



Steve Sisolak
Governor



Richard Whitley
Director

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

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

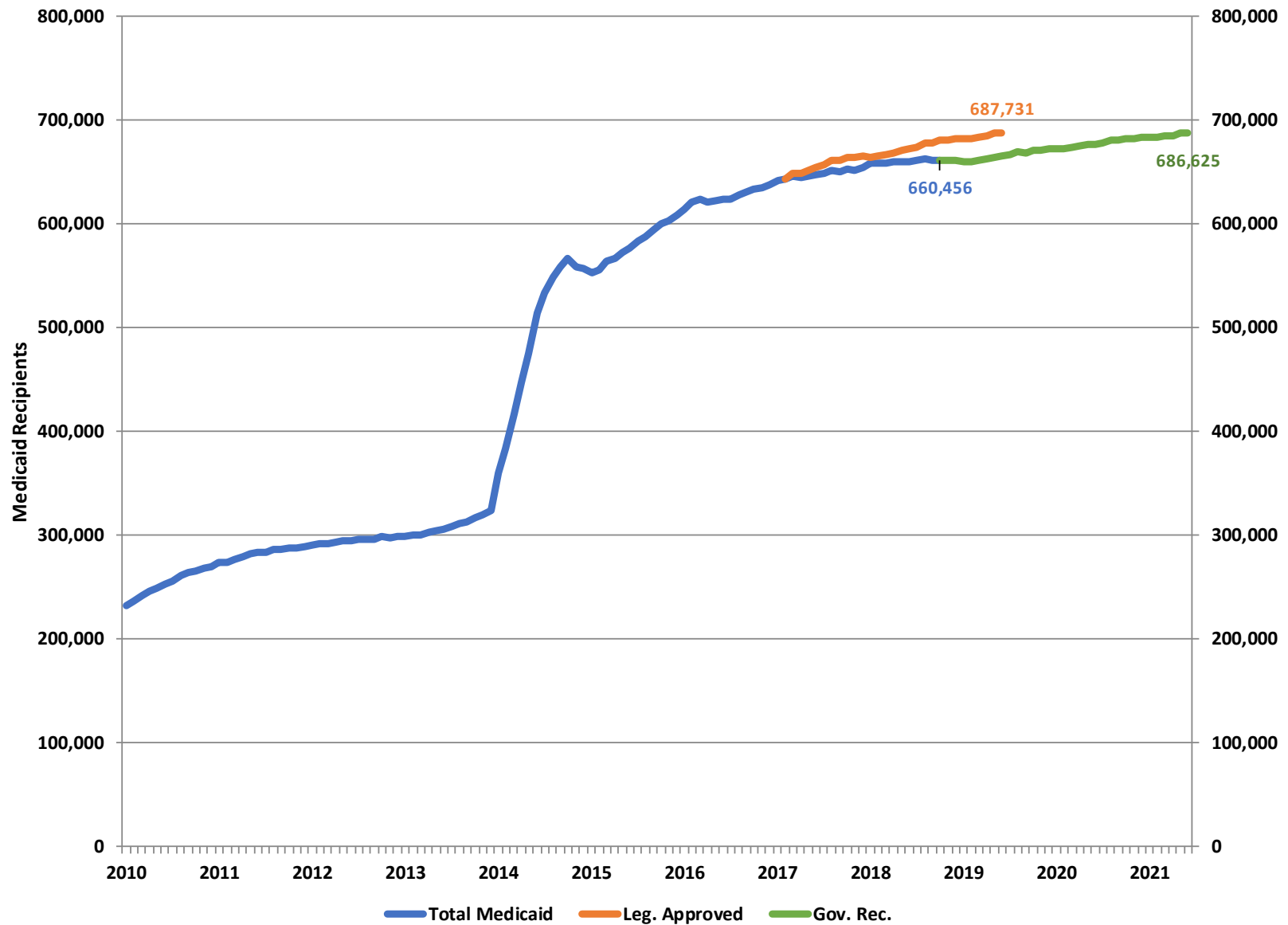
**Sandie Ruybalid
Chief of
Information
Services**

- MMIS
- Application Development
- Business Process Analysis
- Project Management
- IT Operations

