

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

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

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**Nevada Medicaid & Financing 101**

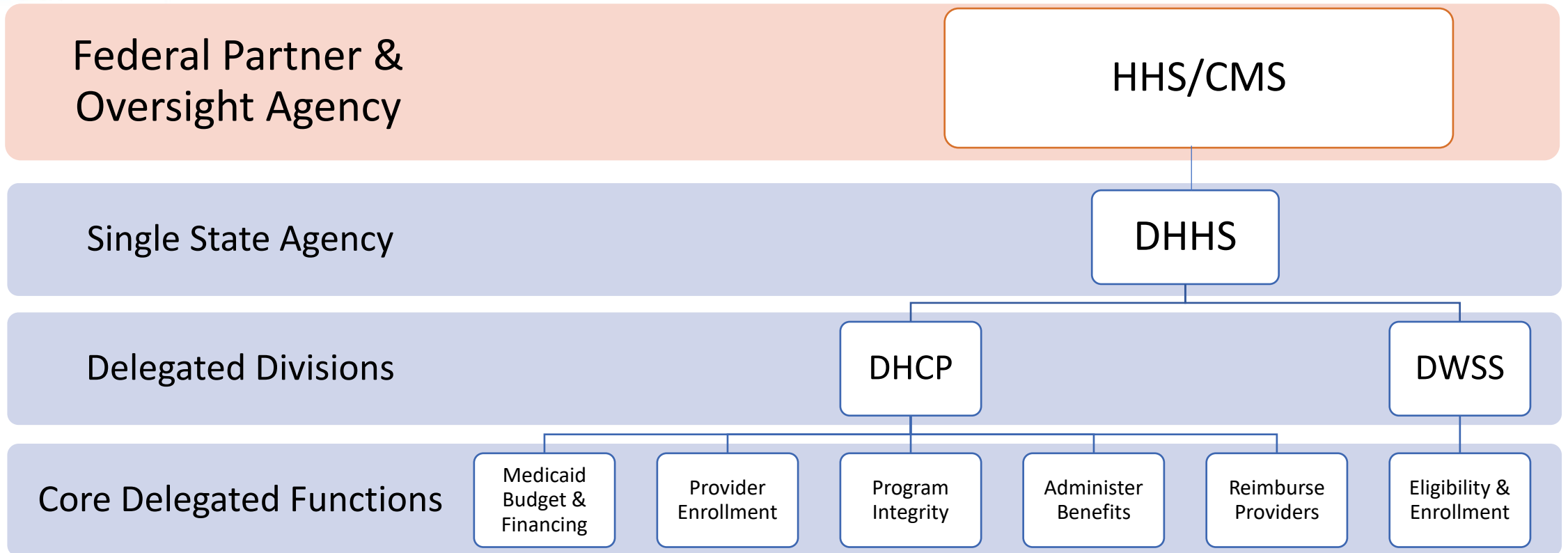
Stacie Weeks, Administrator, DHCFP



January 26, 2023

*Helping people. It's who we are and what we do.*

# Nevada Medicaid: Oversight & Operations

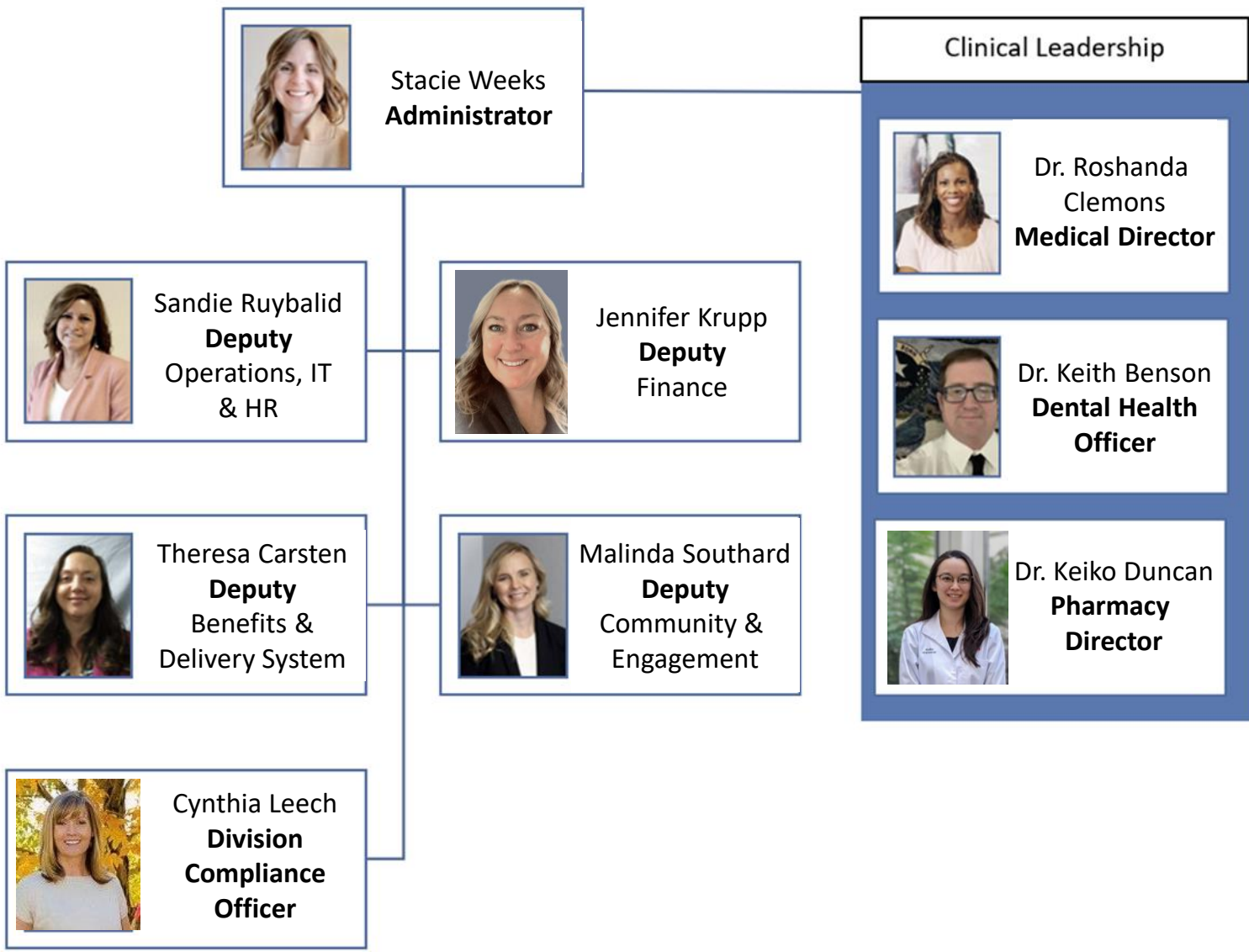


