



**Steve Sisolak**  
*Governor*



**Richard Whitley**  
*Director*

State of Nevada  
**Department of Health and Human Services**

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Senate Committee on Health and Human Services Presentation  
Division of Health Care Financing and Policy

February 11, 2019



# 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.

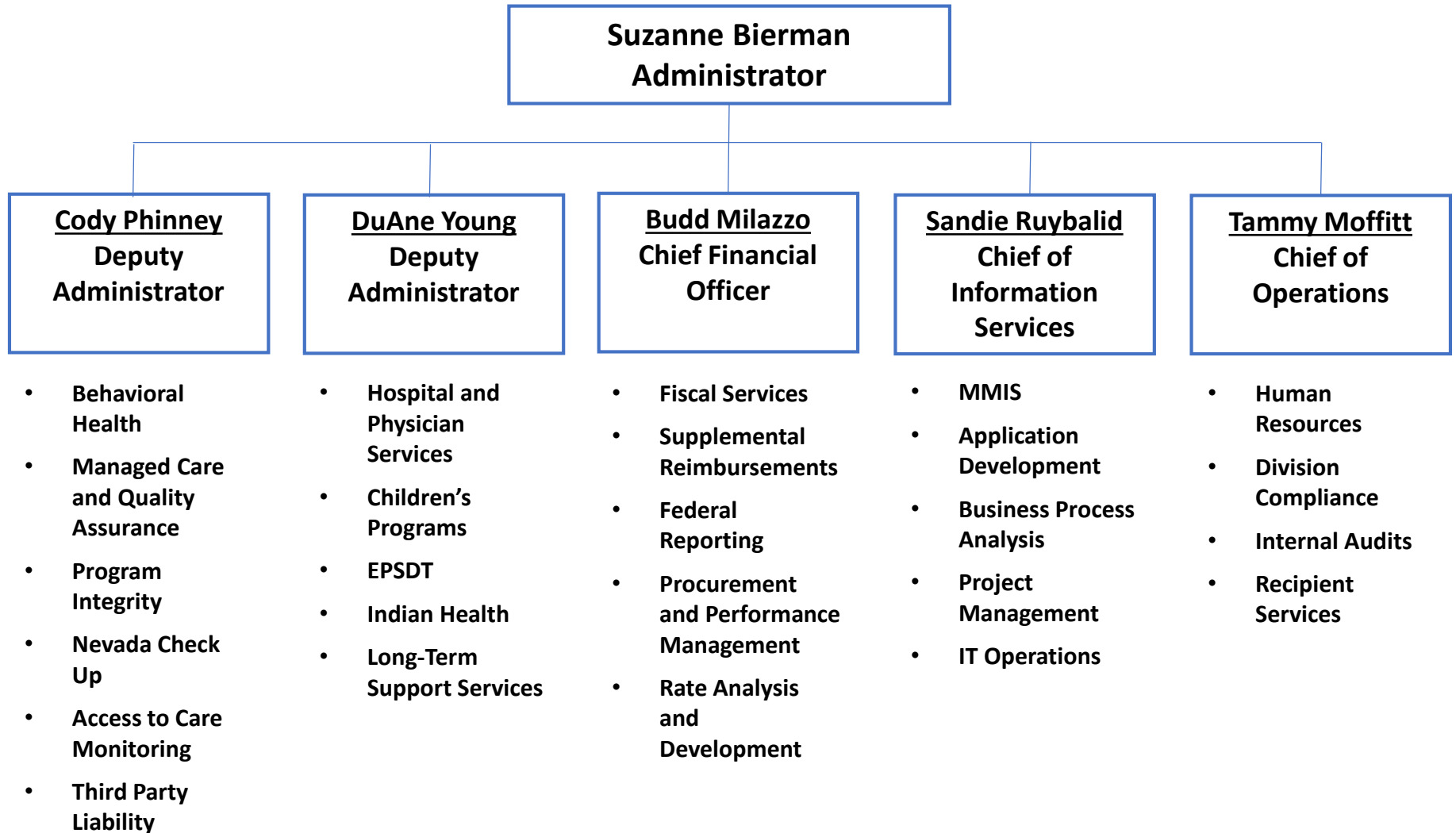
# DHCFP Goals

- 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