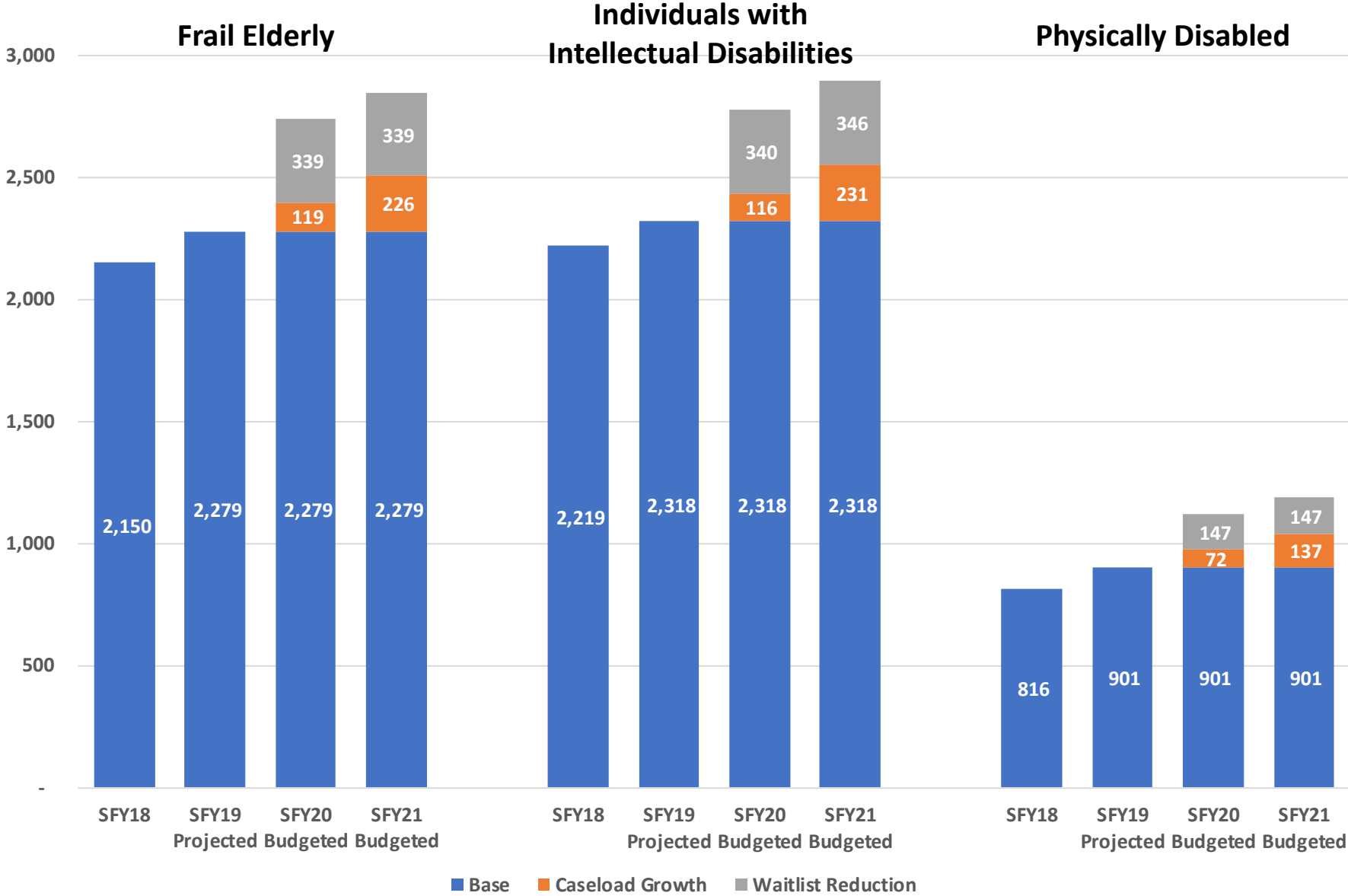
**Tammy Moffitt
Chief of
Operations**

- Human Resources
- Division Compliance
- Internal Audits
- Recipient Services

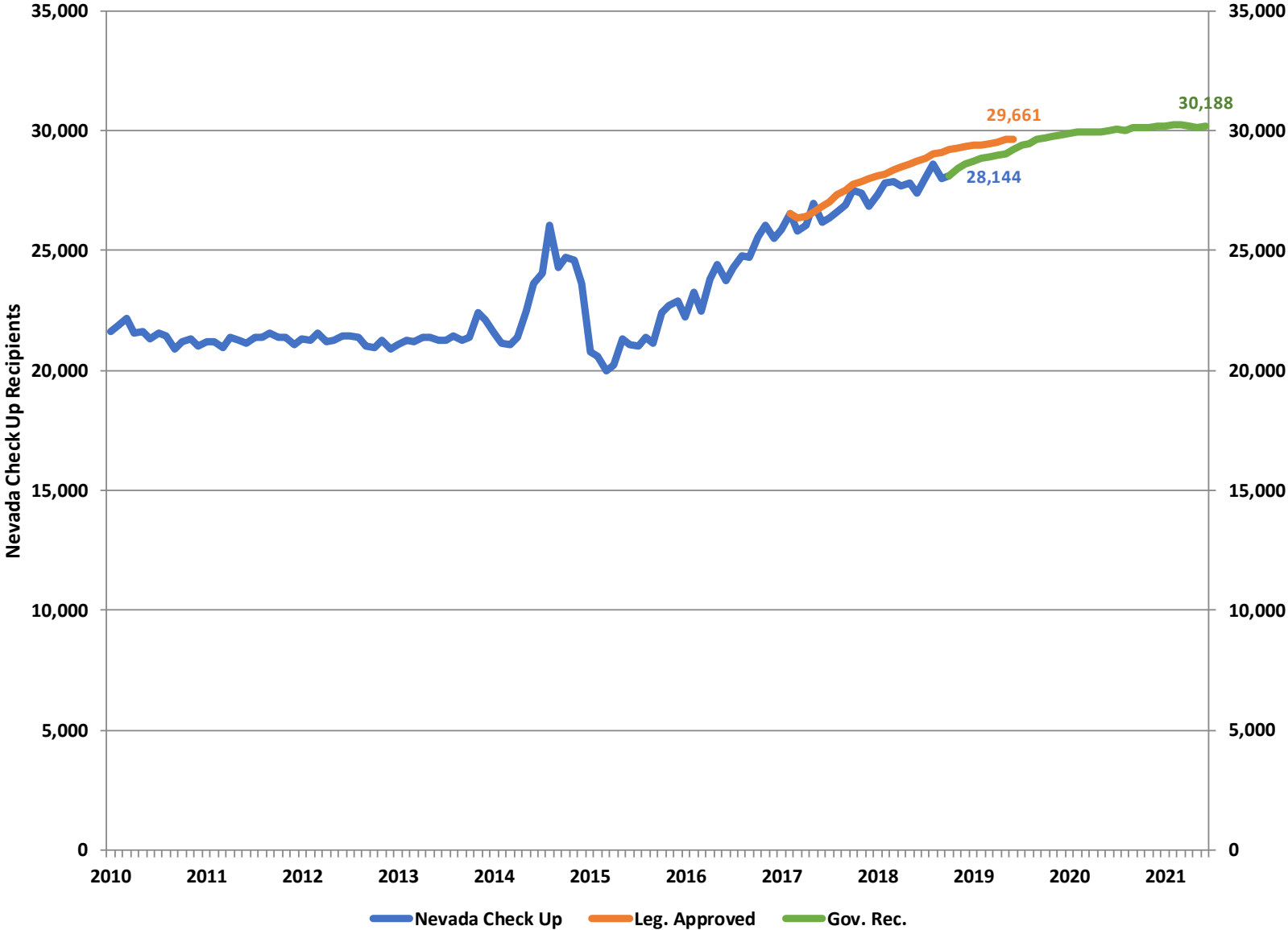
Total Medicaid Caseload



Waiver Slots

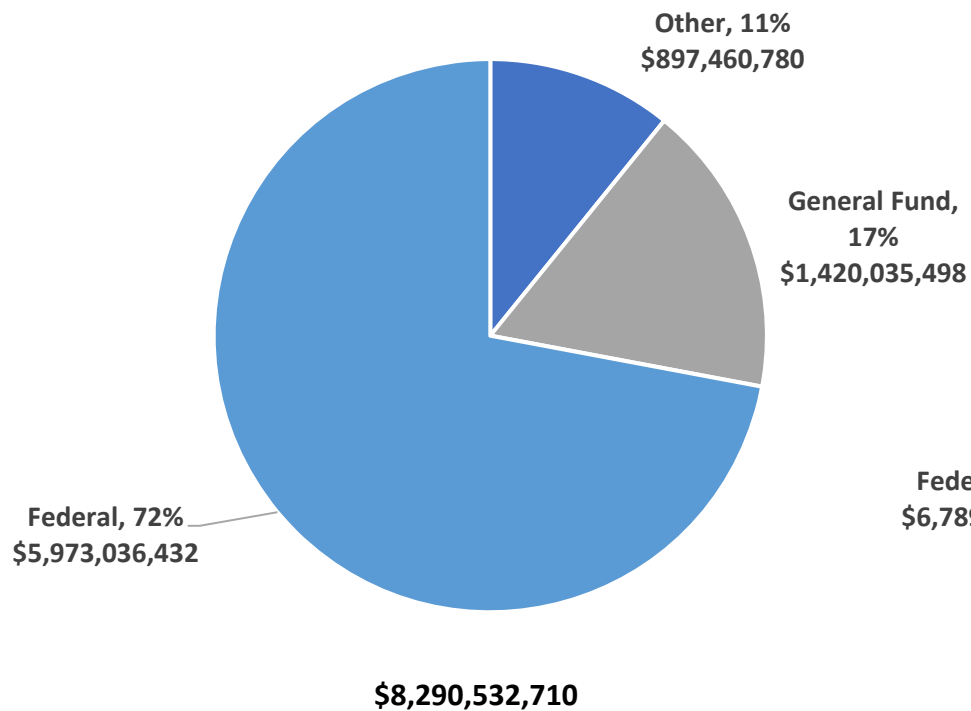


Nevada Check Up Caseload

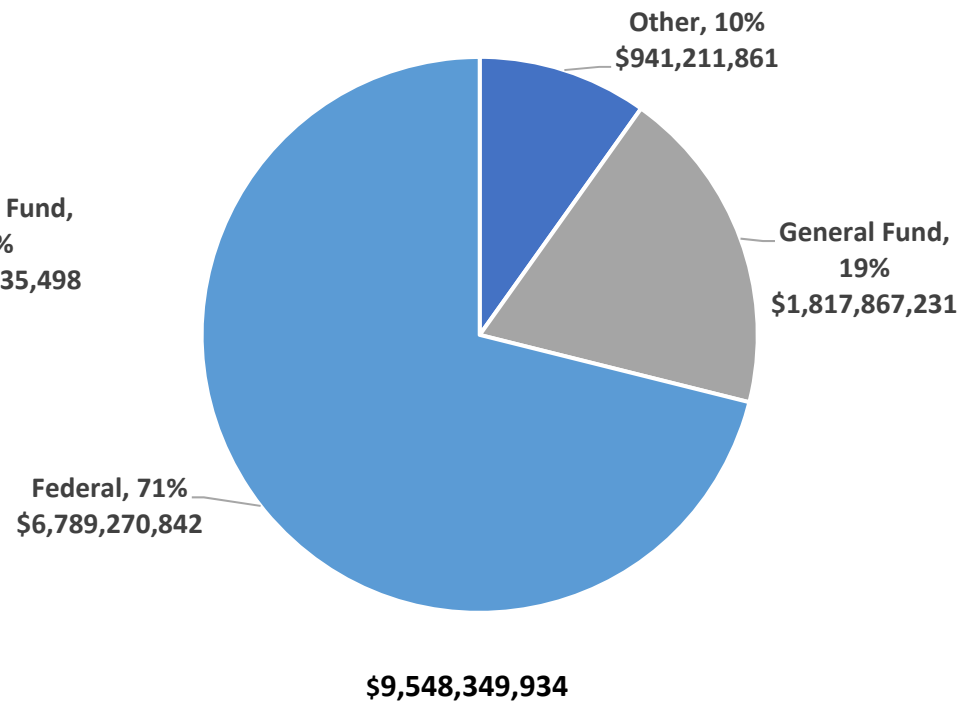


DHCFP Budgeted Funding Sources 2018-19 and 2020-21 Biennium

Legislative Approved 2018-2019 Biennium



Governor Recommends 2020-2021 Biennium



Summary by Budget Account

Governor Recommends Budget (G01)		Fiscal Year 2020				Fiscal Year 2021			
403	DHCFP	General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
3157	Intergovernmental Transfer Program	-	-	180,618,850	180,618,850	-	-	174,923,693	174,923,693
3158	Health Care Financing & Policy	27,529,954	134,642,676	2,791,084	164,963,714	28,894,173	138,974,802	2,670,219	170,539,194
3160	Increased Quality of Nursing Care	-	-	40,676,792	40,676,792	-	-	43,033,059	43,033,059
3178	Nevada Check-Up Program	2,808,355	53,252,286	3,342,676	59,403,317	9,397,594	48,952,554	3,768,864	62,119,012
