



2026 Interim HHS Update

Nevada Health Authority

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January 6, 2025



Agenda

1 | **Nevada Health Authority Overview**

High-level review of NVHA's purpose and structure.

2 | **Mission and Strategic Priorities**

NVHA's guiding mission and core strategic priorities that frame statewide health system improvement.

3 | **Major Project & Legislation Status Updates**

The projects at NVHA in alignment with strategic priorities and overview of implementation of key legislation from 2025 Session.

4 | **Our Focus Areas for the Coming Year**

A broad preview of the priority areas the NVHA will center its work on in 2026 to advance access, quality, and system's level improvements.

5 | **Questions and Discussion**

Open discussion and questions from commissioners.



NVHA Overview



SB 494: Agency Reorganization

DHS

Provides direct care, supportive services and public benefits to eligible Nevadans

Divisions

Children & Family Services
Public & Behavioral Health*
Social Services (formerly DWSS)*
Aging & Disability Services*

Direct Services & Care

NVHA

Promotes access to health care and services to improve the health of Nevadans

Divisions

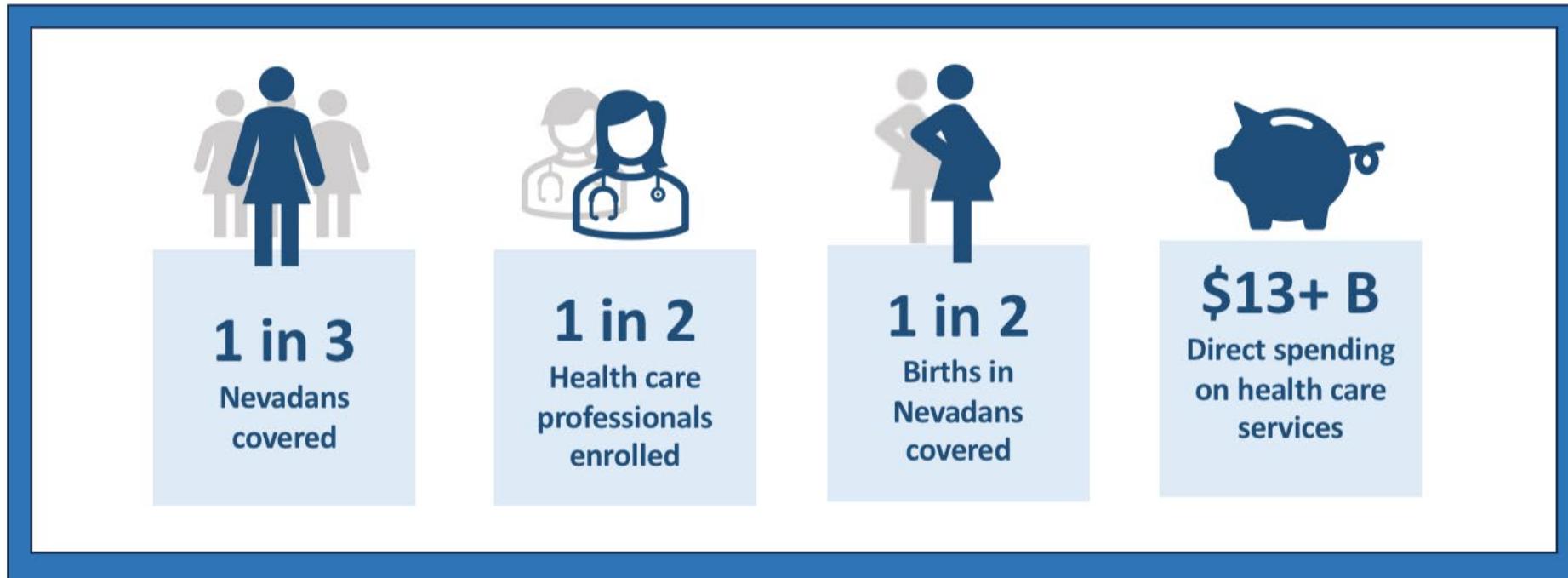
Nevada Medicaid (formerly DHCFP)
Consumer Health Services
Public Employee Benefits
Health Care Purchasing & Compliance

Regulator & Payer of Care

*Certain responsibilities transferred to NVHA.



NVHA Footprint





NVHA Executive Leadership Team





NVHA Division Leadership Team





Mission & Strategic Priorities



NVHA Vision & Mission

Vision

A healthy, thriving Nevada where health care is affordable and reliable

Mission

To ensure Nevadans can access affordable, reliable care by leveraging the state's buying power to get the best deal on services, streamlining programs for greater efficiencies, and driving better quality and innovation in the state's healthcare system

Values

Public service, fiscal discipline, program integrity, transparency, and accountable leadership



Goals & Guideposts

1. Health Improvement

Improving overall health and state's performance on key national health indicators

2. Program Viability

Strengthening the economic resiliency and financial sustainability of state-run coverage programs

3. Healthcare Workforce Capacity

Building a reliable healthcare system where Nevadans can access the care they need when they need it

4. Value & Innovation

Incentivizing innovation for better health and value for Nevadans.

