



State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy

**BIENNIAL BUDGET
PRE-SESSION PRESENTATION
TO
THE LEGISLATURE**

FY 13 – FY 15

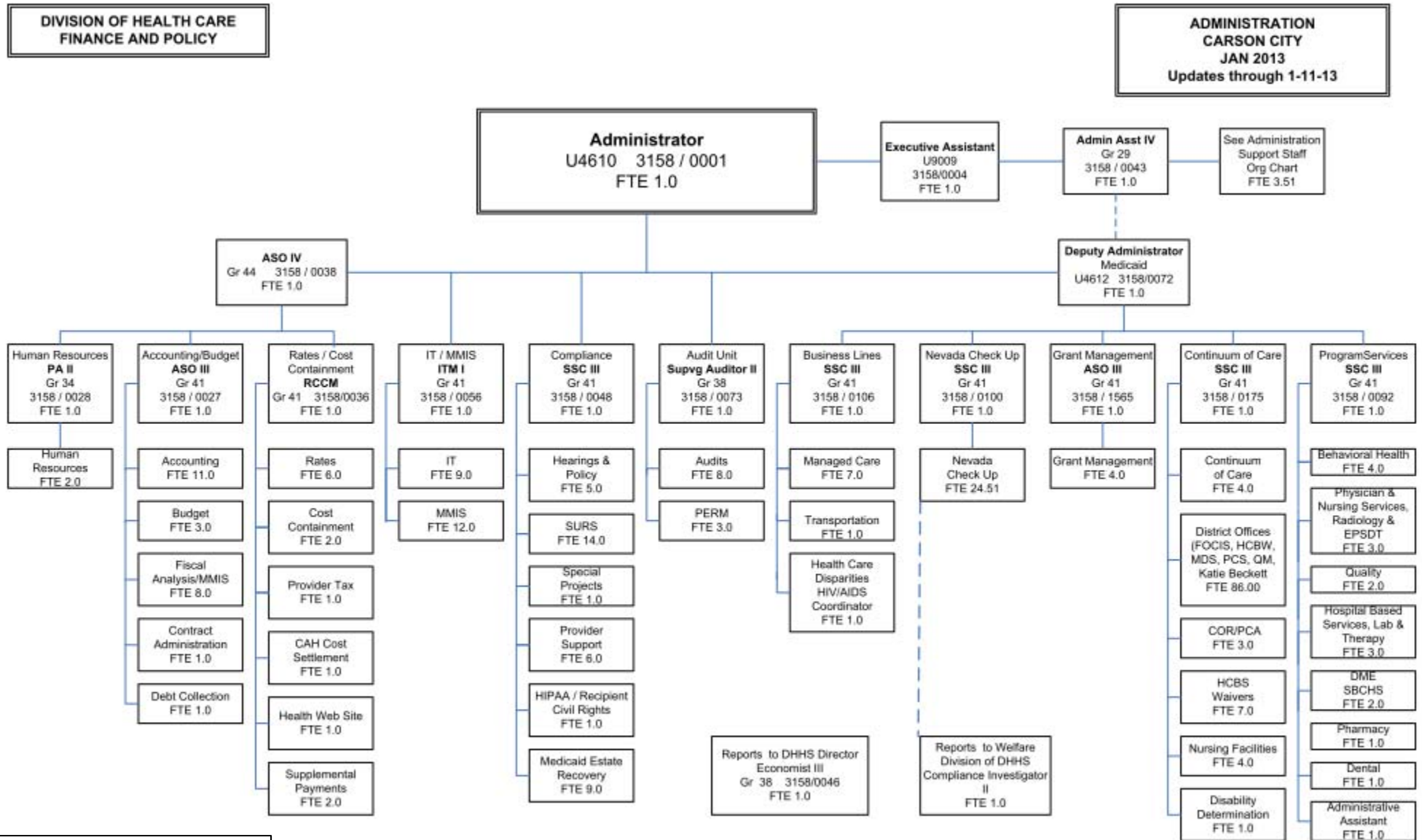
January 24, 2013

Division of Health Care Financing and Policy

Mission Statement:

To purchase and provide quality health care services to low income Nevadans in the most efficient manner; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Medicaid and other state health care programs to maximize potential federal revenue.

Division of Health Care Financing and Policy

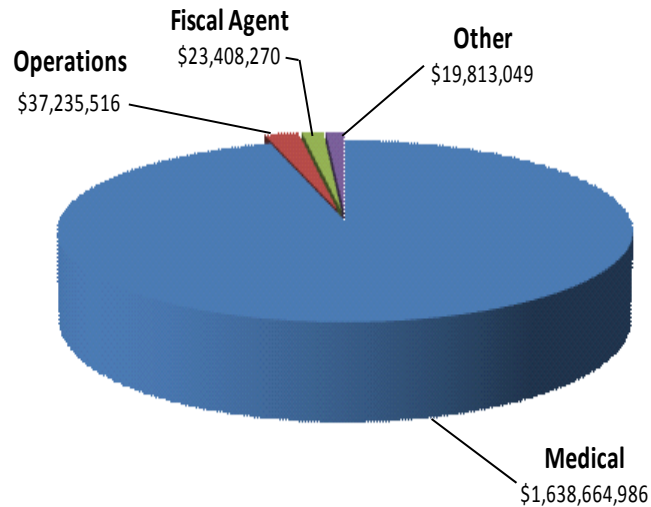


Base Total FTE = 288.02
14-15 New FTE Requests = 13.0
Less NV Check Up FTE = (23.51)
Total 14-15 Request = 277.51

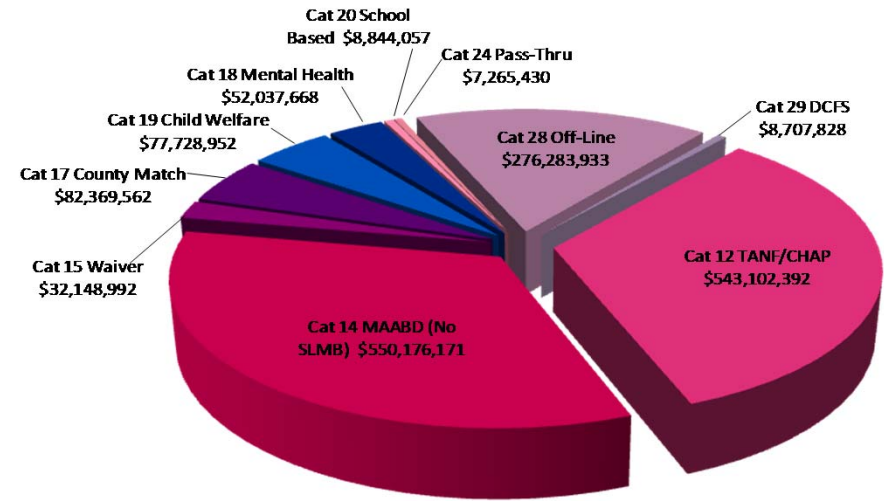
Division of Health Care Financing and Policy

Medicaid Medical and Administration Expenditures

SFY 2012



Total Computable Spend: \$1,719,121,821



Total Medical Spend: \$1,638,664,986

ADMIN OTHER \$19,813,049	Medical	\$ 1,638,664,986	95.32%
	Division of Health Care and Financing Operations	\$ 37,235,516	2.17%
	Division of Health Care and Financing Fiscal Agent	\$ 23,408,270	1.36%
	Mental Health & Development Services	\$ 201,149	0.01%
	Division of Welfare and Supportive Services	\$ 14,294,946	0.83%
	Division of Aging Admin	\$ 2,798,517	0.16%
	Targeted Case Management Association	\$ 856,934	0.05%
	Division of Child and Family Services	\$ 435,561	0.03%
	Health Division Admin	\$ 1,077,845	0.06%
	Director's Office	\$ 93,716	0.01%
	Department of Administration	\$ 20,581	0.00%
	Transfer to Legislative Counsel Bureau	\$ 33,800	0.00%
	TOTAL	\$ 1,719,121,821	100.00%

Division of Health Care Financing and Policy

Priorities and Performance Based Budgeting (PPBB)

Educated and Healthy Citizenry

DHCFP Core Objectives

- **Medical Services Reimbursement**

Medicaid is the largest program providing medical and health-related services to America's poorest people. Mandatory services are required as part of the federally-approved Medicaid program. This activity oversees Medicaid payments for medical services.

