

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

# Nevada Medicaid Updates

Division of Health Care Financing and Policy (DHCFP)  
Division of Welfare and Supportive Services (DWSS)

Malinda Southard, DC, CPM, Deputy Administrator, DHCFP  
Kelly Cantrelle, Deputy Administrator, DWSS

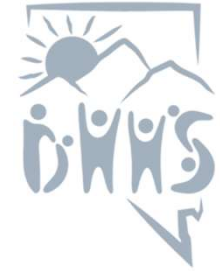
February 16, 2024

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Department of Health and Human Services

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



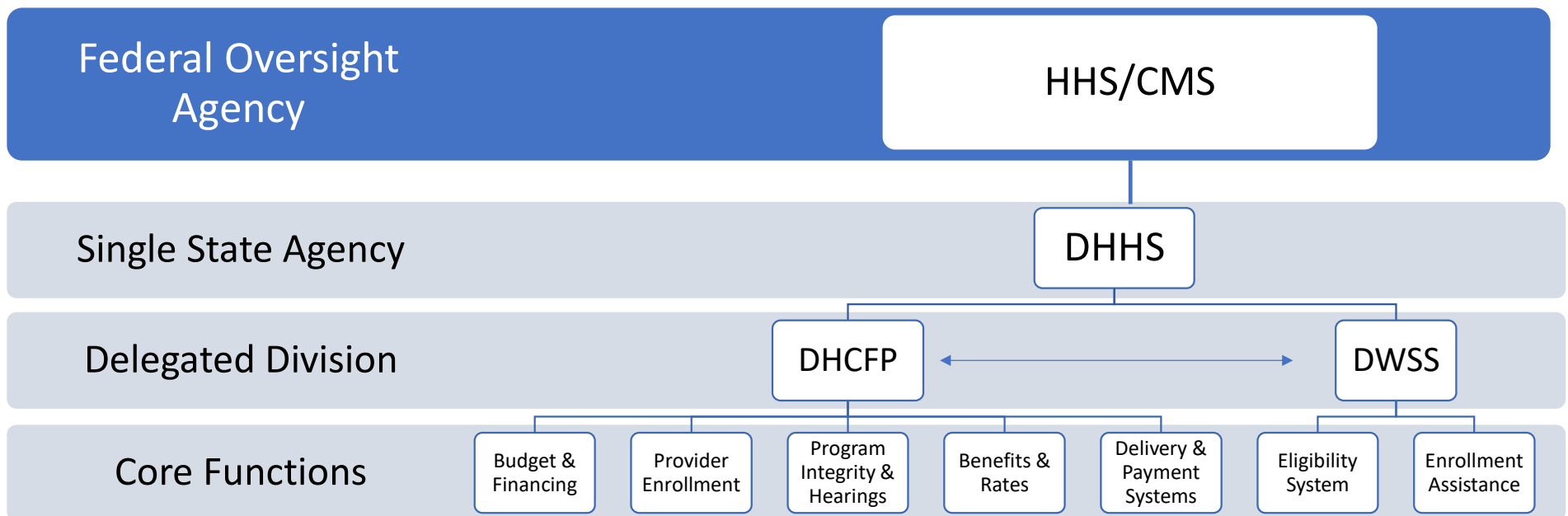


# Agenda

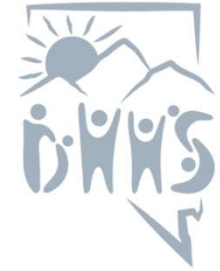
1. Nevada Medicaid Overview
2. DHCFP Updates
3. 82nd Legislative Session Recap
4. Private Hospital Provider Assessment Program
5. Statewide Managed Care Update
6. Value-Based Payment Efforts
7. All-Payor Claims Database
8. Public Health Emergency Unwind Update



