Steve Sisolak Governor



Richard Whitley Director

State of Nevada Department of Health and Human Services

2022-2023 Governor Recommends Budget

Pre-Session Budget Hearing Division of Health Care Financing & Policy

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



DHCFP Vision and Mission

Vision: A Healthier Nevada

Mission: 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.

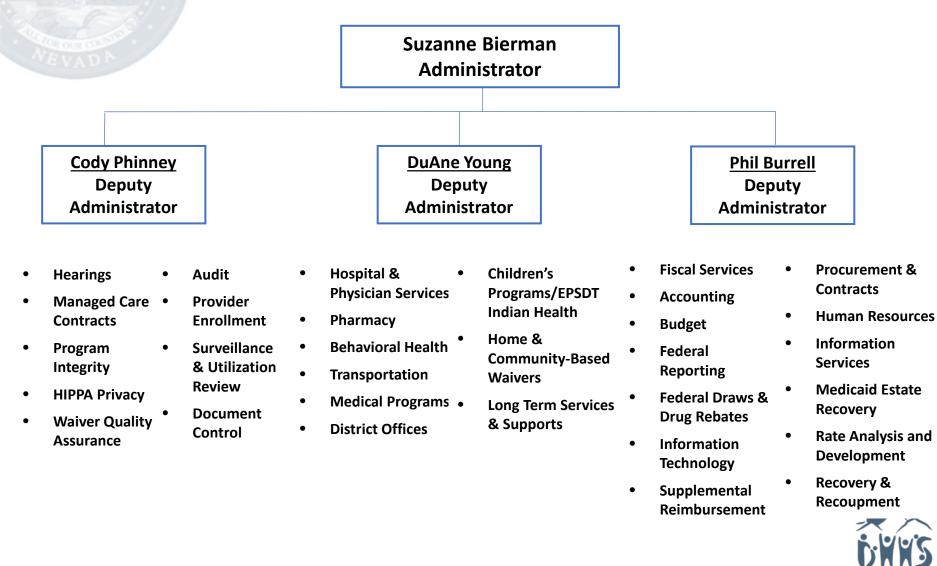


Division Priorities

- Promote health **coverage** for all Nevadans.
- Increase access to and use of primary care and preventive services.
- Improve the quality of and access to behavioral health services available to members.
- Ensure all pregnant women, children and parents have the support they need for a **strong start.**
- Plan to support **healthy aging** for Nevadans.
- Develop a comprehensive strategy for **prescription drugs** coverage and pricing.



Organizational Chart



Summary of Operations

- Work in partnership with the Centers for Medicare & Medicaid Services (CMS) to provide quality health care.
- Administer Medicaid and Nevada Check Up (CHIP).
- Pay monthly premiums to contracted Managed Care Organizations (MCOs) in urban areas and feefor-service payments to providers in rural areas.
- Serve the state's low income and vulnerable populations.



Medicaid Impact

1 in 4	Nevadans covered by Medicaid
128,139	Growth in Medicaid recipients since February 2020 (19.9%)
\$4 billion	Medicaid expenditures in SFY20 (nearly 30% of total state expenditures)
60 percent	Births in Nevada covered by Medicaid
72 percent	Medicaid recipients served through managed care
42 percent	Medicaid recipients aged 0-18
92,696	Dually eligible for Medicare and Medicaid (11%)
\$932 million	SFY19 Medicaid expenditures on individuals with disabilities
\$279 million	SFY19 Medicaid expenditures on individuals age 65+
62 percent	Medicaid covered nursing facility bed days