Sources: 42 CFR 431.10; NRS 232.290 – 232.359; NRS Chapter 422; NRS Chapter 422A





# DHCFP Executive Leadership Team





# The Basics of Medicaid Financing



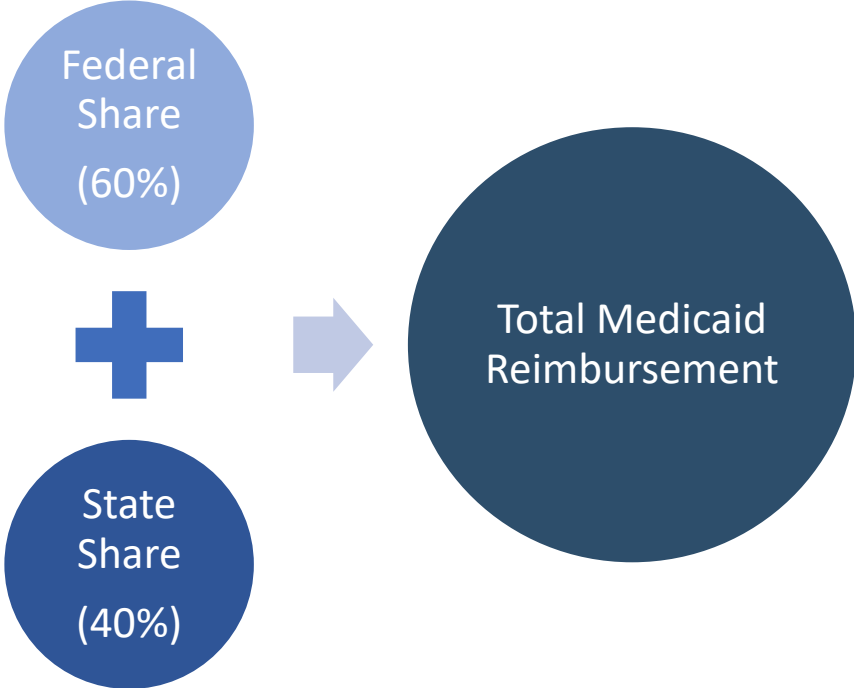
# Medicaid Financing

Federal government pays a guaranteed share (%) of costs for services when “matchable” – covered by State Plan or waiver authority.

Amount of federal share varies by state and is based on Federal Medical Assistance Percentage (FMAP) (i.e., formula).