# Nevada Medicaid: Oversight & Operations

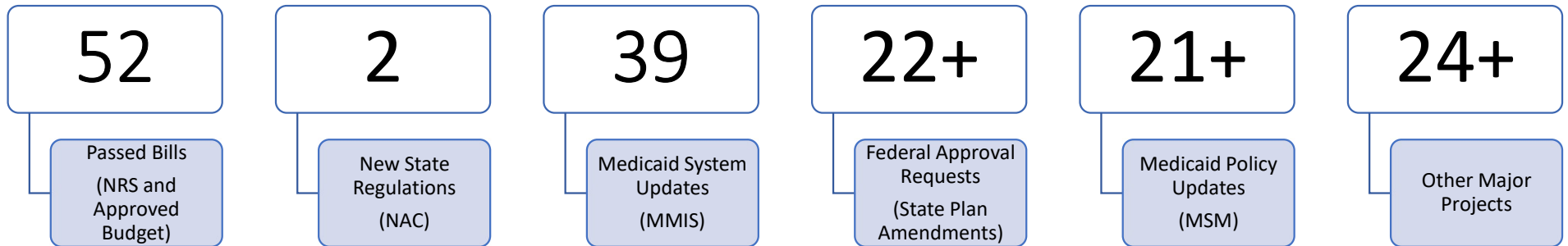


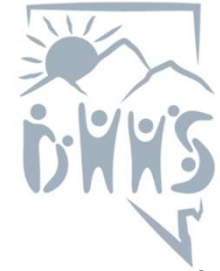
Sources: 42 CFR 431.10; NRS 232.290 – 232.359; NRS Chapter 422; NRS Chapter 422A



# 82nd Legislative Session Recap

Since the end of last session, DHCFP has been working to implement 52 bills that had an impact on Nevada Medicaid. Thus far, DHCFP is on track for most of these projects with some delays due to federal review and approval timelines or extended contracting timelines for hiring vendors to support projects.





# Major Bill Implementation Updates

- Federal approvals include, but are not limited to:
  - ABA rate increases – SB 504 (retro-effective date to July 1, 2023)
  - Dentist rate increase (5%) – SB 504 (pending system updates; retro to July 1, 2023)
  - Rate increase for residential group providers (frail/elderly waiver) – SB 504
  - Rate increase for home health and private duty nursing providers (15%) – SB 504 (pending system updates; retro to July 1, 2023)
  - PCA rate increases – SB 511 (pending system updates; retro to Jan. 1, 2024)
  - Assisted Living Facility rate increases – SB 504 (pending system updates retro to Dec. 13, 2023)
  - Gender dysphoria coverage to adults – SB 163 (retro to Oct. 31, 2023; pending system updates)
  - Physician rate increase (5%) – SB 504
  - APRN and Certified Nurse Midwife Rate Parity – SB 504



# Major Bill Implementation Updates, continued

- Pending federal approval, include but are not limited to:
  - Postpartum care coverage for 12 months – SB 232
  - Nursing facility rate increases (24.5%) – AB 137 and SB 504
  - Community health worker (expanded supervision) - SB 117
  - Special reimbursement for specialty clinic for cancer and rare diseases – SB 221
  - Rate increases for providers of services to people with intellectual disabilities – SB 504
  - Personal needs allowance – SB 45
  - Dental coverage expansion – SB 385

Note: Other bills are currently being implemented through policy updates to Nevada Medicaid Services Manual or through the development of a State Plan Amendment or Medicaid waiver application that has yet to be submitted for federal approval.



# Federal Medicaid Waiver Requests

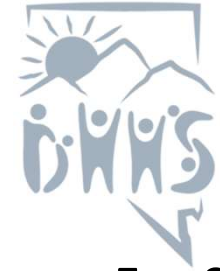
Waiver Type	Description	Status Update
1115 waiver	Cover Substance Use Treatment in Residential Settings (16+ beds) <ul style="list-style-type: none"><li>• 2021 session bill</li></ul>	Approved on May 24, 2023; reimbursement approved on Aug. 1, 2023; updating rate methodology with CMS
1115 waiver amendment	Cover Mental Health Services in Residential Settings (16+ beds) <ul style="list-style-type: none"><li>• Same as above</li></ul>	Pending submission, in development stage for amendment; aim to submit winter 2024
1115 waiver	Dental coverage for adults with diabetes served in federally qualified health center <ul style="list-style-type: none"><li>• 2021 session bill</li></ul>	Submitted, pending federal approval
1115 waiver	Coverage of services for incarcerated individuals (up to 90 days pre-release) <ul style="list-style-type: none"><li>• AB 389</li></ul>	Recently secured vendor contract; waiver development to begin this quarter