2024-2025 Nevada Scorecard



Sources: Nevada Medicaid claims data; Commonwealth Fund 2025 State Scorecard on State Health Care System Performance & 2024 State Scorecard on Women's Health and Reproductive Care; Mental Health America Rankings, 2024.



Major Project Updates



Major Project Updates: Health Improvement

- Healthier Nevada Schools
- Statewide Managed Care Rollout
- Children's Behavioral Health Transformation Project
- Health Care for Justice-Involved Population
- Open Enrollment for Private Market Consumers



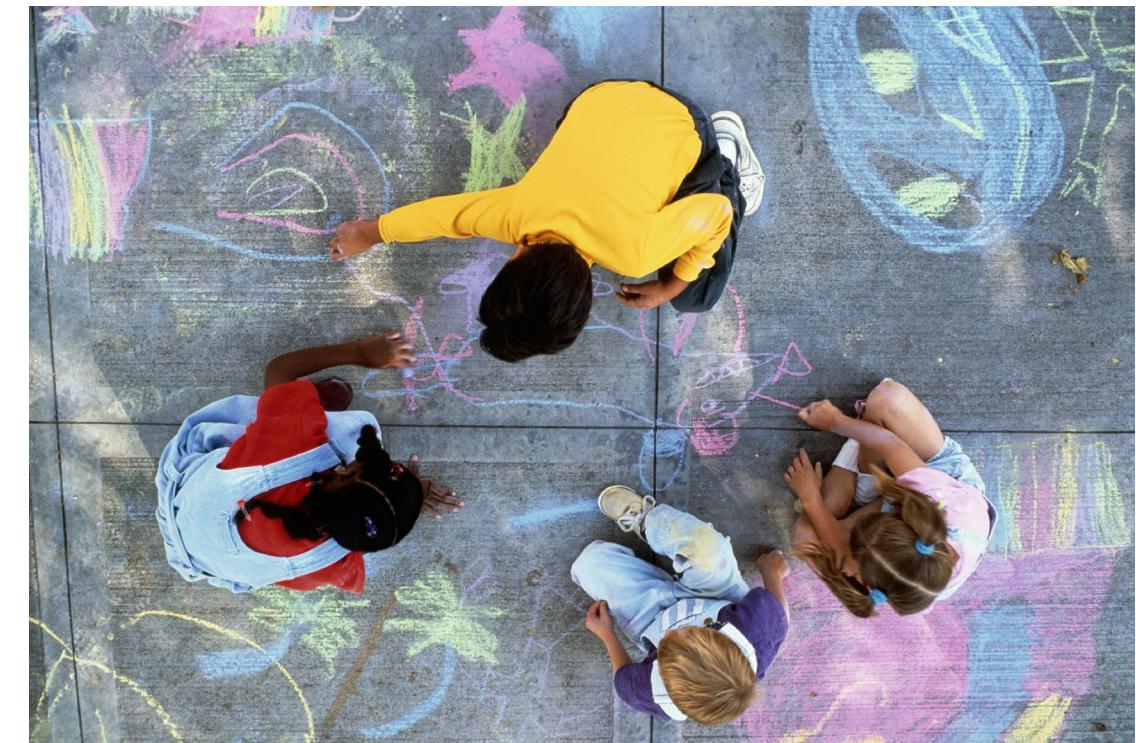


Healthier Nevada Schools



NVHA Executive Team Lead: Deputy Director Malinda Southard

- **Medicaid Billing for Schools Pilot**
 - Effective date: 1st Quarter 2026
 - State-Contracted Vendor for Billing Services & Electronic Health Record System
 - Four (4) local education agencies (LEAs) will participate in the pilot
 - All LEAs will be able to opt-in for the 26-27 school year to use the new vendor
- **New Tools for Schools**
 - User-Friendly Medicaid School Health Services Manual
 - School Health Access Resource Center & Steering Committee
 - Medicaid Billing Technical Assistance (monthly training & office hours)
 - Interagency Collaboration on Best Practices for Student Behavioral Health Needs
 - University of Nevada Reno and Nevada Dept. of Education





Statewide Medicaid Managed Care



NVHA Executive Team Lead: Administrator Ann Jensen

Statewide Managed Care Rollout

- Passed by 2023 State Legislature
- Effective Date: 1/1/2026
- Competitive procurement



Urban Clark
Urban Washoe
Rural Service Area



*ZIP code map does not perfectly align with county map; ZIP 89706 is shared between Carson County and Lyon County