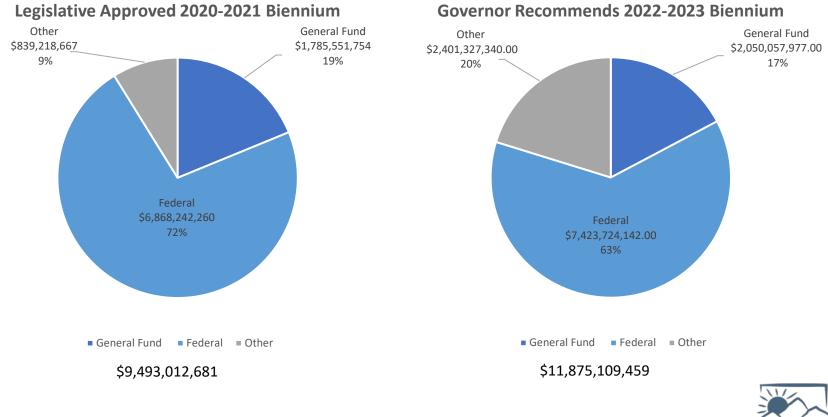


Accomplishments

- DHCFP responded to **COVID-19**-by:
 - Absorbing a **20-percent surge** in recipients.
 - Ensuring **program flexibility** in provider enrollment, telehealth, prior authorization & hearings.
 - Providing reimbursement for testing, treatment and vaccination of Medicaid recipients & testing for uninsured.
 - Leading a Hospital Discharge Placement **Strike team** to address capacity challenges.
- Providing expanded coverage choices for Medicare & Medicaid
- Developed additional services for Children in Foster Care.
- Implemented & received certification for a modernized Medicaid Management Information System (MMIS)
- Implemented a planning grant to improve provider capacity to serve substance use disorders.

