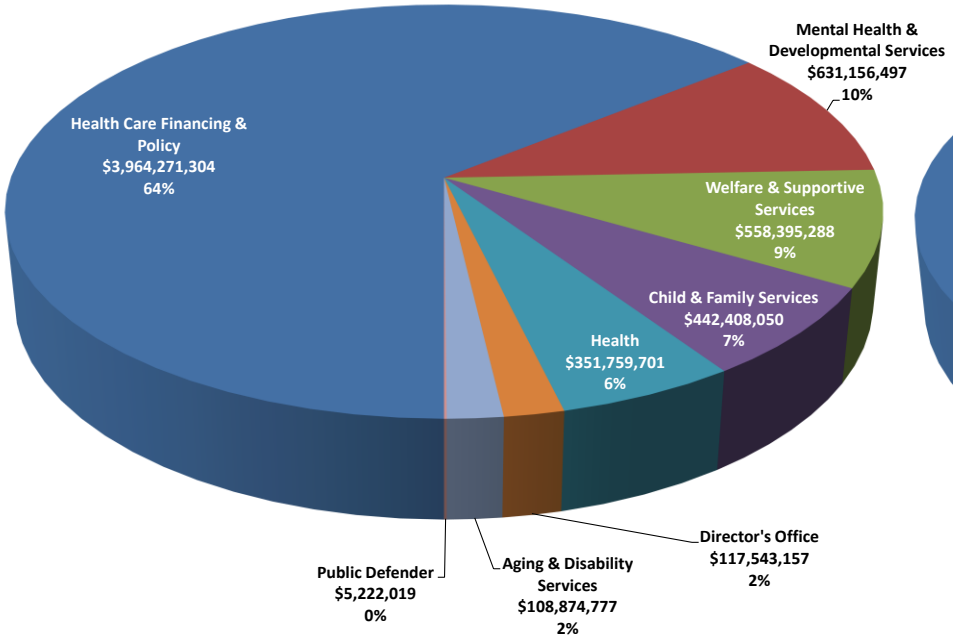
Mike Willden, Director

Department of Health and Human Services

DHHS LEGISLATIVE APPROVED BUDGET SUMMARY

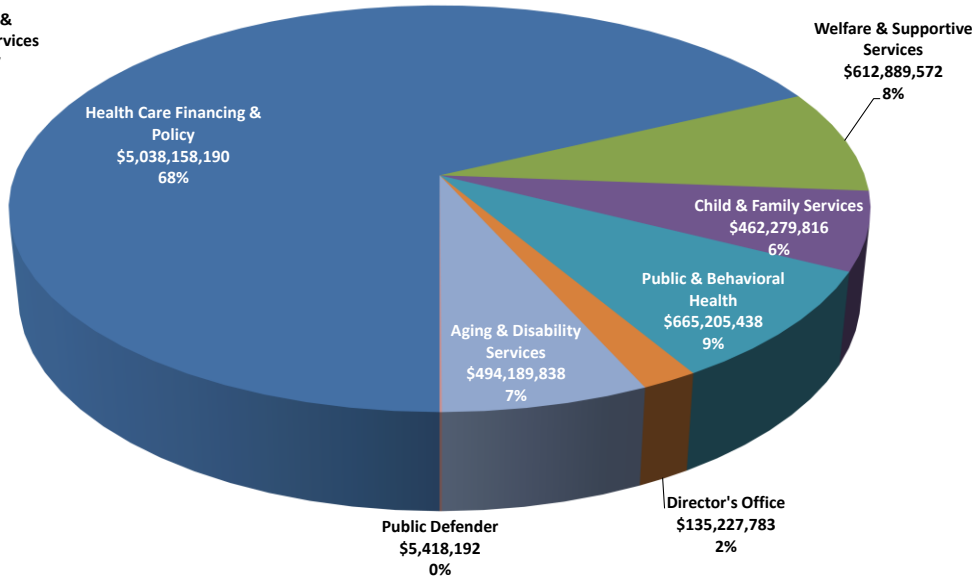
Revenues by Division, 2012-13 and 2014-15 Biennia

