

Joe Lombardo
Governor



Richard Whitley
Director

Stakeholder Update Workshop

Division of Health Care Financing and Policy

January 18, 2024



Department of Health and Human Services

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



Welcome & Meeting Purpose

To provide updates for stakeholders on the:

- Implementation of state legislation from previous session and other major projects underway at the Division; and
- Budget planning for the next legislative budget cycle.

To answer questions and gather feedback.



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The Agenda

Division Overview

Major Projects

- Public Health Emergency (PHE) Unwind Update
- Centralized Credentialing Project Update
- All Payer Claims Database (APCD)
- 1115 Waiver & Coverage in Residential Settings
- Behavioral Health Reforms
- U.S. DOJ Settlement Agreement Update
- Dental Coverage for Adults with Diabetes
- Private Hospital Provider Tax
- Statewide Managed Care

2023 Legislative Bill Implementation Updates

2025 Legislative Session Budget Planning

Public Comment/Discussion





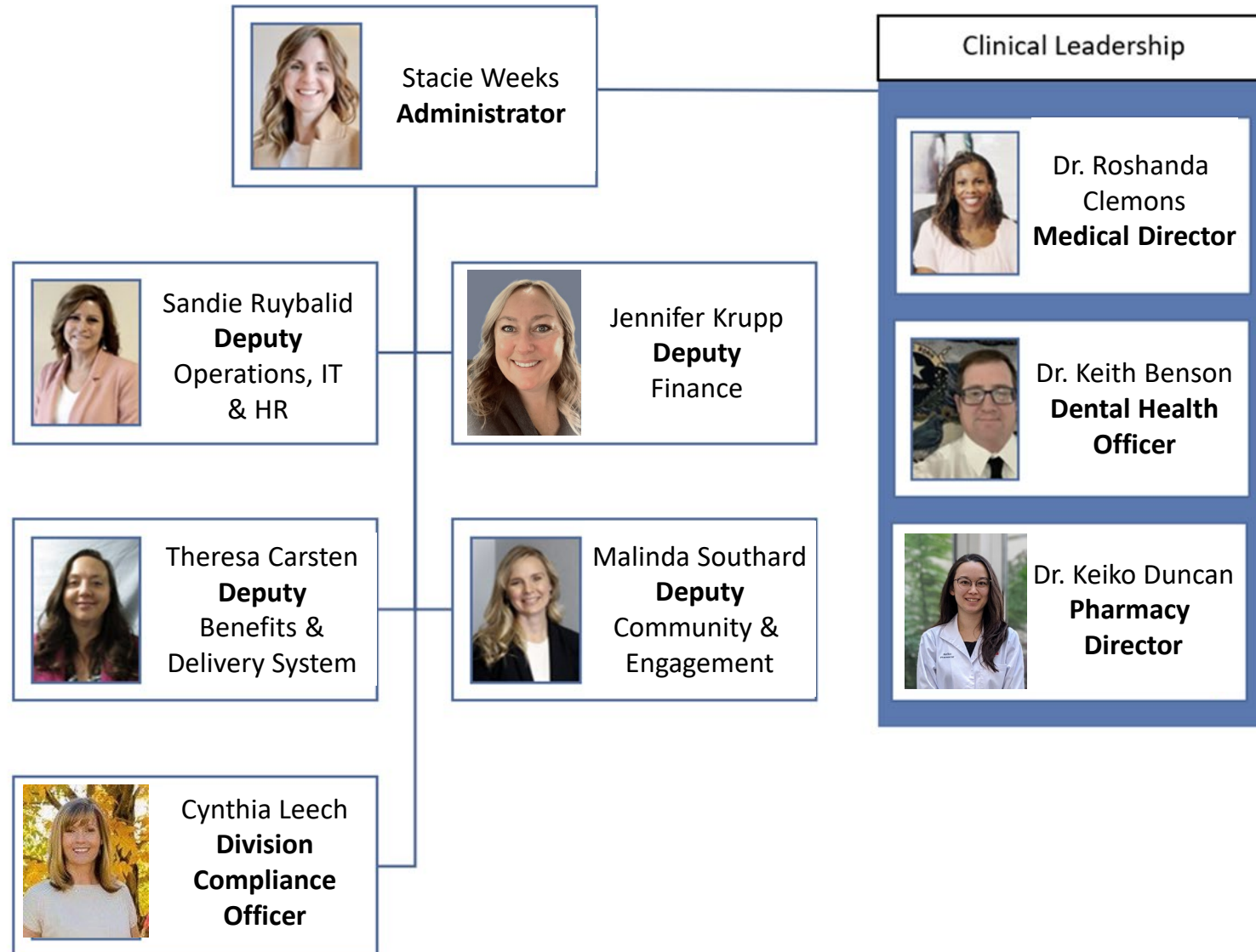
Division Mission

DHCFP administers Nevada Medicaid and Check Up Program to **promote a healthier Nevada** by:

- Purchasing and providing quality health care services for low-income Nevadans in the most efficient manner.
- Promoting equal access to health care at an affordable cost to the taxpayers of Nevada.
- Restraining growth of health care costs.
- Reviewing Medicaid and other state health care programs to maximize potential federal revenue.

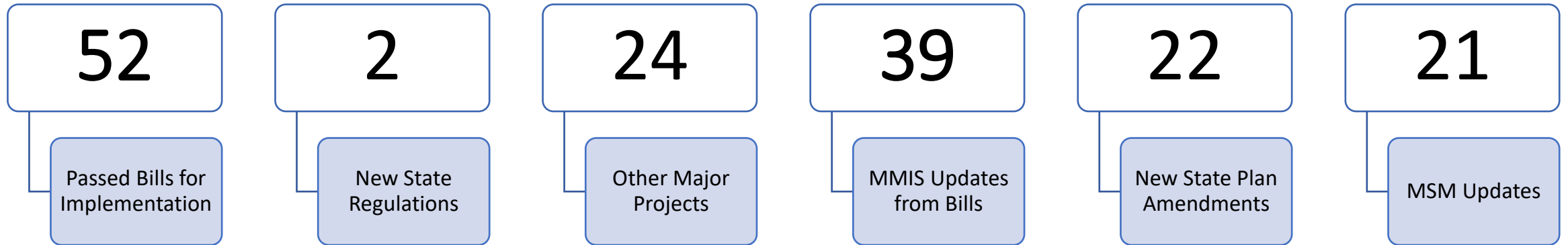


DHCFP Executive Leadership Team





82nd Legislative Session Recap