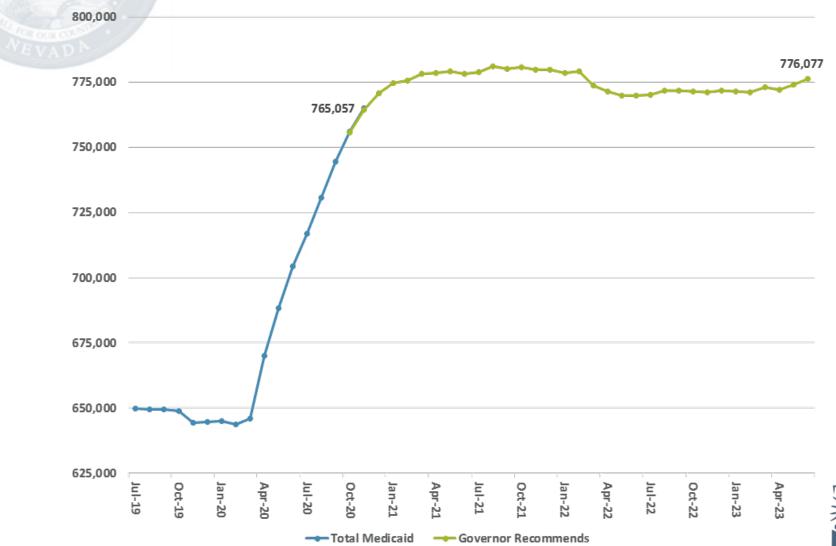


Budgeted Funding Sources 2020-21 and 2022-23 Biennium



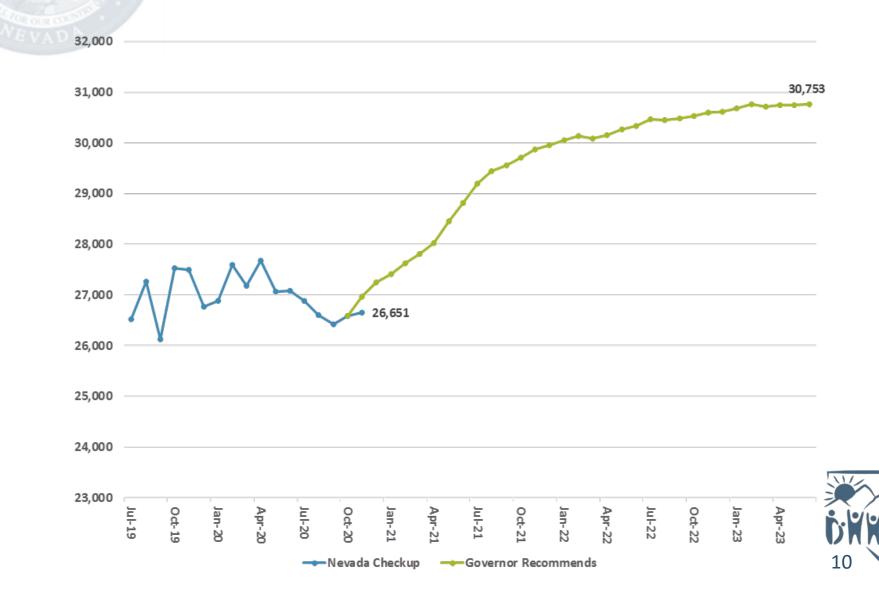


Medicaid Caseload

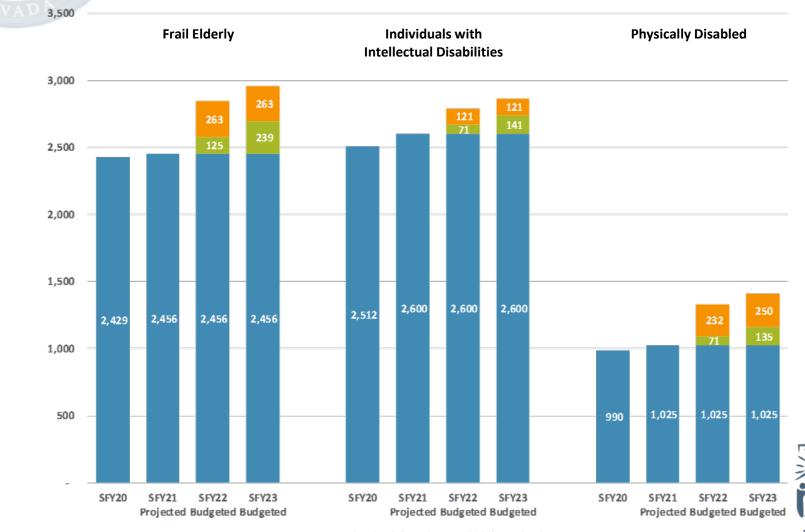


DWWS 9

Check Up Caseload



Waiver Caseloads



Base Caseload Growth

Waitlist Reduction

Blended Federal Medical Assistance Percentage (FMAP)

State Fiscal Year	FMAP	Enhanced (CHIP)	ACA Enhanced	New Eligibles	
State Fiscal fear	FINAP	FMAP	(CHIP) FMAP	FMAP	
SFY20	64.17%	74.92%	89.29%	91.50%	
SFY20 with FFCRA	67.27%	77.09%	91.46%	91.50%	
SFY21	63.46%	74.42%	77.30%	90.00%	
SFY21 with FFCRA	68.11%	77.68%	80.55%	90.00%	
SFY22	62.77%	73.94%		90.00%	
SFY23	63.77%	74.64%		90.00%	



2022-2023 Biennium Budget Account Summary

Governor Recommends Budget (G01)		Fiscal Year 2022			Fiscal Year 2023				
403	Health Care Financing and Policy	General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
3157	Intergovernmental Transfer	-	-	238,388,459	238,388,459	-	-	176,839,609	176,839,609
3158	Medicaid Administration	28,429,798	150,581,904	3,006,795	182,018,497	27,023,264	151,769,138	2,858,969	181,651,371
3160	Increased Quality of Nursing Care	-	-	45,799,309	45,799,309	-	-	48,006,697	48,006,697
3178	Nevada Check Up	13,174,656	42,435,630	3,615,748	59,226,034	14,155,038	46,800,148	3,660,288	64,615,474
3243	Nevada Medicaid	939,481,615	3,406,418,375	651,284,677	4,997,184,667	1,027,793,606	3,625,718,947	587,412,234	5,240,924,787
3245	Prescription Drug Rebate	-	-	321,167,115	321,167,115	-	-	319,287,440	319,287,440
	Total	981,086,069	3,599,435,909	1,263,262,103	5,843,784,081	1,068,971,908	3,824,288,233	1,138,065,237	6,031,325,378
					Biennial Total	2,050,057,977	7,423,724,142	2,401,327,340	11,875,109,459