Legislative Approved 2012-13 Biennium



Total $6,179,603,793

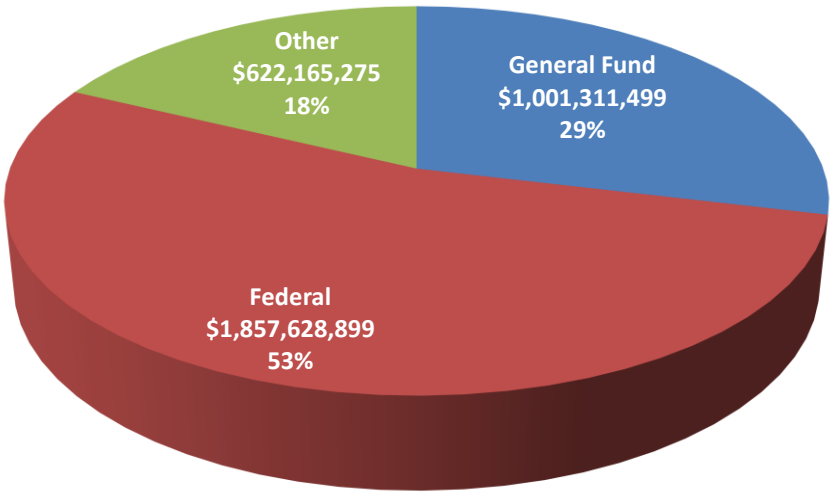
Legislative Approved 2014-15 Biennium



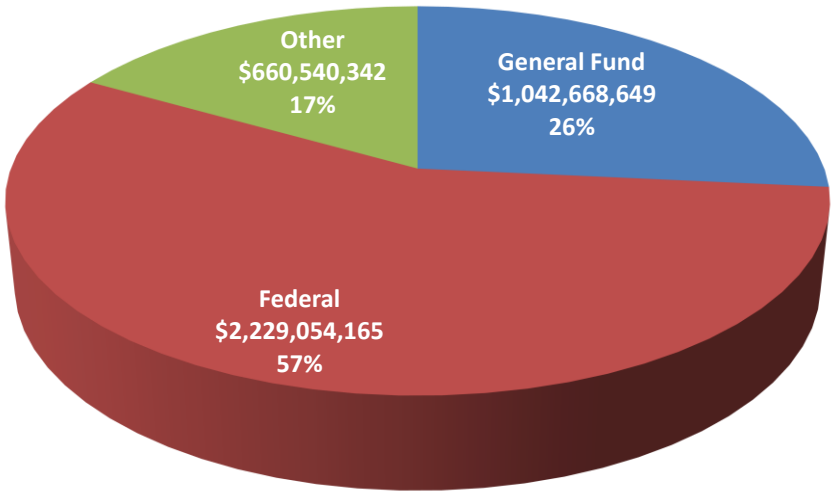
Total $7,413,368,829

Budgeted Funding Source, 2014-15 Biennium

State Fiscal Year 2014

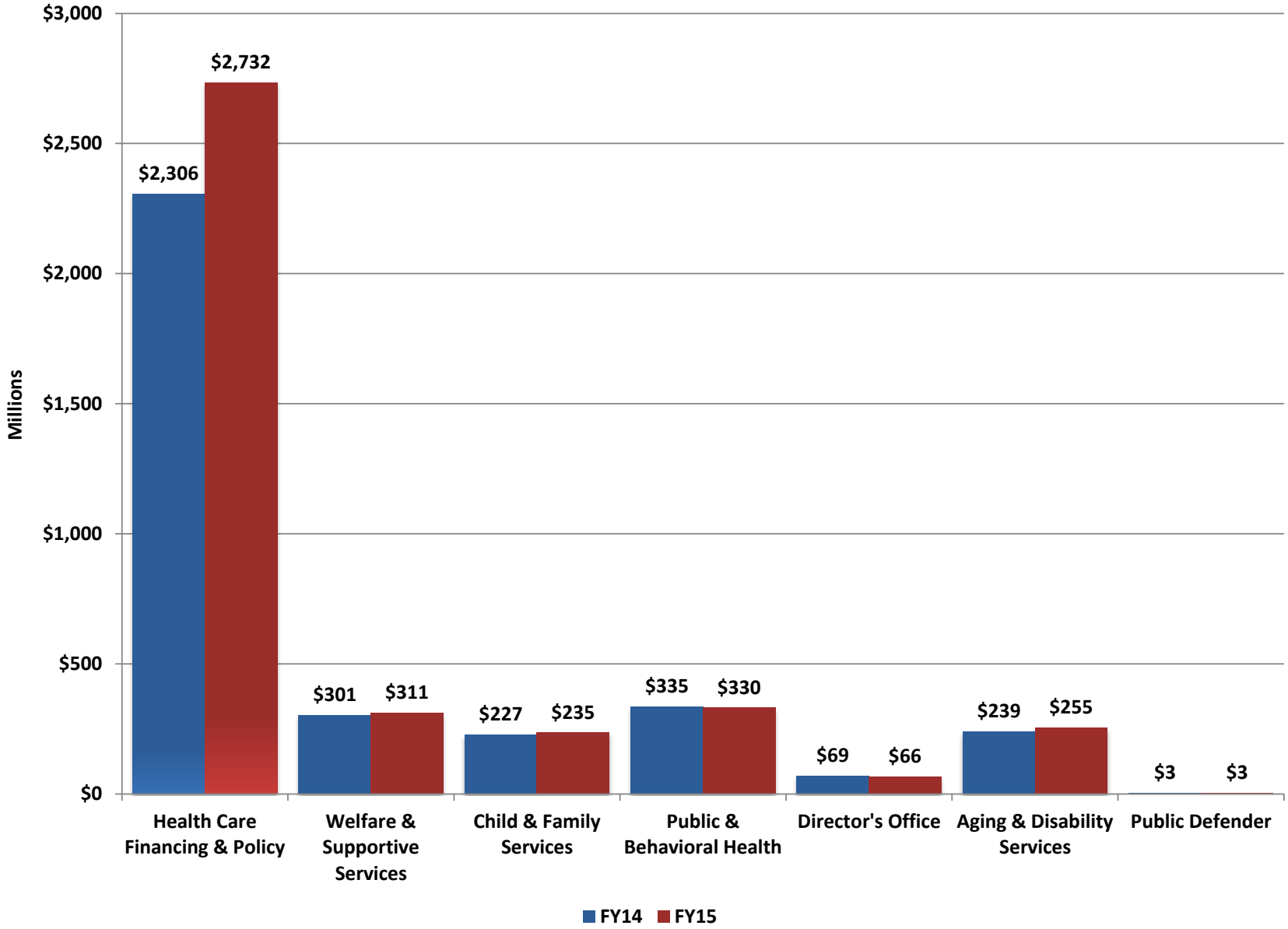


State Fiscal Year 2015



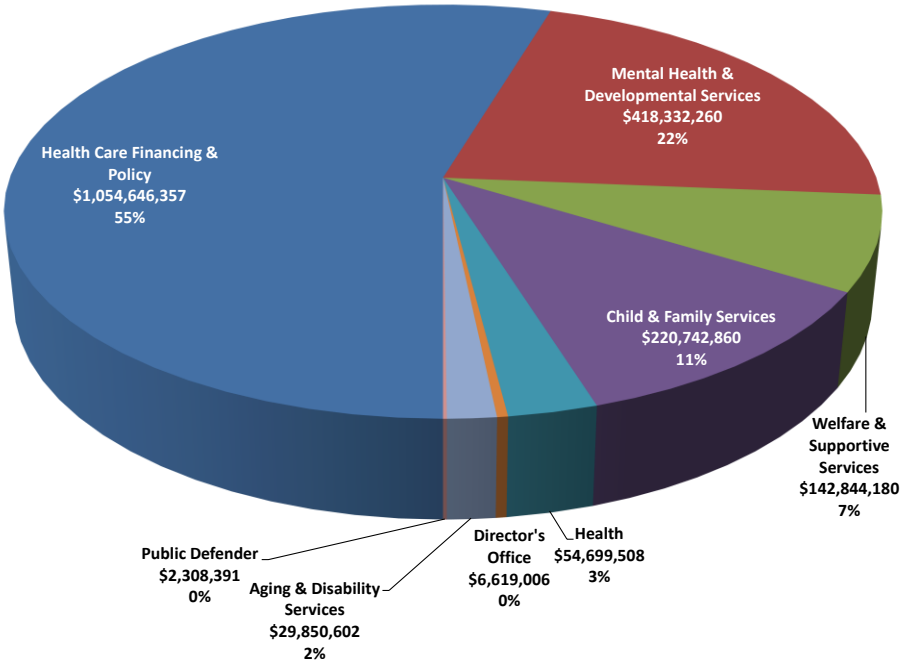
Total $7,413,368,829

Revenue by Division, Fiscal Years 2014 and 2015



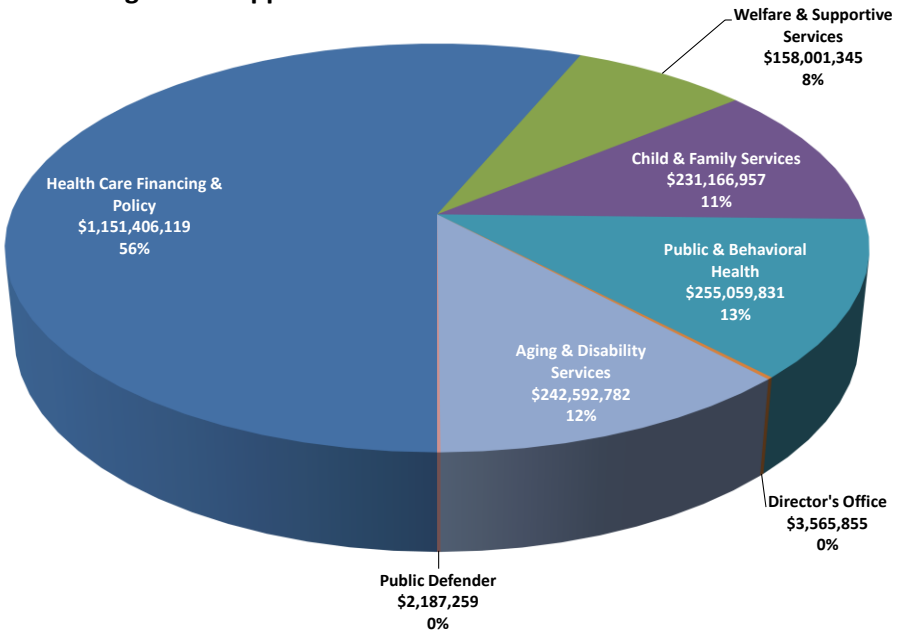
General Funds by Division, 2012-13 and 2014-15 Biennia

Legislative Approved General Funds 2012-13 Biennium



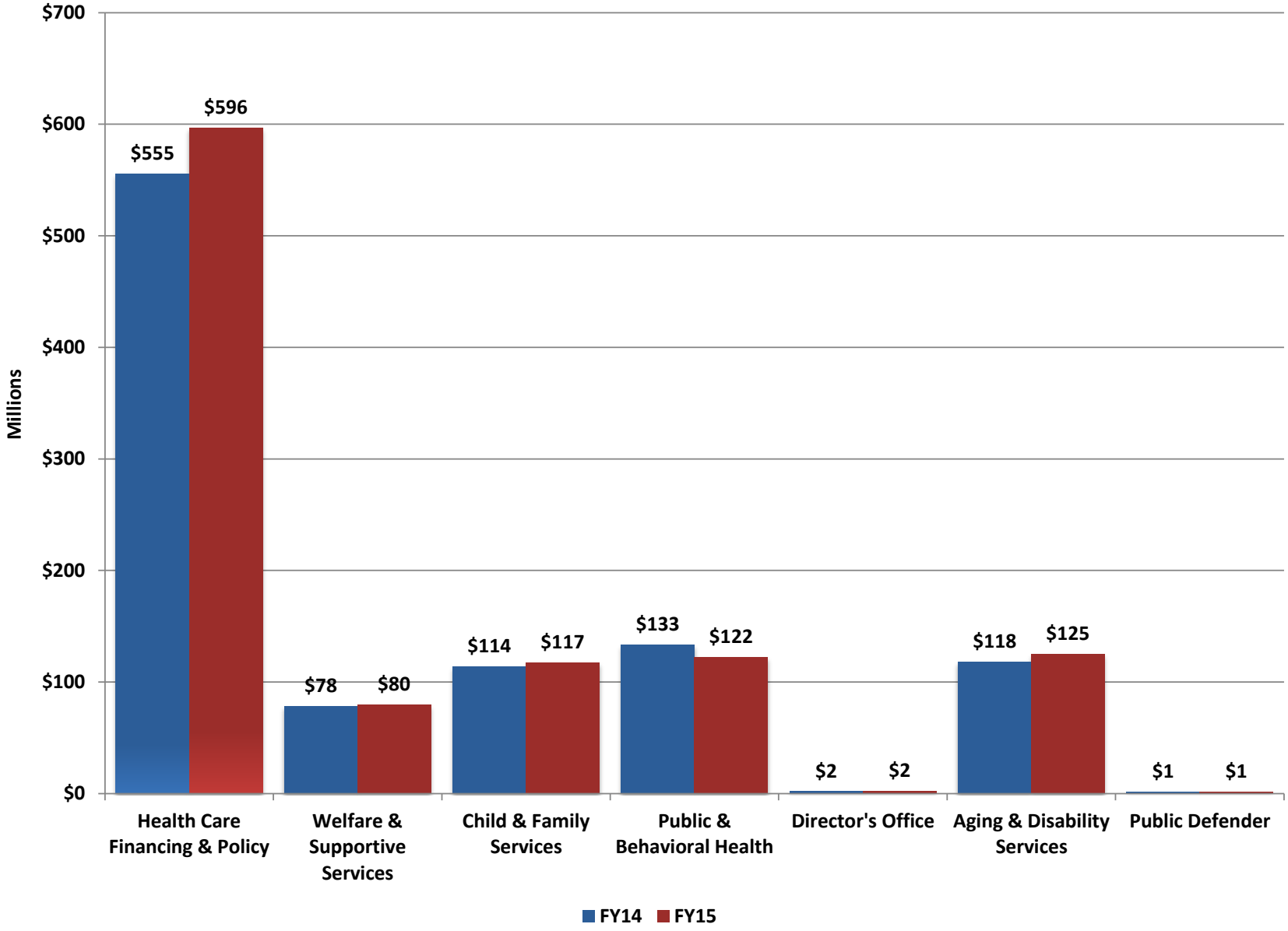
Total $1,930,043,164

Legislative Approved General Funds 2014-15 Biennium



Total $2,043,980,148

General Fund Revenue by Division, Fiscal Years 2014 and 2015



Expenditures 2008-2012 by Expenditure Type

Expenditure Type	FY08	FY09	FY10	FY11	FY12
Inpatient Hospital	$294,523,202.03	$301,710,445.39	$290,536,214.27	$313,220,767.92	$340,946,648.14
Outpatient Hospital	$46,320,754.42	$32,847,606.23	$38,271,328.06	$41,880,170.43	$40,354,955.99
Physician	$94,759,459.69	$92,352,275.82	$101,711,650.98	$102,458,079.59	$101,616,674.83
Pharmacy	$81,444,395.40	$93,689,080.46	$102,881,072.00	$109,852,458.54	$125,401,091.00
Long Term Care	$165,682,562.60	$176,968,154.20	$179,767,863.04	$186,190,054.68	$193,518,403.60
Mental Health/ Developmental	$66,028,604.79	$111,476,598.68	$107,753,300.25	$82,985,593.55	$104,398,998.42
HMOs	$208,947,730.26	$235,871,819.75	$295,722,879.50	$355,755,946.07	$374,996,657.69
Community Based Services	$80,218,744.15	$77,925,105.39	$78,041,327.49	$84,368,962.15	$91,460,329.79
Dental	$16,084,203.45	$20,129,018.88	$24,429,015.96	$27,907,710.15	$32,812,095.87
Waiver Services	$87,653,853.95	$80,249,821.06	$115,569,957.41	$110,232,523.11	$105,261,624.34
Other Professional Services	$14,010,014.45	$15,535,807.97	$17,405,231.54	$18,053,848.48	$20,599,125.84
All Other Services	$81,004,132.81	$78,120,899.61	$99,080,604.76	$113,608,541.33	$104,937,894.28
Rebates and Recoveries	($39,202,796.98)	($36,402,440.58)	($46,740,488.11)	($63,935,502.22)	($82,383,599.77)
State Totals*	**$1,197,474,861.02**	**$1,280,474,192.66**	**$1,404,429,957.15**	**$1,482,579,153.78**	**$1,553,911,900.02**

FMAP

Blended FMAP for State Fiscal Years 2003-2020

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%	
	52.53%	66.77%	
FY04	54.30%	68.01%	
	55.34%	68.74%	
FY05	55.66%	68.96%	
FY06	55.05%	68.53%	
FY07	54.14%	67.90%	
FY08	52.96%	67.07%	
FY09	50.66%	65.46%	
	61.11%	72.78%	
FY10	50.12%	65.08%	
	63.93%	74.75%	
FY11	51.25%	65.87%	
	57.77%	70.44%	
FY12	55.05%	68.54%	
FY13	58.86%	71.20%	
FY14	*60.94%*	*72.66%*	*100.00%*
FY15	*61.93%*	*73.35%*	*100.00%*
FY16	*62.46%*	*73.72%*	*100.00%*
FY17	*62.61%*	*73.83%*	*97.50%*
FY18	*62.42%*	*73.70%*	*94.50%*
FY19	*61.94%*	*73.36%*	*93.50%*
FY20	*61.32%*	*72.92%*	*91.50%*

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY14 through FY20 are projections.