Overall Implementation Completed (non-project related) – 56%

- 4 bills implemented at 100%
- 6 bills 70-99% completed
- 15 bills 50-69% completed
- 20 bills 1% - 49% completed
- 20 State Plan Amendments submitted to CMS
- 10 MSM updates adopted at Public Hearing



Major Project Updates



Centralized Credentialing for Providers

- Nevada Medicaid is on track to implement a new centralized credentialing process for enrolled providers by January 2025.
- This process will apply to all Medicaid providers, including those who bill through managed care plans.
- The goal is to streamline and simplify the credentialing process for providers.
- The procurement process is currently being finalized for a centralized credentialing vendor.
- The contract is anticipated to begin March 2024.
- For more information, please visit: dhcfp.nv.gov/Providers/PI/PSMain/





Public Health Emergency (PHE) Unwind Update

- **In 2023**, Nevada Medicaid began “**unwinding**” from the PHE, meaning the state began redetermining eligibility for recipients after approximately a three-year pause.
- Last quarter, Nevada Medicaid paused its unwind and reinstated coverage for **114,000 people** determined ineligible because they failed to return their paperwork on time (i.e., a procedural termination). This was due to a federal policy clarification.
- Nevada was able to restart eligibility redeterminations on **Jan. 1, 2024**.
- **Renewal packets** for coverage starting on January 1, 2024, were mailed in Nov. 2023. Individuals who did not return their packets by this date were disenrolled.
- Nevada’s unwind is estimated to end in Sept. 2024.
- **Recipients should check their mail, complete renewal packet and return it as soon as possible.**