# 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

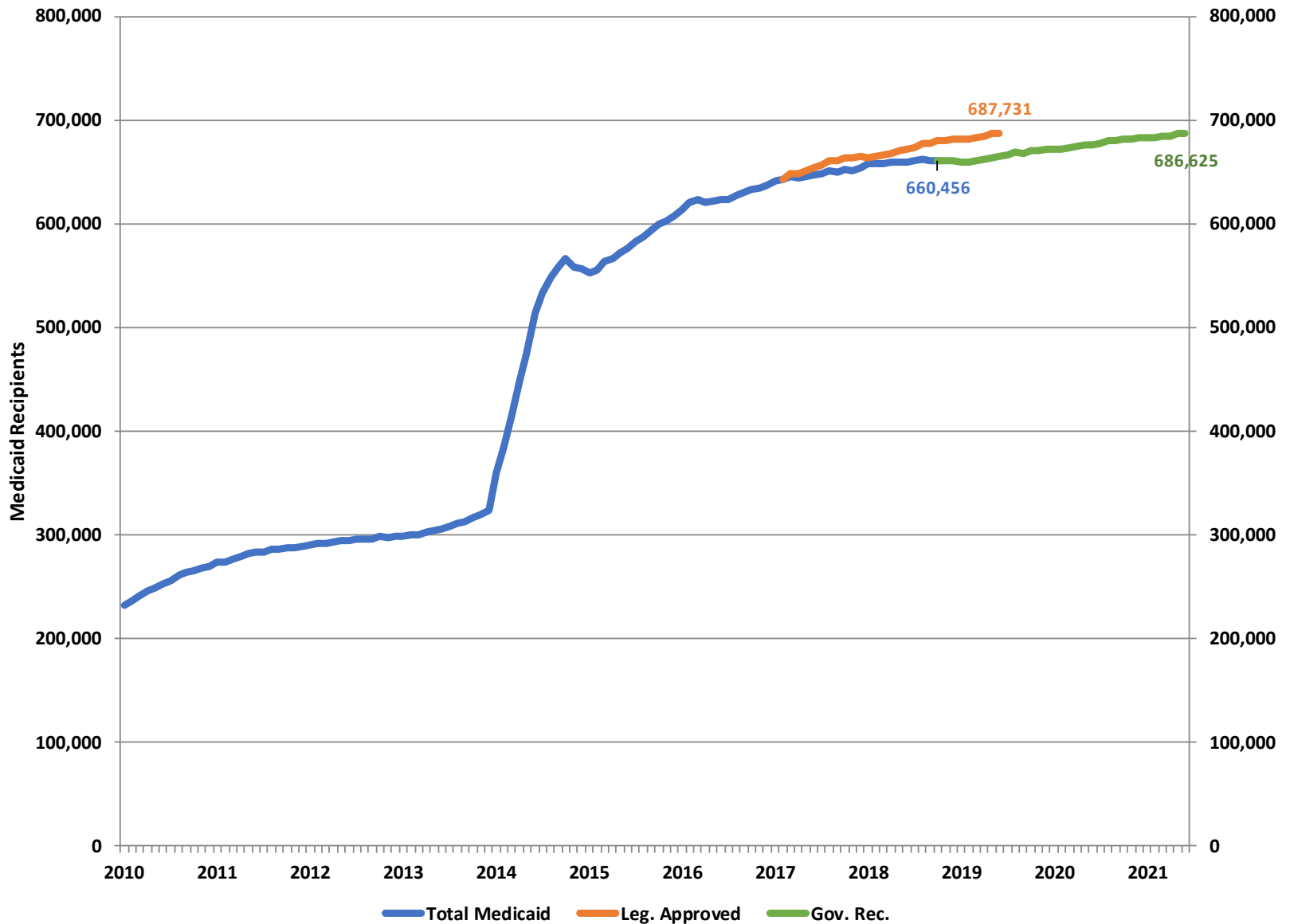
- 1115 Demonstration Waiver for Specialized Foster Care
  - Collaboration with Division of Child and Family Services
- 1115 Demonstration Waiver for CCBHC
  - Collaboration with Division of Public and Behavioral Health
- 1915(i) State Plan Option for Supportive Housing Services
  - Medicaid's piece in the homelessness puzzle
- Establishment of the Hospital Provider Fee
  - Collaboration with the Nevada Hospital Association



