

Joe Lombardo
Governor



Richard Whitley
Director

FY 2024-25 Budget Presentation

Division of Health Care Financing and Policy

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March 2, 2023

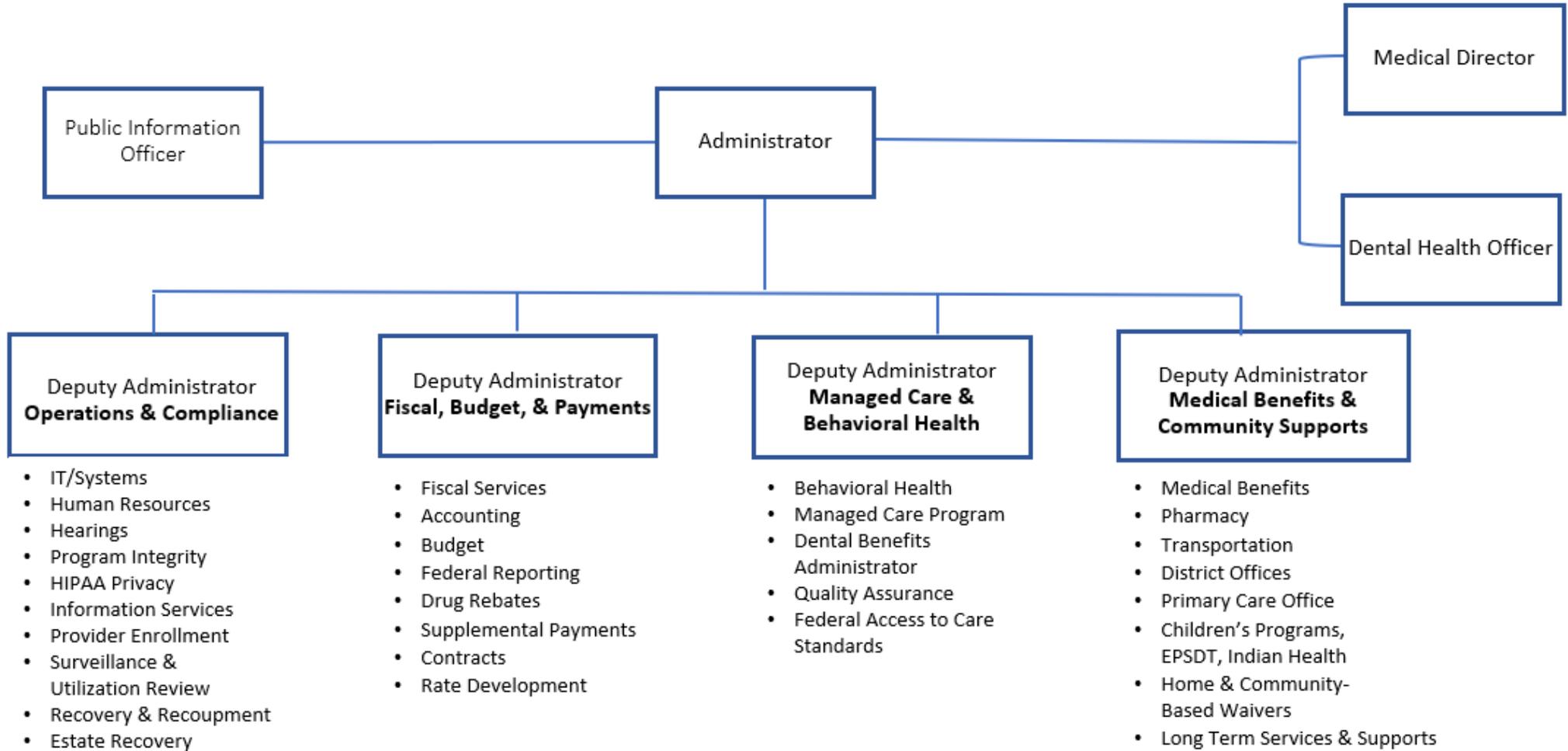


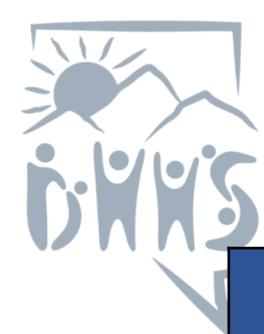
Department of Health and Human Services

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



DHCFP Organizational Chart





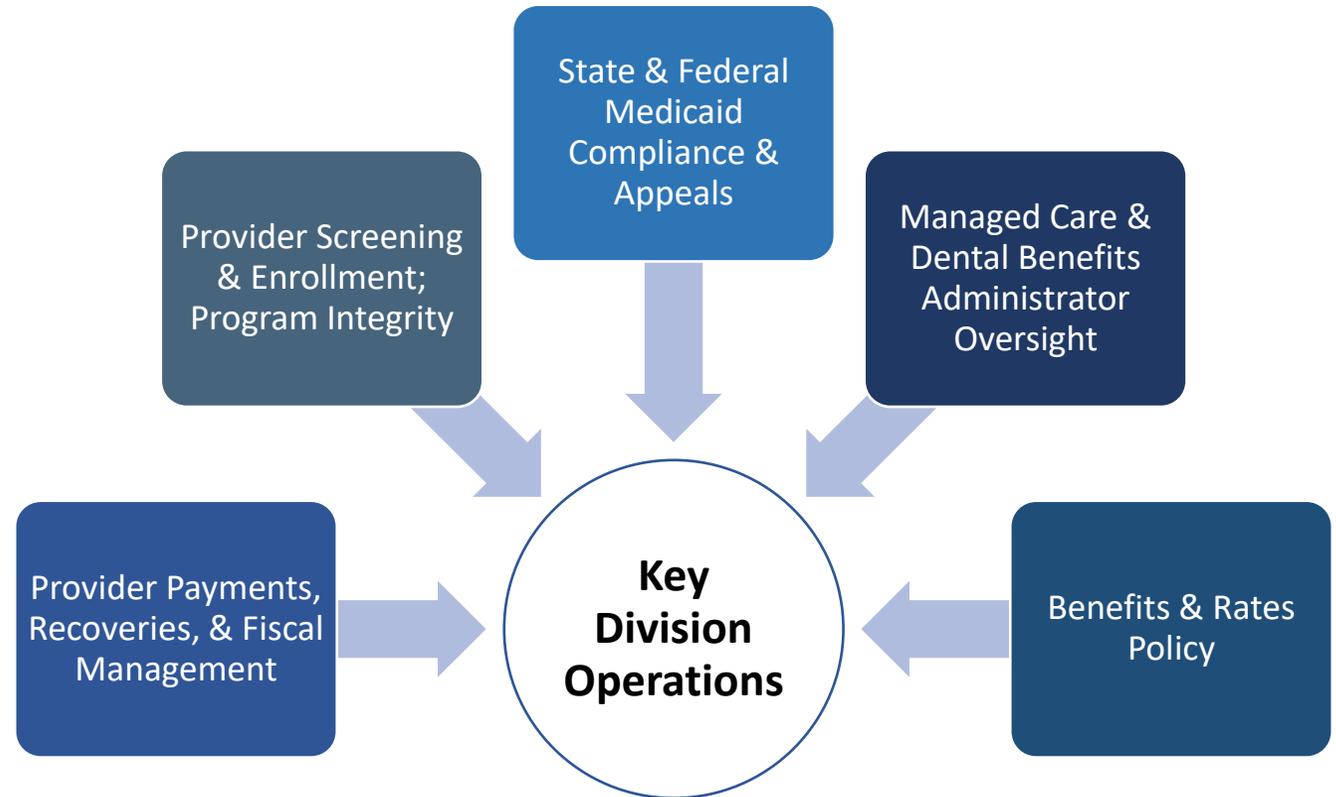
Key Nevada Medicaid Statistics

920,000+	Number of people covered; 1 in 3 Nevadans
\$5.5 billion	FY22 spend on care (nearly 30% of state expenditures)
55%	Births covered by Nevada Medicaid; 1 in 2 births
78%	Recipients served by Medicaid Managed Care Plans
44%	Recipients who are children or youth (0-18); 1 in 3 children
10%	Dually eligible for Medicare & Medicaid (91,750 individuals)
80%	Recipients who live in Clark County
62%	Covered costs of nursing facility bed days
62%	Percentage of adults enrolled in Medicaid who are employed
64%	Nevadans enrolled in Medicaid who are people of color