All-Payer Claims Database (APCD)

- Contract was awarded to OnPoint Health Data.
- Project kick off will occur in next couple of weeks.
- Priority will be to create Data Submission Guide.
 - Stakeholders will be given the opportunity to provide feedback prior to final publication.
- Regulations are being finalized and Division will be hosting a public workshop to gather feedback prior to submission to the Legislative Council Bureau.
- More information: [dhcfp.nv.gov/Providers/APCD/All-Payer Claims Database/](https://dhcfp.nv.gov/Providers/APCD/All-Payer_Claims_Database/)



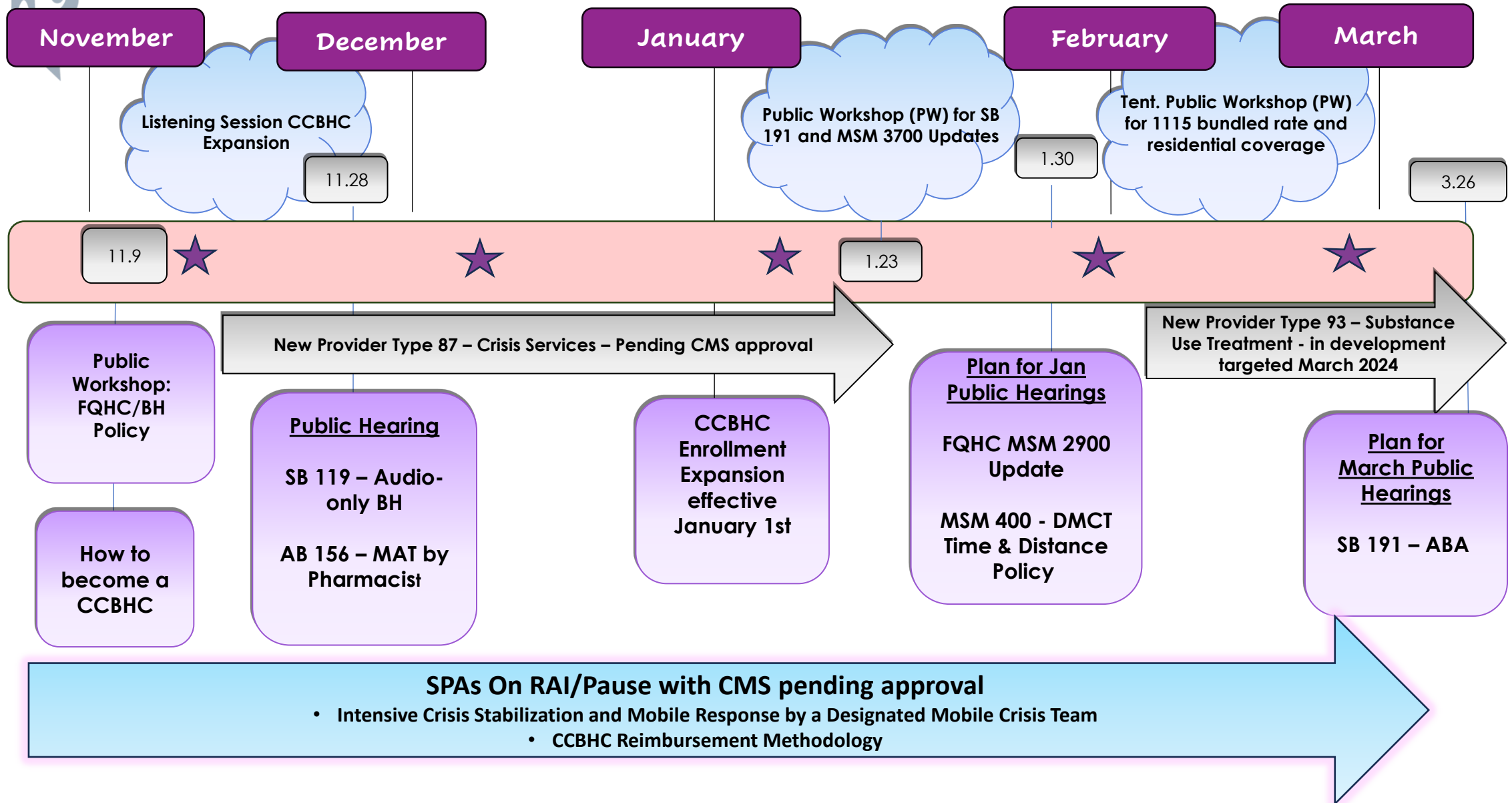


1115 Waiver & Coverage in Residential Settings

- State received **federal waiver approval** to use federal Medicaid dollars to pay for substance use disorder (SUD) treatment in residential settings, no longer excluding the 22–64-year-old population.
- **As of August 2023**, eligible providers can begin billing for SUD services in residential facilities when delivered to recipients.
- Division is currently seeking federal approval to improve its residential **payment methodology** for this new coverage.
- In the meantime, providers can bill Medicaid for these services, individually, or receive **SAPTA grant funds** if awarded to cover costs.
- Later in 2024, the Division will be seeking federal approval to add waiver coverage of treatment of **serious mental illness** in residential settings.



Behavioral Health Reform Updates





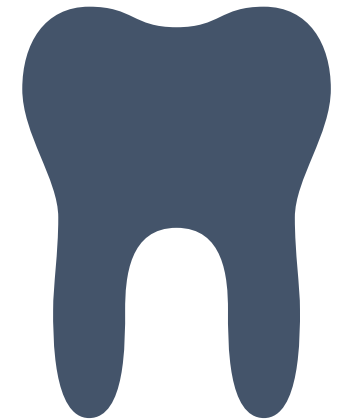
U.S. Department of Justice (DOJ) Update

- On Oct 4, 2022, DOJ found that Nevada does not provide children with behavioral health disorders with adequate community-based services.
- Instead, Nevada relies on segregated, institutional settings, like hospitals and residential treatment facilities, to serve children with behavioral health disabilities.
- This violates the federal Americans with Disabilities Act (ADA).
- The State is still in *confidential negotiations* with DOJ on a Settlement Agreement about what the State needs to do to come into compliance with the ADA.