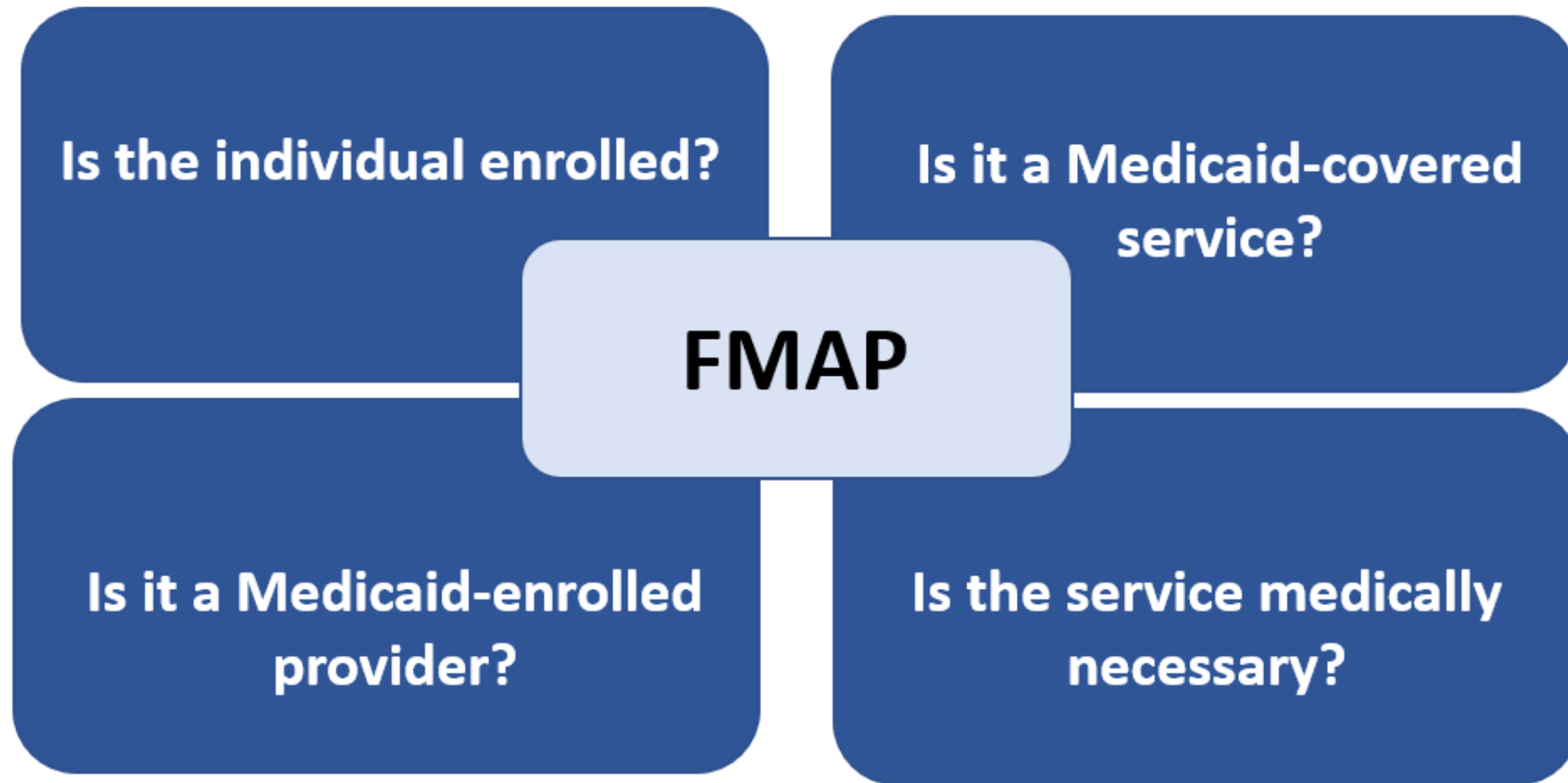
Nevada’s FMAP is about 60% but varies based on population or other factors. For example, covered services provided to the newly eligible population (Medicaid expansion) receive 90% FMAP.

States must be able to cover the state’s share of the costs of the program (entitlement benefit); federal government audits state for compliance