- **Care Management**

The Care Management Organization (CMO) program provides additional coordination of medical and behavioral health services for targeted recipients in the Nevada Medicaid Fee-For-Service program (FFS). It does not perform actual medical services for enrollees. CMO enrollees are not to receive fewer services than they would under regular FFS.

- **Health Care Transparency**

The division worked in partnership with Nevada's Center for Health Information and Analysis (CHIA) to develop the website, called Nevada Compare Care. CHIA is a research center at the University of Nevada Las Vegas under the Dean of Community Health Sciences and maintains a state mandated inpatient hospital claims database.

- **Fraud, Waste and Abuse**

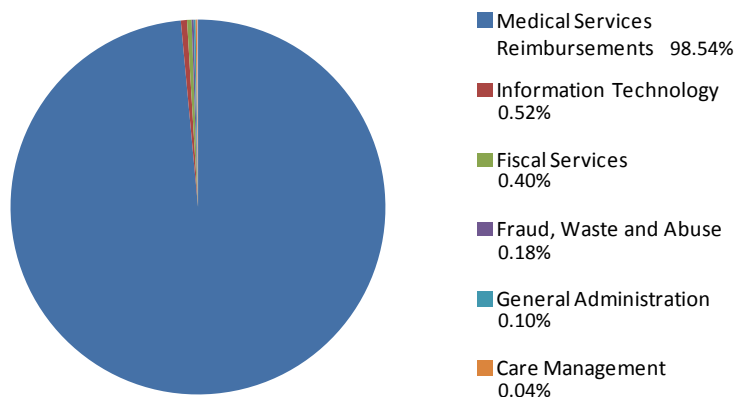
This activity identifies Medicaid provider fraud, waste and abuse using staff and contractors. Providers are selected for review based upon complaints, referrals, fraud detection, and other analysis. Cases suspected of fraud are referred to the Attorney General's Office. Fraud and abuse by Medicaid recipients is handled by the Welfare Division.

Division of Health Care Financing and Policy

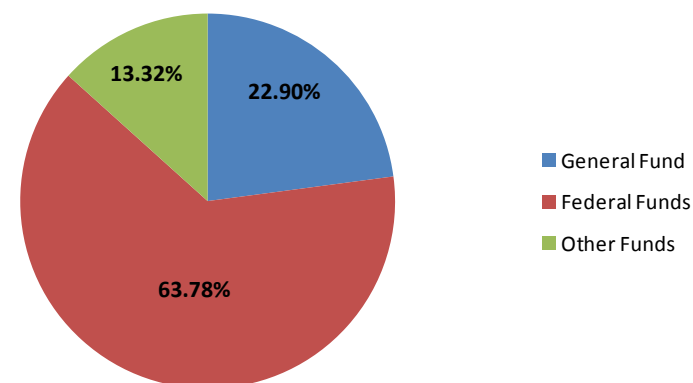
Priorities and Performance Based Budgeting (PPBB)

Activities	SFY14 SGF	SFY14 Other	SFY 14 Total Funding by Activity	SFY15 SGF	SFY15 Other	SFY15 Total Funding by Activity	SFY14 FTEs	SFY15 FTEs
Medical Services Reimbursements	\$543,622,202	\$1,451,101,930	\$1,994,724,132	\$599,590,977	\$1,958,208,427	\$2,557,799,404	186.68	186.64
Information Technology	\$3,111,182	\$12,527,445	\$15,638,627	\$2,954,112	\$11,630,522	\$14,584,634	33.26	33.26
Fiscal Services	\$2,399,991	\$151,371,174	\$153,771,165	\$2,278,917	\$8,972,211	\$11,251,128	25.68	25.67
Fraud, Waste and Abuse	\$1,066,721	\$4,295,064	\$5,361,785	\$1,012,852	\$3,987,528	\$5,000,380	11.40	11.40
General Administration	\$977,740	\$3,937,186	\$4,914,926	\$928,407	\$3,655,345	\$4,583,752	10.45	10.45
Care Management	\$622,210	\$2,505,411	\$3,127,621	\$590,871	\$2,326,129	\$2,917,000	6.65	6.65
Personnel and Payroll	\$266,680	\$1,073,766	\$1,340,446	\$253,213	\$996,912	\$1,250,125	2.85	2.85
Health Care Transparency	\$254,546	\$0	\$254,546	\$254,552	\$0	\$254,552	0.54	0.58
Pass Through	\$0	\$142,392,881	\$142,392,881	\$0	\$151,816,836	\$151,816,836	0.00	0.00
SFY Totals	\$552,321,272	\$1,769,204,859	\$2,321,526,131	\$607,863,901	\$2,141,593,910	\$2,749,457,811	277.51	277.50

Division Biennium SGF by Activity



Division Biennium Total by Funding



Federal Medical Assistance Percentage (FMAP) Blended
 2014 = 62.26% 2015 = 63.54%

Division of Health Care Financing and Policy

Budget Highlights – G01

Information Technology

- Planning to replace the Medicaid Management Information System (MMIS); Contract funding to program MMIS to interface with the Health Information Exchange; Transformed Medicaid Statistical Information System.
 - MMIS Replacement Technology Information Request (TIR)
 - Phase I Study – MITA Self –Assessment (Approved by 2007 Legislature, completed in 2009)
 - Phase II Planning SFY14-15 – Requirements gathering and validation/preparation of phase III documents (TIR, Advanced Planning Documents (APD) and RFP)
 - BA 3158 E580 SGF \$887,683
 - Health Information Exchange (HIE) Connection
 - BA 5158 M748 SGF \$685,758
 - Transformed Medical Statistical Information System (TMSIS)
 - BA 3158 M517 SGF \$469,667
 - ACA Impact on MMIS Dec Unit M742
 - Mandatory Changes to MMIS to comply with the Patient Protection and Affordable Care Act (ACA) of 2010
 - BA 3158 M742 SGF \$1,627,433
 - Business Operations Solution (BOS)
 - Support Expenditures Associated with the Silver State Health Insurance Exchange (SSHIX)
 - Eligibility Determination Expenditures Between Medicaid, CHIP and Exchanges
 - BA 3158 M749 SGF \$611,948

Division of Health Care Financing and Policy

Budget Highlights – G01

Affordable Care Act (ACA) Mandatory and Newly Eligible Caseload Increases

- The expansion of Medicaid under ACA covers approximately 78,000 new lives. ACA mandate for health insurance increases Medicaid by an additional 68,000 lives.
 - Newly Eligible 138% FPL BA 3243 E740 Federal Funds - \$390,595,986
 - Mandatory Group BA 3178/3243 M740 SGF - \$70,148,155
 - NV Check Up to Medicaid BA 3178/3243 M740 SGF - \$6,604,253

Primary Care Physician (PCP)

- Due to ACA mandate, Medicaid Primary Care Physician reimbursement rates increase in 2013 and 2014 to Medicare rates, is 100% federally funded for 18-months. General fund is needed for the remaining six months and for the increase in Nevada Check Up.
 - Medicaid Primary Care Physician (PCP) Rate Increase BA 3243 M744 Federal Funds - \$66,970,280
 - Medicaid Primary Care Physician (PCP) Rate Increase BA 3243 E744 SGF - \$8,900,989
 - NV Check Up PCP Rate Increase BA 3178 E744 SGF - \$783,130

Cost Sharing

- Additional proposed cost sharing method to Medicaid recipients to promote recipient accountability for medical expenditures.
 - Medicaid Recipient Cost Sharing
 - BA 3158 E235 SGF - \$431,250
 - BA 3243 E235 SGF - (\$729,200)
 - Net SGF - (\$297,950)