# Private Hospital Provider Assessment Update

- **July – August 2023**
  - DHCFP & Mercer conducted modeling for the assessment and impact on hospitals
- **September 2023**
  - DHCFP surveyed all licensed hospitals per NRS 422.3794
  - Results exceeded 67% threshold of affirmative votes for the private hospital assessment
- **December 2023**
  - Federal approval received for new supplemental payment programs
  - Supplemental payments on fee for service claims approved retroactively to July 1, 2023
  - Supplemental payments on the managed care claims approved as of January 1, 2024
- **January 2024**
  - Finalizing draft regulation to clarify ongoing requirements and associated penalties



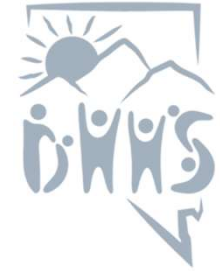


# Assessment & Payment Schedule

For SFY 24, the 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.

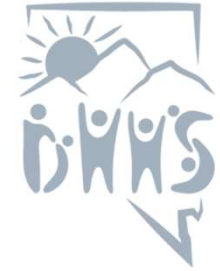
- Starting SFY 25, ongoing invoices and associated payments will each occur once a quarter.

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 Rollout

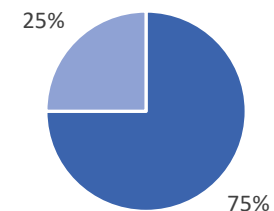
- DHFCP is on track for rolling out statewide managed care program **with coverage starting on January 1, 2026.**
- DHCFP visited all rural hospitals the past fall and released a Request for Information to gather feedback for the upcoming procurement.
- The Division will be working with Manatt Health Strategies to develop its Request for Proposals (RFP) and model managed care contract for the procurement.
  - Release date is anticipated to occur in October of 2024
- A public workshop will be held on February 22, 2024 with additional workshops this spring to further inform the RFP and contract development.
- DHCFP updates: [dhcfp.nv.gov/Providers/Statewide Managed Care/](https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/)



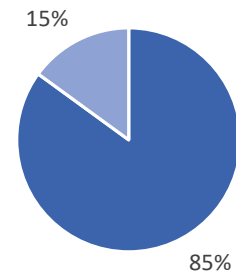
# Statewide Managed Care Impact

- About 75,000 rural Nevadans will receive their Medicaid coverage through Managed Care Plans, starting Jan. 1, 2026.
- The Expansion will include:
  - Adults without children (up to age 64)
  - Children (not in welfare system)
  - Parents or guardians (up to age 64)
- These populations will remain fee-for-service Medicaid:
  - Katie-Beckett Program for children
  - Children in the welfare system
  - Individuals with disabilities
  - Seniors (ages 65 and older)
  - People receiving Medicaid-funded home and community-based waiver services

Nevada Medicaid Population by Delivery System

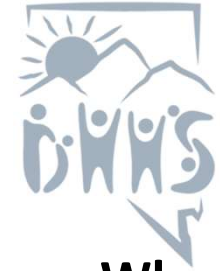


■ MCO ■ FFS  
Est. Enrollment Today



■ MCO ■ FFS  
Est. Enrollment After Expansion

Source: MMIS claims database, Nevada Medicaid, 2023.