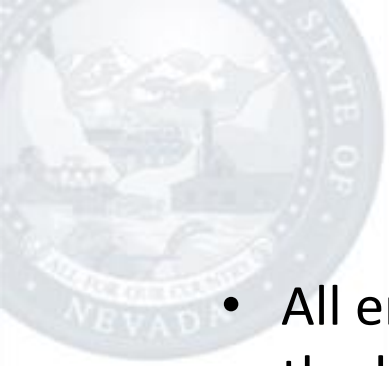




# Will Medicaid Pay for a Service?

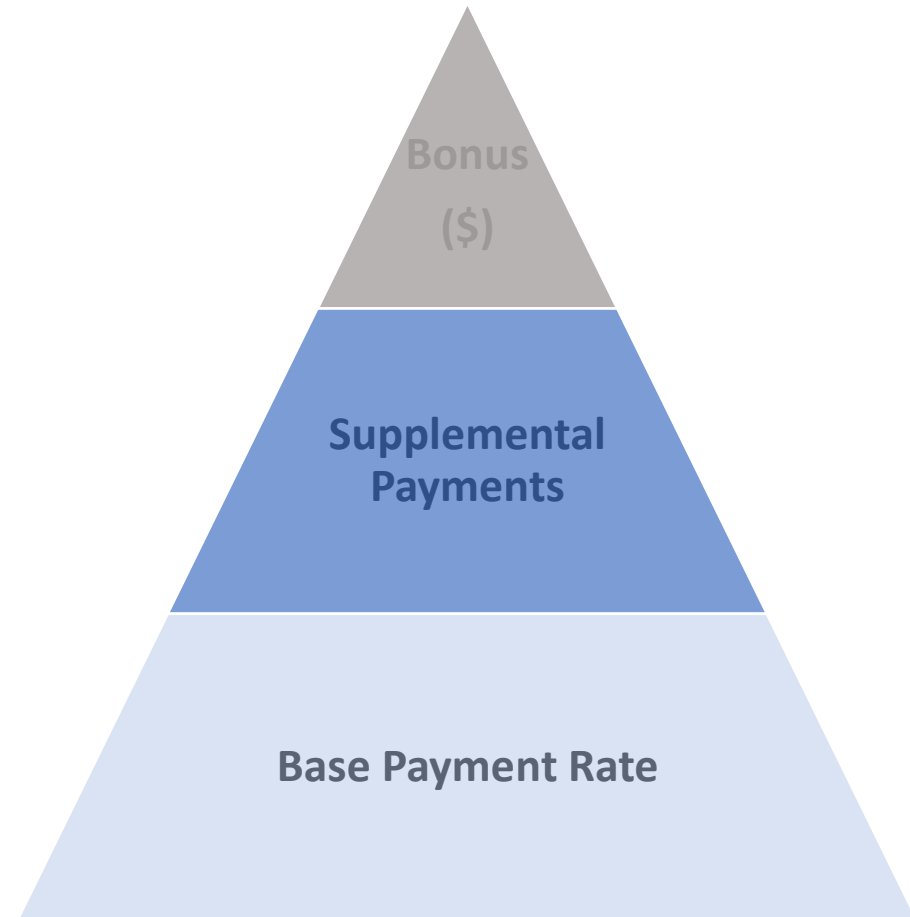


Note: Service must be matchable (eligible for federal share), or Medicaid cannot reimburse the provider.



# Medicaid Provider Payments

- All enrolled Medicaid providers are eligible for the base payment rate per service or encounter
- Base payment is based on a methodology
- Some providers may receive supplemental payments per claim based on certain arrangements in FFS or Managed care (Upper Payment Limit Supplemental Payments and State Directed Payments)
- Bonus payments are less common and reflect value-based payments that reward providers for achieving efficiencies or specific levels of quality or outcomes.