Division of Health Care Financing and Policy

Budget Highlights – G01

Waiver Slots

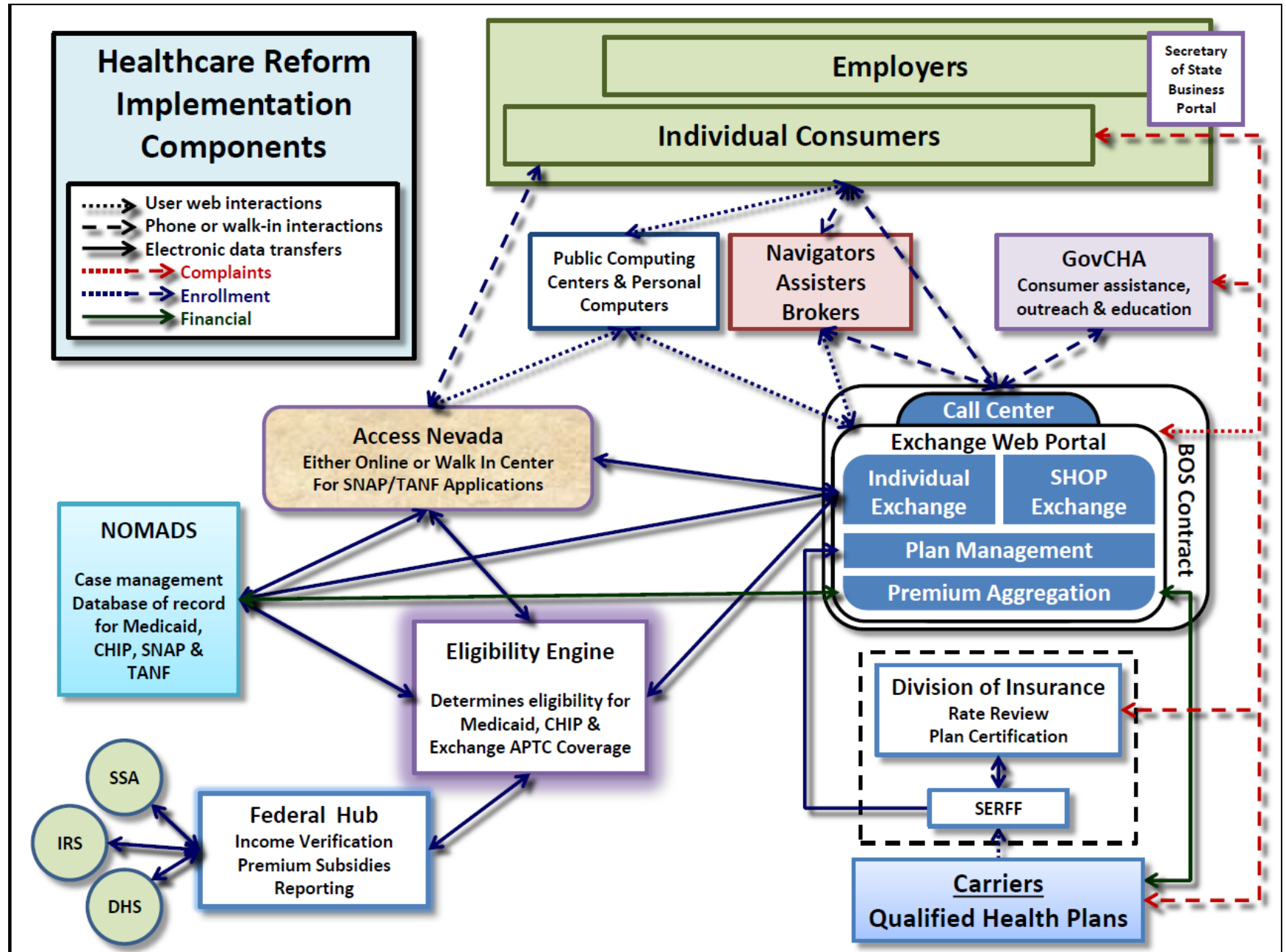
- Expansion of waiver slots will allow an additional 542 Nevadans access to one of three Home and Community Based Waivers and an alternative to in-patient long-term care facilities.
 - Mental Retardation and Related Conditions (MRRC) BA 3243 M511 250 *New Slots* SGF \$278,407
 - Waiver for Independent Nevadans (WIN) BA 3243 M512 175 *New Slots* SGF \$1,944,398
 - Community Home –Based Initiative Program (CHIP) BA 3243 M514 117 *New Slots* SGF \$578,307

Nevada Check Up (NCU) Eligibility Staff Transfer

- Transfer of Eligibility staff from the DHCFP to Division of Welfare and Supportive Services (DWSS) creating a one-stop eligibility shop model and making it easier for residents to access public programs.
 - Transfer of NCU Staff to DWSS BA 3178 E906 SGF (\$704,520)

Division of Health Care Financing and Policy

One-Stop Eligibility Model



Division of Health Care Financing and Policy

Budget Account Summary SFY 14 - 15

BA	Budget Account Name	SFY 14				SFY 15			
		General Fund	Other Funds	Total	# of FTE	General Fund	Other Funds	Total	# of FTE
3157	Intergovernmental Transfer	-	112,345,141	112,345,141	-	-	120,512,322	120,512,322	-
3158	Medicaid Administration	25,955,691	105,627,572	131,583,263	277.51	24,645,880	98,290,358	122,936,238	277.51
3160	Increased Quality of Nursing Care	900,000	30,047,740	30,947,740	-	900,000	31,304,514	32,204,514	-
3178	Nevada Check Up	9,707,565	31,145,004	40,852,569	-	9,481,729	31,895,214	41,376,943	-
3243	Nevada Medicaid	516,658,615	1,491,152,304	2,007,810,919	-	573,737,689	1,860,847,930	2,434,585,619	-
	TOTAL	553,221,871	1,770,317,761	2,323,539,632	277.51	608,765,298	2,142,850,338	2,751,615,636	277.51

Division of Health Care Financing and Policy

FTE Summary

3158 DHCFP Administration - G01

		FY 12	FY 13	FY 14	FY 15
Base		262.51	262.51	262.51	262.51
M747 ACA New Staf and Organization	PO (1), SSPS II (1), ASO II (1)			3	3
E225 IT Administrative Assistant III	Administrative Assistant III (1)			1	1
E229 Recovery Unit	MA I (1), MA II (1)			2	2
E231 Compliance Hearings Unit	SSPS II (1), AA II (1)			2	2
E580 MMIS Replacement	MA III (1)			1	1
E900 IT SSHIX Development from DWSS	PO I (1), MA IV (1), BPA III (2)			4	4
E901 NV Check Up Staff	SSPS II (1), MA II (1), AA II (1)			3	3
E903 NV Check Up Chief to DWSS	SSC III (-1)			-1	-1
3158 DHCFP Administration TOTAL		262.51	262.51	277.51	277.51

3178 Nevada Check Up - G01

		FY 12	FY 13	FY 14	FY 15
Base		25.51	25.51	25.51	25.51
E901 NV Check Up Staff	SSPS II (-1), MA II (-1), AA II (-1)			-3	-3
E906 NV Check Up Eligibility to DWSS	Nevada Check Up Eligibility (-22.51)			-22.51	-22.51
3178 Nevada Check Up TOTAL		25.51	25.51	0	0

	FY 12	FY 13	FY 14	FY 15
Division of Healthcare Financing and Policy Totals	288.02	288.02	277.51	277.51