- Once the Settlement Agreement is finalized, the Division will host a public meeting about the action items from this agreement for Nevada Medicaid.



Dental Coverage for Adults with Diabetes

- Nevada's 1115 waiver application for limited Medicaid coverage of adult dental services is pending federal approval.
- Amended application to transition implementation date to April 1, 2024, due to the delay in federal review process.
- The new dental services will mirror those available for pregnant women.
- Coverage only applies to care provided in participating federally qualified health centers, including tribal centers.





Private Hospital Provider Tax & Payments

- Division began new tax program with first invoices paid early Jan. 2024 and received federal approval to begin all new supplemental payment programs.
- For SFY 24, Division is applying a ramp up period to avoid cash flow issues with four assessment and payment cycles in the last two quarters of this fiscal year.
- Starting SFY 25, ongoing invoices and associated payments will each occur once a quarter.

Private Hospital Assessment & Payment Program SFY 2024	SFY 2024 Actual	SFY 2025 Projections
New FFS Inpatient UPL	\$108,724,210	\$108,724,210
New FFS Outpatient UPL	\$69,481,485	\$69,481,485
New Managed Care Inpatient State Directed Payment	\$193,646,158	\$387,292,316
New Managed Care Outpatient State Directed Payment	\$180,744,262	\$361,488,524
Total New Supplemental Payments	\$552,596,116	\$926,986,535



Statewide Managed Care

- Division is on track with implementation of statewide managed care by January 1, 2026.
- A rural hospital tour was completed this last fall and a summary of the feedback from this tour and responses to a Request for Information are being compiled for internal and external consumption.
- Upon BOE approval, the Division will be working with Manatt Health Strategies to develop its Request for Proposals for the procurement.
- The first public workshop will be held on February 22, 2024.
- For more information: [dhcfp.nv.gov/Providers/Statewide Managed Care/](https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/)