Children's Behavioral Health Transformation

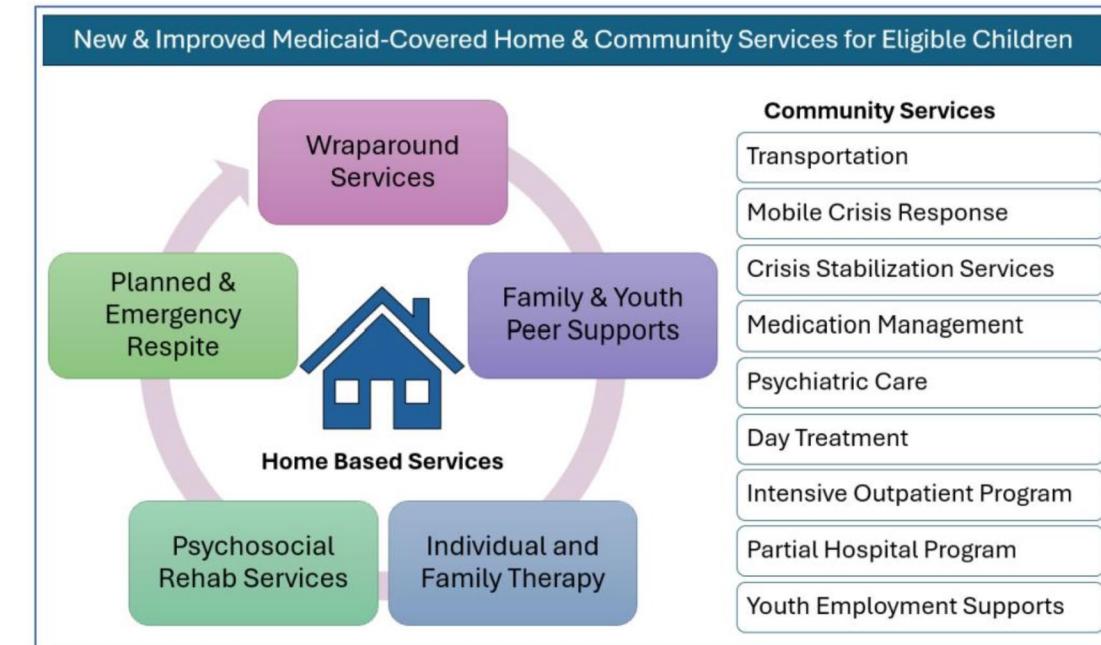


NVHA Executive Team Lead: Administrator Ann Jensen

- **New Medicaid Benefits & Rate Increases**
 - Support community care for behavioral health
 - Many pending federal approval
 - Effective no later than 1/1/2027, if not earlier
- **New Specialty Managed Care Plan**
 - Children's Behavioral Health
 - Requires additional federal waiver approval
 - Effective 1/1/2027
- **Psychiatric Residential Treatment Facilities**
 - Ensure quality care
 - Ensure safety of all children
 - Hold facility owners accountable for care and outcomes of children

DOJ Settlement Agreement

Goal: Reduce institutionalization of this child population (e.g., reduce need for residential or inpatient psychiatric care)





Justice-Involved Population & Care



NVHA Executive Team Leads: Deputy Malinda Southard (planning efforts) / Administrator Ann Jensen (future operations)

1115 Waiver Pending Approval

- Re-entry Justice-Involved Population
- Medicaid Coverage – up to 90 Days Pre-release
- Will subsume all Consolidated Appropriations Act (CAA) 5121 requirements for Youth
- Includes care coordination, case management, and medical & behavioral care
- Submitted 12/13/2024 and anticipated Federal Decision early Calendar Year 2026

Federal Planning Grant

- Support readiness for billing Medicaid at jails, juvenile centers, and prisons
- Electronic health records (EHR) support vendor
- Status: Working with a vendor to develop carceral facility capacity building subgrant program; anticipate release of Request for Applications in July 2026