AFFORDABLE CARE ACT

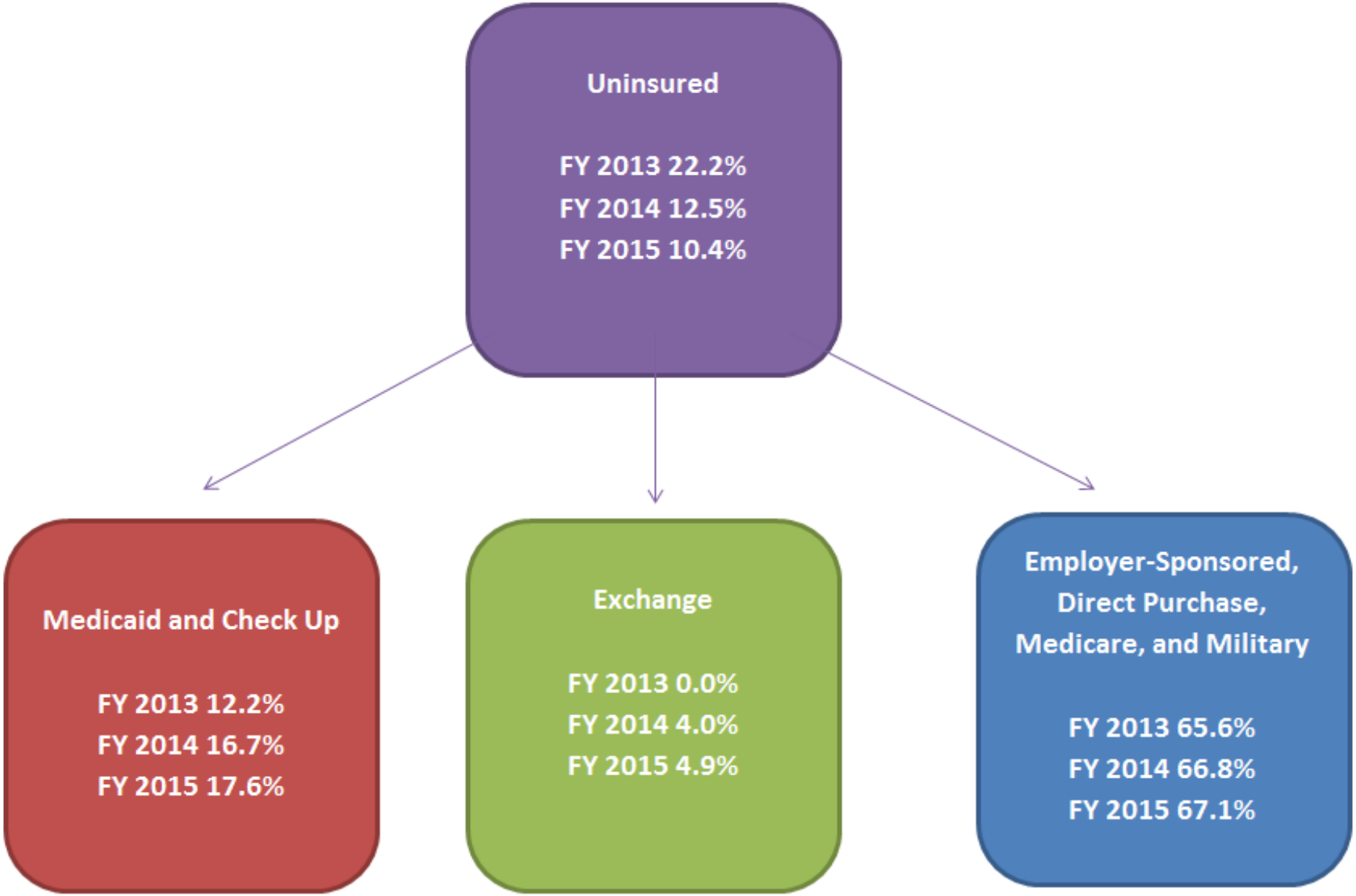
Where we Began

- UNINSURED
  - 22.4% of Nevadans (605,000 people)
  - 2nd worst in Nation; Texas is worst (23.8%)
  - National Average is 16%
  - Of the Nevadans uninsured:
    - 23% below poverty
    - 29% poverty to 200%
    - 19% 200% to 300%
    - 7% 300% to 400%
    - All but 10% are Medicaid or SSHIX eligible

Where we Began (cont'd)

- CHILDREN
  - Worst in Nation with 19.3% uninsured rate
  - Texas next at 16.6% uninsured
  - Nationwide 9.7% children uninsured

- MEDICAID COVERAGE
  - One of lowest per capita coverage rates in Nation
  - Nevada 11% vs. 20% Nation average
  - No presumptive eligibility or Medically Needy coverage—restrictive eligibility
  - 21.9% of children in Nevada are covered by Medicaid (5th worst in Nation)
    - National average is 34.9%
  - Poor coverage of Mental Health program recipients


Uninsured
FY 2013 22.2%
FY 2014 12.5%
FY 2015 10.4%
Medicaid and Check Up
FY 2013 12.2%
FY 2014 16.7%
FY 2015 17.6%
Exchange
FY 2013 0.0%
FY 2014 4.0%
FY 2015 4.9%
Employer-Sponsored, Direct Purchase, Medicare, and Military
FY 2013 65.6%
FY 2014 66.8%
FY 2015 67.1%

Estimated and Projected Insurance Coverage in Nevada

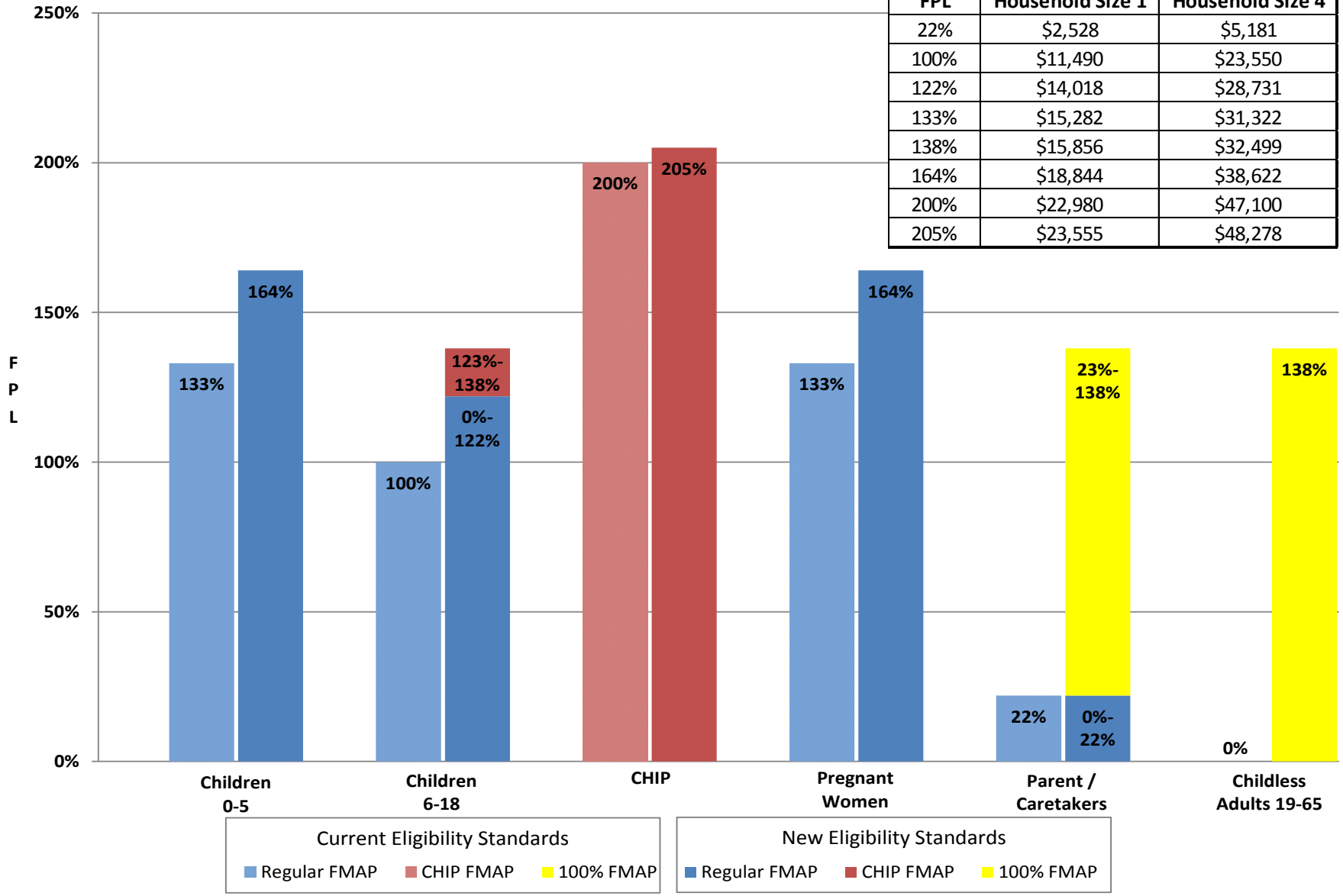
	Employer-Sponsored, Direct Purchase, Medicare, and Military	Medicaid and CheckUp	Exchange	Uninsured
FY02	1,618,264	181,302		406,456
FY03	1,701,745	191,400		403,421
FY04	1,769,851	202,673		438,244
FY05	1,901,746	200,592		416,531
FY06	1,935,021	199,705		488,324
FY07	2,060,283	199,621		458,433
FY08	2,030,990	212,994		494,749
FY09	1,918,546	234,810		557,849
FY10	1,853,572	289,670		581,392
FY11	1,788,000	318,099		615,695
FY12	1,799,875	330,358		619,984
FY13	1,826,436	339,808		617,140
FY14	1,881,332	471,589	113,405	351,785
FY15	1,916,442	502,966	138,585	296,872