2023 Legislative Session: Bill Implementation Updates



Medicaid Terminology

SPA = State Plan Amendment

- Amendment to State Plan (State Contract with CMS) to make changes to Nevada Medicaid

MSM = Medicaid Services Manual

- Policy manual outlining requirements for reimbursement for services in the State Plan

MMIS = Medicaid Management Information System

- Medicaid claims processing and information system

Billing Manual and Billing Guidelines

- Billing Manual and Provider billing guides (service codes)

Fee Schedule

- Complete listing of fees used to pay providers in Nevada Medicaid

Federal Waiver

- Request to waive federal requirements in Medicaid

RFP = Request for Proposal



Provider Rate Changes

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
AB237	Nursing Facility Rate Increase (+14.5%)	SPA and MMIS	1/1/24	SPA submitted to CMS on Nov. 1, 2023 and is pending federal approval. Rate will be retroactively effective back to Jan. 1, 2024
AB277	Rural Emergency Hospitals Designation	SPA, MSM policy, new billing guide, MMIS	1/1/24	Public notice posted Dec. 28, 2023 to hold Jan. 1, 2024 effective date for a new reimbursement methodology; aiming for Public Hearing in March 2024
SB241	Cost-Based Rates for CAHs	SPA, MMIS, vendor procurement to audit cost reports	1/1/24	Public notice posted Dec. 22, 2023 for new rate method; aiming for Public Hearing in March 2024 with retroactive effective date of Jan. 1, 2024; Division is working with the CAHs/Rural Hospitals on what new rates will look like for each facility
SB504	Budget Bill: ABA Rate Update (only impacts some codes; % increase varies, average 41.35%)	SPA, MMIS	7/1/23	Approved by CMS Nov. 8, 2023; pending system updates for new rates and will be recycling claims paid on or after July 1, 2023



Provider Rate Changes (cont.)

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
SB504	Budget Bill: Dentist Rate Increase (+5%)	SPA, MMIS	1/1/24	Approved by CMS 11/30/23; working on investigating possible rate discrepancies prior to updating rates in MMIS
SB504	Budget Bill: Frail Elderly Waiver Residential Facility for Group Providers Rate Increase (varies by code, avg. % increase is 50%)	Waiver Amendment, MMIS	1/1/24*	Approved by CMS 12/13/23; pending system changes to update rate in MMIS; effective date can be no earlier than CMS approval date for waiver
SB504	Budget Bill: Physician Rate increase (+5%)	SPA, MMIS	1/1/24	SPA submitted on 11/1/23 as a combined package with the APRN & PA rate parity for reimbursement; per CMS, the coverage SPA related to Community Health Workers must be approved prior to this SPA approval
SB504	Budget Bill: SNF Rate increase (+10%)	Combined with AB237	1/1/24	SPA was submitted to CMS on 11/1/23 and is pending approval



Provider Rate Changes (cont.)

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
SB504	Budget Bill: Rate Parity for services provided by APRN & CNM with physician rates after 5% rate increase, includes ped. enhancement	SPA, MMIS	1/1/24	SPA submitted on 11/1/23 combined with the physician rate increase and PA rate parity request; per CMS, the coverage SPA related to Community Health Workers must be approved prior to this SPA being approved
SB504	Budget Bill: Home Health; Private Duty Nursing Provider Rate Increase (+15%)	SPA, MMIS	1/1/24	Approved by CMS 11/17/23, pending system updates in MMIS
SB511	Budget Bill: Personal Care Services Rate Increase with Minimum Wage requirement (Rate equivalent to \$25/hr with \$16/hr min wage; includes "PCS-like" services under PT 48/58)	SPA, Waiver Amendment, MMIS	1/1/24	SPA approved by CMS on 1/12/24; the Division is working to implement the increased rates as quickly as possible to help support the higher wages required by SB 511
SB504	Budget Bill: Assisted Living Facility Provider Rate Increase (varies by code, avg. % increase is 98%)	Waiver Amendment, MMIS	1/1/24*	Approved by CMS 12/13/23; pending fiscal agent making rate updates in MMIS; effective date can be no earlier than CMS approval date
SB280	IUD/LARC "Unbundle"; separate billing for procedure and device	SPA, MSM, MMIS	1/1/24	Retroactive effective date; March public workshop with SPA submission thereafter