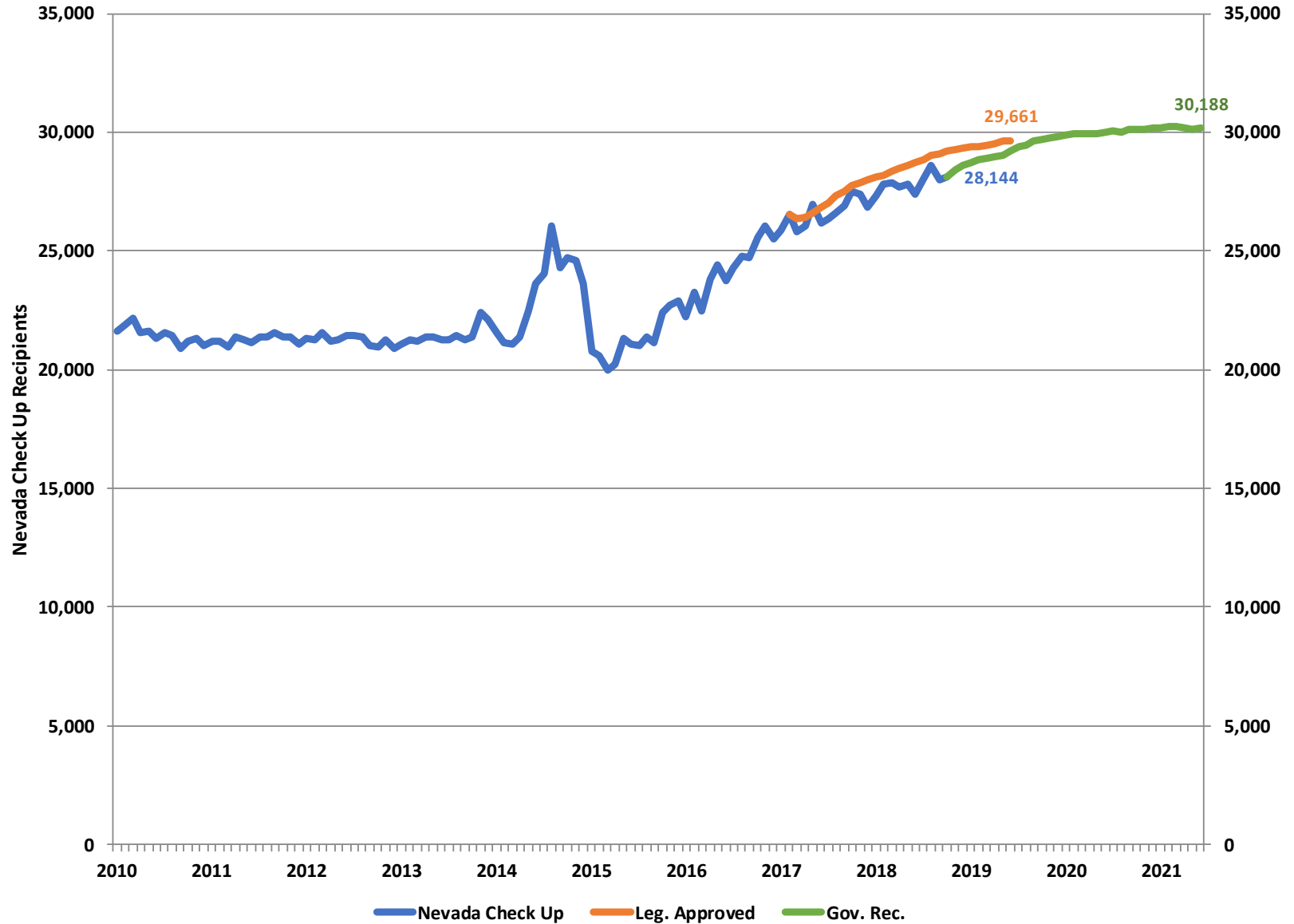
# Challenges

- 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

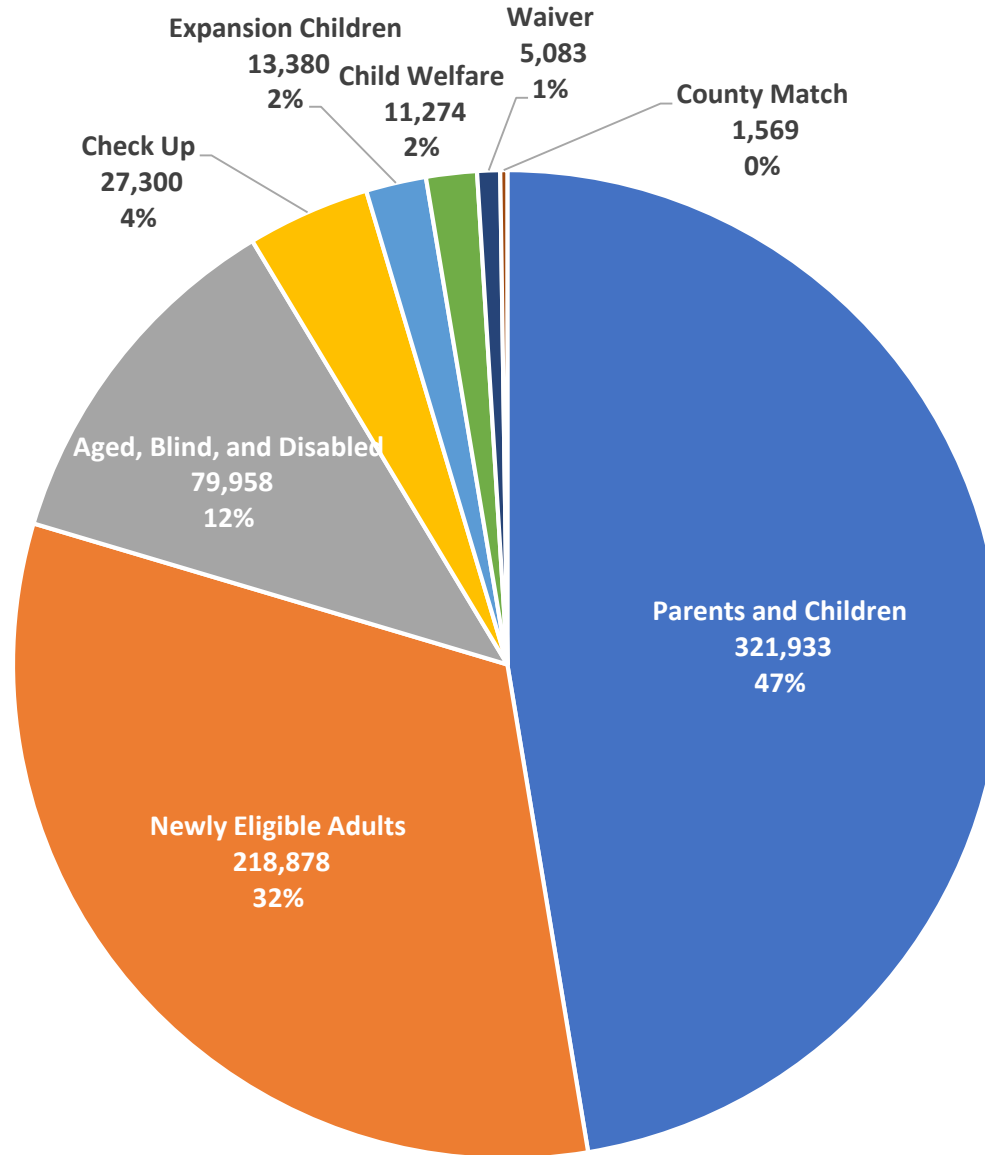