	Employer-Sponsored, Direct Purchase, Medicare, and Military	Medicaid and CheckUp	Exchange	Uninsured
FY02	73.4%	8.2%		18.4%
FY03	74.1%	8.3%		17.6%
FY04	73.4%	8.4%		18.2%
FY05	75.5%	8.0%		16.5%
FY06	73.8%	7.6%		18.6%
FY07	75.8%	7.3%		16.9%
FY08	74.2%	7.8%		18.1%
FY09	70.8%	8.7%		20.6%
FY10	68.0%	10.6%		21.3%
FY11	65.7%	11.7%		22.6%
FY12	65.4%	12.0%		22.5%
FY13	65.6%	12.2%		22.2%
FY14	66.8%	16.7%	4.0%	12.5%
FY15	67.1%	17.6%	4.9%	10.4%

Note: The Current Population Survey (CPS) estimates the number of uninsured individuals and the share of the population that is uninsured. Because the CPS total state population estimates do not perfectly correspond with the official population estimates produced by the Nevada State Demographer, the CPS share of population that is uninsured is applied to the State Demographer's population estimate to derive the number of uninsured Nevadans. For example, the CPS estimates that 607,000 Nevadans (22.6% of the population) were uninsured in 2011. Applying this percentage to the State Demographer's population estimate yields 615,695 uninsured Nevadans.

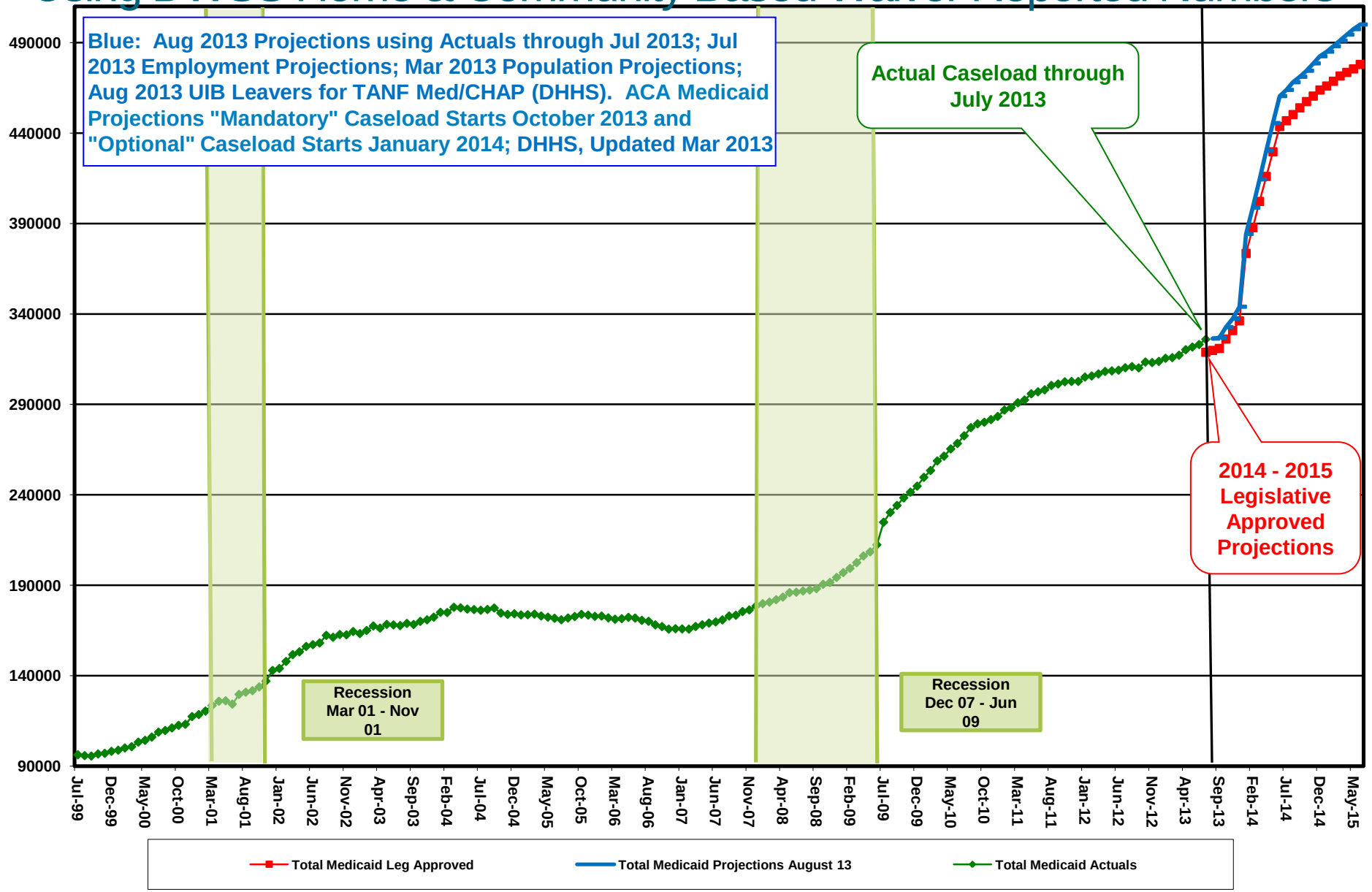
Medicaid Eligibility and FMAP

2013 Federal Poverty Guidelines		
FPL	Household Size 1	Household Size 4
22%	$2,528	$5,181
100%	$11,490	$23,550
122%	$14,018	$28,731
133%	$15,282	$31,322
138%	$15,856	$32,499
164%	$18,844	$38,622
200%	$22,980	$47,100
205%	$23,555	$48,278



MEDICAID CASELOAD GROWTH

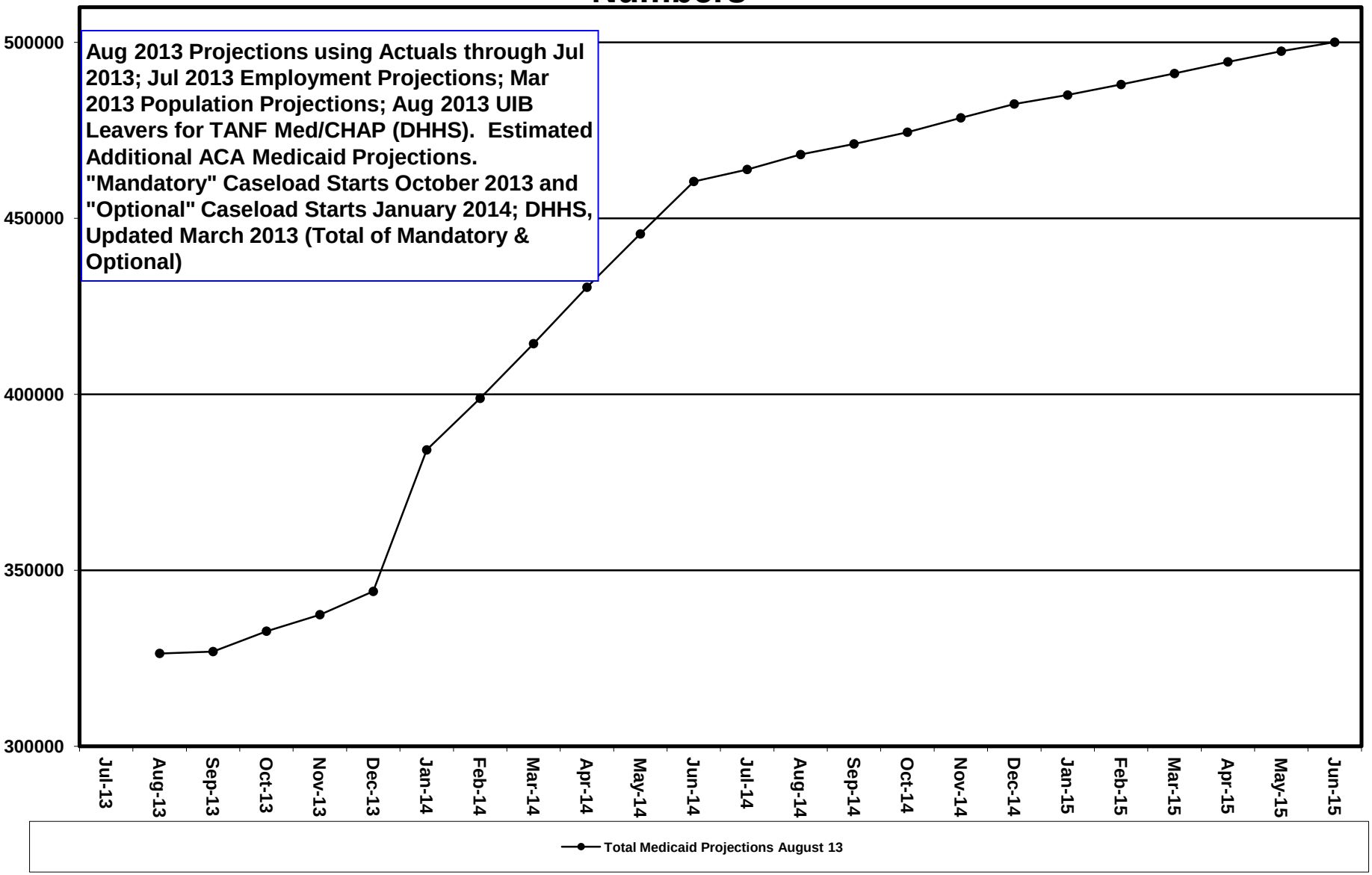
Total Medicaid With Retro Projections
Using DWSS Home & Community Based Waiver Reported Numbers