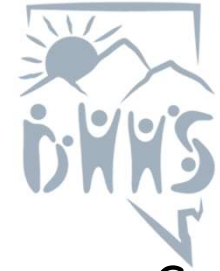
# Value-Based Payment (VBP) Design

## **Why VBP for Medicaid?**

- Ties payment to value and quality rather than volume, unlike fee for service
- Rewards providers and plans for improving health outcomes and increasing efficiency in health care delivery system
- Helps make sure Nevada is getting the most value for its taxpayer dollars

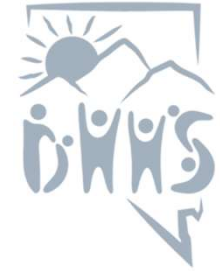
## **Efforts underway at Nevada Medicaid**

- Quality/VBP Collaborative with Nevada Hospitals and Managed Care Plans
- Bonus program tied to VBP growth in Managed Care
- Development of new payment models for future consideration (quality incentive payments and other models rewarding providers for improved outcomes)



# All-Payer Claims Database (APCD)

- Contract was awarded to OnPoint Health Data for a 12-month implementation timeline.
- Project kick off meeting with new vendor occurred on January 29
- DHCFP received federal approval on December 27, 2023 for 90/10 federal matching funds for the project.
- 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/) 13



# The Unwinding of the Public Health Emergency

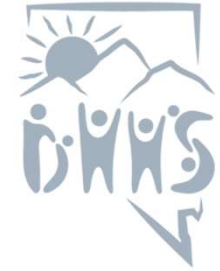
Kelly Cantrelle, Deputy Administrator, DWSS



# Public Health Emergency (PHE) Unwind Update

- **In 2023**, Nevada Medicaid began “**unwinding**” from the PHE, meaning for the first time in 3 years, households that did not pass the automated renewal process were required to complete a renewal packet, and members that no longer met eligibility requirements were disenrolled.
- 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 **January 1, 2024**, and individuals that did not return renewal packets were disenrolled from Medicaid.
- Nevada’s unwind is estimated to end in September 2024.
- Extensive, coordinated outreach efforts continue, stressing the importance of updating member contact information, completing renewal packets, and returning all requested documentation required to renew Medicaid.

Resources: [Unwinding COVID-19](#); [DHCFP Members](#); [COVID-19 Operational Unwinding Plan](#)

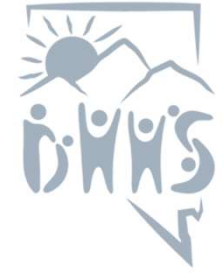


# Ex Parte Renewal Statistics

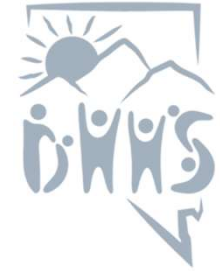
FMC Ex Parte Statistics			
RD Due	Auto Renewed	Universal	Pass (%)
08/31/2023	17,858	60,017	29.75%
09/30/2023	25,843	89,516	28.89%
10/31/2023	24,337	99,702	24.41%
11/30/2023	26,265	40,990	64.10%
12/31/2023	35,574	45,724	77.80%
01/31/2024	32,743	42,200	77.59%

MAABD Ex Parte Statistics			
RD Due	Auto Renewed	Universal	Pass (%)
08/31/2023	4,533	8,8594	52.74%
09/30/2023	1,786	11,911	14.99%
10/31/2023	6,474	11,875	54.51%
11/30/2023	3,515	7,927	44.30%
12/31/2023	3,616	8,268	43.73%
01/31/2024	3,624	7,695	47.12%





# Questions?



# Contact Information

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<https://dwss.nv.gov/>



# Acronyms

ABA – Applied Behavior Analysis  
APCD – All Payer Claims Database  
APRN – Advanced Practice Registered Nurse  
CMS – Centers for Medicare and Medicaid Services  
DHCFP – Division of Health Care Financing and Policy  
DWSS – Division of Welfare and Supportive Services  
FFS – Fee for Service  
FMC – Family Medical Coverage  
HHS – Health and Human Services  
MAABD – Medical Assistance for the

Aged, Blind, and Disabled  
MCO – Managed Care Organization  
MMIS – Medicaid Management Information System  
MSM – Medicaid Services Manual  
NAC – Nevada Administrative Code  
NRS – Nevada Revised Statutes  
PCA – Personal Care Aide  
PHE – Public Health Unwind  
RD – Redetermination  
SFY – State Fiscal Year  
SPA – State Plan Amendment  
UPL – Upper Payment Limit  
VBP – Value-Based Payment