# Total Medicaid Caseload



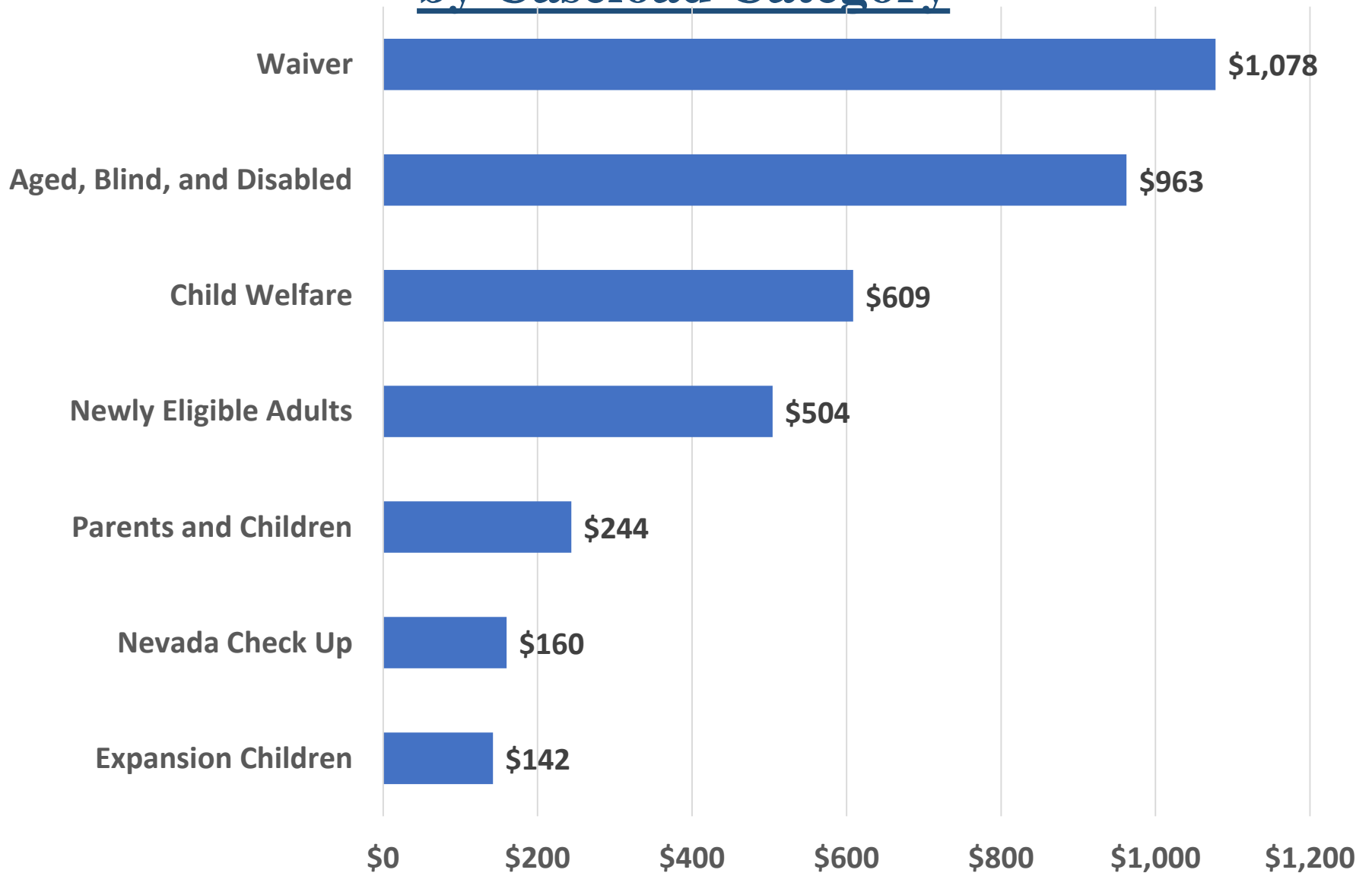
# Nevada Check Up Caseload



# SFY18 Average Caseload by Category



# SFY18 Monthly Costs Per Recipient by Caseload Category



# Federal Medical Assistance Percentage (FMAP)

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

# 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