Total Medicaid w/DWSS HSBW

	TOTAL MEDICAID w/RETRO			TOTAL MEDICAID w/RETRO			TOTAL MEDICAID w/RETRO			TOTAL MEDICAID w/RETRO		
	FY 08-09 Actuals w/updated retro	FY 08-09 Leg Approved Projections		FY 10-11 Actuals w/updated retro	FY 10-11 Leg Approved Projections		FY 12-13 Actuals w/updated FY12 Retro	FY 12-13 Leg Approved Projections		FY 14-15 Actuals	FY 14-15 Leg Approved Projections	Current Month's Projection (August 2013 Projections using July 2013 Actuals)
Jul-07	171,634	167,962	Jul-09	224,861	209,499	Jul-11	298,084	290,009	Jul-13	325,988	318,814	
Aug-07	174,488	168,572	Aug-09	230,258	211,579	Aug-11	300,466	291,802	Aug-13		319,846	326,379
Sep-07	174,383	168,802	Sep-09	234,138	213,815	Sep-11	301,301	292,179	Sep-13		320,921	326,904
Oct-07	176,498	169,338	Oct-09	238,338	215,798	Oct-11	302,497	292,929	Oct-13		326,130	332,699
Nov-07	177,632	169,693	Nov-09	241,463	218,235	Nov-11	302,679	292,908	Nov-13		330,815	337,385
Dec-07	179,926	170,300	Dec-09	244,806	220,072	Dec-11	302,711	295,181	Dec-13		336,195	344,000
Jan-08	180,983	170,817	Jan-10	249,668	222,012	Jan-12	305,107	295,986	Jan-14		373,495	384,204
Feb-08	182,274	171,132	Feb-10	253,462	224,160	Feb-12	305,721	295,950	Feb-14		387,692	398,855
Mar-08	183,526	171,469	Mar-10	258,741	225,855	Mar-12	306,869	297,184	Mar-14		402,196	414,390
Apr-08	185,251	171,625	Apr-10	261,381	227,859	Apr-12	308,211	298,904	Apr-14		416,049	430,415
May-08	189,010	171,908	May-10	265,371	229,456	May-12	308,533	299,834	May-14		429,646	445,562
Jun-08	188,832	172,123	Jun-10	268,415	230,408	Jun-12	308,906	300,513	Jun-14		443,668	460,473
Jul-08	187,170	172,568	Jul-10	272,661	231,210	Jul-12	310,260	301,296	Jul-14		446,834	463,886
Aug-08	187,844	173,026	Aug-10	277,145	231,702	Aug-12	310,901	302,737	Aug-14		450,233	468,125
Sep-08	188,082	173,225	Sep-10	279,264	232,221	Sep-12	310,172	303,075	Sep-14		453,968	471,145
Oct-08	190,696	173,627	Oct-10	280,138	232,479	Oct-12	313,415	304,143	Oct-14		457,435	474,472
Nov-08	191,141	173,844	Nov-10	281,604	233,240	Nov-12	313,122	304,371	Nov-14		460,457	478,560
Dec-08	194,876	174,325	Dec-10	283,335	233,710	Dec-12	313,762	306,590	Dec-14		463,816	482,490
Jan-09	197,042	174,722	Jan-11	286,880	234,282	Jan-13	315,499	307,430	Jan-15		466,014	485,030
Feb-09	199,264	174,920	Feb-11	288,187	235,068	Feb-13	315,846	307,373	Feb-15		468,657	488,025
Mar-09	202,321	175,148	Mar-11	290,909	235,533	Mar-13	317,184	308,606	Mar-15		471,564	491,150
Apr-09	206,523	175,203	Apr-11	292,432	236,314	Apr-13	320,228	310,413	Apr-15		473,553	494,459
May-09	209,401	175,392	May-11	295,866	236,678	May-13	321,715	311,190	May-15		475,498	497,488
Jun-09	213,444	175,521	Jun-11	296,960	237,020	Jun-13	323,105	311,851	Jun-15		477,927	500,044

Total Medicaid Projections (with Retro) for SFY 14 & 15 Using DWSS Home & Community Based Waiver Reported Numbers



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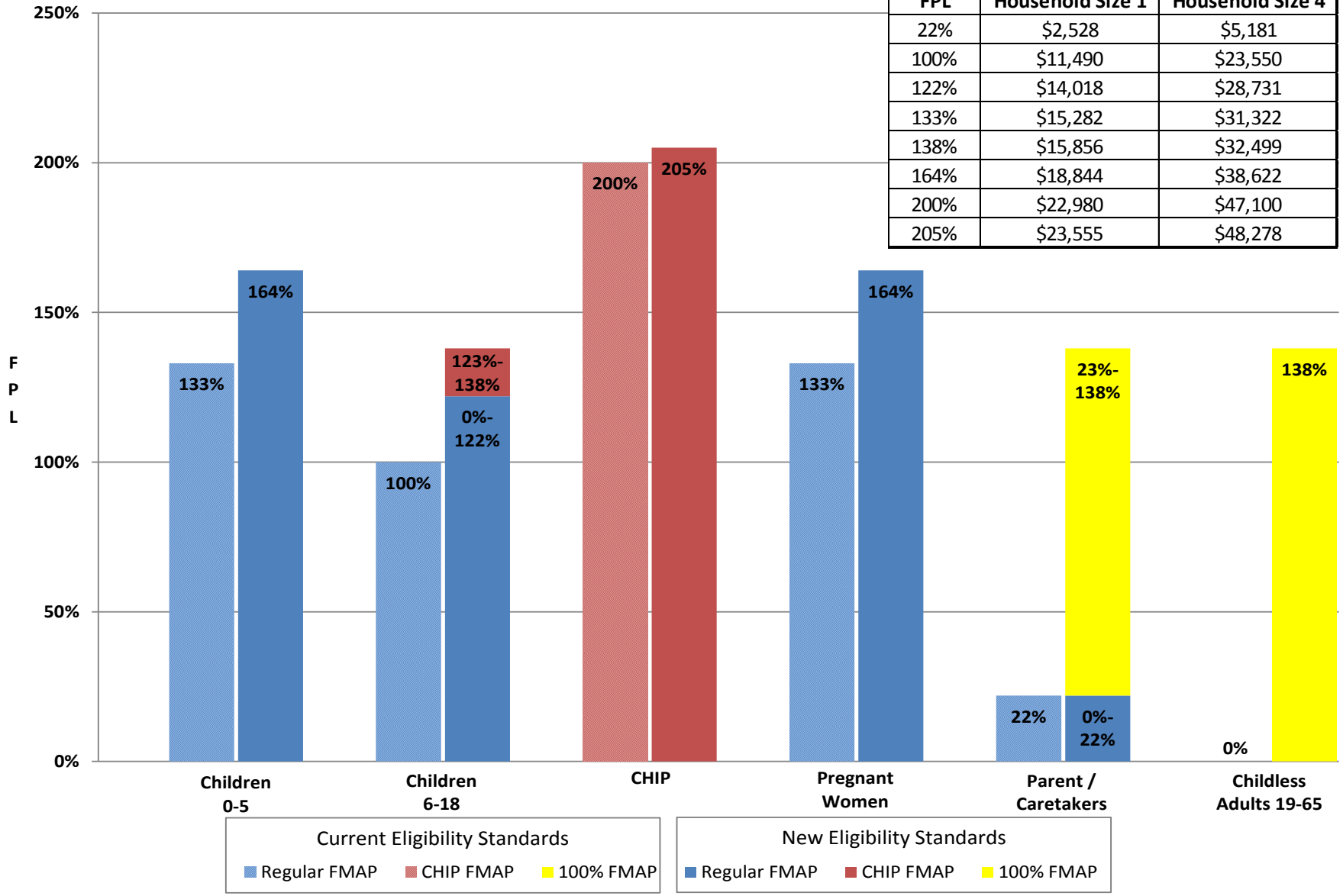


HOSPITAL PRESUMPTIVE ELIGIBILITY

Affordable Care Act Section 2202

- **ACA Section 2202 Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations.**
- Social Security Act Section 1902(a)(47)
- (47) provide—
  - (A) at the option of the State, for making ambulatory prenatal care available to pregnant women during a presumptive eligibility period in accordance with section 1920 and provide for making medical assistance for items and services described in subsection (a) of section 1920A available to children during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligible period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920C during a presumptive eligibility period in accordance with such section;
  - (B) that any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, 1920B, or 1920C (but without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections), subject to such guidance as the Secretary shall establish;