3243	Nevada Medicaid	835,307,676	3,114,180,557	246,506,655	4,195,994,888	913,929,479	3,299,267,967	242,879,969	4,456,077,415
<i>DHCFP Total</i>		<i>865,645,985</i>	<i>3,302,075,519</i>	<i>473,936,057</i>	<i>4,641,657,561</i>	<i>952,221,246</i>	<i>3,487,195,323</i>	<i>467,275,804</i>	<i>4,906,692,373</i>
<i>Biennial Total</i>						<i>1,817,867,231</i>	<i>6,789,270,842</i>	<i>941,211,861</i>	<i>9,548,349,934</i>

Intergovernmental Transfer Program

Budget Account 3157

Intergovernmental Transfer Program (IGT) – BA 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.

Intergovernmental Transfer Program (IGT) – BA 3157

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

Intergovernmental Transfer Program (IGT) – BA 3157

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

Administration – BA 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.

Administration – BA 3158

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

Administration – BA 3158

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	State General Funds = \$349,312
SFY 2021 Total Cost = \$1,154,964	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	State General Funds = \$185,082
SFY 2021 Total Cost = \$1,252,388	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	State General Funds = \$35,926
SFY 2021 Total Cost = \$92,459	State General Funds = \$46,229

Administration – BA 3158

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

Administration – BA 3158

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

Administration – BA 3158

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

Administration – BA 3158

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

Administration – BA 3158

Initiatives

E226 Program Integrity Initiative

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

SFY 2020 Total Cost = \$823,475

State General Funds = \$411,738

SFY 2021 Total Cost = \$1,002,092

State General Funds = \$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

State General Funds = \$350,750

SFY 2021 Total Cost = \$770,661

State General Funds = \$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

Nevada Check Up – BA 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

Nevada Check Up – BA 3178

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

Nevada Medicaid – BA 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.