Summary of Operations

- Work in partnership with the Centers for Medicare & Medicaid Services (CMS) to provide quality health care to eligible Nevadans
- Develop benefits and rates, reimburse providers, manage budget and Medicaid finances, screen and enroll providers, comply with state and federal law, and handle appeals from providers and enrollees
- Eligibility and enrollment is conducted separately by Division of Welfare and Supportive Services





Agency Updates

Federal Public Health Emergency (PHE) Unwind

- Continuous coverage & enhanced FMAP
- 12-month process until eligibility has been redetermined for all enrollees
- April 1st kicks off “unwind” from PHE; June 1st first round of terminations
- Up to 200,000 enrollees could see a change in coverage/eligibility
- The enhanced FMAP match will step down during calendar year 2023
 - January-March 2023 - 6.2%
 - April-June 2023 - 5.0%
 - July-September 2023 - 2.5%
 - October-December 2023 - 1.5%
- Normal FMAP to commence January 1, 2024, which will be at 60.77%
- Step down in enhanced FMAP results in \$120 million impact to General Fund



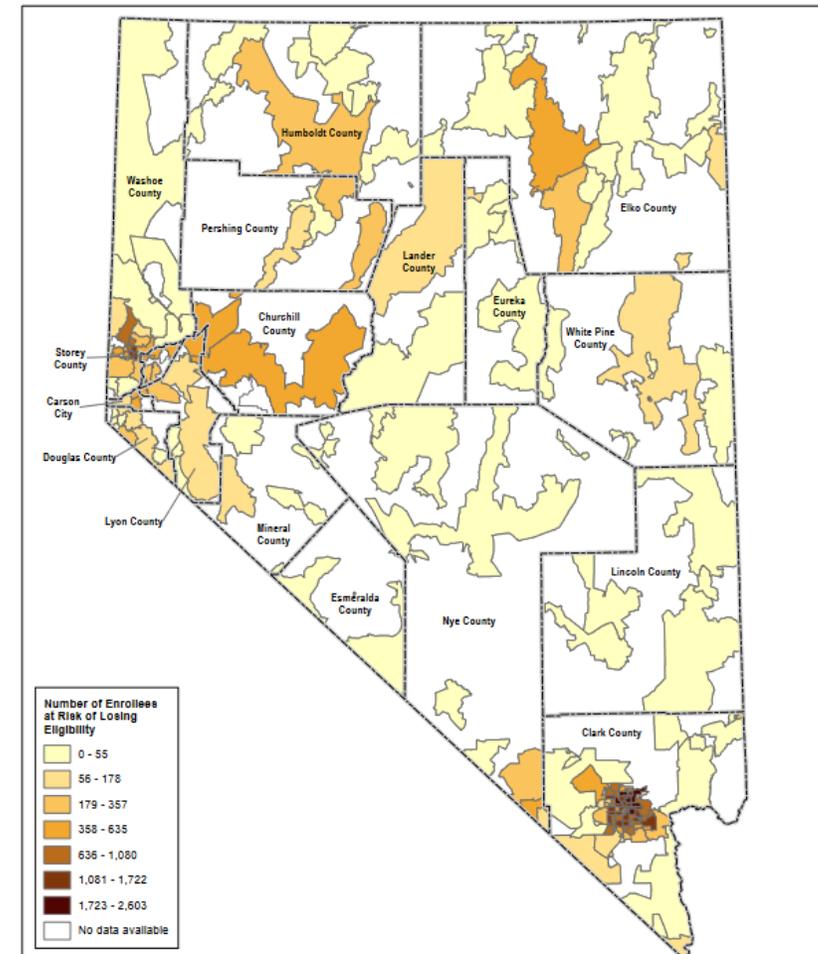
Agency Updates (continued)

Affected Population and Statistics from DHHS Office of Analytics

- 77% had at least one health care service from a core service provider in past year paid by Medicaid
- 50% had seen physician specialist(s) in past year with an average of about 8 specialist visits or claims per individual
- 45% had seen primary care provider(s) in past year with an average of about 4 provider visits or claims per individual
- 9% had seen a behavioral health provider in past year with an average of about 11 behavioral health visits or claims per individual

Medicaid Enrollees at Risk of Losing Eligibility Due to Excess Income by Zip Code* in Nevada

Data as of 2/2023
*Post Office and other non-geographic area zip codes are combined with enclosing zip codes.





Federal Medical Assistance Percentage (FMAP)

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	New Eligibles FMAP
SFY22	62.77%	73.94%	90.00%
SFY22 with FFCRA	68.97%	78.28%	90.00%
SFY23	62.64%	73.85%	90.00%
SFY23 with FFCRA	68.54%	77.98%	90.00%
SFY24	61.24%	72.87%	90.00%
SFY24 with FFCRA	62.24%	73.57%	90.00%
SFY25	61.57%	73.10%	90.00%

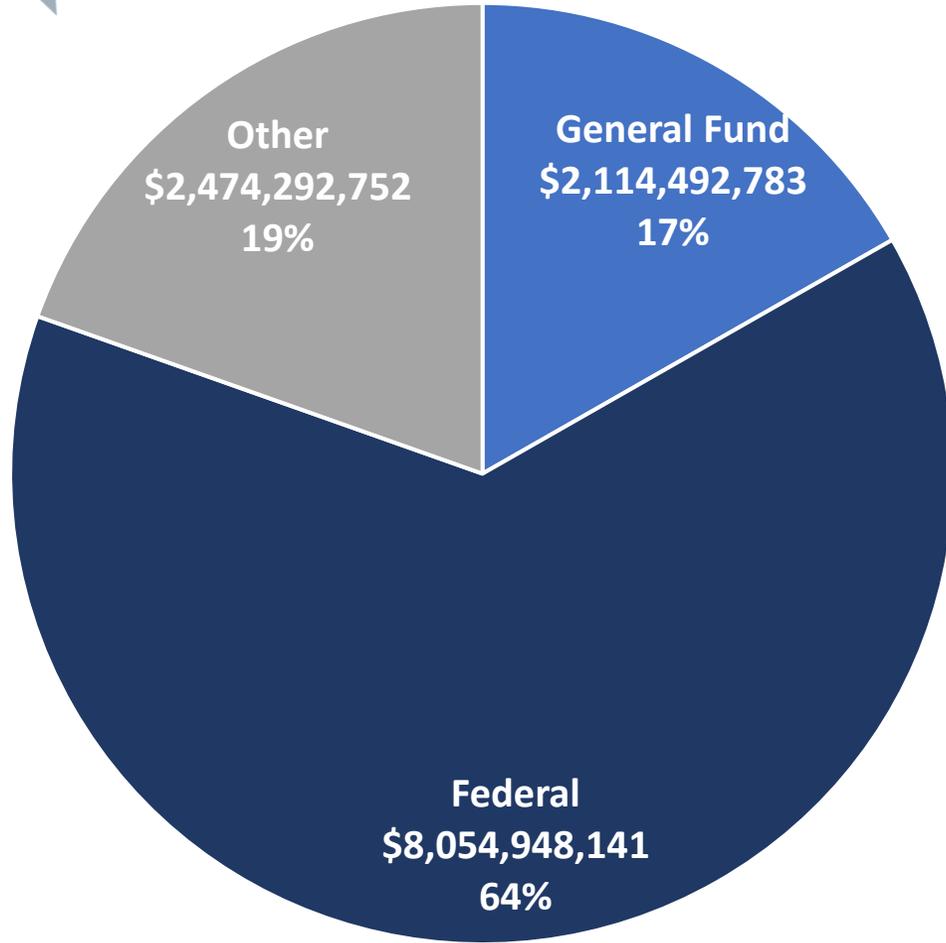
Note: The table above shows the blended FMAP rates, which combine federal fiscal year and calendar year rates into state fiscal year rates for budgeting purposes. FFCRA stands for the Families First Coronavirus Reinvestment Act.