Division of Health Care Financing and Policy

Decision Unit Summary - G01

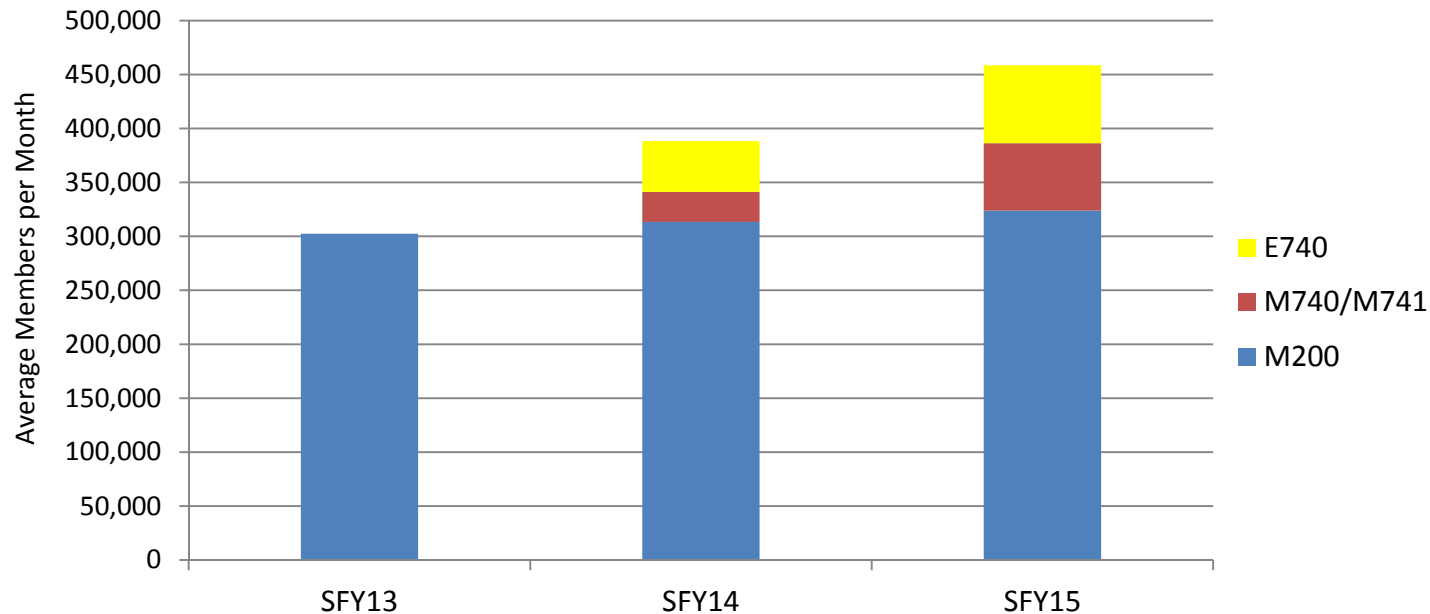
Status	BA	Decision Unit	Purpose	SFY 14					SFY 15				
				General Fund	Fed Funds	Other Funds	Total	# of FTE	General Fund	Fed Funds	Other Funds	Total	# of FTE
Complete	3157	B000	Base - IGT	-	-	152,269,914	152,269,914	-	-	-	152,269,914	152,269,914	-
Complete	3157	E740	Newly Eligibles 138% Expansion	-	-	2,023,692	2,023,692	-	-	-	6,307,476	6,307,476	-
Complete	3157	M150	Adjustments to Base	-	-	(41,948,465)	(41,948,465)	-	-	-	(38,065,068)	(38,065,068)	-
			Total BA 3157	-	-	112,345,141	112,345,141	-	-	-	120,512,322	120,512,322	-
Complete	3158	B000	Base - Medicaid Administration	19,762,821	61,127,381	4,169,341	85,059,543	262.51	19,988,948	61,375,104	4,326,096	85,690,148	262.51
Complete	3158	M100	Statewide Inflation	14,820	371,920	-	386,740	-	8,108	165,856	-	173,964	-
Complete	3158	M101	Agency Specificity Inflation	(868,166)	(2,817,115)	-	(3,685,281)	-	(1,110,835)	(3,583,403)	-	(4,694,238)	-
Complete	3158	M150	Adjustments to Base	429,412	15,313,636	(187,353)	15,555,695	-	(130,135)	8,195,402	(187,353)	7,877,914	-
Complete	3158	M200	Demographic/Caseload Changes	2,497,815	-	7,198,205	9,696,020	-	2,927,280	-	8,453,015	11,380,295	-
Complete	3158	M300	Fringe Benefit Rate Adjustment	(513)	(552)	(4)	(1,069)	-	224,369	276,124	2,109	502,602	-
Complete	3158	M502	Log Management	23,450	23,450	-	46,900	-	4,000	4,000	-	8,000	-
Complete	3158	M503	IT Security Assessments	40,000	40,000	-	80,000	-	-	-	-	-	-
Complete	3158	M504	Two Factor Authentication	19,386	19,387	-	38,773	-	2,364	2,365	-	4,729	-
Complete	3158	M505	EHR Incentive Program Meaningful Use Audits	10,060	90,540	-	100,600	-	10,060	90,540	-	100,600	-
Complete	3158	M511	MRRC Waiver Fiscal Agent Costs	1,304	3,909	-	5,213	-	3,420	10,261	-	13,681	-
Complete	3158	M512	WIN Waiver Fiscal Agent Costs	2,701	8,105	-	10,806	-	6,974	20,923	-	27,897	-
Complete	3158	M514	DAS Waiver FA Costs	1,689	5,065	-	6,754	-	4,359	13,077	-	17,436	-
Complete	3158	M515	HSAG	74,338	223,014	-	297,352	-	62,855	188,563	-	251,418	-
Complete	3158	M517	Transformed Medical Statistical Information System	301,638	1,602,041	-	1,903,679	-	168,029	1,257,260	-	1,425,289	-
Complete	3158	M742	HCR Impact on MMIS	1,252,433	3,757,297	-	5,009,730	-	375,000	1,125,000	-	1,500,000	-
Complete	3158	M745	Provider Screening	212,564	212,565	-	425,129	-	212,564	212,565	-	425,129	-
Complete	3158	M746	CMS Acquisition Cost Outpatient Pharmaceuticals	50,000	50,000	-	100,000	-	-	-	-	-	-
Complete	3158	M747	ACA New Staff and Organization	87,122	91,466	-	178,588	3.00	104,959	111,116	-	216,075	3.00
Complete	3158	M748	HIE Connection	410,385	2,883,468	-	3,293,853	-	275,373	826,119	-	1,101,492	-
Complete	3158	M749	Business Operations Solution (BOS)	272,773	288,018	-	560,791	-	339,175	358,131	-	697,306	-
Complete	3158	E225	IT Admin Assistant III	20,539	21,624	-	42,163	1.00	25,738	27,288	-	53,026	1.00
Complete	3158	E228	Medical Coding Contract	31,200	31,200	-	62,400	-	39,000	39,000	-	78,000	-
Complete	3158	E229	Recovery Unit	53,377	56,144	-	109,521	2.00	66,376	70,306	-	136,682	2.00
Complete	3158	E230	Partner Expansion	171,839	171,839	-	343,678	-	178,464	178,464	-	356,928	-
Complete	3158	E231	Additional Hearings Resources - 2 FTEs	46,736	49,185	-	95,921	2.00	58,251	61,740	-	119,991	2.00
Complete	3158	E233	Incremental Travel & Training above base	41,057	41,057	-	82,114	-	41,057	41,057	-	82,114	-
Complete	3158	E234	Additional CHIA Funding	254,553	-	-	254,553	-	254,553	-	-	254,553	-
Complete	3158	E235	Cost Sharing	431,250	1,293,750	-	1,725,000	-	-	-	-	-	-
Complete	3158	E500	Adjustments for Transfer for E900	-	-	-	-	-	-	-	-	-	-
Complete	3158	E580	MMIS Replacement	412,153	1,236,459	-	1,648,612	1.00	475,230	1,425,692	-	1,900,922	1.00
Complete	3158	E670	2.3% Furlough + 2.5% Salary Reduction	(255,506)	(340,181)	-	(595,687)	-	(260,281)	(346,592)	-	(606,873)	-
Complete	3158	E671	Implement Salary Freeze	(128,246)	(170,132)	-	(298,378)	-	(194,666)	(258,281)	-	(452,947)	-
Complete	3158	E672	Suspend Longevity	(31,701)	(39,499)	-	(71,200)	-	(37,083)	(46,067)	-	(83,150)	-
Complete	3158	E710	Replacement Equipment	94,245	94,245	-	188,490	-	68,915	68,914	-	137,829	-
Complete	3158	E740	Newly Eligible 138% FA Costs	110,326	330,976	-	441,302	-	335,694	1,007,081	-	1,342,775	-
Complete	3158	E800	Sister Agency Cost Allocation	65,277	8,460,961	(405,148)	8,121,090	-	69,275	12,849,422	(405,148)	12,513,549	-
Complete	3158	E805	IT Position Upgrades	5,639	16,916	-	22,555	-	5,687	17,060	-	22,747	-
Complete	3158	E900	Transfer FTEs from DWSS	22,725	82,777	179,639	285,141	4.00	27,704	82,994	188,484	299,182	4.00
Complete	3158	E901	Transfer of NCU Staff & Vehicle to BA 3158	53,730	155,889	-	209,619	3.00	54,556	165,473	-	220,029	3.00
Complete	3158	E903	Transfer of NV Check Up Chief position to DWSS	(39,534)	(113,913)	-	(153,447)	(1.00)	(39,457)	(119,399)	-	(158,856)	(1.00)
			Total BA 3158	25,955,691	94,672,892	10,954,680	131,583,263	277.51	24,645,880	85,913,155	12,377,203	122,936,238	277.51