Benefit & Coverage Changes

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
AB137	Health Homes for Individuals with Fetal Alcohol Spectrum Disorders	SPA, Possible new MSM Chapter, MMIS	01/01/24	Working to secure vendor to support development; begin Feb/March 2024
AB138	Behavioral Health Integration Services	SPA, Possible MSM Chapters 600 and/or 400, MMIS	07/01/24	Public Workshop estimated in April or May 2024
SB119	Telehealth Services (audio-only for mental health)	MSM 3400, MMIS	07/01/23	Approved during 11/28/23 Public Hearing; system updates underway.
SB191	ABA Coverage Expansion	SPA, MSM 3700, and MMIS	01/01/24	Public Workshop 1/23/24 Anticipated 3/26/2024 Public Hearing
SB146	Regulation of Hospitals & Certified Nursing Midwives	MCO contract review & possible amendment	10/01/23	MCO Contract Amendment executed 12/22/23; fully implemented
SB439	Communicable Disease Coverage Bill	SPA, MSM, MMIS	01/01/24	SPA is pending CMS approval; contingent on SPA for Community Health Workers being approved first per CMS
SB504	Budget Bill: Medicaid eligibility for pregnant women up to 200% FPL	SPA, MMIS	1/1/24	SPA pending CMS approval
SB 504	Budget Bill: Elimination of Neurotherapy Coverage	SPA, MSM 400, MMIS	04/01/2024	Anticipated 03/26/2024 Public Hearing



Benefit & Coverage Changes (cont.)

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
SB163	Gender Dysphoria & Gender Incongruence (coverage expansion)	SPA, MSM, MMIS	10/01/23	SPA approved 12/01/23. MSM update approved at 10/31/23 Public Hearing; system updates in progress
AB277	Rural Emergency Hospital Designation	SPA, MSM, MMIS	Policy 01/01/24	SPA pending CMS; MSM update approved at 12/26/23 Public Hearing
SB117	Community Health Workers (CHW) Supervision	SPA, MSM, MMIS	Policy 10/01/23 Rates 01/01/24	SPA pending CMS, Policy MSM update approved at 10/31/23 Public Hearing. SPA for rates is combined with the doula rate increase, which is contingent upon the federal approval of CHW SPA approval
AB155	Biomarker Testing Coverage	MSM, MMIS	11/01/23	MSM update approved at 11/28/23 Public Hearing; system updates in progress
SB221	Reimbursement for Specialty Clinics for Children (Cancer and Rare Disease)	SPA, MSM, billing guide update, MMIS	10/01/24	Policy SPA approved 12/05/23. MSM update approved at 10/31/23 Public Hearing; rates SPA presented at public hearing on 12/26/23 and is pending CMS approval
SB232	Postpartum Care Services (Coverage Expansion to 12 months)	SPA, MSM, MMIS	01/01/2024	SPA pending CMS, MSM update approved at 11/28/23 Public Hearing; DWSS system changes implemented 12/15; MMIS 12/18; coverage implemented
SB280	Contraception Provisions	MSM, MMIS	Policy change 11/01/2023	Policy MSM updated at 10/31/23 Public Hearing; system updates in progress