Presumptive Eligibility

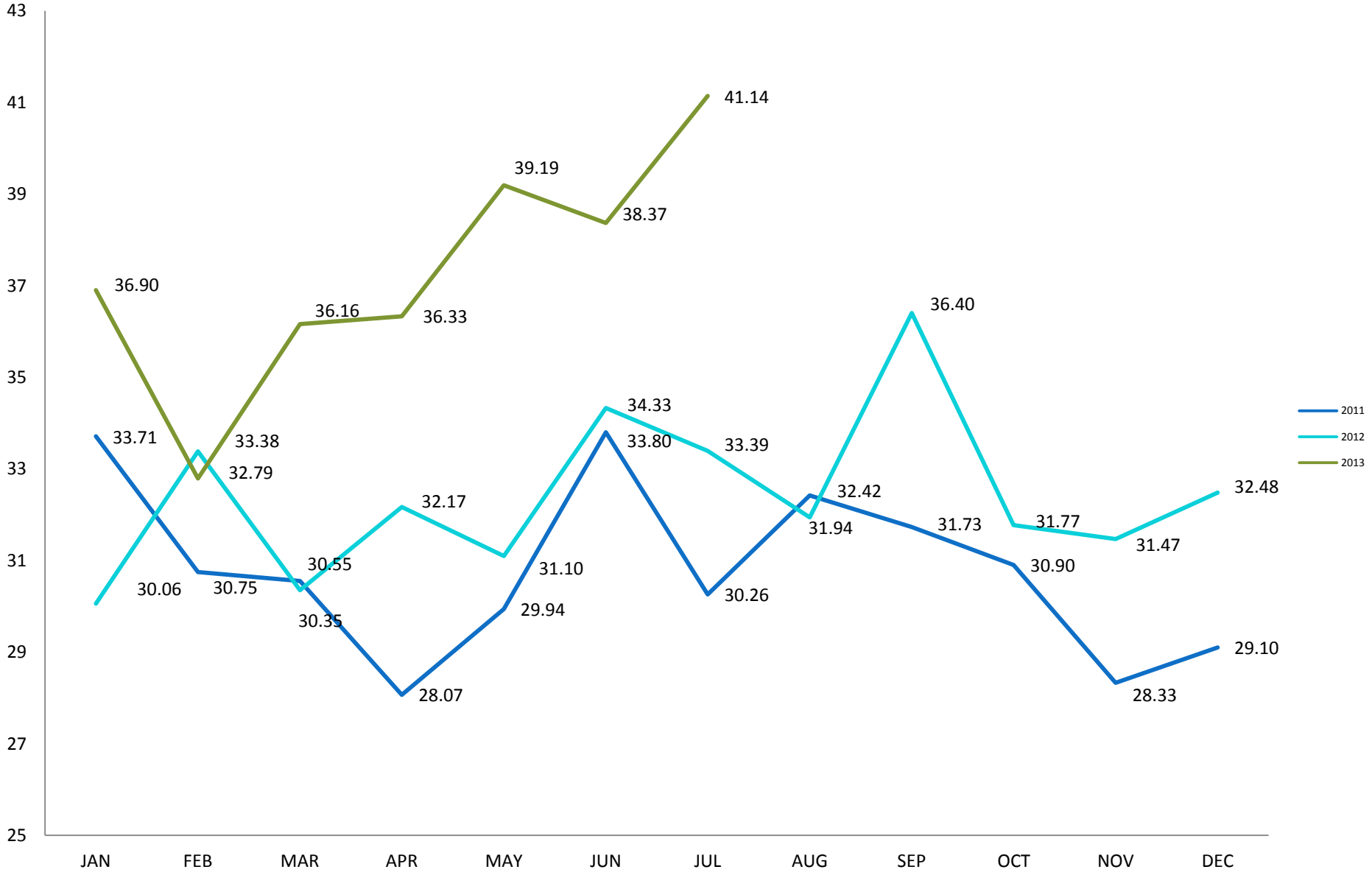
- Governor sent letter to USDHHS in May 2013 warning that late regulation releases may not be included in initial ACA systems programming
- CMS issued final rules on presumptive eligibility on July 15, 2013
- Issues
  - Defining “Qualified Entities” to do presumptive eligibility (hospitals must be allowed)
  - Defining “Potentially Eligible for Medicaid”
  - Developing state policies and procedures
  - States may limit hospital determinations to certain groups (may exclude aged/disability)
  - Developing standards and oversight, and hospital disqualifications process
  - Enhanced (100%) match for “newly eligibles” may be at risk
  - System issues
- NVDHHS plans to notify USDHHS that “presumptive Eligibility” will not be available effective 1-1-2014 (note: Only one hospital has requested to do presumptive eligibility)

MENTAL HEALTH CONCERNS

Patients Waiting in Community Beds (ERs)

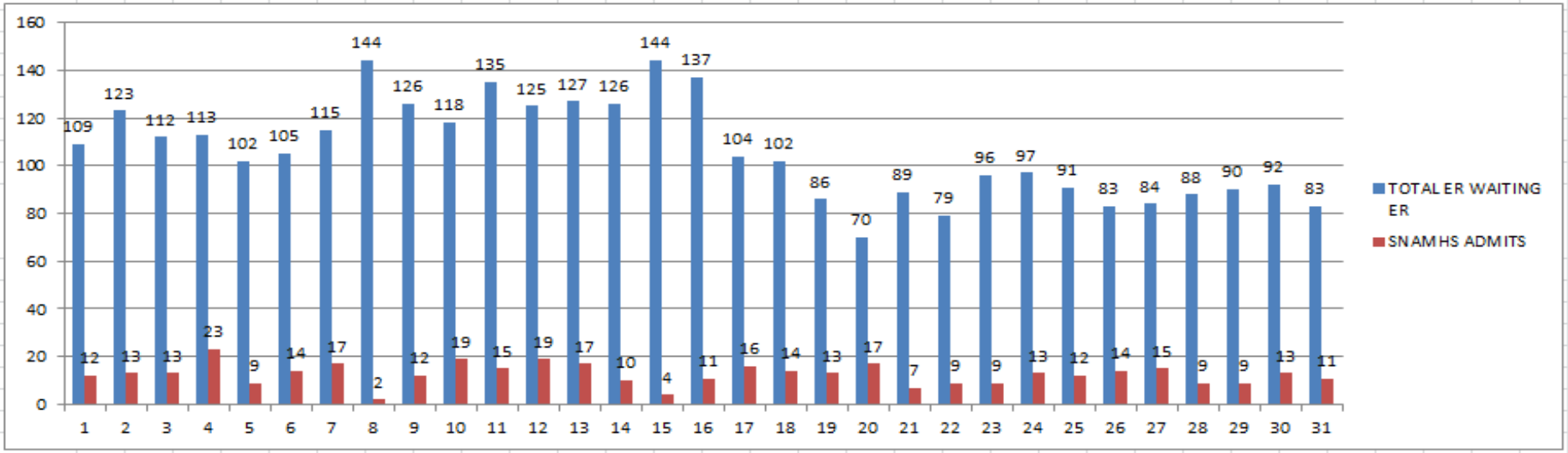
- August 2013 (95 avg.)
- July 2013 (106 avg.)
- June 2013 (108 avg.)
- May 2013 (90 avg.)
- April 2013 (64 avg.)
- March 2013 (66 avg.)

NEW L2K AVERAGE



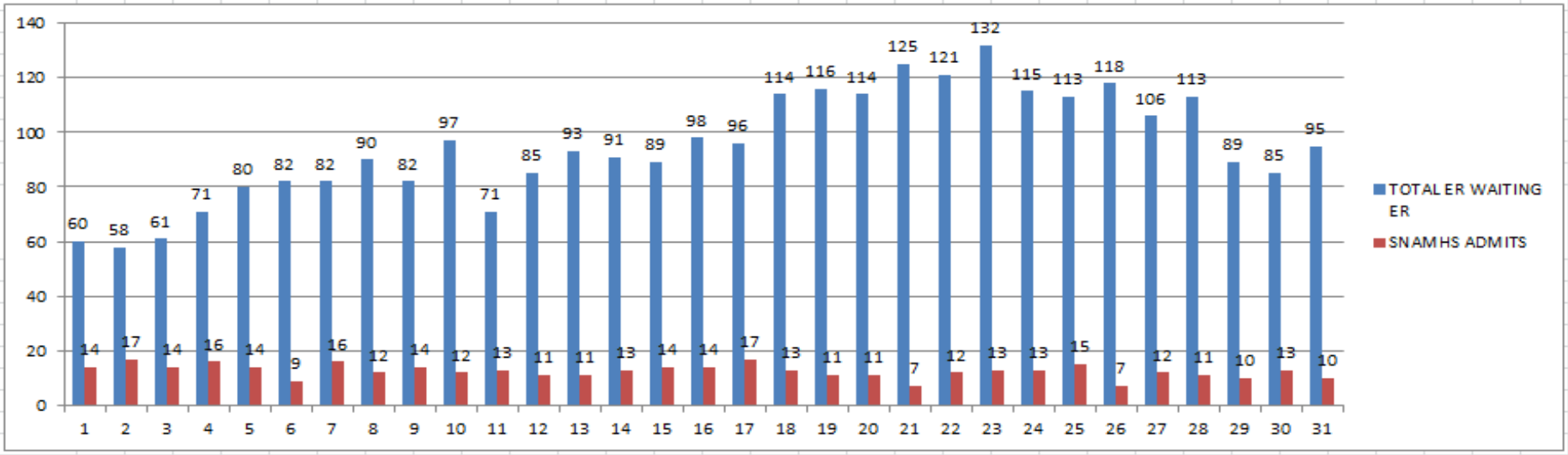
PATIENTS WAITING IN COMMUNITY FOR BEDS July 2013

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CEN	10	9	4	4	4	9	10	9	8	7	10	8	8	10	10	10	9	6	4	2	5	6	5	4	3	1	1	3	4	9	5
DSH	11	10	14	14	12	15	15	15	5	11	10	10	11	7	13	13	7	11	13	10	11	8	11	13	15	12	12	9	15	9	3
MTV	5	13	11	11	4	4	4	11	9	8	15	11	11	12	12	7	5	4	4	2	4	5	6	5	6	5	5	7	5	4	5
NV	6	10	5	5	5	4	4	7	7	9	12	10	10	9	10	12	5	8	6	3	6	7	9	4	2	6	6	8	6	7	8
SH	8	9	14	14	11	11	9	16	15	12	15	19	21	19	17	14	15	14	4	5	10	6	8	16	11	13	13	14	13	11	14
SMC	3	8	11	11	12	4	8	10	12	10	6	4	4	4	7	8	8	9	7	4	4	4	9	7	6	9	8	7	4	5	5
SOH	6	6	5	5	6	6	7	4	3	3	8	6	6	5	7	4	4	4	4	4	3	2	2	3	4	1	1	2	3	2	0
SPV	11	12	9	9	10	9	9	11	10	7	9	8	8	8	9	11	4	5	4	4	4	4	6	4	3	5	5	8	9	10	5
SRD	5	4	4	4	5	6	4	10	7	6	6	5	5	8	6	11	6	9	9	8	8	6	5	4	3	5	5	3	3	5	6
SRM	8	5	5	6	6	8	8	11	8	8	6	7	7	3	6	7	9	8	5	4	4	3	4	5	2	2	2	4	3	6	6
SRS	6	4	4	4	5	5	5	5	6	5	4	5	5	5	8	5	4	11	6	6	5	3	5	3	3	1	3	4	3	5	3
UMC	20	21	13	13	15	16	15	19	22	15	22	17	17	20	22	20	11	6	11	11	14	14	14	16	17	12	12	11	16	9	11
VH	10	12	12	12	7	8	17	16	14	17	12	15	14	16	17	15	17	7	8	6	11	11	12	13	16	11	11	7	6	10	12
BC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DVR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
JAIL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MV	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0
NH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ER WAITING	109	123	112	113	102	105	115	144	126	118	135	125	127	126	144	137	104	102	86	70	89	79	96	97	91	83	84	88	90	92	83
SNAMHS ADMITS	12	13	13	23	9	14	17	2	12	19	15	19	17	10	4	11	16	14	13	17	7	9	9	13	12	14	15	9	9	13	11