Marketplace Health Insurance



NVHA Executive Team Lead: Administrator Jennifer Krupp

SSHIX Open Enrollment

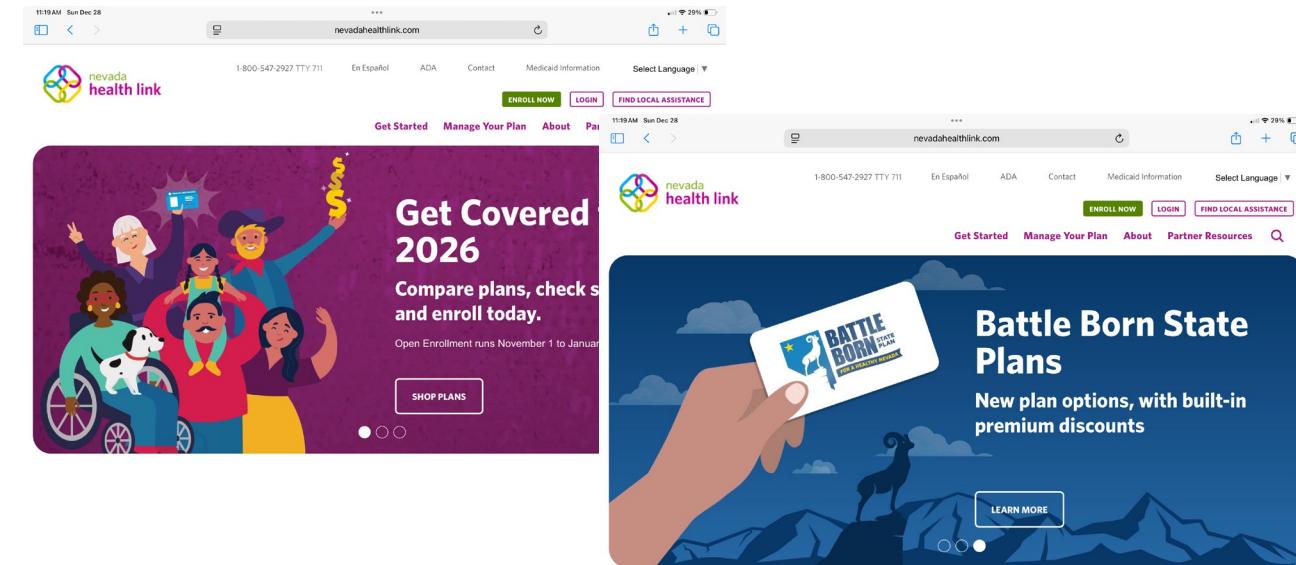
- Nov. 1, 2025 – Dec. 31, 2025 / Start: Jan. 1, 2026
- Jan. 1, 2026 – Jan. 15, 2026 / Start: Feb. 1, 2026

Challenges

- Major premium increases (**on average +26% higher**)
- Enhanced premium tax credits for COVID expiring

Opportunities

- Leveraging modern technology of Nevada Health Link to encourage consumers to shop for best deal
- BBSP carriers achieved a **-7% premium reduction target**, and the average consumer premium cost was reduced **by -4.7%** across rating areas
- All carriers reduced premiums **by 4.4% due to new reinsurance program** funded by the BBSP program
- BBSPs are **roughly 8-9% of enrollment**; anticipate increase over coming weeks.



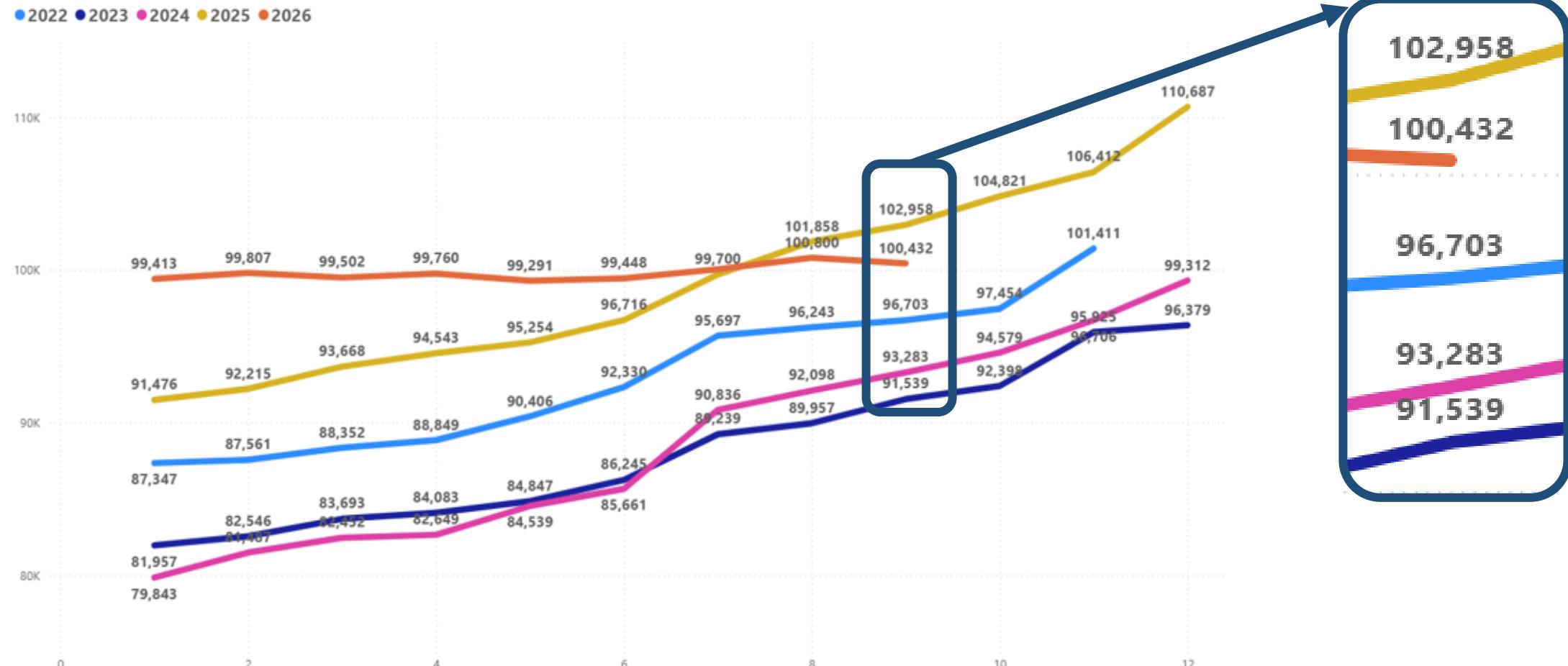
Second Lowest Cost Silver Plan	Rating Area 1	Rating Area 2	Rating Area 3	Rating Area 4
Without Waiver	\$385.80	\$420.18	\$539.28	\$706.13
With Waiver	\$367.63	\$402.44	\$516.49	\$649.34
Rate Difference	-4.7%	-4.2%	-4.2%	-8%