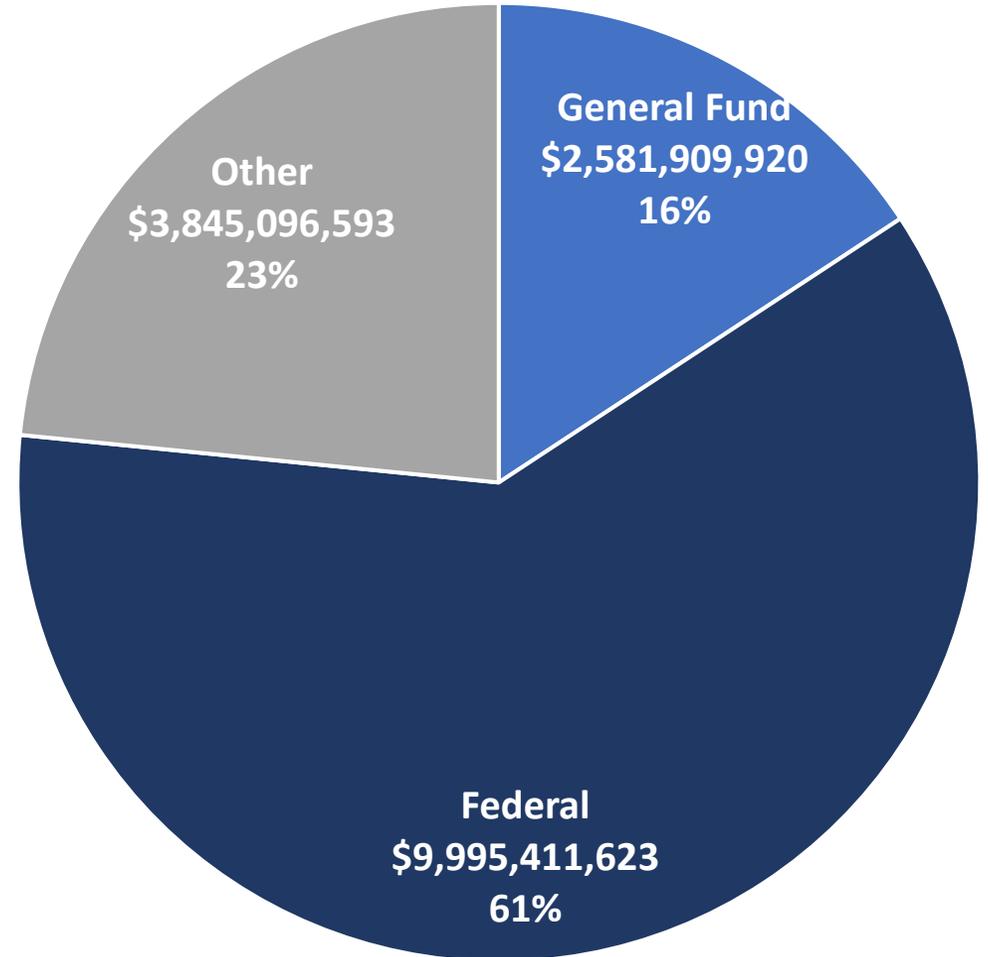
Budgeted Funding Sources

Legislative Approved FY22-FY23 Biennium

Governor Recommends FY24-FY25 Biennium



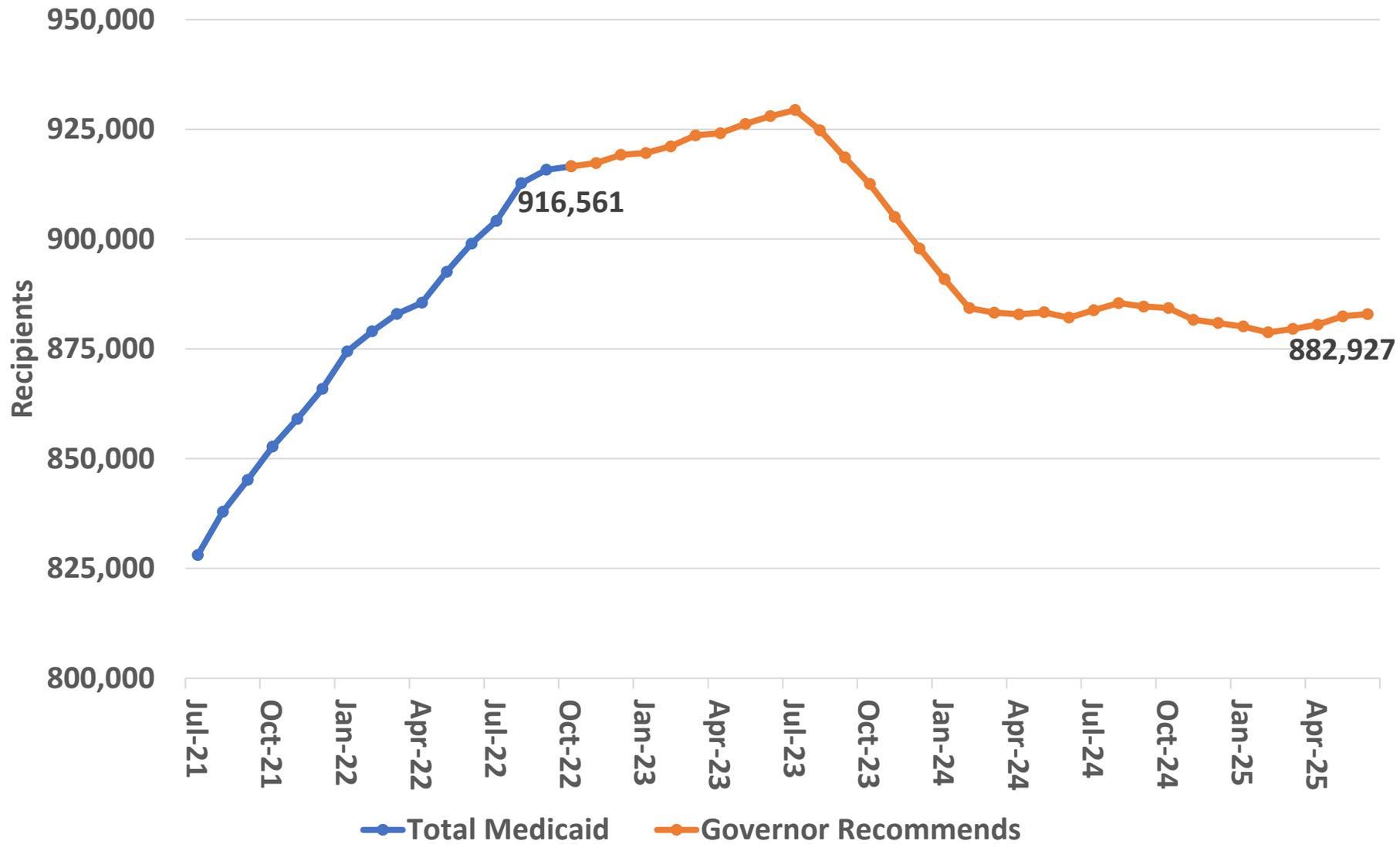
\$12,643,733,676



\$16,422,418,136

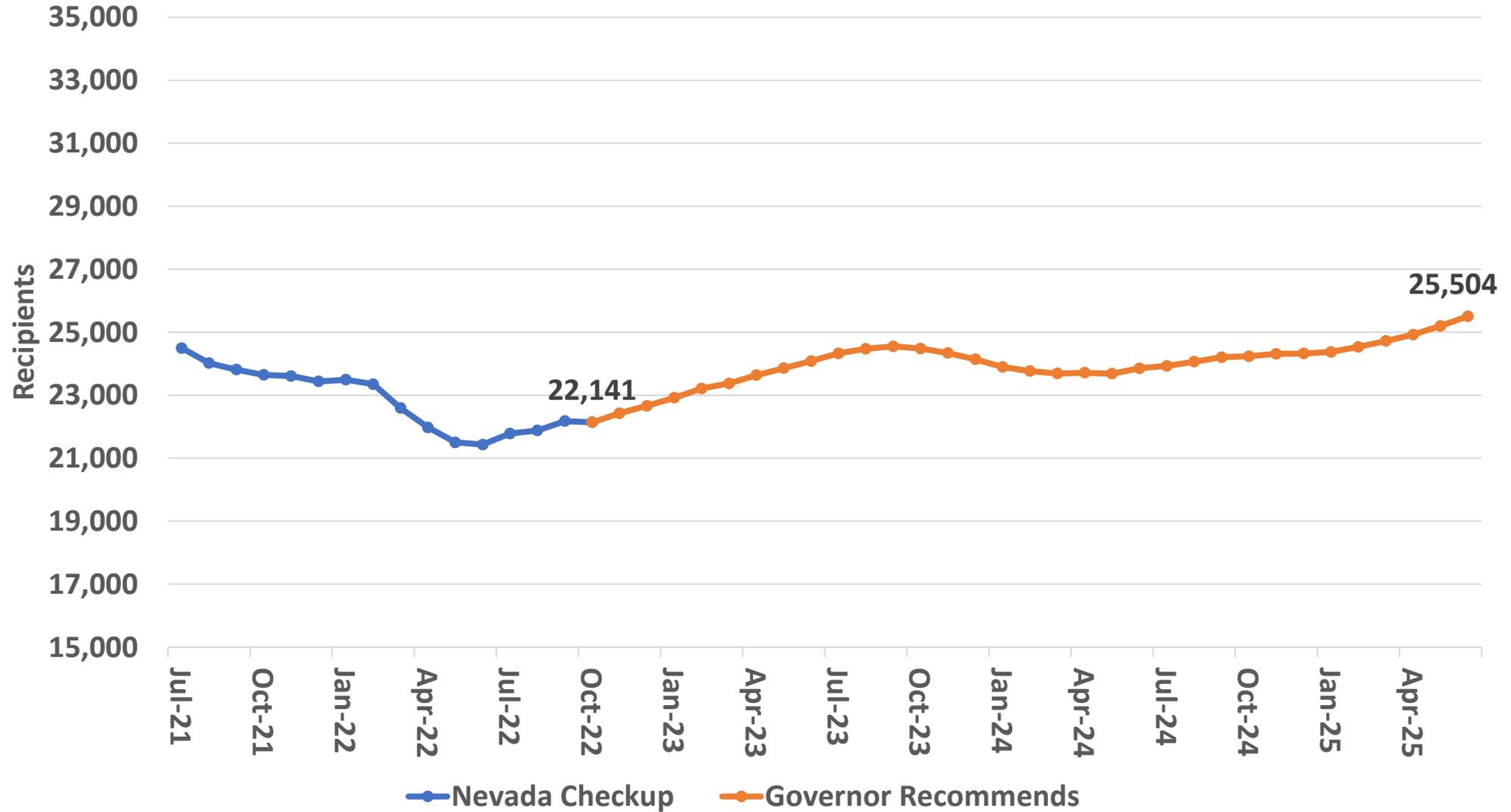


Projected Medicaid Caseload





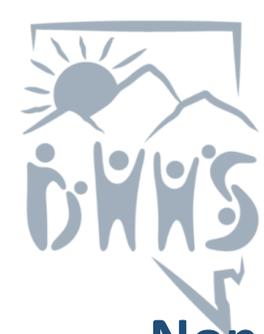
Projected Check Up Caseload





2024-2025 Biennium Budget Account (BA) Summary

Governor Recommends Budget (G01)		Fiscal Year 2024				Fiscal Year 2025			
403	Division of Health Care Financing and Policy	General Fund	Federal	Other	Total	General Fund	Federal	Other	Total
3157	Intergovernmental Transfer Program	-	-	206,299,080	206,299,080	-	-	197,680,021	197,680,021
3158	DHCFP Administration	41,368,849	159,713,528	39,005,866	240,088,243	36,617,827	159,165,261	35,492,389	231,275,477
3160	Increased Quality of Nursing Care	-	-	44,020,131	44,020,131	-	-	44,555,636	44,555,636
3177	Improve Health Care Quality & Access	-	-	286,150,647	286,150,647	-	-	388,807,192	388,807,192
3178	Nevada Check Up Program	13,550,798	43,924,867	2,981,541	60,457,206	14,686,151	46,242,150	3,060,117	63,988,418
3243	Nevada Medicaid	1,204,542,905	4,655,960,363	868,339,186	6,728,842,454	1,271,143,390	4,930,405,454	896,169,027	7,097,717,871
3245	Prescription Drug Rebate	-	-	416,267,880	416,267,880	-	-	416,267,880	416,267,880
<i>DHCFP Total</i>		<u>1,259,462,552</u>	<u>4,859,598,758</u>	<u>1,863,064,331</u>	<u>7,982,125,641</u>	<u>1,322,447,368</u>	<u>5,135,812,865</u>	<u>1,982,032,262</u>	<u>8,440,292,495</u>
<i>Biennial Total</i>						<u>2,581,909,920</u>	<u>9,995,411,623</u>	<u>3,845,096,593</u>	<u>16,422,418,136</u>



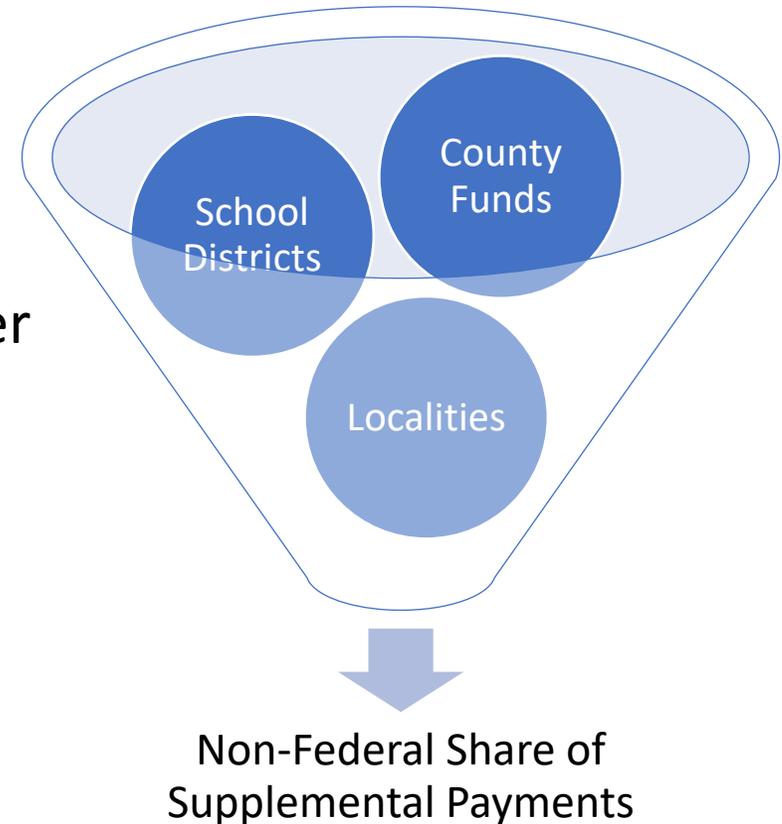
Overview of BA 3157: Intergovernmental Transfer (IGT)

Non-Federal Share of Medicaid Supplemental Payments

Collects payments from counties, school districts, and other public entities

Used as state-share portion of costs for:

- Medicaid supplemental payments to hospitals (Upper Payment Limit)
- Disproportionate Share Hospital (DSH) payments
- Graduate Medical Education (GME)