PATIENTS WAITING IN COMMUNITY FOR BEDS August 2013

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CEN	4	4	6	6	4	9	10	6	4	4	6	5	7	7	4	7	7	10	6	7	5	7	8	8	5	8	10	10	6	4	5
DSH	7	6	5	5	4	4	9	6	4	9	8	7	9	7	9	12	3	8	11	11	13	8	12	12	11	13	9	10	8	10	11
MTV	5	3	3	6	6	6	4	12	5	7	3	2	3	3	5	5	6	6	7	7	6	7	5	6	7	7	9	13	5	6	6
NV	4	3	6	6	10	5	4	3	3	7	3	3	6	8	10	8	6	9	7	9	8	4	6	5	8	9	12	5	3	2	5
SH	10	5	10	10	6	11	10	11	11	14	4	7	15	13	13	10	16	16	18	16	18	16	21	11	17	17	10	17	14	15	17
SMC	2	3	6	6	6	9	5	5	6	7	4	6	6	5	3	8	7	7	6	4	4	3	8	9	8	8	9	9	8	6	6
SOH	0	2	0	0	3	1	1	1	3	2	3	2	5	5	9	5	4	4	1	1	3	4	1	2	2	2	3	2	4	5	5
SPV	5	6	1	1	6	5	6	6	5	5	3	7	6	8	6	3	3	6	4	6	6	5	4	6	6	10	6	10	6	6	5
SRD	3	3	4	4	6	10	4	6	7	4	4	2	3	6	5	7	6	6	4	4	4	6	7	4	4	3	4	5	4	7	7
SRM	2	2	1	1	3	2	1	1	3	3	5	6	7	4	4	3	5	5	6	6	5	8	5	6	1	4	5	2	5	4	4
SRS	4	3	4	4	1	1	4	4	5	7	5	5	4	3	3	5	2	5	6	7	8	5	5	3	3	5	2	2	11	0	0
UMC	3	7	6	13	13	11	14	16	13	17	9	16	10	12	6	8	8	15	25	25	32	31	33	33	31	15	15	11	15	11	11
VH	11	11	9	9	12	7	9	12	12	11	14	17	12	10	12	17	23	17	13	10	12	17	17	10	10	17	12	17	0	9	13
BC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DVR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
JAIL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MV	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0
NH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ER WAITING	60	58	61	71	80	82	82	90	82	97	71	85	93	91	89	98	96	114	116	114	125	121	132	115	113	118	106	113	89	85	95
SNAMHS ADMITS	14	17	14	16	14	9	16	12	14	12	13	11	11	13	14	14	17	13	11	11	7	12	13	13	15	7	12	11	10	13	10



MENTAL INITIATIVES

- Remodeling Dini-Townsend Hospital (North) to add 10 forensic beds
  - Brings total beds to 76 in the North (Estimated open 11/15/2013)
- Remodeling Building 3-A (South) to add 22 civil beds
  - Brings total beds to 212 in the South (Estimated open 11/1/2013)
- Capital Improvement Project (CIP) to remodel old Stein Hospital (Building 3) in the South
  - Will add 42 forensic beds and 16 civil beds (Total 58)
- Opened Psychiatric Urgent Care Center effective July 7, 2013 (5 days, 8-5)
  - August 5th (6 days, 8-5)
  - October 7th (5 days 8-11, Saturday 8-5)
  - December 9th (6 days 8-11)
  - Spring 2014 (24/7, 365 days)
  - Seeing 15-22 patients/day
- Contracted with Human Behavior Institute (HBI) effective July 16, 2013
- Drop-in Center to open in mid-October 2013
- Adding 2nd Program for Assertive Community Treatment (PACT) Team October/November 2013

SUPPLEMENTAL PAYMENT PROGRAMS

UPL – Outpatient Public
UPL – Inpatient Public

Disproportionate Share Hospitals (DSH)

Graduate Medical Education (GME)

UPL Private Hospitals

Indigent Accident Fund/ Free Care Obligations/Supplement Account

Estimated DSH with Reduction

State	Preliminary FFY 2012 DSH Allotment	Estimated FFY 2013 (Based on FFY 2012)	Estimated FFY 2014 With Reduction	Estimated FFY 2015 With Reduction	Estimated FFY 2016 With Reduction	Estimated FFY 2017 With Reduction	Estimated FFY 2018 With Reduction	Estimated FFY 2019 With Reduction	Estimated FFY 2020 With Reduction
US TOTAL	$11,341,637,957	$11,341,637,957	$10,841,637,954	$10,741,637,956	$10,741,637,956	$9,541,637,959	$6,341,637,959	$5,741,637,956	$7,341,637,960
Alabama	$314,905,719	$314,905,719	$301,022,992	$298,246,447	$298,246,447	$264,927,903	$176,078,453	$159,419,181	$203,843,906
Alaska	$20,860,270	$20,860,270	$19,940,638	$19,756,711	$19,756,711	$17,549,594	$11,663,948	$10,560,390	$13,503,213
Arizona	$103,688,468	$103,688,468	$99,117,326	$98,203,098	$98,203,098	$87,232,358	$57,977,051	$52,491,681	$67,119,335
Arkansas	$44,176,697	$44,176,697	$42,229,152	$41,839,643	$41,839,643	$37,165,536	$24,701,249	$22,364,195	$28,596,338
California	$1,122,651,686	$1,122,651,686	$1,073,159,201	$1,063,260,704	$1,063,260,704	$944,478,741	$627,726,839	$568,335,857	$726,711,808
Colorado	$94,727,736	$94,727,736	$90,551,631	$89,716,410	$89,716,410	$79,693,759	$52,966,689	$47,955,363	$61,318,898
Connecticut	$204,816,727	$204,816,727	$195,787,311	$193,981,428	$193,981,428	$172,310,831	$114,522,570	$103,687,271	$132,581,402
Delaware	$9,271,230	$9,271,230	$8,862,505	$8,780,760	$8,780,760	$7,799,819	$5,183,976	$4,693,506	$6,001,427
District Of Columbia	$62,725,122	$62,725,122	$59,959,863	$59,406,812	$59,406,812	$52,770,191	$35,072,537	$31,754,227	$40,603,054
Florida	$204,816,727	$204,816,727	$195,787,311	$193,981,428	$193,981,428	$172,310,831	$114,522,570	$103,687,271	$132,581,402
Georgia	$275,222,477	$275,222,477	$263,089,200	$260,662,544	$260,662,544	$231,542,679	$153,889,704	$139,329,771	$178,156,259
Hawaii	$10,000,000	$10,000,000	$9,559,147	$9,470,976	$9,470,976	$8,412,928	$5,591,466	$5,062,442	$6,473,173
Idaho	$16,833,376	$16,833,376	$16,091,271	$15,942,850	$15,942,850	$14,161,797	$9,412,324	$8,521,798	$10,896,535
Illinois	$220,177,981	$220,177,981	$210,471,359	$208,530,035	$208,530,035	$185,234,142	$123,111,763	$111,463,817	$142,525,006
Indiana	$218,897,878	$218,897,878	$209,247,690	$207,317,652	$207,317,652	$184,157,201	$122,395,998	$110,815,772	$141,696,374
Iowa	$40,329,581	$40,329,581	$38,551,638	$38,196,049	$38,196,049	$33,928,985	$22,550,147	$20,416,615	$26,106,034
Kansas	$42,243,450	$42,243,450	$40,381,133	$40,008,670	$40,008,670	$35,539,109	$23,620,280	$21,385,500	$27,344,914
Kentucky	$148,492,127	$148,492,127	$141,945,801	$140,636,535	$140,636,535	$124,925,352	$83,028,863	$75,173,272	$96,121,516
Louisiana	$731,960,000	$731,960,000	$699,691,292	$693,237,551	$693,237,551	$615,792,652	$409,272,923	$370,550,474	$473,810,338
Maine	$107,528,782	$107,528,782	$102,788,339	$101,840,250	$101,840,250	$90,463,186	$60,124,350	$54,435,818	$69,605,236
Maryland	$78,086,377	$78,086,377	$74,643,912	$73,955,419	$73,955,419	$65,693,504	$43,661,730	$39,530,772	$50,546,659
Massachusetts	$312,345,509	$312,345,509	$298,575,650	$295,821,678	$295,821,678	$262,774,017	$174,646,920	$158,123,089	$202,186,638
Michigan	$271,382,163	$271,382,163	$259,418,187	$257,025,392	$257,025,392	$228,311,850	$151,742,405	$137,385,635	$175,670,357
Minnesota	$76,487,655	$76,487,655	$73,115,670	$72,441,274	$72,441,274	$64,348,511	$42,767,810	$38,721,428	$49,511,779
Mississippi	$156,172,754	$156,172,754	$149,287,825	$147,910,839	$147,910,839	$131,387,008	$87,323,460	$79,061,544	$101,093,319
Missouri	$485,159,623	$485,159,623	$463,771,195	$459,493,509	$459,493,509	$408,161,281	$271,275,339	$245,609,225	$314,052,196
Montana	$11,624,144	$11,624,144	$11,111,690	$11,009,199	$11,009,199	$9,779,308	$6,499,600	$5,884,655	$7,524,509
Nebraska	$28,979,746	$28,979,746	$27,702,164	$27,446,648	$27,446,648	$24,380,451	$16,203,926	$14,670,827	$18,759,090
Nevada	$47,363,868	$47,363,868	$45,275,816	$44,858,205	$44,858,205	$39,846,879	$26,483,344	$23,977,681	$30,659,449
New Hampshire	$163,954,276	$163,954,276	$156,726,295	$155,280,699	$155,280,699	$137,933,546	$91,674,471	$83,000,894	$106,130,432
New Jersey	$659,253,841	$659,253,841	$630,190,409	$624,377,723	$624,377,723	$554,625,487	$368,619,524	$333,743,406	$426,746,387
New Mexico	$20,860,270	$20,860,270	$19,940,638	$19,756,711	$19,756,711	$17,549,594	$11,663,948	$10,560,390	$13,503,213
New York	$1,644,934,341	$1,644,934,341	$1,572,416,846	$1,557,913,347	$1,557,913,347	$1,383,871,360	$919,759,394	$832,738,400	$1,064,794,383
North Carolina	$302,104,673	$302,104,673	$288,786,285	$286,122,607	$286,122,607	$254,158,476	$168,920,792	$152,938,726	$195,557,568
North Dakota	$9,782,027	$9,782,027	$9,350,783	$9,264,534	$9,264,534	$8,229,549	$5,469,587	$4,952,094	$6,332,075
Ohio	$416,033,977	$416,033,977	$397,692,976	$394,024,776	$394,024,776	$350,006,375	$232,623,971	$210,614,770	$269,305,972
Oklahoma	$37,084,922	$37,084,922	$35,450,020	$35,123,040	$35,123,040	$31,199,277	$20,735,907	$18,774,025	$24,005,710
Oregon	$46,356,153	$46,356,153	$44,312,526	$43,903,801	$43,903,801	$38,999,096	$25,919,884	$23,467,532	$30,007,138
Pennsylvania	$574,766,940	$574,766,940	$549,428,142	$544,360,383	$544,360,383	$483,547,268	$321,378,963	$290,972,406	$372,056,558
Rhode Island	$66,565,436	$66,565,436	$63,630,876	$63,043,964	$63,043,964	$56,001,020	$37,219,835	$33,698,363	$43,088,955
South Carolina	$335,387,391	$335,387,391	$320,601,723	$317,644,589	$317,644,589	$282,158,986	$187,530,709	$169,787,907	$217,102,046
South Dakota	$11,310,642	$11,310,642	$10,812,008	$10,712,282	$10,712,282	$9,515,561	$6,324,307	$5,725,946	$7,321,574
Tennessee	$123,562,982	$123,562,982	$118,115,666	$117,026,202	$117,026,202	$103,952,643	$69,089,818	$62,553,038	$79,984,450
Texas	$979,279,977	$979,279,977	$936,108,083	$927,473,705	$927,473,705	$823,861,160	$547,561,040	$495,754,767	$633,904,827
Utah	$20,090,456	$20,090,456	$19,204,761	$19,027,622	$19,027,622	$16,901,955	$11,233,510	$10,170,676	$13,004,899
Vermont	$23,041,882	$23,041,882	$22,026,073	$21,822,911	$21,822,911	$19,384,969	$12,883,789	$11,664,818	$14,915,408
Virginia	$89,717,484	$89,717,484	$85,762,258	$84,971,213	$84,971,213	$75,478,670	$50,165,223	$45,418,952	$58,075,676
Washington	$189,455,473	$189,455,473	$181,103,263	$179,432,822	$179,432,822	$159,387,519	$105,933,378	$95,910,726	$122,637,797
West Virginia	$69,125,645	$69,125,645	$66,078,217	$65,468,732	$65,468,732	$58,154,905	$38,651,367	$34,994,454	$44,746,223
Wisconsin	$96,809,516	$96,809,516	$92,541,635	$91,688,059	$91,688,059	$81,445,145	$54,130,709	$49,009,252	$62,666,470
Wyoming	$231,780	$231,780	$221,562	$219,518	$219,518	$194,995	$129,599	$117,337	$150,035