Nevada Medicaid – BA 3243

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

Nevada Medicaid – BA 3243

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

Nevada Medicaid – BA 3243

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

Nevada Medicaid – BA 3243

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

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

Nevada Medicaid – BA 3243

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

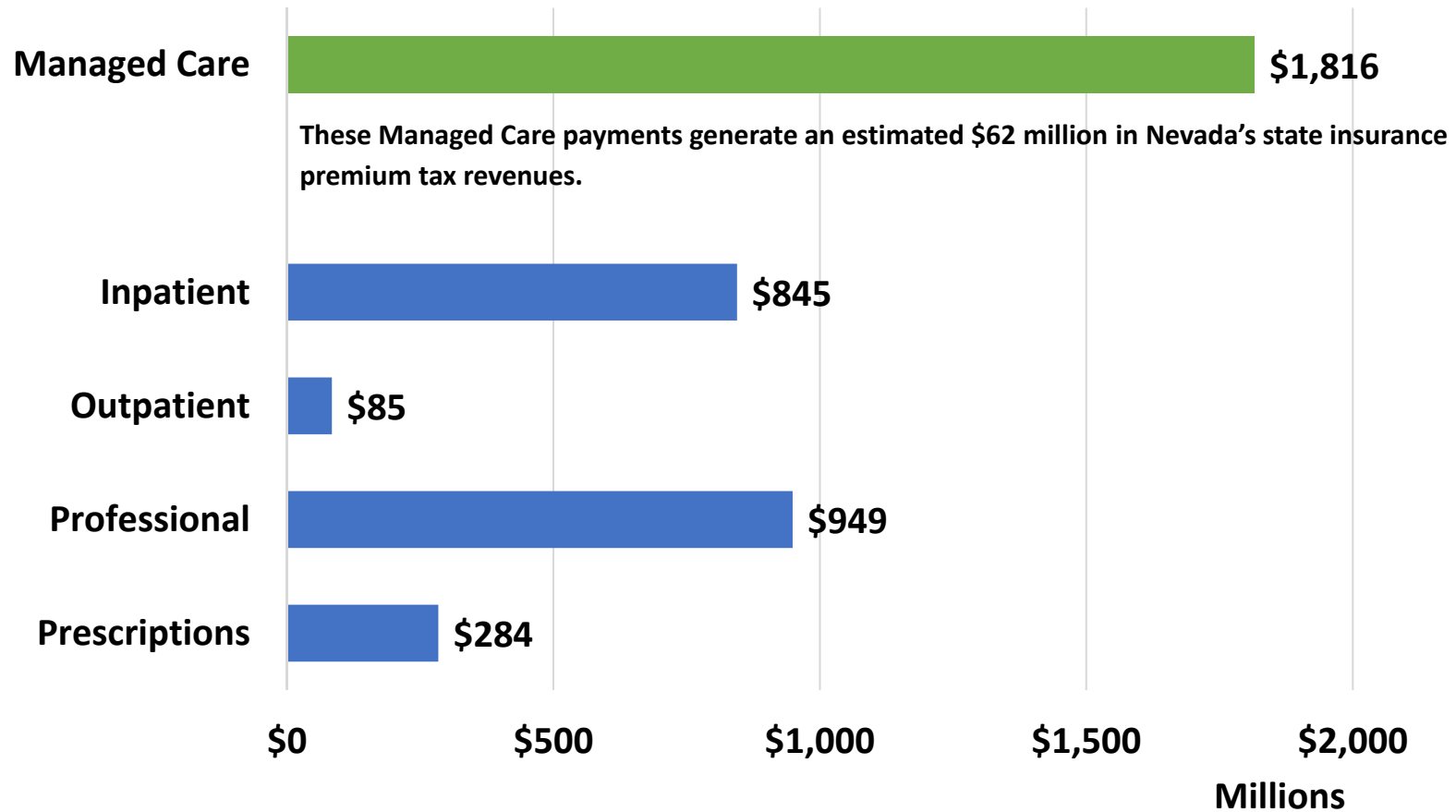
Bill Draft Requests

BDR #	NRS	Description	Impact