- School-based health care
- Emergency paramedics





BA 3157 & Enhancements

E351 – Clark County Reclaiming Credit Increase

Funds an increase in the Clark County Federal Medical Assistance Percentage rate claiming credit from 60% to 87.5%. This request is a companion to E351 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost – (\$2,045,091) State General Fund - \$0
- SFY25 Total Cost – (\$1,618,948) State General Fund - \$0

E353 –Disproportionate Share Hospital Program Change in Funding Model

Funds a change in the Disproportionate Share Hospital Program. This request is a companion to E353 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost – (\$63,444,245) State General Fund - \$0
- SFY25 Total Cost – (\$64,962,526) State General Fund - \$0



Overview of BA 3158: Medicaid Administration

Administration & Operations Funds

- Collects funding for the mandated administrative activities and operations necessary to administer the state's Medicaid program and related activities in addition to any associated vendor costs
- Generally, Division can receive federal matching administrative funds
 - 50% FFP (general operations)
 - 75% FFP (MMIS related)
 - 90% FFP (Eligibility/enrollment and information technology systems)



Summary of BA 3158 - Positions

E125 – Hospital Provider Tax

Funds one Budget Analyst II position, two Management Analyst III positions, and one Social Services Specialist III position and contractual obligations to establish and operate a hospital provider tax program and associated supplemental and state-directed payments for 55+ private hospitals.

- SFY24 Total Cost – \$344,188 State General Fund - \$172,094
- SFY25 Total Cost – \$443,908 State General Fund - \$221,954

E128 – Third Party Liability

Funds one Management Analyst II position to oversee the Third-Party Liability Program

- SFY24 Total Cost – \$78,162 State General Fund - \$39,081
- SFY25 Total Cost – \$100,453 State General Fund - \$50,227

E131 – Fair Hearings Program

Funds one Social Services Program Specialist II position for the Fair Hearing Program.