Division of Health Care Financing and Policy

Decision Unit Summary - G01

Status	BA	Decision Unit	Purpose	SFY 14					SFY 15				
				General Fund	Fed Funds	Other Funds	Total	# of FTE	General Fund	Fed Funds	Other Funds	Total	# of FTE
Complete	3160	B000	Base - Increased Quality of Nursing Care	900,000	-	27,724,611	28,624,611	-	900,000	-	27,724,611	28,624,611	-
Complete	3160	M150	Adjustments to Base	-	-	2,323,129	2,323,129	-	-	-	3,579,903	3,579,903	-
			Total BA 3160	900,000	-	30,047,740	30,947,740	-	900,000	-	31,304,514	32,204,514	-
Complete	3178	B000	Base - Nevada Check Up	8,194,229	25,641,184	2,414,165	36,249,578	25.51	7,906,212	25,978,091	2,414,165	36,298,468	25.51
Complete	3178	M100	Statewide Inflation	(1,140)	(3,174)	-	(4,314)	-	(238)	(5,410)	-	(5,648)	-
Complete	3178	M101	Agency Specific Inflation	(270,758)	(754,063)	-	(1,024,821)	-	(152,004)	(443,620)	-	(595,624)	-
Complete	3178	M150	Adjustments to Base	627,396	789,481	(442,207)	974,670	-	626,307	796,443	(447,204)	975,546	-
Complete	3178	M200	Demographic/Caseload Changes	(125,427)	(349,314)	61,919	(412,822)	-	(129,611)	(378,280)	42,555	(465,336)	-
Complete	3178	M300	Suspend Longevity	(1,017)	(2,831)	-	(3,848)	-	12,404	36,201	-	48,605	-
Complete	3178	M740	Elig Not Enrolled	1,717,606	4,783,550	373,222	6,874,378	-	4,137,660	12,075,748	1,198,207	17,411,615	-
Complete	3178	M741	Move To Medicaid	(406,051)	(1,130,858)	(103,320)	(1,640,229)	-	(2,869,841)	(8,375,618)	(846,343)	(12,091,802)	-
Complete	3178	E670	2.3% Furlough + 2.5% Salary Reduction	(11,795)	(32,849)	-	(44,644)	-	(11,751)	(34,297)	-	(46,048)	-
Complete	3178	E671	Implement Salary Freeze	(8,664)	(24,130)	-	(32,794)	-	(12,012)	(35,056)	-	(47,068)	-
Complete	3178	E672	Suspend Longevity	(1,176)	(3,274)	-	(4,450)	-	(1,359)	(3,966)	-	(5,325)	-
Complete	3178	E744	Physicians Rate Increase	396,860	1,054,714	-	1,451,574	-	386,270	1,127,330	-	1,513,600	-
Complete	3178	E901	Transfer of NCU Staff & Vehicle to BA 3158	(53,730)	(155,889)	-	(209,619)	(3.00)	(54,556)	(165,473)	-	(220,029)	(3.00)
Complete	3178	E906	Transfer of NCU Staff to DWSS	(348,768)	(971,322)	-	(1,320,090)	(22.51)	(355,752)	(1,038,259)	-	(1,394,011)	(22.51)
			Total BA 3178	9,707,565	28,841,225	2,303,779	40,852,569	-	9,481,729	29,533,834	2,361,380	41,376,943	-
Complete	3243	B000	Base	415,679,986	1,014,788,584	208,196,416	1,638,664,986	-	398,800,334	1,031,668,237	208,196,415	1,638,664,986	-
Complete	3243	M101	Agency Specific Inflation	(2,270,916)	8,557,809	208,491	6,495,384	-	5,991,447	15,050,435	138,645	21,180,527	-
Complete	3243	M150	Adjustments to Base	35,408,082	41,853,672	(37,897,977)	39,363,777	-	31,989,477	54,134,101	(32,933,250)	53,190,328	-
Complete	3243	M200	Demographic/Caseload Changes	49,695,242	82,401,273	(244,893)	131,851,622	-	72,705,467	127,066,872	(20,057)	199,752,282	-
Complete	3243	M511	Additional MRRC Waiver Slots	72,745	1,427,078	-	1,499,823	-	205,662	5,091,651	-	5,297,313	-
Complete	3243	M512	Additional WIN Waiver Slots	540,346	891,413	-	1,431,759	-	1,404,052	2,446,886	-	3,850,938	-
Complete	3243	M514	DAS CHIP Waiver Slots	153,137	252,631	-	405,768	-	425,170	740,957	-	1,166,127	-
Complete	3243	M740	Currently Eligible Not Enrolled	16,011,221	26,413,847	-	42,425,068	-	48,281,668	84,141,995	-	132,423,663	-
Complete	3243	M741	CHIP to Medicaid	2,000,998	5,572,802	-	7,573,800	-	7,879,147	22,995,253	-	30,874,400	-
Complete	3243	M744	Physicians Rate Increase	-	41,834,979	-	41,834,979	-	-	25,135,302	-	25,135,302	-
Complete	3243	E235	Cost Sharing	-	-	-	-	-	(729,200)	(1,270,800)	-	(2,000,000)	-
Complete	3243	E740	Newly Eligible 138%	(632,226)	94,872,487	2,023,692	96,263,953	-	(2,116,524)	295,723,499	6,307,476	299,914,451	-
Complete	3243	E744	Physicians Rate Increase Continued	-	-	-	-	-	8,900,989	16,208,185	26,128	25,135,302	-
			Total BA 3243	516,658,615	1,318,866,575	172,285,729	2,007,810,919	-	573,737,689	1,679,132,573	181,715,357	2,434,585,619	-
			TOTAL	553,221,871	1,442,380,692	327,937,069	2,323,539,632	277.51	608,765,298	1,794,579,562	348,270,776	2,751,615,636	277.51

Division of Health Care Financing and Policy Medicaid Expansion Members Eligibility



Medicaid Normal Caseload Growth (M200)

Caseload is expected to increase from 302,491 average members per month in FY13 to 313,388 members per month in FY14 (3.60% increase over FY13) and to 323,882 members per month in FY15 (3.35% increase over FY14).

Mandatory and Nevada Check UP to Medicaid Caseload (M740 & M741)

- 52,702 members at the end of FY14 (average members per month 27,829) to 68,181 members at the end of FY15 (average members per month 62,512).

Optional Caseload (E740)