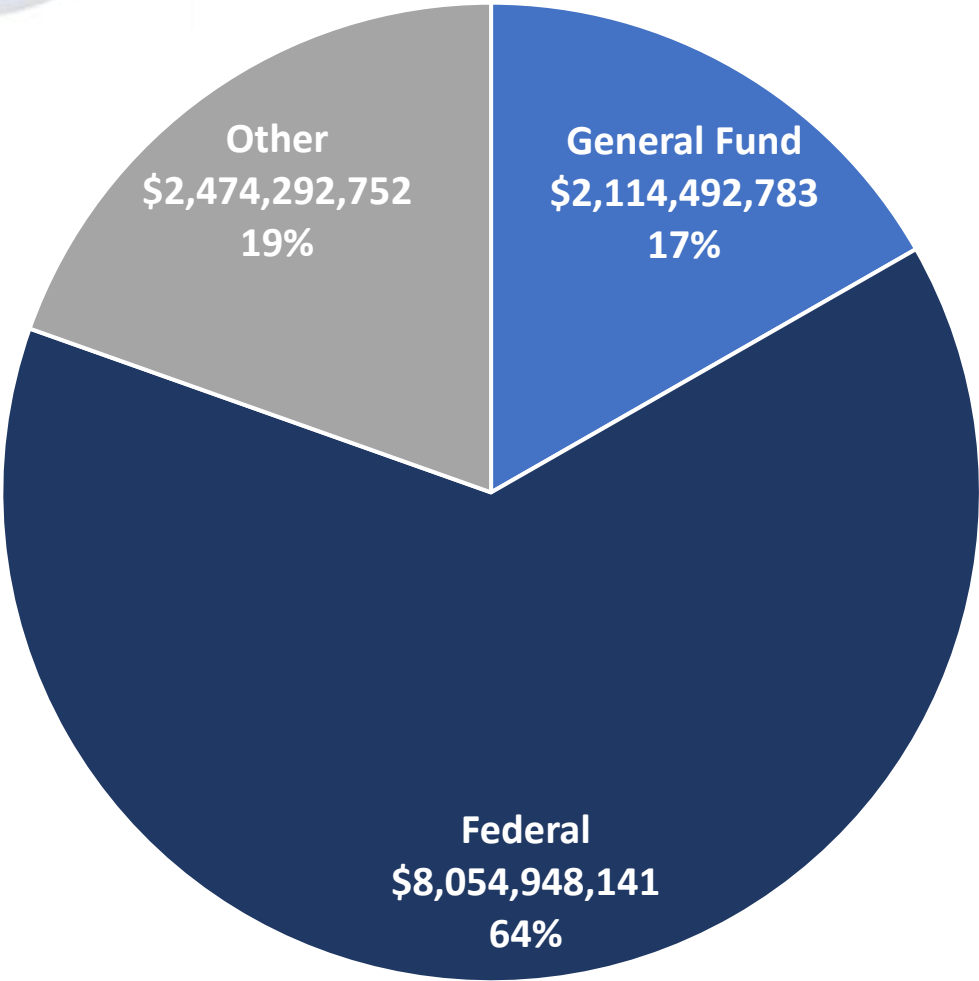




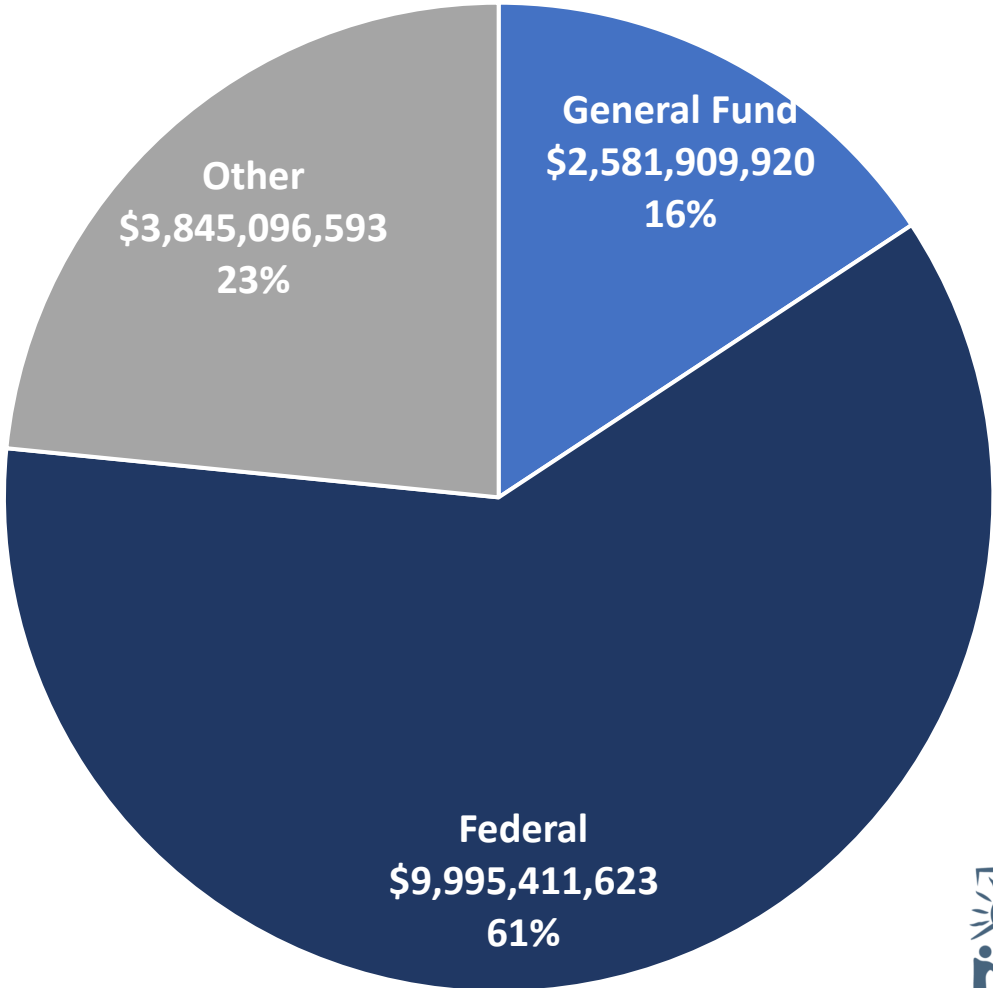
# Budgeted Funding Sources

**Legislative Approved FY22-FY23 Biennium**

**Governor Recommends FY24-FY25 Biennium**



**\$12,643,733,676**

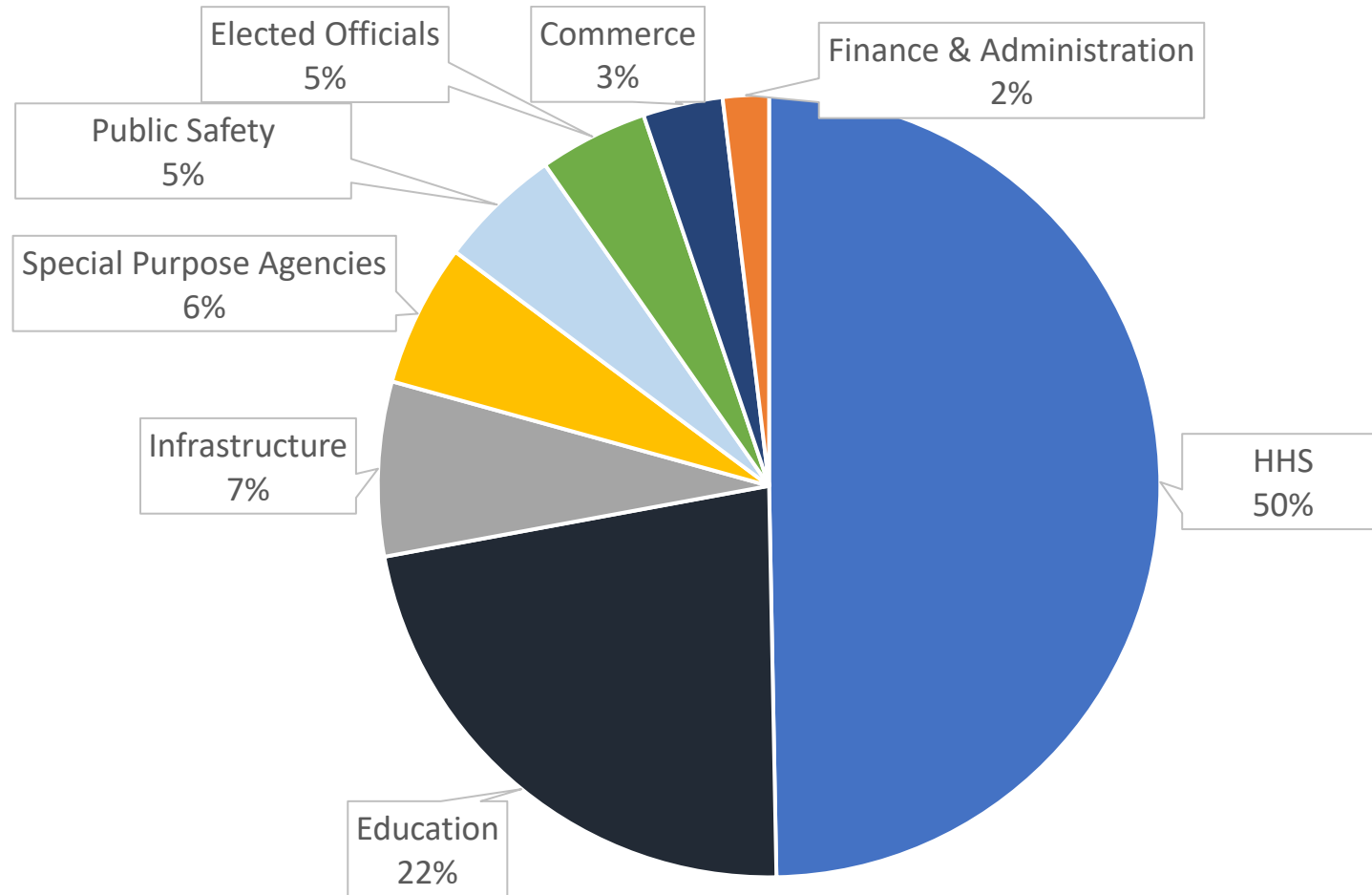


**\$16,422,418,136**

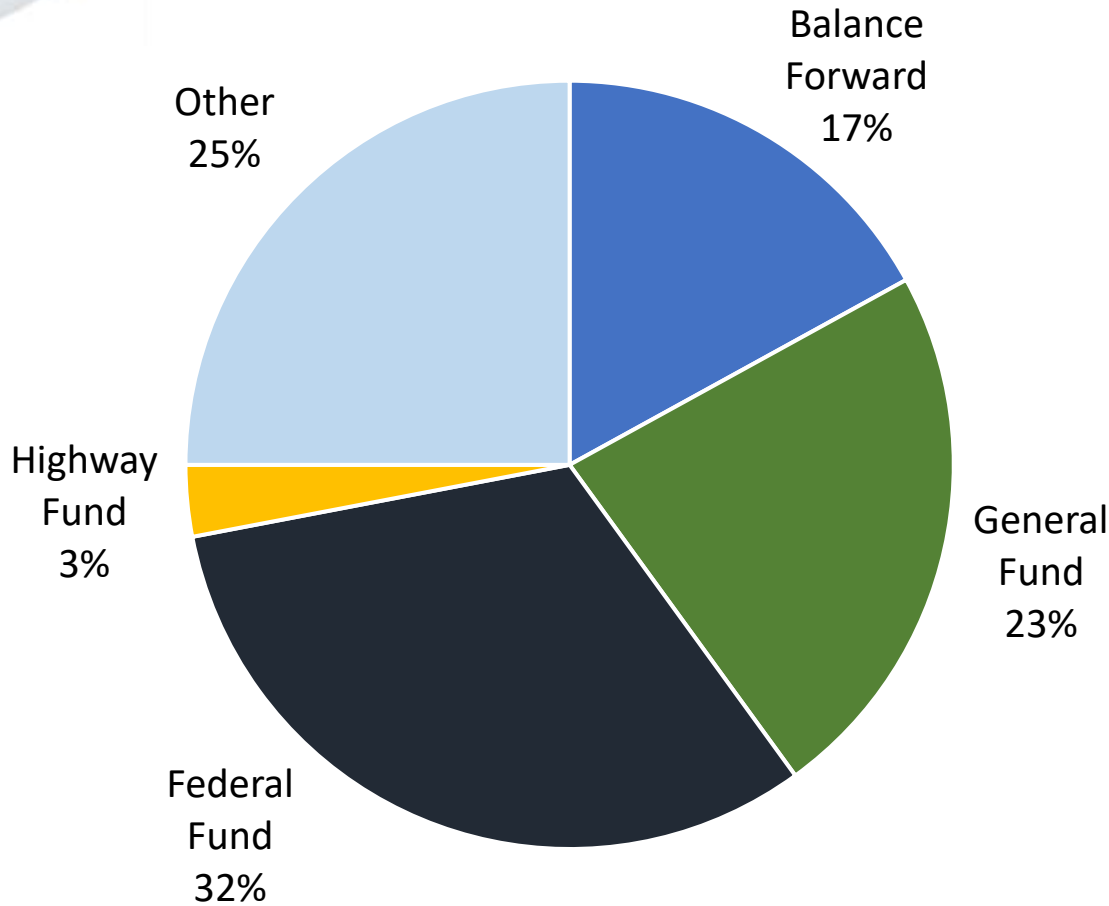




# 2021-2023 State Budget Expenditure by Function



# 2021-2023 Biennium Revenue Sources

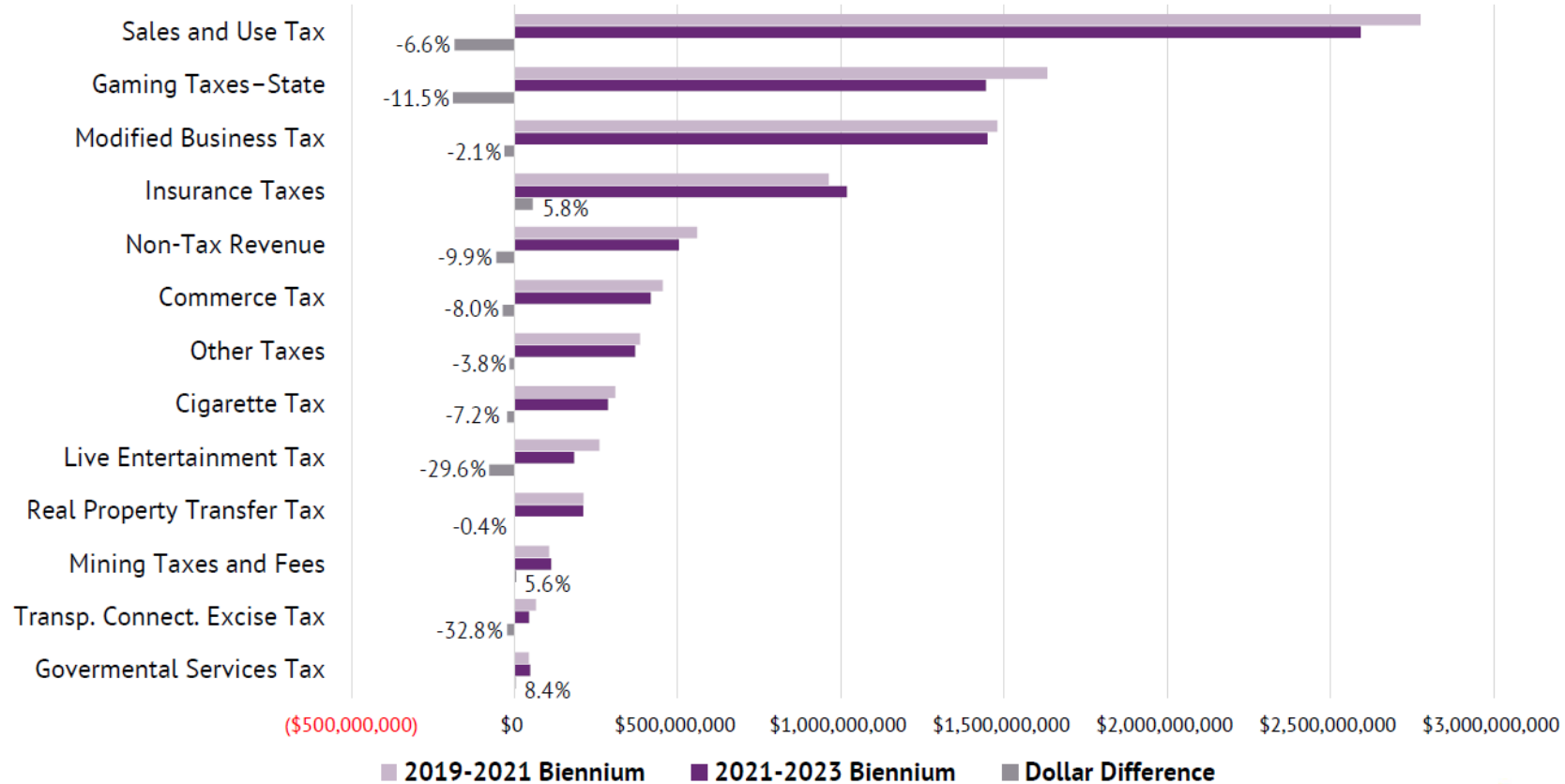


Source	Revenue Sources			
	Legislature Approved**		Governor Recommended	
	2021-2023 Biennium		2023-2025 Biennium	
	FY 2022	FY 2023	FY 2024	FY 2025
Balance Forward	\$3,558,973,525	\$3,535,195,776	\$1,102,391,345	\$1,212,253,537
General Fund	\$4,633,159,914	\$4,652,261,061	\$5,401,749,426	\$5,611,194,146
Federal Fund	\$7,082,260,997	\$5,772,969,843	\$7,407,746,934	\$7,271,928,445
Highway Fund	\$601,208,421	\$621,462,209	\$594,249,574	\$598,712,670
