

**Brian Sandoval**  
*Governor*



**Richard Whitley**  
*Director*

State of Nevada  
**Department of Health and Human Services**

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2017-2019 Biennial Budget Presentation  
Division of Health Care Financing and Policy

Marta Jensen, Acting Administrator

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February 22, 2017



## Mission Statement

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.

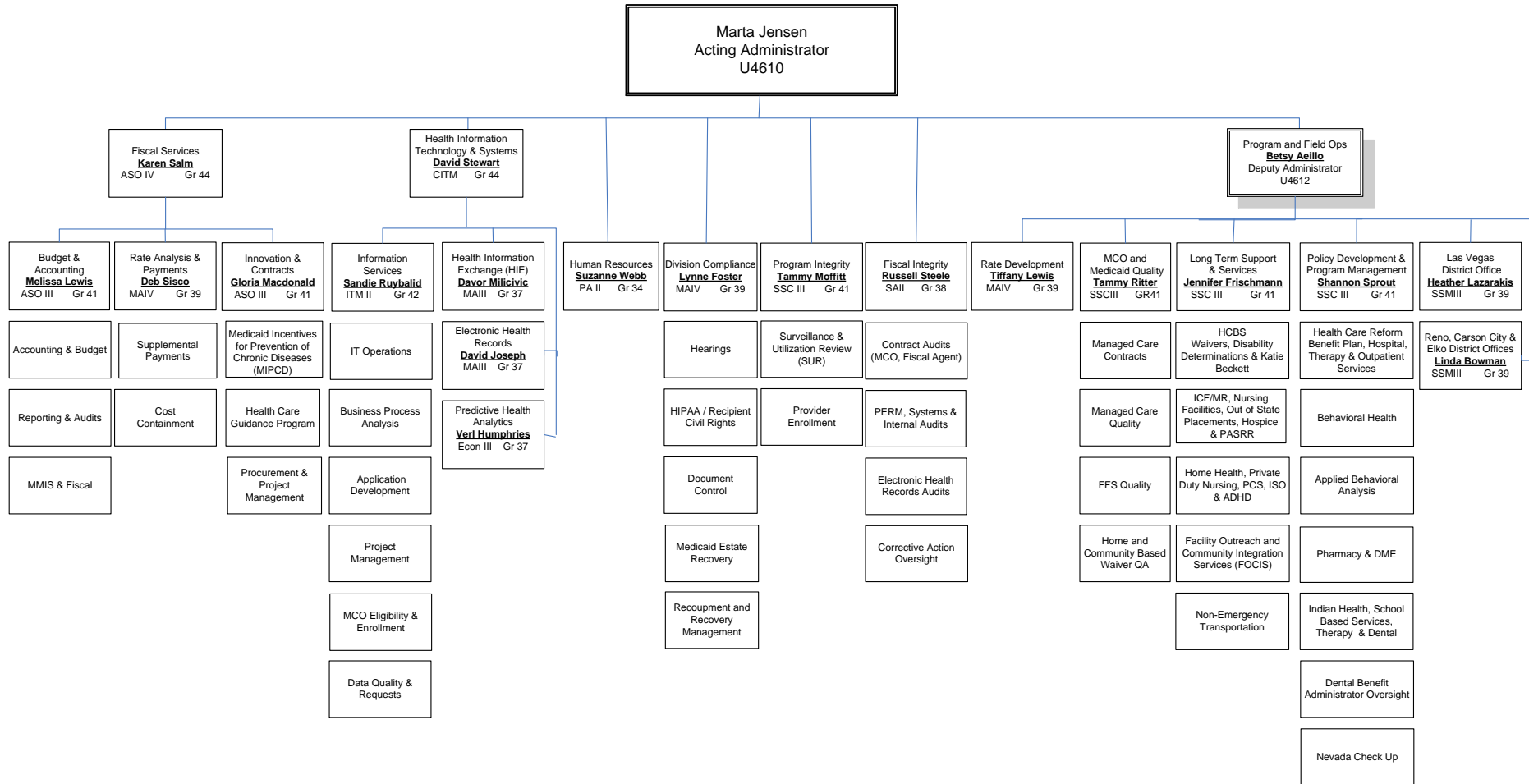
## Goals

The Division of Health Care Financing and Policy works in partnership with the [Centers for Medicare & Medicaid Services](#) (CMS) to assist in providing quality medical care for eligible individuals and families with low income and limited resources. Services are provided through a combination of traditional fee-for-service provider networks and managed care organizations.