- SFY24 Total Cost – \$78,626 State General Fund - \$39,313
- SFY25 Total Cost – \$100,893 State General Fund - \$50,447



Summary of BA 3158 - Positions

E133 – Self Directed Program for Personal Care Services for the HCBS ARPA Initiatives

Funds 3 contract Management Analyst positions to manage the Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Initiatives and 1 contract Social Services Program Specialist position to oversee the Self-Directed program for personal care services and the HCBS ARPA Initiatives. This request is a companion to E133 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost – \$300,655 State General Fund - \$0
- SFY25 Total Cost – \$0 State General Fund - \$0

E227 – Statewide Managed Care Program

Funds 1 Social Services Program Specialist II position and 1 Social Services Program Specialist III position and contractual obligations to establish a statewide Managed Care Program.

- SFY24 Total Cost – \$3,061,673 State General Fund - \$1,530,836
- SFY25 Total Cost – \$710,700 State General Fund - \$355,351

E248 – Fiscal and Programmatic Support

Funds 1 Budget Analyst 3 position, 1 Business Process Analyst 2 position, 1 IT Professional 2 position, 1 IT Technician 4 position, 1 Management Analyst 4 position, 1 Personnel Analyst 1 position, and Pharmacist 3 position to provide fiscal and programmatic support.

- SFY24 Total Cost – \$851,909 State General Fund - \$0
- SFY25 Total Cost – \$868,314 State General Fund - \$0



BA 3158: Vendor & Resources

E351 – Vendor Support for Core Activities

Funds contractual obligations for additional actuarial ad hoc reporting services and technical assistance for state-directed payments and to draft Managed Care Organization, Pharmacy Benefits Manager, and health data reporting requests for proposal.

- SFY24 Total Cost - \$7,187,857 State General Fund - \$3,593,929
- SFY25 Total Cost - \$0 State General Fund - \$0

M501 – Vendor Support for New Federal Core Set Measures

Funds the calculation and validation of the Core Set of Measures as required by CMS and Children's Health Insurance Program Services.

- SFY24 Total Cost - \$478,978 State General Fund - \$119,744
- SFY25 Total Cost - \$508,629 State General Fund - \$127,156

M503 – Vendor Support for Quality Review in Managed Care

Funds federally mandated activities performed by an External Quality Review Organization.

- SFY24 Total Cost - \$164,790 State General Fund - \$41,197
- SFY25 Total Cost - \$754,845 State General Fund - \$188,11



BA 3158: Vendor & Resources (continued...)

E352 – Resources for Health Information Exchange

Funds onboarding of new providers to the state certified health information exchange.

- SFY24 Total Cost - \$1,100,000 State General Fund - \$110,000
- SFY25 Total Cost - \$1,000,000 State General Fund - \$100,000

E132 – Prospective Risk Adjustment for Managed Care Rates

Funds contractual obligations for a prospective risk adjustment analysis for determining Managed Care Organization (MCO) rates for each MCO.

- SFY24 Total Cost - \$390,495 State General Fund - \$195,248
- SFY25 Total Cost - \$149,970 State General Fund - \$74,985



Position Summary – BA 3158 Administration

Budget	Base	Maintenance	Enhancement	Total FTE
3158 DHCFP Administration	339.51	0	-16	323.51
Total FTE	339.51	0	-16	323.51

Staffing & Capacity Updates:

Current Division vacancy rate is at 16%.

- 28% of the vacancies is within the Division’s fiscal, budget, and payment team.
- 21% are in our District Offices (Care Coordinators for Recipients)
- 15% are in Information Technology

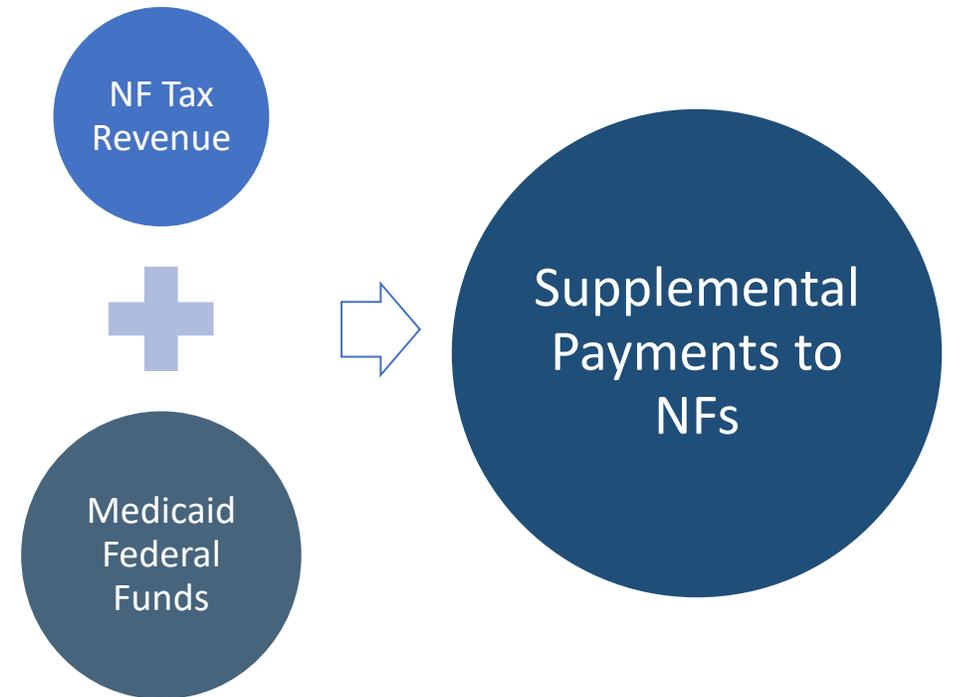


Overview of BA 3160: Increased Quality of Nursing Care

Nursing Facility (NF) Tax & Payments

Established 20 years ago under NRS
422.3775

- Set at 6% tax rate of net patient revenues
- Tax revenue used to cover the state share of supplemental payments to free-standing NFs in Nevada
- Funds transfer to BA 3243 for payments; BA 3158 for administrative costs