Nevada Health Link Open Enrollment Year Over Year



OE Y/Y Comparison – Health Enrollees per Week (Includes Data thru each Saturday of OE; Last Refreshed 12/27/25)



Note that these numbers are subject to change as consumers experience the recent price shock from premiums given that most are automatically renewed into former plans. As consumers shop over the coming days, we anticipate changes to these numbers.



Major Project Updates: Program Viability

- Single Prescription Benefits Manager (PBM) Implementation
- Health Care Purchasing Authority & Strategy
- Medicaid Federal Funding Maximization Project





Single PBM Implementation



NVHA Executive Team Lead: Dr. Keiko Duncan, Senior Clinical Advisor

- SB 389
- Requires NVHA to implement a single state pharmacy benefit manager (PBM) for Medicaid Goal is to control costs for state coverage programs and maximize rebate revenue for the state
- Update:
 - Working through Medicaid authorities
 - Likely requires a 1115 waiver to protect premium tax revenues for state
 - Request for Proposals anticipated in 2027
 - IFC staffing request in 2026 as permitted under legislation
 - May require some clean up language in 2027 Legislative Session and potential expansion to PEPP





Health Care Purchasing



NVHA Executive Team Lead: Director Stacie Weeks

New Health Care Purchasing Authority & Strategy

- SB 494
- New purchasing authority for health care programs and vendors (draft regulations to authorize = TBA)
- Requires new statewide purchasing strategy for coverage
 - Vendor support / national consultants (Jan. BOE)
 - Report to PEBP Board in Summer 2026
- Goals:
 - Aligns certain requirements across markets
 - Allows state to better leverage its position/footprint to negotiate better deals (lower costs) in health care
 - Provides opportunity to scale resources across programs = greater efficiencies





Maximize Federal Medicaid Funds



NVHA Executive Team Lead: Deputy Director Lynnette Aaron

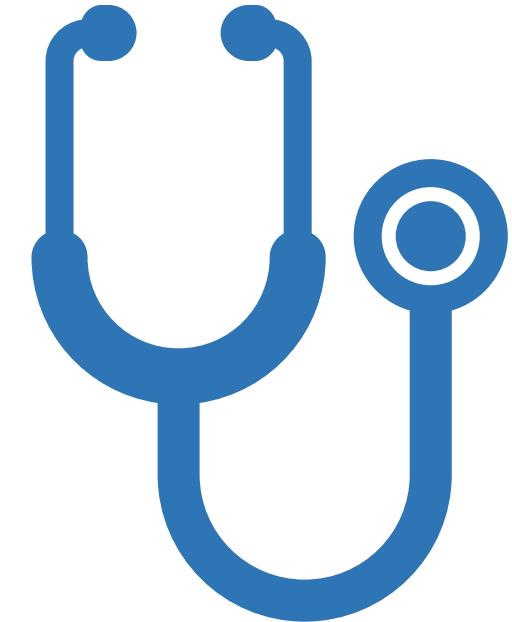
- Review of cost allocation plans with other agencies to assess accuracy of current match programs
- Assessment of missing opportunities for Medicaid federal match (e.g., 988 and other qualifying public health activities)
- Updates to Supplemental Payments to maximize federal dollars
- Expanding Medicaid Academic Partnership opportunities
- Hiring of fiscal audit team & contract Medicaid budget expert
- Vendor analysis for other opportunities





Major Project Updates: Workforce Capacity

- Rural Health Transformation Project
- State Health Care Access & Recruitment Program
- Graduate Medical Education (GME) Advisory Committee
- Medicaid Provider Rate Assessments