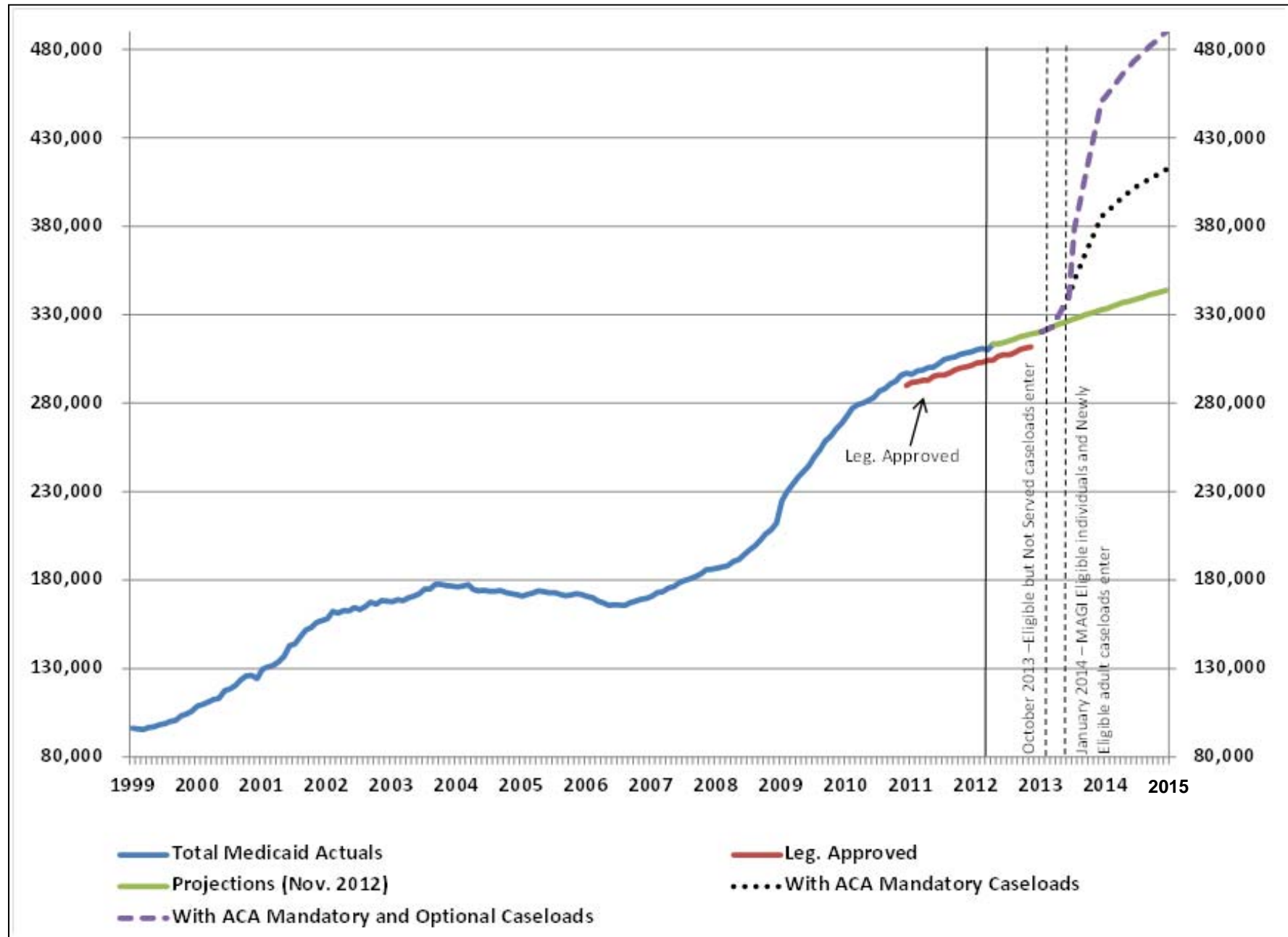
- 65,218 members at the end of FY14 (average members per month 47,102) to 78,027 members at the end of FY15 (average members per month 72,156).

Total Caseload Growth (including groups below)

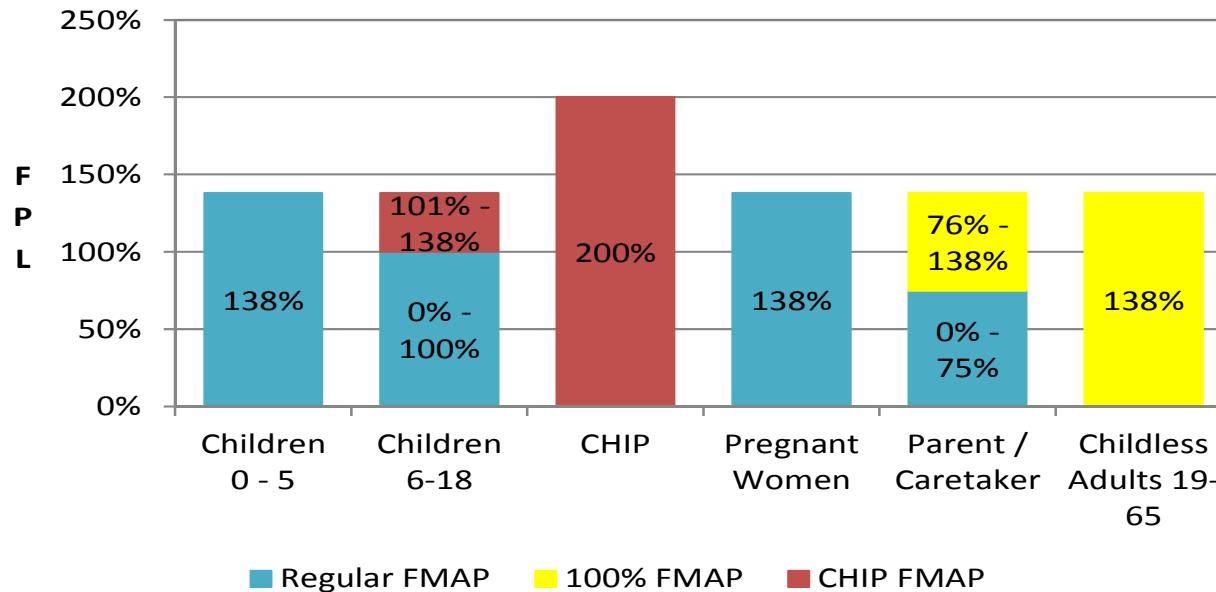
Total Medicaid caseload growth including all groups will increase by 28.38% FY 14 over FY 13 and 18.09% FY 15 over FY 14. **These amounts due not include Special Low Income Beneficiary (SLMB) where only the Medicare premium is covered.**

Division of Health Care Financing and Policy

Total Medicaid



Division of Health Care Financing and Policy Medicaid Expansion Eligibility and FMAP



2012 Federal Poverty Guidelines		
FPL	Household Size 1	Household Size 4
50%	\$5,585	\$11,525
100%	\$11,170	\$23,050
138%	\$15,415	\$31,809
150%	\$16,755	\$34,575
200%	\$22,340	\$46,100
250%	\$27,925	\$57,625

SFY	Blended Regular FMAP	Blended CHIP FMAP
2013	58.86%	71.20%
2014	62.26%	73.58%
2015	63.54%	74.48%

M200 Regular Caseload growth at the regular FMAP

M740 Mandatory Group currently eligible will apply due to mandate or will be eligible under the new MAGI rules at the regular FMAP

M741 Nevada Check Up (NCU) recipients currently eligible for NCU or will apply due to mandate moving to Medicaid at the CHIP FMAP

E740 Newly Eligible mostly childless adults or parent caretakers with income above 75% of the FPL at the 100% FMAP

Inflation factors used in the Medicaid Budget are:

2.4% HMO rate increase insurer fee assessed through ACA for SFY 2014; 1% increase in SFY 15 based on average past years.

FQHC/RHC of 2.05% in SFY 2014 and SFY 2015 based on average of past 4 years

Indian Health Services 8.79% in SFY 2014 and SFY 2015 based on average 4 years (100% federally funded)

Free Standing Hospice of 2.30% in SFY 2014 and SFY 2015 based on average 5 years

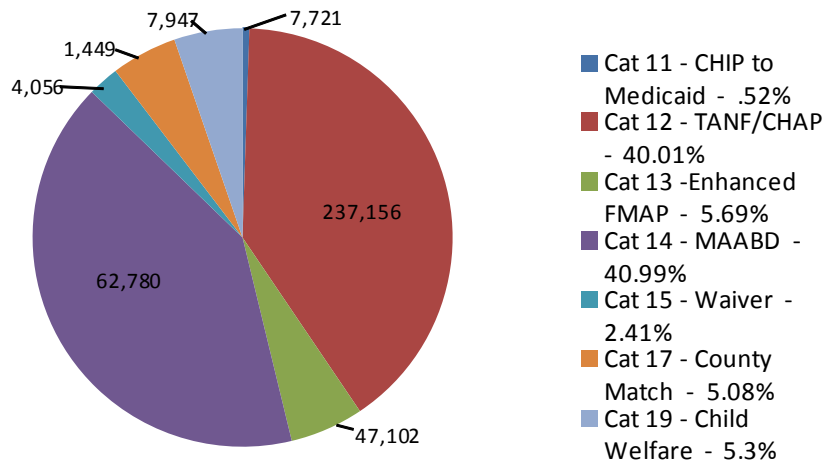
Pharmacy 3.5% in SFY 2014 and SFY 2015 based on SXC trend analysis report