Mandates

Interoperability

 This request funds the implementation of a Patient Access Application Programing Interfaces (API), Provider Directory API, and a Payer-to-Payer Data Exchange.

Electronic Visit Verification

 This request funds the addition of Home Health Care Services to the Electronic Visit Verification (EVV) System.



Position Transfers

Clinical Positions

- State Dental Officer Contract from DPBH to DHCFP.
- Senior Physician from DPBH (Senior Pharmacy Policy Advisor) to DHCFP.

Auditing Positions

• Transfers three Management Analyst positions from DHCFP to the Desert Regional Center.



Position Summary BA3158 NV Medicaid Administration

Budget	Base	Maintenance	Enhancement	Total FTE
3158 - HCF&P Administration	311.51	0	-1	310.51
Total FTE	311.51	0	-1	310.51



Budget Reductions Initiatives -Program

- Eliminate Basic Skills Training Services
- Eliminate Psychosocial Rehabilitation Services
- Eliminate Biofeedback Neurotherapy Services
- Non-Emergency Medical Transportation Rate Decrease
- Personal Care Services Program Policy Change



Budget Reduction Initiatives -Financial

- Balance Forward SFY 21 State Net Benefit
- CY 2020 Managed Care Risk Corridor
- Early Processing of July 21 Newly Eligible Capitation Payment
- CY 2021 Managed Care Non-Capitation Payments Processed in FY21



Enhancements – Program

- AB3 Rate Restorations
- Katie Beckett Program
- CCBHC Rate Setting, Quality Incentive Payment (QIP)
- IAF/County Match Program
- Directed Payment Program



Enhancements – Transparency

- Transfer Drug Rebates to BA 3245
- Pharmacy Benefit Manager
- Medical Loss Ratio Review



Enhancements – IT

- Health Information Technology
- MMIS Modernization
- T-MSIS Data Quality





Questions?



Contact Information

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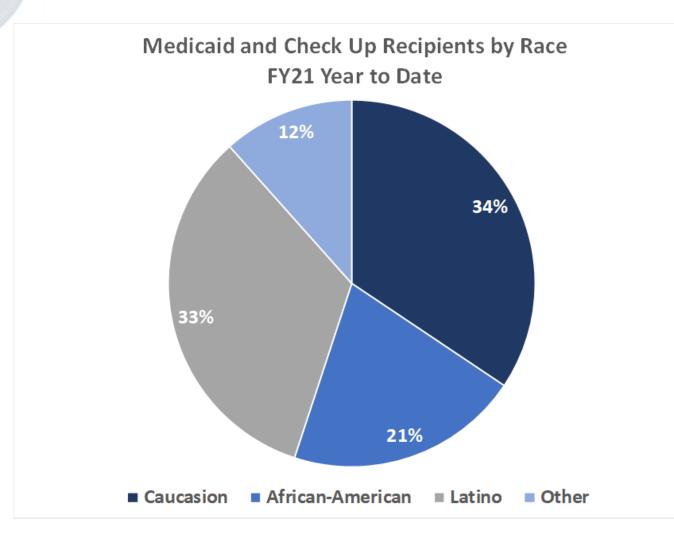
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Medicaid Demographics





Acronyms

- API: Application Programing 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
- **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

MMIS: Medicaid Management Information System

PBM: Pharmacy Benefit Manager

QIP: Quality Incentive Payment