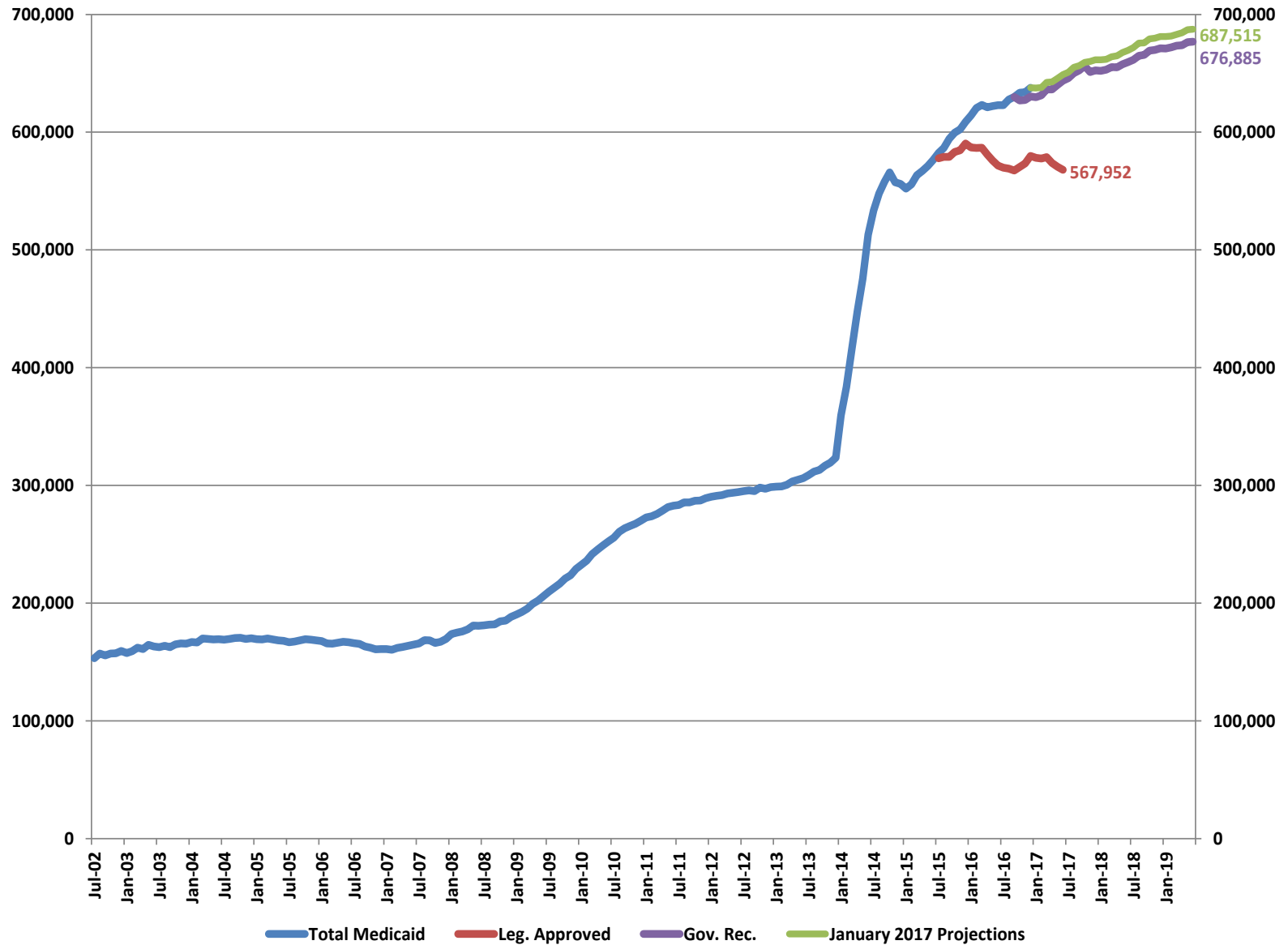
### ***Governor's Priorities and Performance Based Budget Strategic Priority – Educated and Healthy Citizenry:***

***Health Services*** - Programs and services that help Nevadans and their communities achieve optimum lifelong health, including physical, mental, and social well-being, through prevention and access to quality, affordable healthcare.