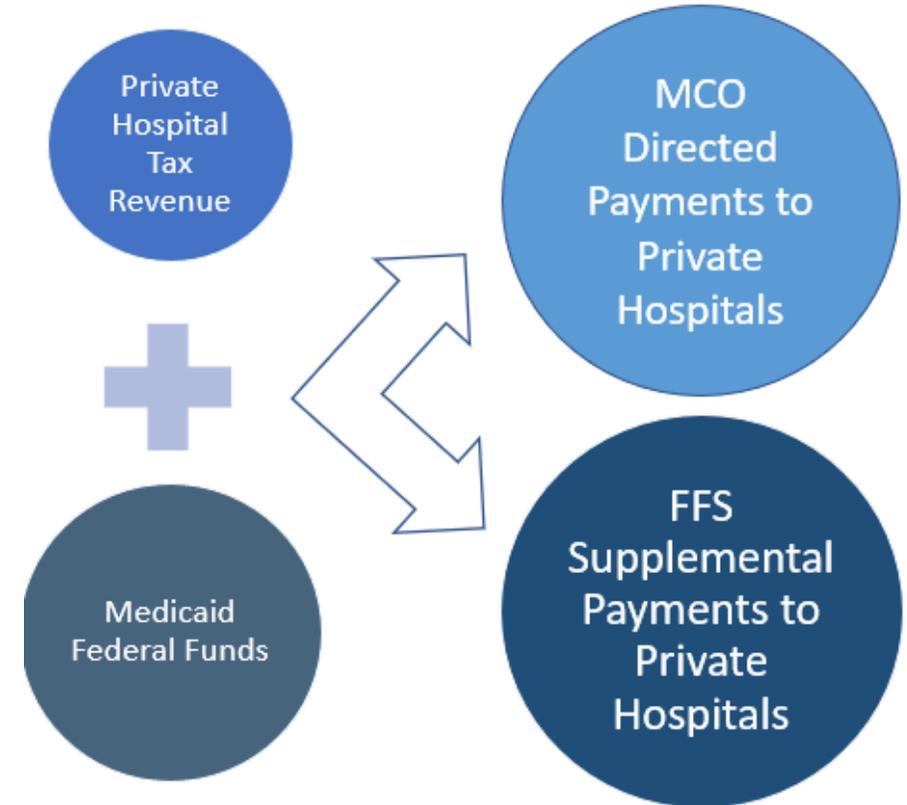
No major changes to this account



Overview of BA 3177: Improve Health Care Quality & Access

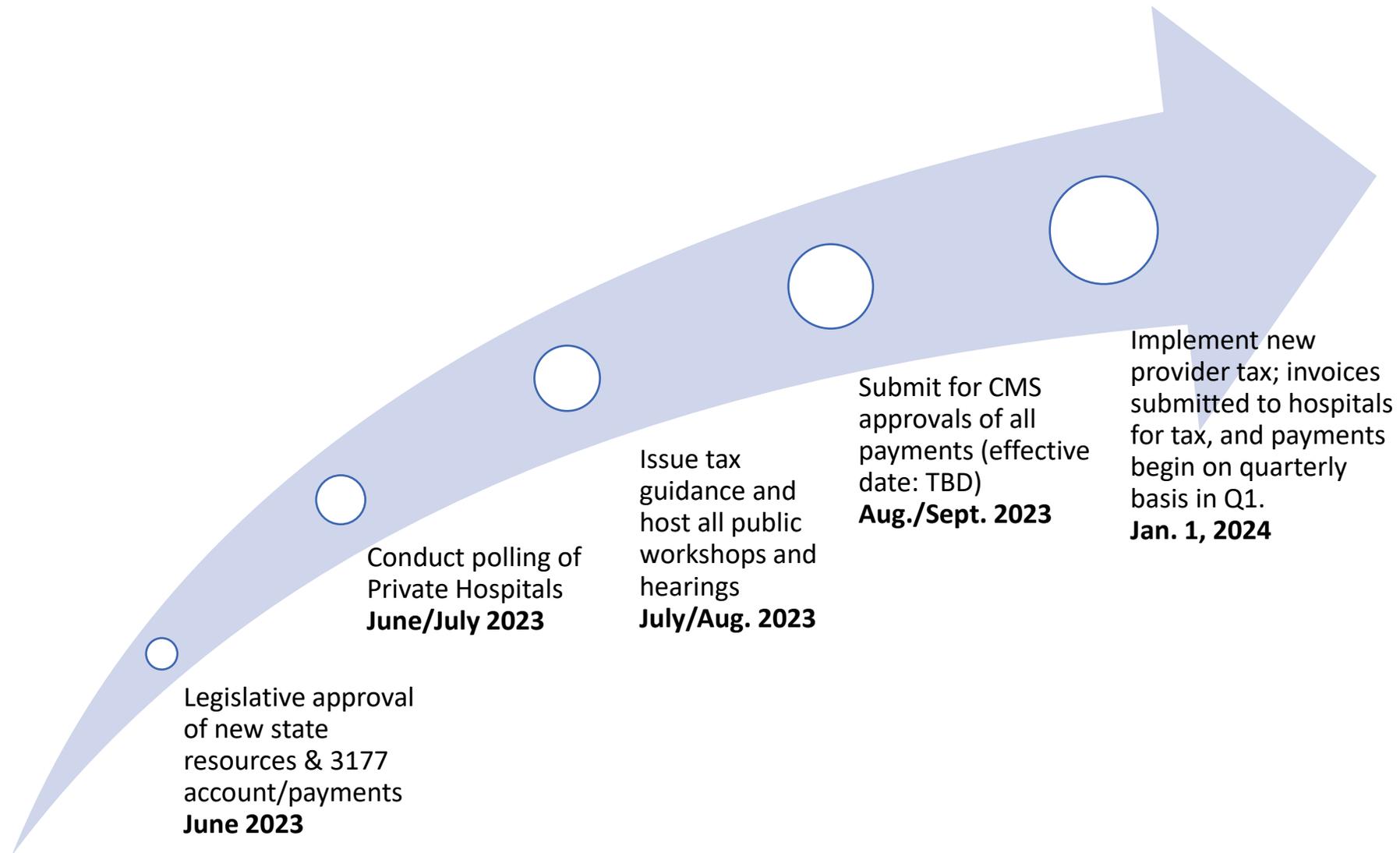
Hospital Provider Tax & Payments

- New account per NRS 422.37945
- 67% affirmative vote = authority to impose tax on operating group
- Use revenue for state share of supplemental payments to private hospitals (55+)
 - UPL payments (fee for service)
 - State directed payments (managed care)
- Funds will transfer to BA 3243 for payments; 3158 for administrative costs





BA 3177: Implementation Timeline





BA 3177 & Enhancement

E354 – Hospital Provider Assessment

Funds a new hospital provider tax on all private hospitals. This request is a companion to E354 in Health Care Financing and Policy Administration, budget account 3158 and E354 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost – \$286,150,647 State General Fund - \$0
- SFY25 Total Cost – \$388,807,192 State General Fund - \$0



Overview of BA 3178: Nevada Check Up

Nevada Check Up Program

- Collects for the Children's Health Insurance Program (CHIP) Title XXI of Social Security Act)
- CHIP provides federal funds to support low-cost coverage for uninsured children ineligible for Medicaid whose income is at or below 200% Federal Poverty Level
- Families pay a quarterly premium based on family size and income
- 21,832 children enrolled



BA 3178: Inflation & Nevada Check Up

M101 – Agency Specific Inflation (BA 3178)

Funds the projected rate increases for capitated payments and fee for service expenditures for pharmacy, hospice, Federally Qualified Health Centers, Rural Health Centers, and Indian Health Services.

- SFY24 Total Cost - \$2,689,544 State General Fund - \$710,846
- SFY25 Total Cost - \$4,451,788 State General Fund - \$1,197,420

M150 – Adjustments to Base (BA 3178)

Funds adjustments to base expenditures including eliminating one-time expenditures such as equipment and adjusts for partial year costs for the continuation of programs.

- SFY24 Total Cost - \$4,456,076 State General Fund - \$0
- SFY25 Total Cost - \$4,456,076 State General Fund - \$0



BA 3178: Caseload Increase & Nevada Check up

M200 – Decreases for Caseload (BA 3178)

Funds a decrease in the projected average monthly caseload from 23,114 in fiscal year 2022 to 22,847 in fiscal year 2023 (1.2% decrease from 2022) to align projected fiscal year 2023.

- SFY24 Total Cost - \$1,613,287 State General Fund - \$310,682
- SFY25 Total Cost - \$1,613,288 State General Fund - \$310,682

M201 – Increases for Caseload (BA 3178)

Funds an increase in the projected average monthly caseload from 22,847 in fiscal year 2023 to 24,077 in fiscal year 2024 (5.4% increase from 2023) and 24,528 in fiscal year 2025 (7.4% increase from 2023).

- SFY24 Total Cost - \$2,596,848 State General Fund - \$482,258
- SFY25 Total Cost - \$3,786,681 State General Fund - \$762,174



BA 3178: Nevada Check Up & Enhancements

E125 – Physician Rate Increase

Funds a 5% rate increase for physicians. This request is a companion to E130 in Health Care Financing and Policy Administration, budget account 3158 and E125 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost - \$184,732 State General Fund - \$48,825
- SFY25 Total Cost - \$378,919 State General Fund - \$101,920

E127 – Dentist Rate Increase

Funds a 5% rate increase for dentists. This request is a companion to E129 in Health Care Financing and Policy Administration, budget account 3158 and E127 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost - \$152,097 State General Fund – \$40,199
- SFY25 Total Cost - \$317,810 State General Fund – \$85,483



BA 3178: Nevada Check Up & Enhancements

E350 – ABA Rate Changes

Funds a change to the rates for applied behavioral analysis services. This request is a companion to E350 in Health Care Financing and Policy Administration, budget account 3158 and E350 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost - (\$3,246) State General Fund - (\$858)
- SFY25 Total Cost - (\$14,888) State General Fund - (\$4,004)

E370 – Certified Community Behavioral Health Centers Program Expansion

Funds an expansion of the Certified Community Behavioral Health Centers Program from nine providers to 15 providers. This request is a companion to E130 in Health Care Financing and Policy Administration, budget account 3158 and E370 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost - \$80,485 State General Fund - \$21,273
- SFY25 Total Cost - \$217,153 State General Fund - \$58,409

E373 – Advance Practice Registered Nurses and Midwife Rate Increase

Funds a rate increase for Advance Practice Registered Nurses and midwives at rates equal to physicians. This request is a companion to E373 in Health Care Financing and Policy Administration, budget account 3158 and E373 in Nevada Medicaid, budget account 3243.