UPL DSH & GME PROGRAMS

Division of Health Care Financing and Policy

BA 3157 - Intergovernmental Transfer State Net Benefit for DSH and UPL

Actual for 2014

2015 is a projection

Other Hospitals	Other Hospitals									
	SFY 14					SFY 15				
Other Hospitals	Total Pymnt	IGT (Excluding UMC)	State Share	*State Net Benefit	**Hospital Net Benefit (Excluding UMC)	Total Pymnt	IGT (Excluding UMC)	State Share	*State Net Benefit	**Hospital Net Benefit (Excluding UMC)
UPL - Public O/P	2,175,338	1,305,203	820,973	484,230	870,135	2,452,866	1,471,720	894,315	577,405	981,146
UPL- Public I/P	795,362	300,170	300,170	0	495,192	1,426,464	520,089	520,089	0	906,375
DSH	9,361,683	1,500,000	3,533,099	(2,033,099)	7,861,683	8,097,186	1,415,933	2,952,234	(1,536,301)	6,681,253
Other Sub Total	12,332,383	3,105,372	4,654,241	(1,548,869)	9,227,010	11,976,516	3,407,742	4,366,638	(958,896)	8,568,774

	UMC/Clark County									
	SFY 14					SFY 15				
UMC Hospital	Total Pymnt	UMC IGT	State Share	*State Net Benefit	**UMC Hospital Net Benefit	Total Pymnt	UMC IGT	State Share	*State Net Benefit	**UMC Hospital Net Benefit
UPL - Public O/P	5,727,291	2,863,646	2,161,480	702,166	2,863,646	6,306,961	3,153,480	2,258,523	894,958	3,153,480
GME	11,331,482	5,665,741	4,347,890	1,317,851	5,665,741	14,541,329	7,270,665	5,207,250	2,063,415	7,270,665
UPL - Public I/P	46,000,922	23,000,461	17,360,748	5,639,713	23,000,461	61,001,304	30,500,652	21,844,567	8,656,085	30,500,652
DSH	68,457,792	53,337,468	25,835,971	27,501,498	15,120,324	64,514,757	49,768,226	23,102,734	26,665,492	14,746,531
UMC Sub Total	131,517,488	84,867,316	49,706,088	35,161,227	46,650,172	146,364,351	90,693,023	52,413,074	38,279,949	55,671,328

All Hospitals	SFY 2014 Total					SFY 2015 Total				
UPL - Public O/P	7,902,629	4,168,848	2,982,452	1,186,396	3,733,781	8,759,827	4,625,200	3,152,838	1,472,362	4,134,627
UPL - Public I/P	46,796,284	23,300,631	17,660,918	5,639,713	23,495,653	62,427,768	31,020,741	22,364,656	8,656,085	31,407,027
GME	11,331,482	5,665,741	4,347,890	1,317,851	5,665,741	14,541,329	7,270,665	5,207,250	2,063,415	7,270,665
DSH	77,819,475	54,837,468	29,369,070	25,468,398	22,982,007	72,611,943	51,184,159	26,054,968	25,129,191	21,427,784
Total	143,849,870	87,972,688	54,360,330	33,612,359	55,877,182	158,340,867	94,100,764	56,779,712	37,321,052	64,240,102

Significant Changes to Supplement Programs

- DSH program federal allotments will reduce over time as a part of the ACA
  - FFY12 = $11.3 Billion Nationally
    FFY19 = $5.7 Billion Nationally
  - Nevada allotment for FFY14 = 48.6 Million

- SB 452 (Sec. 7) changes the use of the 1¢ Supplemental Property Tax (Estimated $8 million/year) to offset/reduce IGT's from Clark and Washoe Counties to support DSH program rather than using the funds to pay IAF/Supplemental Claims

- SB452 (Sec. 8) allows Clark and Washoe Counties to use 6-10¢ Property Tax to help pay DSH IGT obligation

- Clark County's contract for "Voluntary Contributions" to support the UPL Program was decreased from 60% in FY12; to 56% in FY13; to 50% in FY14

Significant Changes to Supplement Programs (Cont'd)

- SB 452 (Sec. 2) allows Medicaid to use 1.5¢ IAF Property Tax (estimated $12 million/year) to be used to match federal funds to make "supplemental payments" to Hospitals

- SB452 (sec. 2) allows use of the 1.5¢ IAF to be used to support county obligations in the Long-Term-Care-County Match Program (up to $2 million per NACO Board Vote)

- SB452 (Sec 7) requires Counties to make payment to the Supplemental Account in an amount equal to the "Free-Care Hospital Assessments" recovered each year

- SB 452 (Sec 3) creates a Hospital Assessment Account. Hospitals (other than CAH's) that received supplemental payments from Medicaid may be required by the NACO Board to pay an assessment into the account. Funds will be used to pay traditional IAF/Supplemental claims
  - NACO Board voted to assess Hospitals up to $9 million ($500K for Non-Hospital providers ; $500K Rural Hospitals; $8 million for claims

Private Hospital UPL:

- SB 274 enacted from 2013 session, clearing legal issues identified by Attorney Generals Office
- Master Agreement with Nevada Clinical Services INC is being scheduled for the October 2013 Board of Examiners meeting
- Budgetary processes will be scheduled for the October 2013 IFC meeting
- Expect to make 1st Private Hospital UPL transactions in December 2013
- Pilot contract in the Westcare Triage Contract --- other will follow as identified and approved

ELECTRONIC HEALTH RECORDS (EHR)

HEALTH INFORMATION EXCHANGE (HIE)

ELECTRONIC HEALTH RECORDS

- Part of the HITECH Act in the 2009 American Recovery and Reinvestment Act (ARRA)
- Medicaid eligible hospitals include:
  - Acute care hospitals with at least 10% Medicaid patient volume. May include Critical Access Hospitals and Cancer Hospitals
  - Children's Hospitals
- Delay implementation (1st payments in September 2012) due to CMS requirements to produce a vendor (CGI) to develop web portal and perform pre-payment audits to determine eligibility for payments
  - 23 hospitals have received $15.7 million in payments (range: $37,250 to $2.9 million)
  - 230 eligible providers have received $4.6 million in payments
  - Total payments to date = $20.3 million
  - Six year eligibility projection = $52 million

State Health Information Exchange (HIE) Cooperative Agreement

- The non-profit Nevada Health Information Exchange (NV-HIE) Board hired David LaBarge as the NV-HIE CEO, who started May 22, 2013
- Nevada DIRECT (NV DIRECT) http://dhhs.nv.gov/NVDIRECT.htm
  - Grant requirement and included in Nevada's federally-approved State Health IT Plan
  - Simple, secure, standards-based point-to-point email for exchanging authenticated, encrypted health information "directly" to known, trusted recipients
  - Users not required to have an EHR/EMR
  - Supports Meaningful Use Stages 1 and 2, as well as interstate HIE
  - Offered by DHHS until the NV-HIE can take it over by the end of this year
- NV-HIE in contract negotiations with Orion Health, whose HIE solution was selected by the NV-HIE Board after a competitive procurement process

State Health Information Exchange (HIE) Cooperative Agreement

- Regulations authorized by NRS 439.581-595 being drafted; workgroups expected to meet late October/early November
- Nevada part of a core group of states facilitating interstate HIE, a grant requirement
  - Participated in a successful interstate HIE grant project, as part of an 8-state consortium, to develop initial policies and procedures