Home and Community Based Services Updates

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
AB208	Structured Family Caregiving Bill	New Waiver, new MSM, MMIS, fee schedule update, billing guide update	1/1/2025	Project management has begun for drafting new waiver application and system updates. Public engagement estimated to be in April 2024
AB259	Wages for Persons with Intellectual and Developmental Disabilities (IDD)	Waiver Amendment, MSM 2100, MMIS, fee schedule update, billing guide update	1/1/2025	Pending CMS approval for waiver application submitted on Jan. 4, 2024
SB045	Personal Needs Allowance Bill	SPA	1/1/2024	Working with CMS on pre-review of proposed language. CMS confirmed SPA can have a retro-effective date
SB504	Budget Bill: Rate Increase for providers rendering services to IDD population	Waiver Amendment update, MMIS	7/1/23	Pending CMS approval for waiver application submitted on Jan. 4, 2024
SB504	Budget Bill: Waiver slot increases for HCBS waiver programs	Waiver Amendment update, MMIS	FE/PD- 1/1/2024 ID-10/1/2023	Approved for FE/PD Waiver Dec. 13, 2023; approved for ID Waiver Oct. 2, 2023



Dental Updates

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
SB310	Expanding scope of dental auxiliaries; dentistry	MSM, MMIS	01/01/2024	Public hearing completed Dec 26, 2023; system upgrades are underway for implementation.
SB385	Expansion of Medicaid Dental Services	SPA, MSM, MMIS	01/01/2024	SPA submitted to CMS and pending review and approval.
AB 147	Teledentistry and Vaccines; Dental	MSM, MMIS	01/01/2024	Awaiting regulation from Nevada State Board of Dental Examiners to implement, as necessary.
SB 504	ID Dental Waiver; One year of service	Additional services being added	01/01/2023	26% of participants on the ID waiver, 788 recipients, 199 rendering providers thus far. Implementation for ongoing Medicaid coverage underway per SB 504.



Pharmacy & DME Updates

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
AB156*	Expanding pharmacists' prescribing authority to include MAT OUD	SPA, MSM, Testing	01/01/2024	MSM policy development pending Board of Pharmacy regulation approval at Legislative Commission; SPA submitted to CMS for review of MAT changes
SB504	Adding coverage of wearable cardiovascular defibrillators	MMIS Testing	01/01/2024	Codes and rates sent and MMIS is being updated

*Legislation being implemented in partnership with multiple units

Additional MSM Chapter 1300/DME policy updates are coming February 2024 with the public workshop conducted January 16th.



New Waiver for Prison Pre-Release Population

Bill	Short Description	Implementation	Effective Date	Implementation Timeline Update
AB389	Medicaid for certain incarcerated individuals	1115 waiver: vendor and staff support; waiver application completed 10/01/24; public comment period: 10/15/24 – 12/15/24 with at least 2 Public Hearings; submit waiver application to CMS by 01/01/25 with requested effective date of 10/01/25. MSM, MMIS updates.	01/01/24	Stakeholder engagement sessions and inter-agency working group in mid-2024; waiver development in 2024 with at least a 30-day public comment period prior to submission; five-year backlog in review of these types of waivers at federal level
SB 504	Waiver support team and vendor assistance funding for federal authorities	HR, purchasing, BOE	N/A	BOE for new vendor support in Feb; Team to support various existing waiver activities and new waivers including prison pre-release waiver activities



DHCFP Public Hearing Schedule & Links

January 30, 2024

February 29, 2024

March 26, 2024

April 30, 2024

Links:

- [DHCFP Public Notices](#)
- [2024 Public Hearing Schedule](#)
- [Nevada Medicaid Notifications and News](#)

We want to hear from you!

CommunityAndProvider@dncfp.nv.gov



Division Committees

Committee Name	Purpose	Governing Statute/Bill	Current Status	Website
Medical Care Advisory Committee (MCAC)	To advise Division on the provision of services and increase participation of recipients in the development of policy and the administration of programs.	NRS 422.151-155	Meets Quarterly *1 vacancy	https://dhcfp.nv.gov/Boards/AdminSupport/MCACMain/
Medicaid Reinvestment Advisory Committee (MRAC)	To make advisory recommendations to the Division and Medicaid managed care organizations about the use of community reinvestment of funds.	NRS 422.175-205	Meets Quarterly *3 vacancies	https://dhcfp.nv.gov/Boards/AdminSupport/MRACMain/
Advisory Committee on Medicaid Innovation (ACMI)	To make recommendations to Department Director as appropriate about opportunities to improve access to Medicaid or other forms of coverage.	NRS 422.162-165	Paused	https://dhcfp.nv.gov/Boards/ACMI/
Electronic Health Information Advisory Group	To advise Department Director about adoption of regulations for prescribing standards relating to electronic health records, health-related information, and health information exchanges pursuant to NRS 439.589.	Assembly Bill 7 (2023)	Expected to convene for inaugural meeting February 2024.	https://dhcfp.nv.gov/Boards/AdminSupport/EHIAdvisoryMain/



Division Committees (cont.)