- SFY24 Total Cost - \$98,641 State General Fund - \$26,071
- SFY25 Total Cost - \$203,685 State General Fund - \$54,786



BA 3178: Nevada Check Up & Eliminations

E225 – Eliminate Coverage of Biofeedback-Neurotherapy

Eliminates funding for neurotherapy and biofeedback services as a treatment for behavioral health disorders. This request is a companion to E225 in Health Care Financing and Policy Administration, budget account 3158 and E225 in Nevada Medicaid, budget account 3243.

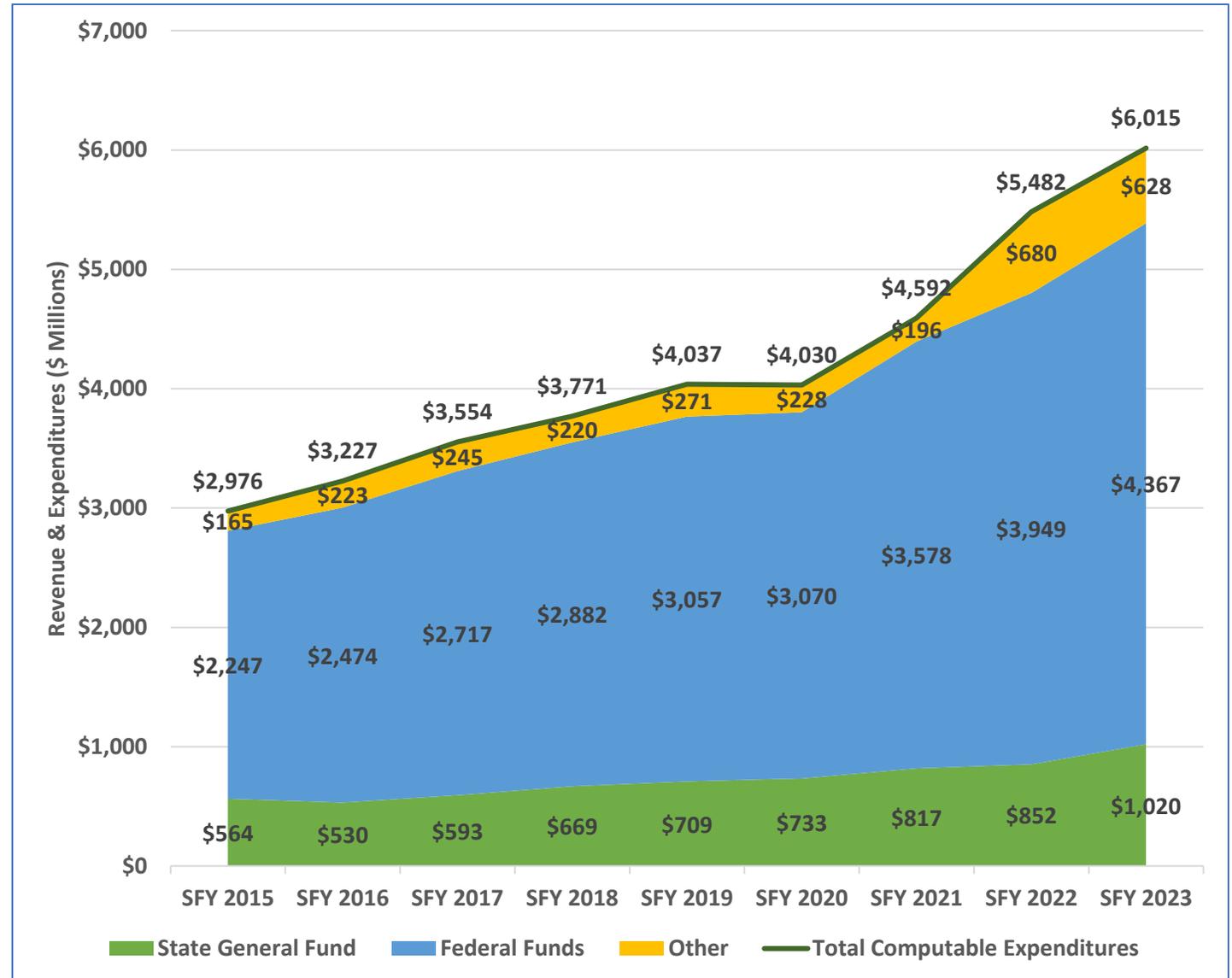
- SFY24 Total Cost - (\$3,510) State General Fund - (\$928)
- SFY25 Total Cost - (\$14,346) State General Fund - (\$3,852)



Overview of BA 3243: Nevada Medicaid

Medical Services Account

- Collects state funds (state share) to cover cost of providing health care to recipients
- Entitlement program
- Utilize caseload forecasts to predict spend; this produces budgeted medical expenditures
- Add a service or population = new state appropriation to cover cost of state share to ensure costs are paid for





BA 3243: Nevada Medicaid Inflation & Caseload

M101 – Agency Specific Inflation

Represents the projected rate increases for capitated payments and fee for service expenditures for pharmacy, hospice, Federally Qualified Health Centers, Rural Health Centers, and Indian Health Services.

- SFY24 Total Cost - \$188,580,569 State General Fund - \$48,631,935
- SFY23 Total Cost - \$338,555,006 State General Fund - \$84,443,737

M200 – Caseload Increases

Funds an increase in the projected average monthly caseload from 846,042 in fiscal year 2022 to 896,157 in fiscal year 2023 (a 5.9% increase from 2022) to align projected fiscal year 2023.

- SFY24 Total Cost - \$465,335,640 State General Fund - \$59,514,694
- SFY25 Total Cost - \$465,335,640 State General Fund - \$59,591,296

M201 – Caseload Decreases

Funds a decrease in the projected average monthly caseload from 896,157 in fiscal year 2023 to 876,144 in fiscal year 2024 (a 2.2% decrease from 2023) and 858,149 in fiscal year 2025 (a 4.2% decrease from 2023).

- SFY24 Total Cost - (\$11,570,257) State General Fund - \$16,950,903
- SFY25 Total Cost – (\$81,388,894) State General Fund - \$4,771,535



BA 3243: Nevada Medicaid & Waiver Caseload

M202 – Waiver Caseload Adjustment (Intellectual Disabilities)

Funds an increase in the projected average monthly Home and Community Based Waiver for Individuals with Intellectual Disabilities caseload from 2,625 in fiscal year 2023 to 2,687 in fiscal year 2024 (a 2.4% increase from 2023) and 2,747 in fiscal year 2025 (a 4.6% increase from 2023).

- SFY24 Total Cost - \$1,914,039 State General Fund - (\$93,816)
- SFY25 Total Cost - \$4,285,290 State General Fund - \$126,883

M203 – Waiver Caseload Adjustment (Frail & Elderly)

Funds an increase an increase in the projected Home and Community Based Waiver for the Frail Elderly caseload from 2,659 in fiscal year 2023 to 2,754 in fiscal year 2024 (a 3.6% increase from 2023) and 2,833 in fiscal year 2025 (a 6.5% increase from 2023). This request is a companion to M203 in Home and Community Based Services, budget account 3266.

- SFY24 Total Cost - (\$2,440,879) State General Fund - (\$392,077)
- SFY25 Total Cost - (\$1,074,151) State General Fund - (\$171,397)

M204 – Waiver Caseload Adjustment (Physical Disabilities)

Funds an increase in the projected Home and Community Based Waiver for the Physically Disabled caseload from 1,198 in fiscal year 2023 to 1,270 in fiscal year 2024 (a 6.0% increase from 2023) and 1,337 in fiscal year 2025 (a 11.6% increase from 2023). This request is a companion to M204 in Home and Community Based Services, budget account 3266.

- SFY24 Total Cost - (\$162,181) State General Fund - (\$26,515)
- SFY25 Total Cost - \$624,992 State General Fund - \$135,285



BA 3243: Nevada Medicaid & Waiver Slots

M510 – Waiver Slot Increase (Intellectual Disabilities)

Funds an increase in the projected average monthly Home and Community Based Waiver for Individuals with Intellectual Disabilities caseload by an additional 519 slots to reduce the number of individuals on the waitlist beyond 90 days. This request is a companion to M510 in Rural Regional Center, budget account 3167, M510 in Desert Regional Center, budget account 3279, and M510 in Sierra Regional Center, budget account 3280.

- SFY24 Total Cost - \$12,335,719 State General Fund - \$564,537
- SFY25 Total Cost - \$14,102,290 State General Fund - \$1,635,163

M511 – Waiver Slot Increases (Frail & Elderly)

Funds an increase in the projected average monthly Home and Community Based Waiver for the Frail Elderly caseload by an additional 250 slots to reduce the number of individuals on the waitlist beyond 90 days. This request is a companion to M511 in Home and Community Based Services, budget account 3266.