Other*	\$4,962,594,761	\$5,238,808,100	\$6,551,805,641	\$6,660,453,911
<b>Total</b>	<b>\$20,838,197,618</b>	<b>\$19,820,696,989</b>	<b>\$21,057,942,920</b>	<b>\$21,354,542,709</b>
Dollar Change	7,802,408,499	-1,017,500,629	1,237,245,931	296,599,789
Percentage Change	59.9%	-4.9%	6.2%	1.4%
<b>Biennium Total</b>		<b>\$40,658,894,607</b>		<b>\$42,412,485,629</b>
Dollar Change		\$14,906,315,983		\$1,753,591,022
Percentage Change		57.9%		4.3%

\*Net of Inter-Agency Transfers  
 \*\*Source: Legislative Appropriations Report, Nov. 2021

# State General Fund Revenue Sources 21-23

## Nevada General Fund Revenues, by Source: Biennial Comparison

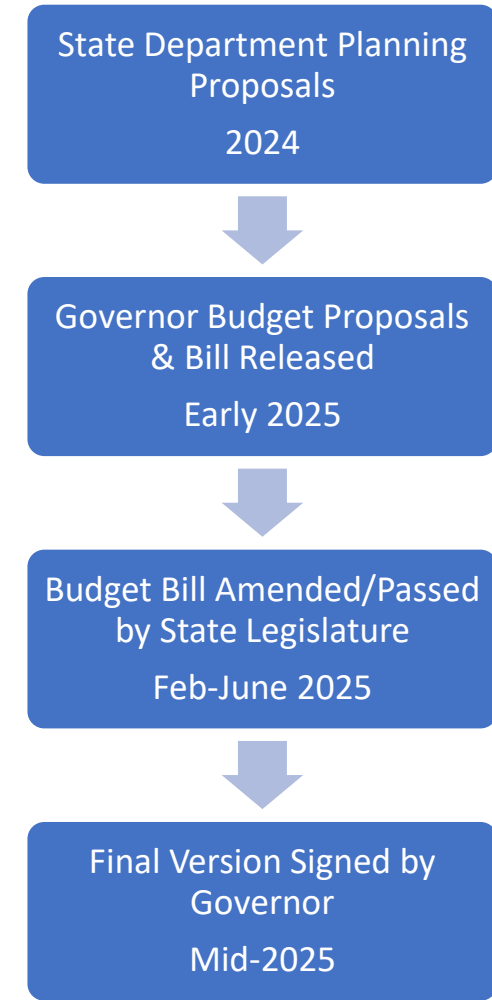


Source: State of Nevada, Economic Forum. May 1, 2019; and State of Nevada, Economic Forum. December 3, 2020. Note: Before tax credits.



# Budget Planning for 2025 Legislative Session

- To increase provider rates and add new services or spending to our approved base spending levels, Division must **request additional state funding (budget authority)** from legislature.