19A4032103	422.4025	Eliminate Sunset for Preferred Drug List	\$602,658 Total \$176,307 State General Funds
19A4032177C	428.206	Allow the Division to receive other funds from the Board of Trustees of the Fund for Hospital Care to Indigent Persons	\$1,156,182

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

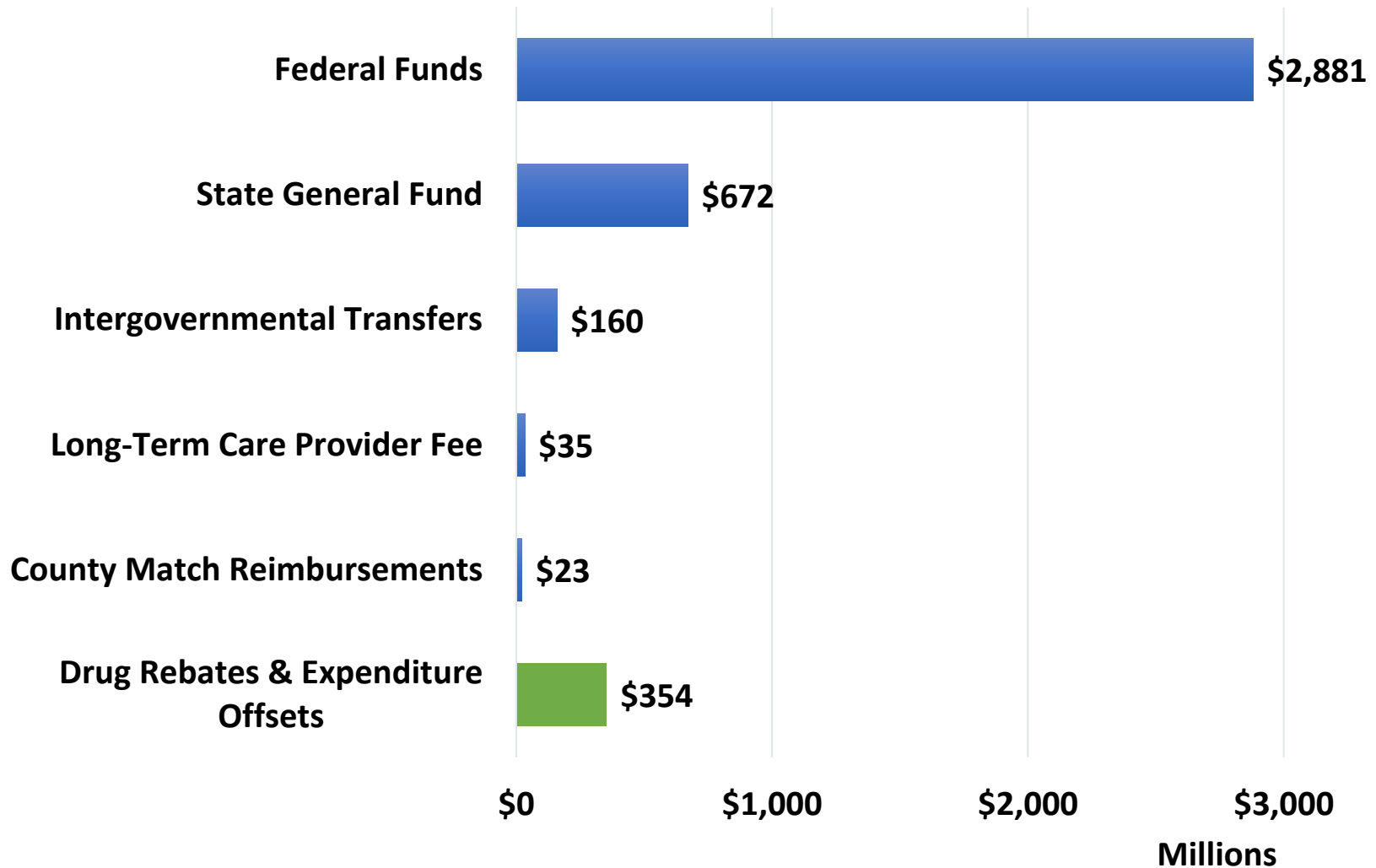


Green = Payments to Managed Care Organizations, which coordinate care and pay providers directly for medical services to Medicaid recipients

Blue = Fee for Service Expenditures

Note: Chart reflects services only. Other expenditures and offsets are not included.