Division of Health Care Financing and Policy

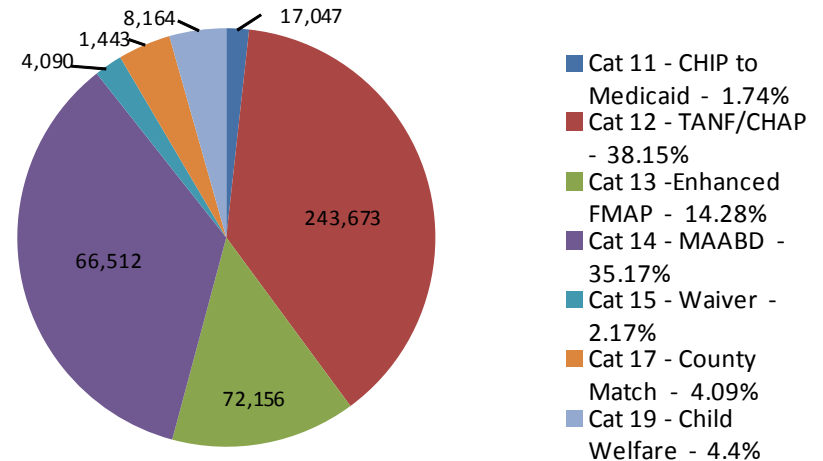
G01 Medicaid Medical Category Expenditures

Activities	SFY14 SGF	SFY14 Other	SFY 14 Total Funding	SFY15 SGF	SFY15 Other	SFY15 Total Funding
Cat 11 - CHIP to Medicaid	\$2,000,998	\$6,539,313	\$8,540,311	\$8,432,503	\$26,778,545	\$35,211,048
Cat 12 - TANF/CHAP	\$231,925,805	\$418,873,591	\$650,799,396	\$271,554,425	\$499,104,249	\$770,658,674
Cat 13 -Enhanced FMAP	\$0	\$92,576,976	\$92,576,976	\$0	\$288,419,792	\$288,419,792
Cat 14 - MAABD	\$202,199,897	\$464,556,150	\$666,756,047	\$207,270,649	\$503,280,600	\$710,551,249
Cat 15 - Waiver	\$14,666,850	\$24,580,926	\$39,247,776	\$15,964,088	\$27,940,932	\$43,905,020
Cat 17 - County Match	\$1,730,387	\$80,963,688	\$82,694,075	\$676,058	\$81,861,251	\$82,537,309
Cat 19 - Child Welfare	\$32,233,201	\$53,925,672	\$86,158,873	\$32,603,713	\$56,230,368	\$88,834,081
SFY Totals	\$484,757,138	\$1,142,016,316	\$1,626,773,454	\$536,501,436	\$1,483,615,737	\$2,020,117,173

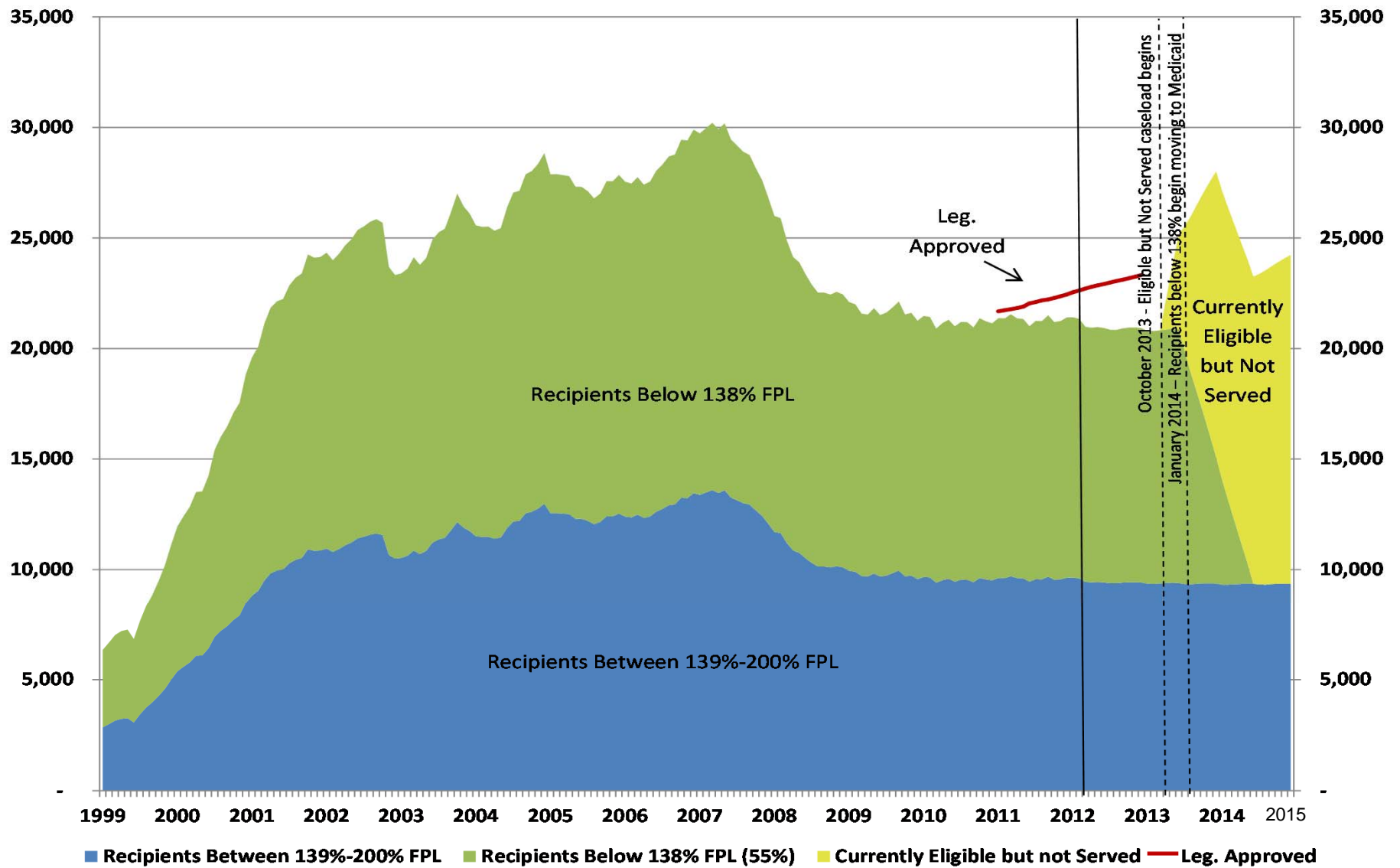
**Medicaid SFY14 Total Computable
Medical Category w/Average Members per Month**



**Medicaid SFY15 Total Computable
Medical Category w/Average Members per Month**



Nevada Check Up

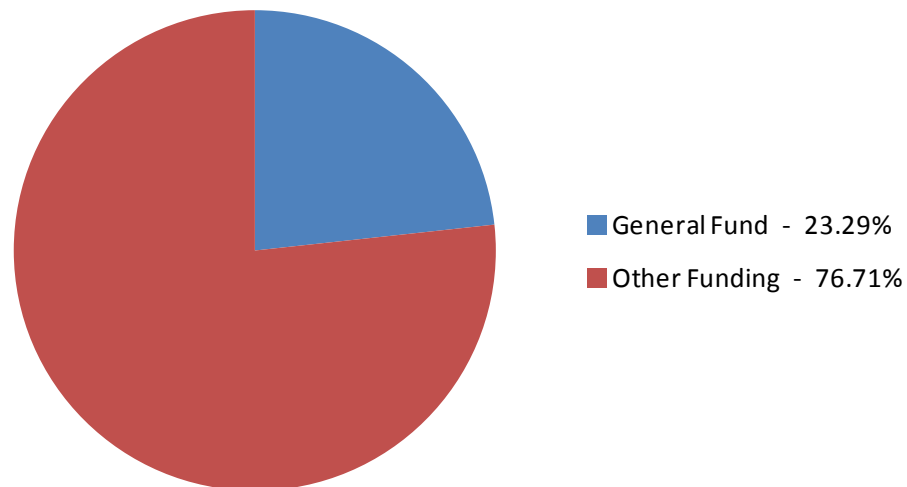


Division of Health Care Financing and Policy

G01 Check Up Medical Category Expenditures

Activities	SFY14 SGF	SFY14 Other	SFY 14 Total Funding	SFY15 SGF	SFY15 Other	SFY15 Total Funding
Cat.12 - Program Expenditures	\$9,690,479	\$29,825,169	\$39,515,648	\$9,464,245	\$30,575,777	\$40,040,022
Cat.14 - Immunizations	\$0	\$1,336,921	\$1,336,921	\$0	\$1,336,921	\$1,336,921
SFY Totals	\$9,690,479	\$31,162,090	\$40,852,569	\$9,464,245	\$31,912,698	\$41,376,943

Check Up Biennium Funding by Source



Inflation – 2.4% HMO rate increase insurer fee assessed for FY 14, 1% HMO inflation rate for FY 15. 2.30% increase for Rural Health Clinics for the biennium.