- This occurs **every two years** during the biennial Legislative Session; Division is planning for Governor's Budget Proposal for **2025 Session**.
- Like other agencies, we do not know at this time how much (if any) our Division will be able to request in new funding/spending or enhancements.
- Information pertaining to the development of budget proposals and the final Governor's final budget package is **confidential** until released prior to session.
- We are seeking **public input** on areas of focus for any new spending.



# Priorities Areas of Focus



Better government



Improving behavioral health care



Improving maternal and child health



Better access to care for rural communities



Modernizing how we pay for health care



Improving access to prevention and primary care



# Questions?



# Contact Information

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<http://dhcfp.nv.gov/>

# Acronyms

- ABA – Applied Behavior Analysis
- APRN – Advance Practice Registered Nurse
- ARPA – American Rescue Plan Act
- BA – Budget Account
- CCBHC – Certified Community Behavioral Health Center
- CHIP – Children’s Health Insurance Program
- CMS – Centers for Medicare and Medicaid Services
- DHCFP – Division of Health Care Financing and Policy
- DSH – Disproportional Share Hospital
- EPSDT – Early and Periodic Screening, Diagnostic and Treatment
- FFCRA – Families First Coronavirus Response Act
- FMAP – Federal Medical Assistance Percentage
- FPL – Federal Poverty Level
- HCBS – Home and Community-Based Services
- HIPAA – Health Insurance Portability and Accountability Act
- IMD – Institution for Mental Disease
- MCO – Managed Care Organization
- MMIS – Medicaid Management Information System
- PHE – Public Health Emergency
- RFP – Request for Proposals
- TPL – Third Party Liability