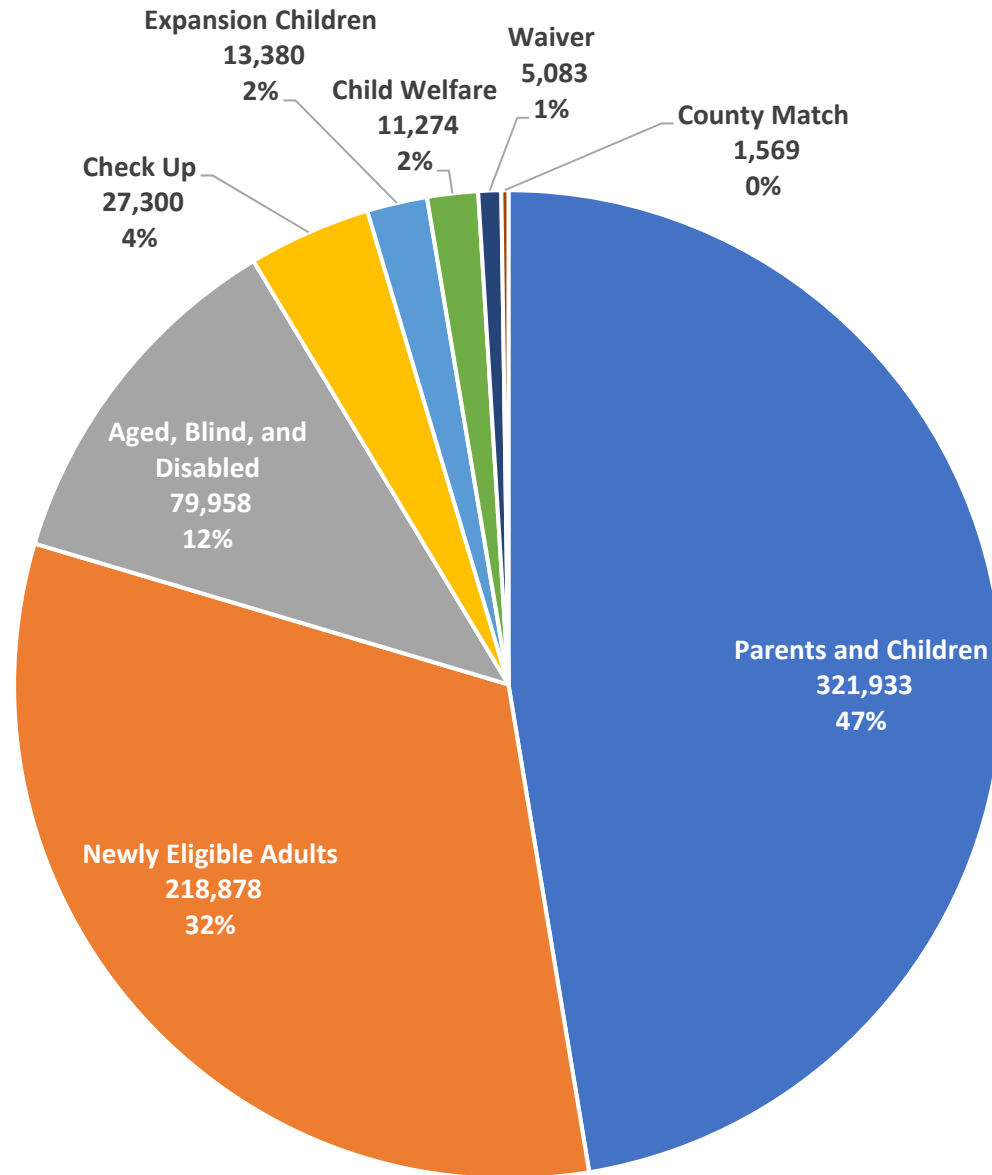
SFY18 Medicaid Funding Sources



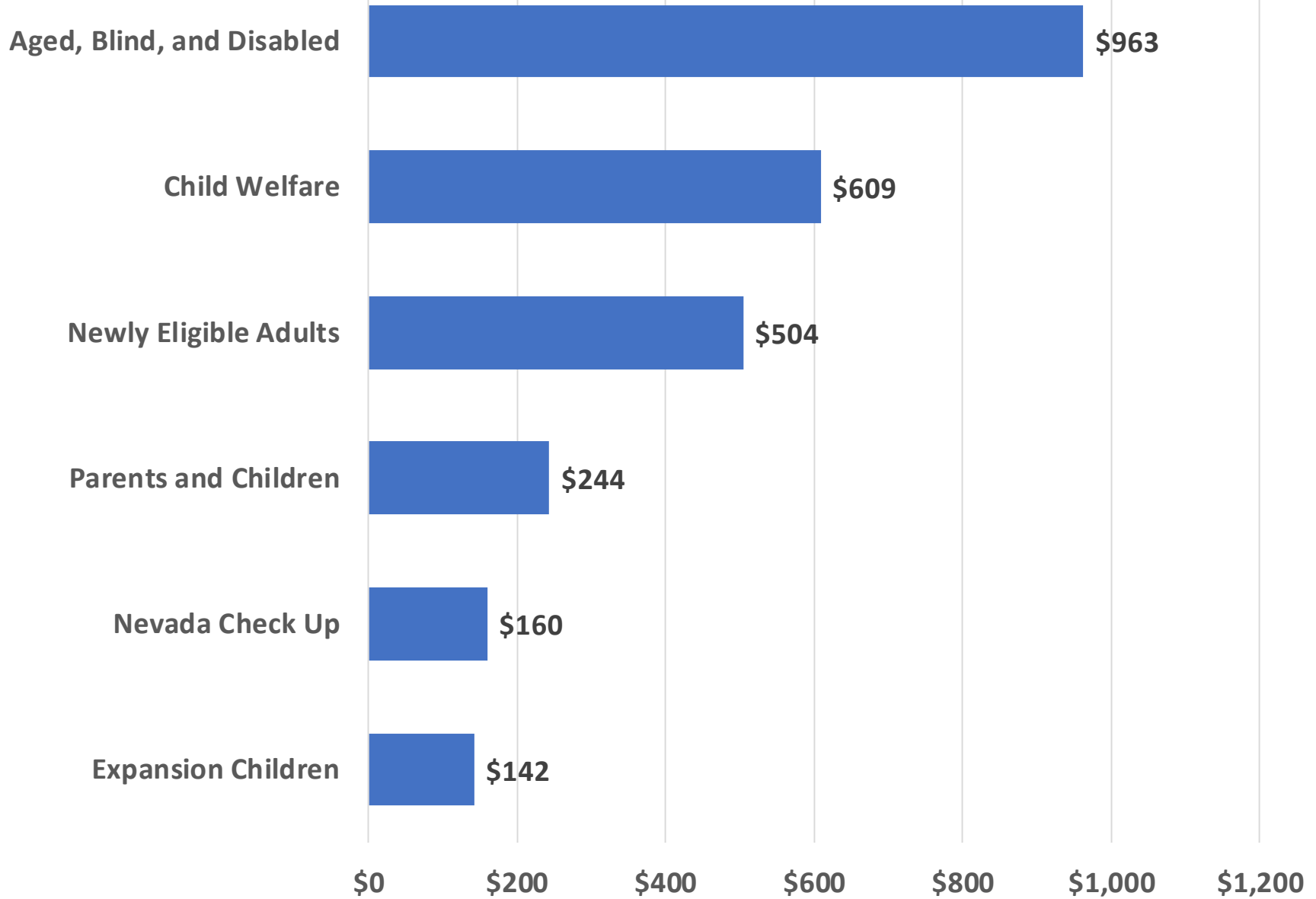
Blue = Revenues per DAWN

Green = Expenditure offsets in Category 28 Offline. FMAP must be applied to determine retained funding.