Committee Name	Purpose	Governing Requirement	Current Status	Website
Drug Use Review Board (DUR)	To monitor drugs for therapeutic appropriateness, over or under-utilization, therapeutic duplications, drug-disease contraindications, and quality of care.	NRS 422.402 and 422.403	Meets Quarterly	https://dhcftp.nv.gov/Boards/CPT/DURMain/
Silver State Scripts Board (SSSB)	Develops and maintains the preferred drug list (PDL) for Nevada Medicaid Fee-for-Service.	NRS 422.4035-405	Meets Quarterly	https://dhcftp.nv.gov/Boards/CPT/P_TMain/



2025 Legislative Session: Budget Planning



Overview of Medicaid Financing

- Medicaid is jointly financed by state and federal funds.
- States receive federal *matching* funds to support the program.
- Federal government pays for a share of the cost of a state's Medicaid program:
 - For allowable services provided to eligible recipients (State Plan or Waiver Authority)
 - For appropriate administrative and technology costs
- State Medicaid programs must be able to cover the state share of their program (either through State General Fund, other state dollars, or local fundings) to receive federal approval for matching funds.
- States request federal funds quarterly and report spending quarterly.
- State program spending is audited by federal government.



Budget Planning for 2025 Legislative Session

- To increase provider rates and add new services or spending to our approved base spending levels, Nevada Medicaid must request additional state funding from legislature.
- This occurs every two years during the biennial legislative session.
- Division is beginning to plan for Governor's Budget Proposal for next Legislative Session in 2025.
- 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



Public Comment on Budget Priorities



What additional
feedback or questions
do you have?



We Want To Hear From You!

How did we do today?

Submit **feedback** at our survey link here:

- <https://forms.office.com/g/CurxU0pLAn>



Acronyms

- AB: Assembly Bill
- ABA: Applied Behavior Analysis
- ADA: Americans with Disabilities Act
- APCD: All-Payer Claims Database
- APRN: Advance Practice Registered Nurse
- CCBHC: Certified Community Behavioral Health Clinic
- CFR: Code of Federal Regulations
- CHW: Community Health Worker
- CMS: Centers for Medicare & Medicaid Services
- CNM: Certified Nurse Midwife
- CVO: Credentials Verification Organization
- DHCFP: Division of Health Care Financing & Policy
- DMCT: Designated Mobile Crisis Team
- DOJ: U.S. Department of Justice
- FASD: Fetal Alcohol Spectrum Disorder
- FE: Frail Elderly
- FFS: Fee-For-Service
- FPL: Federal Poverty Level
- FQHC: Federally Qualified Health Center
- HCBS: Home and Community Based Services
- ID: Intellectual Disability
- IDD: Intellectual and Developmental Disability
- IUD: Intra-Uterine Device
- MAT: Medication Assisted Treatment
- MCAC: Medical Care Advisory Committee
- MCO: Managed Care Organization
- MMIS: Medicaid Management Information System
- MRAC: Medicaid Reinvestment Advisory Committee
- MSM: Medicaid Services Manual
- NSBDE: Nevada State Board of Dental Examiners
- NCQA: National Committee for Quality Assurance
- OUD: Opioid Use Disorder
- PD: Physically Disabled
- PH: Public Hearing
- PHE: Public Health Emergency
- PW: Public Workshop
- RFP: Request for Proposal
- SB: Senate Bill
- SNF: Skilled Nursing Facility
- SPA: State Plan Amendment
- TBD: To Be Determined
- UPL: Upper Payment Limit