- SFY24 Total Cost - \$6,300,669 State General Fund - \$1,005,889
- SFY25 Total Cost - \$6,300,670 State General Fund - \$1,018,952

M512 – Waiver Slot Increases (Physical Disabilities)

Funds an increase in the projected Home and Community Based Waiver for the Physically Disabled caseload by an additional 96 slots to reduce the number of individuals on the waitlist beyond 90 days. This request is a companion to M512 in Home and Community Based Services, budget account 3266.

- SFY24 Total Cost - \$1,918,490 State General Fund - \$305,079
- SFY25 Total Cost - \$1,913,543 State General Fund - \$310,848



BA 3243: Behavioral Health Enhancements

E800 – Children’s Behavioral Health Initiatives

Funds ongoing children's behavioral health initiatives implemented by the Division of Child and Family Services.

- SFY24 Total Cost - \$2,026,731 State General Fund - \$0
- SFY25 Total Cost - \$2,990,913 State General Fund - \$0

E370 – Certified Community Behavioral Health Center Expansion

Funds an expansion of the Certified Community Behavioral Health Centers Program from nine providers to 15 providers.

- SFY24 Total Cost - \$4,832,123 State General Fund - \$1,027,326
- SFY25 Total Cost - \$13,251,400 State General Fund - \$2,861,712



BA 3243: Provider Rate Increases

E125 – Physician Rate Increase

Funds a 5% rate increase for physicians. This request is a companion to E130 in Health Care Financing and Policy Administration, budget account 3158 and E125 in Nevada Check Up Program, budget account 3178.

- SFY24 Total Cost - \$18,492,699 State General Fund - \$4,961,020
- SFY25 Total Cost - \$37,026,395 State General Fund - \$10,123,488

E127 – Dentist Rate Increase

Funds a 5% rate increase for dentists. This request is a companion to E129 in Health Care Financing and Policy Administration, budget account 3158 and E127 in Nevada Check Up Program, budget account 3178.

- SFY24 Total Cost - \$2,331,405 State General Fund - \$734,529
- SFY25 Total Cost - \$4,653,324 State General Fund - \$1,494,592

E373 – APRN and Midwife Rate Increase

Funds a rate increase for Advance Practice Registered Nurses and midwives at rates equal to physicians. This request is a companion to E373 in Health Care Financing and Policy Administration, budget account 3158 and E373 in Nevada Check Up Program, budget account 3178.

- SFY24 Total Cost - \$11,111,247 State General Fund - \$3,263,835
- SFY25 Total Cost - \$23,463,449 State General Fund - \$6,771,441



BA 3243: Provider Rate Increases (continued...)

E126 – Personal Care Service Provider Increase

Funds an increase in the personal care services rate to \$25 per hour. This request is a companion to E134 in Health Care Financing and Policy Administration, budget account 3158.

- SFY24 Total Cost - \$24,637,331 State General Fund - \$7,825,816
- SFY25 Total Cost - \$54,377,698 State General Fund - \$17,625,268

E374 – Skilled Nursing Facility Rate Increase

Funds a 5% rate increase for skilled nursing facilities. This request is a companion to E375 in Healthcare Financing and Policy Administration, budget account 3158.

- SFY24 Total Cost - \$3,577,469 State General Fund - \$849,040
- SFY25 Total Cost - \$7,209,517 State General Fund - \$1,740,009

E371 – Rate Increase for Intellectual Disability Providers

Funds a rate increase to providers of services for individuals with intellectual disabilities.

- SFY24 Total Cost - \$7,231,434 State General Fund - \$0
- SFY25 Total Cost - \$29,081,608 State General Fund - \$0



BA 3243: New Benefits & Eligibility

E364 – Pregnant Women Eligibility Expansion

Funds an expansion of Medicaid eligibility for pregnant women with incomes up to 200% of the federal poverty level. This request is a companion to E367 in Health Care Financing and Policy Administration, budget account 3158.

- SFY24 Total Cost - \$10,375,449 State General Fund - \$3,917,770
- SFY25 Total Cost - \$26,953,663 State General Fund - \$10,357,619

E227 – Coverage of Cardioverter Defibrillators and Supplies

Funds wearable cardioverter defibrillators and supplies. This request is a companion to E226 in Health Care Financing and Policy Administration, budget account 3158.

- SFY24 Total Cost - \$3,914 State General Fund - \$754
- SFY25 Total Cost - \$8,050 State General Fund - \$1,594

E229 – Dental Benefits for Individuals with Intellectual Disabilities

Funds dental services to individuals diagnosed with intellectual and developmental disabilities aged 21 and over.

- SFY24 Total Cost - \$5,151,252 State General Fund - \$307,814
- SFY25 Total Cost - \$1,299,654 State General Fund - \$5,342,959



BA 3243: Other Enhancements

E350 – Applied Behavioral Analysis Provider Rate Changes

Funds a change to the rates for applied behavioral analysis services. This request is a companion to E350 in Health Care Financing and Policy Administration, budget account 3158 and E350 in Nevada Check Up Program, budget account 3178.

- SFY24 Total Cost - (\$713,848) State General Fund - (\$268,689)
- SFY25 Total Cost - (\$3,427,891) State General Fund - (\$1,313,350)

E225 – Elimination of Coverage of Neurotherapy and Biofeedback Services

Eliminates funding for neurotherapy and biofeedback services as a treatment for behavioral health disorders. This request is a companion to E225 in Health Care Financing and Policy Administration, budget account 3158 and E225 in Nevada Check Up Program, budget account 3178.

- SFY24 Total Cost - (\$1,243,473) State General Fund - (\$417,750)
- SFY25 Total Cost - (\$5,819,819) State General Fund - (\$2,004,072)

E354 – Non-Federal Share of New Private Hospital Supplemental Payments (*Provider Tax*)

Funds supplemental payments associated with a new hospital provider tax on all private hospitals. This request is a companion to E354 in Health Care Financing and Policy Administration, budget account 3158 and E354 in Improve Health Care Quality and Access, budget account 3177.

- SFY24 Total Cost - \$483,106,560 State General Fund - \$0
- SFY25 Total Cost - \$660,834,500 State General Fund - \$0



BA 3243: Other Enhancements (continued...)

E351 – Clark County FMAP Claiming Changes

Increases the Clark County Federal Medical Assistance Percentage rate claiming credit from 60% to 87.5%. This request is a companion to E351 in Intergovernmental Transfer Program, budget account 3157.

- SFY24 Total Cost - \$0 State General Fund - \$2,045,090
- SFY25 Total Cost - \$0 State General Fund - \$1,618,948

E353 – Disproportionate Share Hospital Program Change in Funding Model

Funds a change in the funding model for the Disproportionate Share Hospital Program. This request is a companion to E351 in Intergovernmental Transfer Program, budget account 3157.

- SFY24 Total Cost - (\$89,533,152) State General Fund - \$29,658,857
- SFY25 Total Cost - (\$91,812,071) State General Fund - \$29,774,999



Overview of BA 3245: Prescription Drug Rebates

- Collects rebates for physician/outpatient-facility administered drugs and drugs sold through pharmacies for Medicaid
- Collects rebates for drugs covered by managed care organizations
- Medicaid can only reimburse for drugs if the manufacturer participates in the CMS Drug Rebate Program



Questions?



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Acronyms

ACA: Affordable Care Act

ADSD: Aging and Disability Services Division

API: Application Programming Interfaces

BA: Budget Account

BST: Basic Skills Training

CCBHC: Certified Community Behavioral
Healthcare Centers

CHIP: Children's Health Insurance Program

CMS: Centers for Medicare and Medicaid Services

DHCFP: Division of Health Care Financing and Policy

DPBH: Division of Public and Behavioral Health

DSH: Disproportionate Share Hospital

EVV: Electronic Visit Verification

FMAP: Federal Medical Assistance Percentage

HIPAA: Health Insurance Portability and
Accountability Act

IAF: Fund for Hospital Care to Indigent Persons

MCO: Managed Care Organization

MDRP: Medicaid Drug Rebate Program

MMIS: Medicaid Management Information System

PBM: Pharmacy Benefit Manager

PSR: Psychosocial Rehabilitation

PCS: Personal Care Services

QIP: Quality Incentive Payment

T-MSIS: Transformed Medicaid Statistical
Information System

UPL: Upper Payment Limit