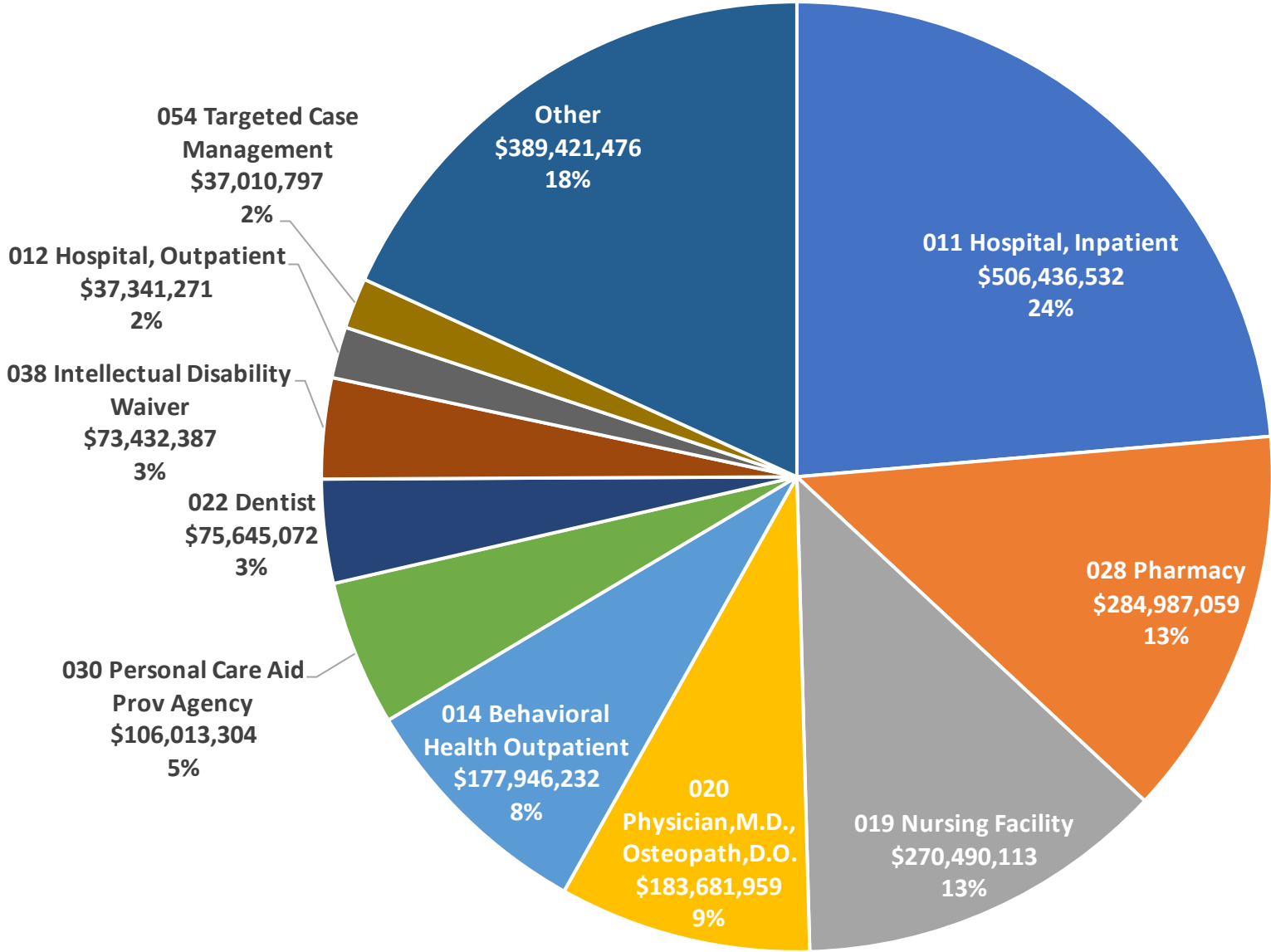
SFY18 Average Caseload by Category



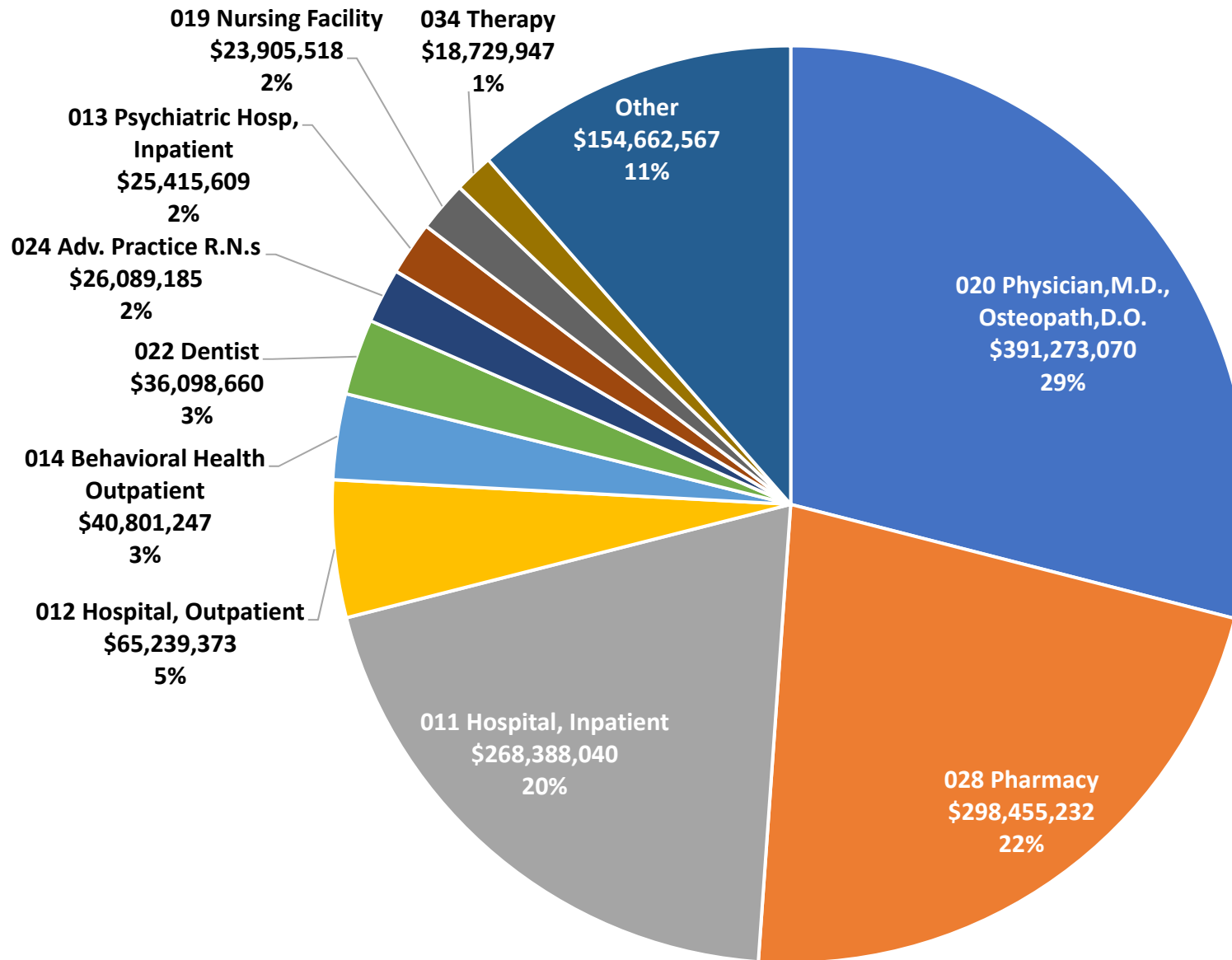
SFY18 Monthly Costs Per Recipient by Caseload Category



SFY18 Fee-for-Service Expenditures



SFY18 Managed Care Expenditures



**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)

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

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

Nevada Check Up					
Group	Eligibility FPL	Income Household Size 1	Income Household Size 2	Income Household Size 3	Income Household Size 4
Children 0-18	205%	\$25,605	\$34,666	\$43,727	\$52,788