New Workforce Grant Initiatives



NVHA Executive Team Lead: Deputy Director Malinda Southard

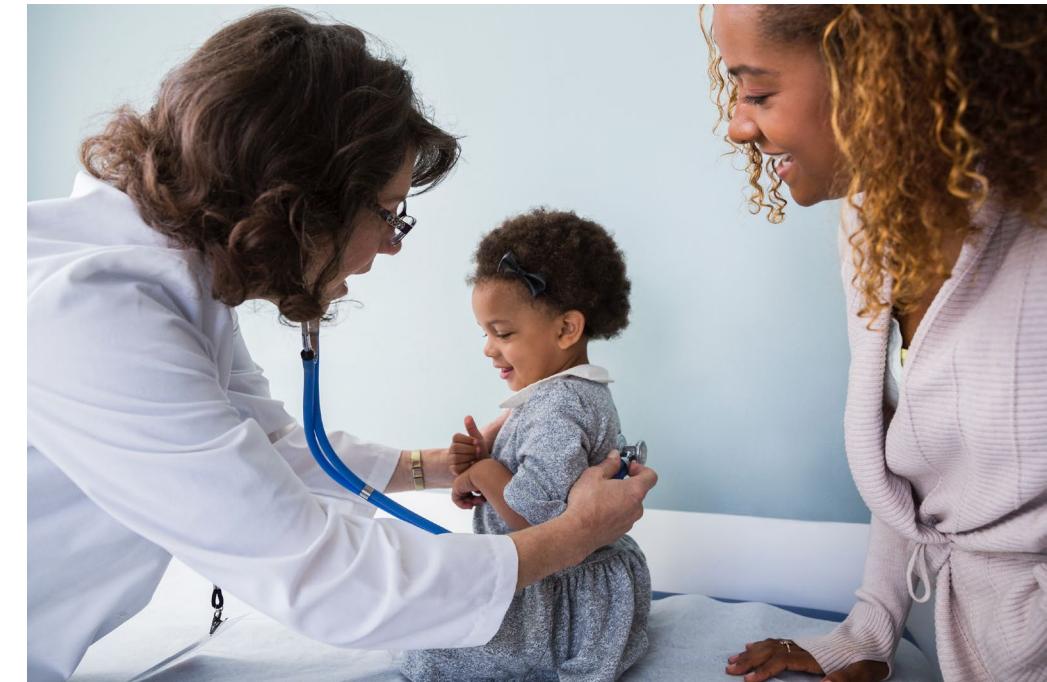
Federal Rural Health Transformation Grant

- HR 1, 2025 / Up to approx. \$200 million per year x 5 years / Jan. 2026
- Jan. 27th – Public workshop with updates
- Year One Award: \$180 million

Rural Health Outcomes Accelerator	15% of total annual award
Rural Health Care Flex Fund	20% of total annual award
Workforce Recruitment & Rural Access	40% of total annual award
Rural Health Innovation & Tech. Grant	15% of total annual award

State Health Care Access & Recruitment Program (SHARP)

- SB 5, Special Session 2025 / \$60 million (one-time funds)
- Support workforce capacity and sustainable results for care
- July 1, 2026 – Funds available for implementation





GME Advisory Committee Grants

NVHA Executive Team Lead: Deputy Director Malinda Southard

- SB 494 transfer to NVHA
- SB 262 amended with new funds (+\$9 million)
 - SFY26 = \$15,826,125
 - SFY27 = \$4,500,000
- Infrastructure grants for GME sites
- Updates:
 - Hired Milliman to support facilitation
 - Committee has met twice since end of session
 - Moving forward with transparent grant selection process
 - Procurement to start in spring
 - First set of grants to be issued this summer

The screenshot shows the NVHA website's GME Program page. The header includes the NV.gov logo, the Nevada Health Authority logo, and a search bar. The main content area is titled "Graduate Medical Education (GME) Program" and features a sub-navigation menu with links to "ABOUT", "HISTORY", "GME ADVISORY COUNCIL", and "GME GRANT PROGRAM". Below the menu, there is a paragraph of text about the GME Program and a photograph of a group of healthcare professionals in scrubs sitting around a table.



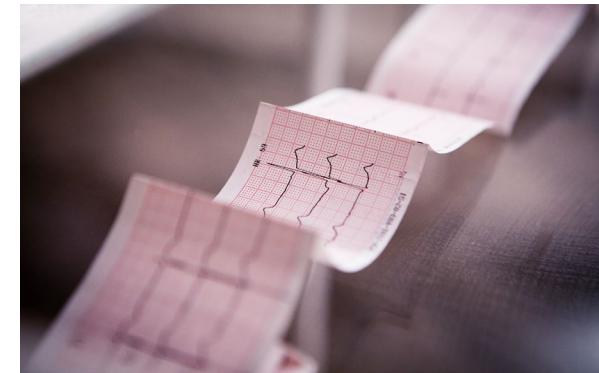
Medicaid Provider Rate Assessment



NVHA Executive Team Lead: Administrator Ann Jensen

NRS 422.2704 - Quadrennial Rate Reviews (QRR)