Caseload – Normal Caseload Growth Monthly Average FY 2013 – 20,981
 FY 14 Monthly Average 20,819 (.77%)
 FY 15 Monthly Average FY 15 20,756 (.30%)

Net of Mandatory & CHIP to Medicaid (M740 & M741)
 FY 14 Monthly Average 3,710
 FY 15 Monthly Average 3,743

Overall increase/decrease
 FY 14 over FY 13 = 16.92% increase
 FY 15 over FY 14 = (.13%) decrease

Division of Health Care Financing and Policy

BA 3157 Inter-Governmental Transfer

Upper Payment Limit (UPL)

- The UPL Supplemental Payment programs pay the gap between Medicaid reimbursement and the Medicare rate.

Public Hospitals for In-Patient Services

Public Hospitals for Out-Patient Services

Graduate Medical Education (GME)

University of School of Medicine (UNSOM)

Disproportionate Share Hospital (DSH)

- DSH pays for uncompensated care to hospitals for in-patient hospital services.

The Division receives a State Net Benefit to administer the programs:

Example: Total DSH payments to hospitals in SFY 2012 was \$85 million; IGT received is 70% of total payments = \$60 million; Non-federal share of DSH expenditures (at an FMAP rate of 55.05%/SMAP rate of 44.95%) \$38.5 million; State Net Benefit (IGT minus State's Share = SNB) \$21.5 million.

ACA provides that there will be reductions in DSH allotments beginning in 2014. The unknown that states are facing is the methodology that the Federal Secretary of Health and Human Services will use to reduce each State's allotment.

Division of Health Care Financing and Policy

BA 3157 – Inter-Governmental Transfer

BA 3157 - Intergovernmental Transfer State Net Benefit for DSH and UPL										
Other Hospitals	Other Hospitals									
	SFY 14					SFY 15				
	Total Pymnt	IGT (Excluding UMC)	State Share	*State Net Benefit	**Hospital Net Benefit (Excluding UMC)	Total Pymnt	IGT (Excluding UMC)	State Share	*State Net Benefit	**Hospital Net Benefit (Excluding UMC)
UPL - Public O/P	2,223,383	1,334,030	839,105	494,925	889,353	2,452,866	1,471,720	894,315	577,405	981,146
UPL- Public I/P	1,293,009	487,982	487,982	0	805,027	1,426,464	520,089	520,089	0	906,375
DSH	8,383,477	1,465,996	3,163,924	(1,697,928)	6,917,481	8,097,186	1,415,933	2,952,234	(1,536,301)	6,681,253
Other Sub Total	11,899,869	3,288,008	4,491,011	(1,203,003)	8,611,861	11,976,516	3,407,742	4,366,638	(958,896)	8,568,774
UMC Hospital	UMC/Clark County									
	SFY 14					SFY 15				
	Total Pymnt	UMC IGT	State Share	*State Net Benefit	**UMC Hospital Net Benefit	Total Pymnt	UMC IGT	State Share	*State Net Benefit	**UMC Hospital Net Benefit
UPL - Public O/P	8,532,689	4,692,979	3,220,237	1,472,742	3,839,710	9,413,374	5,177,356	3,432,116	1,745,240	4,236,018
GME	13,223,719	7,273,045	4,990,632	2,282,413	5,950,674	14,541,329	7,997,731	5,301,769	2,695,962	6,543,598
UPL - Public I/P	69,117,777	38,014,777	26,085,049	11,929,728	14,155,321	76,251,630	41,938,397	27,801,344	14,137,053	13,664,291
DSH	66,795,790	51,527,870	25,208,731	26,319,139	15,267,920	64,514,757	49,768,226	23,522,080	26,246,146	14,746,531
UMC Sub Total	157,669,975	101,508,671	59,504,649	42,004,022	39,213,625	164,721,090	104,881,710	60,057,309	44,824,401	39,190,438
DSH- UPL Grand Total	Grand Total									
	SFY 14					SFY 15				
	169,569,844	104,796,679	63,995,660	40,801,019	47,825,486	176,697,606	108,289,452	64,423,947	43,865,505	47,759,212
All Providers/All Programs	Dec Unit E740 Newly Eligible Under ACA increase to Supplemental Payment Programs									
	Total Pymnt	IGT	State Share	*State Net Benefit	**Hospital Net Benefit	Total Pymnt	IGT	State Share	*State Net Benefit	**Hospital Net Benefit
	3,686,977	2,023,692	1,391,465	632,227	1,663,285	11,494,659	6,307,476	4,190,953	2,116,524	5,187,183
* State Net Benefit is IGT minus State Share. ** Hospital/UMC Net Benefit is Total Payment minus IGT.										

Division of Health Care Financing and Policy

BA 3160 – Increase Quality of Nursing Care

Provider Tax

- Provider Tax is assessed to Nursing Facilities
 - The Provider Tax is matched with federal funds
 - Supplemental Payments are made on a monthly basis to Nursing Facilities
 - A State Net Benefit is not realized through the Provider Tax Program
- ***SFY 2014 projected Provider Tax \$30 million/supplemental payments from BA 3243 \$85 million***
- ***SFY 2015 projected Provider Tax \$31 million/supplemental payments from BA 3243 \$91 million***

Division of Health Care Financing and Policy

Supplemental Appropriation

2501 - SGF Appropriation 3511 - Title XIX 4103 - County Reimbursement 4750 - Transfer from IGT 4752 - Provider Tax	Supplemental Appropriation					
	Total	2501	3511	4103	4750	4752
	(26,912,910)	(26,912,910)	(58,807,067)	(263,508)	(22,517,919)	(1,275,115)
	(58,807,067)					
	(263,508)					
	(22,517,919)					
	(1,275,115)					
	(109,776,519)	(26,912,910)	(58,807,067)	(263,508)	(22,517,919)	(1,275,115)
	(8,270,585)	(3,922,756)	(4,347,829)	2,950,058	(2,089,499)	20,189,621
	(54,608,191)	(42,249,219)	(30,459,094)			
8,327,965	3,222,591	5,105,374				
12,199,954		2,520,022				
18 - MHDS Med Payments						
19 - Child Welfare	6,450,130	2,337,978	4,112,152	(3,213,566)	(20,277,083)	(28,194,610)
20 - School Based	(594,801)		(443,464)			
24 - Pass Thru Local Govt						
28 - Offline	(73,280,991)	13,698,496	(35,294,228)			
29 - DCFS Medical Payments						
	(109,776,519)	(26,912,910)	(58,807,067)	(263,508)	(22,517,919)	(1,275,115)

Division of Health Care Financing and Policy

Letters of Intent

Division	Subject	Description	Report	Instructions Per Governor's Office	
				Provide Information	When
DHCFP	Care Management for Aged, Blind, and Disabled	Report to IFC on the development and implementation of the care management program and the General Fund savings achieved through the implementation of the program.	Quarterly, beginning October 2011	Yes - End of FY12 information	9/30/2012
DHCFP	New Positions for ACA Mandates	Requests semi-annual reports documenting the performance of the new positions, including the number of new cases investigated, clearance of the backlog of pending investigations, recoveries made as a result of the investigations performed, the number of audits performed, and corrective action recommendations made.	Semi-Annual, beginning January 2012	Yes - End of FY12 information	9/30/2012
DHCFP	UPL - Private Hospitals	Instructs DHCFP to report to IFC on the status of the State Plan Amendment to expand the UPL program to include private hospitals and the state benefit resulting from the program expansion.	Semi-Annual, beginning January 2012	Yes	Semi-annual

Non-Budget BDR Summary

<u>BDR#</u>	<u>DOA#</u>	<u>DHHS#</u>	<u>Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
			Division of Welfare and Supportive Services (DWSS)	422.042 – 422.29308 422A.065 – 422A.360	Revise NRS 422 Health Care Finance and Policy and NRS 422A Welfare and Supportive Services to appropriately reflect the responsibilities of each Division and update outdated language.	