- Assessment of rate reasonableness based on cost reporting
- **Challenges** – Low rate for self-reporting of costs by providers and current costs do not always reflect the need for improving access and quality of care
- **Improvement** – assessing other state Medicaid programs to ensure reasonableness based on other market rates
- **Need** – Assessment of rate increases to reward quality and outcomes to get more value
- **2025 QRR** focus on behavioral health provider types; many rate gaps addressed in last budget bill passed in 2025 Session; **2026 QRR** in process



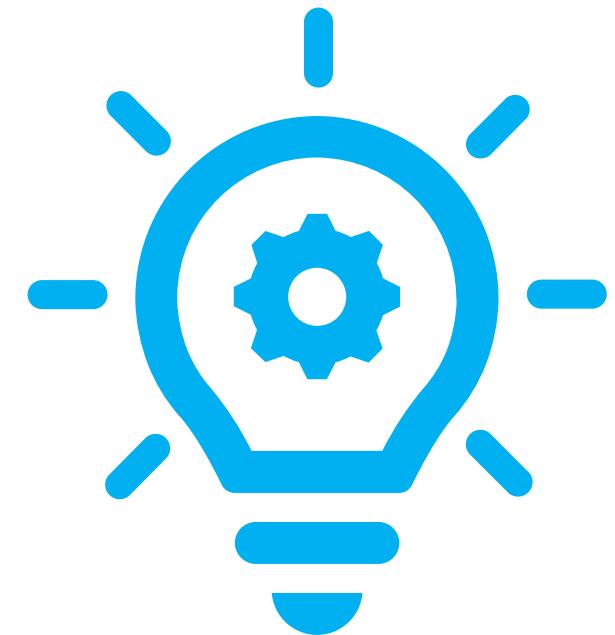
2026 QRR: Provider Types

19	Nursing Facility
20	Physician, M.D., Osteopath, D.O.
21	Podiatrist
43	Laboratory, Pathology Clinical
72	Nurse Anesthetist
74	Nurse Midwife
76	Audiologist
87	Designated Mobile Crisis/Crisis Stabilizati
89	Community Health Workers
90	Doula Services
91	Pharmacist



Major Project Updates: Innovation & Value

- Medicaid Express Lane
- All Payers Claims Database (APCD)
- Centralized Credentialing for Medicaid Providers
- Value-Based Payment Initiatives





Medicaid Express Overview

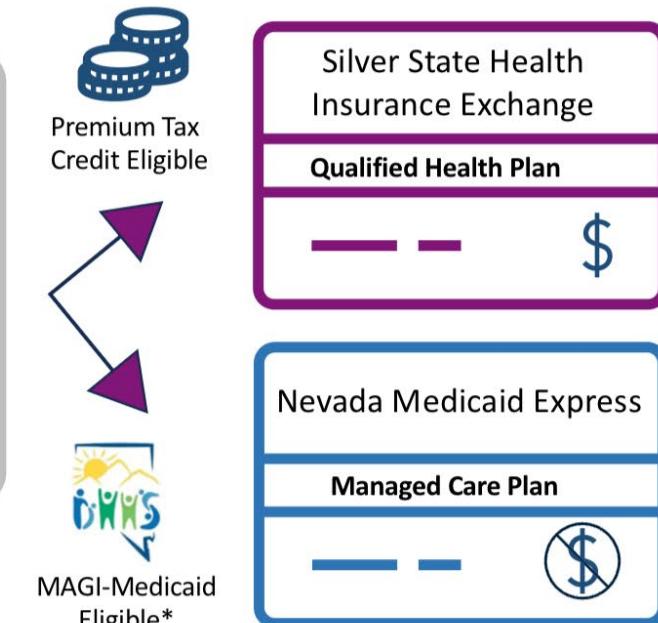
About 90% of Medicaid enrollees are eligible via the Modified Adjusted Gross Income (MAGI) methodology, which is the same methodology used by the Nevada Health Link for determining eligibility for coverage options on exchange. Medicaid Express leverages this modern platform for real-time enrollment and shopping for Medicaid recipients. Non-MAGI eligibles will continue to use current process through Division of Social Services once fully implemented.



Nevadans Seeking Coverage



One-Stop Shop for Coverage



Plan Shopping Experience



Medicaid Express Implementation



NVHA Executive Team Lead: Enterprise IT Officer Sandie Ruybalid

Medicaid Express Solution

- Passed last session (Gov. Rec. budget bill)
- One-stop shop for eligibility where real-time enrollment is available
- Managed care plan shopping
- Project Phases
 - Phase 1 – determination state
 - Phase 2 – all “MAGI” based eligibility in exchange platform
 - Phase 3 – Exchange platform is system of record for enrollments
- Phases 2 & 3 – future RFP for fully integrated exchange platform in 2027



All Payers Claims Database



NVHA Executive Team Lead: Enterprise IT Officer Sandie Ruybalid (Implementation) / Deputy Allison Herzik (Future Operations)

All Payers Claims Database

- Full implementation will be early February 2026
- Advisory Committee to be established in 2026 for uses
- Supports new population health management strategy
- Public use file – TBA

All-Payer Claims Database (APCD)



Nevada APCD is now live!

Data is not anticipated to be available until Fall 2025

Please visit

APCD.NV.GOV

Questions regarding APCD submission, training & more: NV-Support@onpointhealthdata.org



Centralized Credentialing: Medicaid



NVHA Executive Team Lead: Administrator, Todd Rich

- Fully implemented
- Provides for a one-stop shop for Medicaid providers to be credentialed for reimbursement purposes
- Credentialing decisions are valid with all managed care plans.
- Goal to consider expanding to other coverage programs under NVHA to reduce provider burden



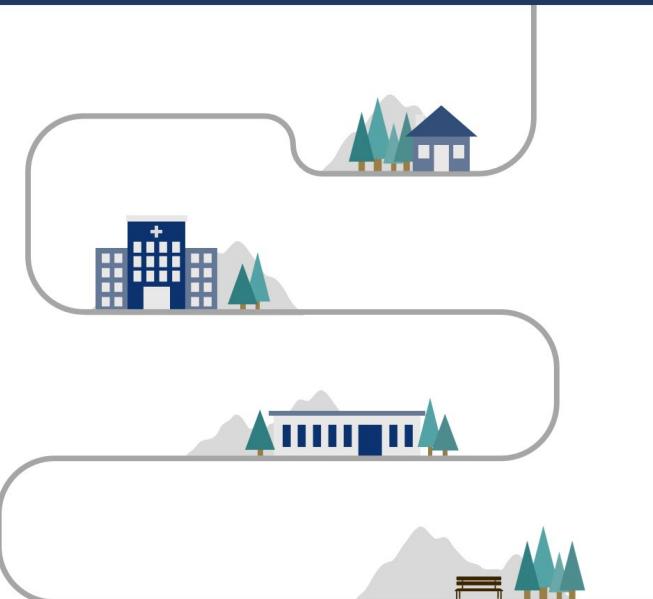


Medicaid Managed Care Plan & Hospital Quality Collaborative



NVHA Executive Team Lead: Administrator Ann Jensen

- Second year of quality collaborative between managed care plans and hospitals
- New Value-Based Payment Roadmap TBA
- Focus for collaborative:
 - Maternal health
 - Care transitions
 - Primary Care
 - Behavioral Health
- Value-based payment strategies must be in place by Plan Year 2027 for maternal health and care transitions
- Goal to leverage successes and strategies in other markets under NVHA jurisdiction





2025 Legislation Implementation



2025 Legislation by Division

Some bills impact more than one Division, resulting in 83 legislation implementation streams across NVHA.



Division of Nevada
Medicaid Bills



Division of Purchasing
& Compliance Bills



Division of Public
Employees Benefits
Bills



Division of Consumer
Health Services



2025 Legislation Implementation Status

- As of October 2025, status of bill implementation:
 - 28 are 90-100% complete
 - 9 are 89-70% complete
 - 7 are 69-50% complete
 - 39 are less than 50% complete; many due to federal approval or delayed effective dates in statute
- Federal approvals required for 12 bills, including 11 State Plan Amendments and 2 Medicaid waivers
- Next Public Workshop on Implementation Status by Bill# on January 27
 - Sign up for the Nevada Health Authority ListServ here:
<https://dhcfp.nv.gov/Resources/NevadaMedicaidUpdate/NevadaMedicaidUpdate/>



Future Focus Areas



3-Year Strategic Priorities & Objectives



A healthier Nevada

Health Improvement

- Healthier Pregnancies
- Behavioral Health Access
- Chronic Disease Prevention & Management
- Affordable & Accessible Healthcare Coverage
- Population Health Management Strategy



Sustainable State Programs

Program Viability

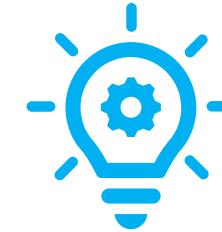
- Smarter Purchasing & Contracting
- Market Reform Options
- Cost Containment Initiatives
- Program Integrity (fraud)
- Administrative Efficiency
- Shared Resources



Reliable Healthcare

Workforce Capacity

- GME Advisory Committee Grants
- Rural Health Transformation Grant
- SHARP Act Grant
- Reduced Provider Admin. Burden
- Improved Reimbursement
- Centralized Credentialing Expansion



Healthcare Reimagined

Innovation & Value

- Network Alignment
- Modern Technology
- Value-Based Payment
- Health Insurance Literacy
- Data-Driven Decisions
- Community & Provider Engagement
- Quality & Safe Care



Questions?



Contact Information

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