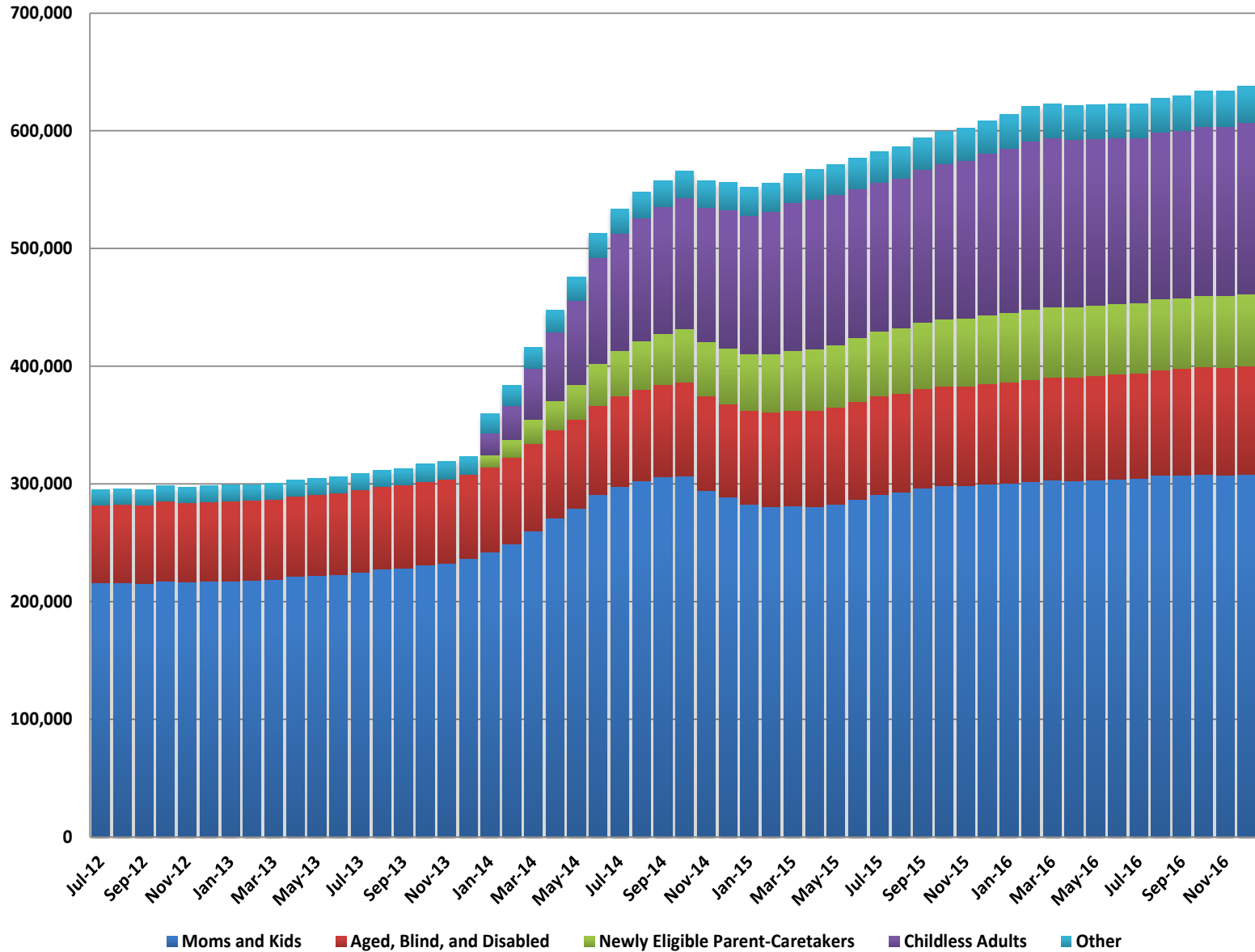
# Organizational Chart



# Medicaid Caseload



# Medicaid Caseload by Population Type



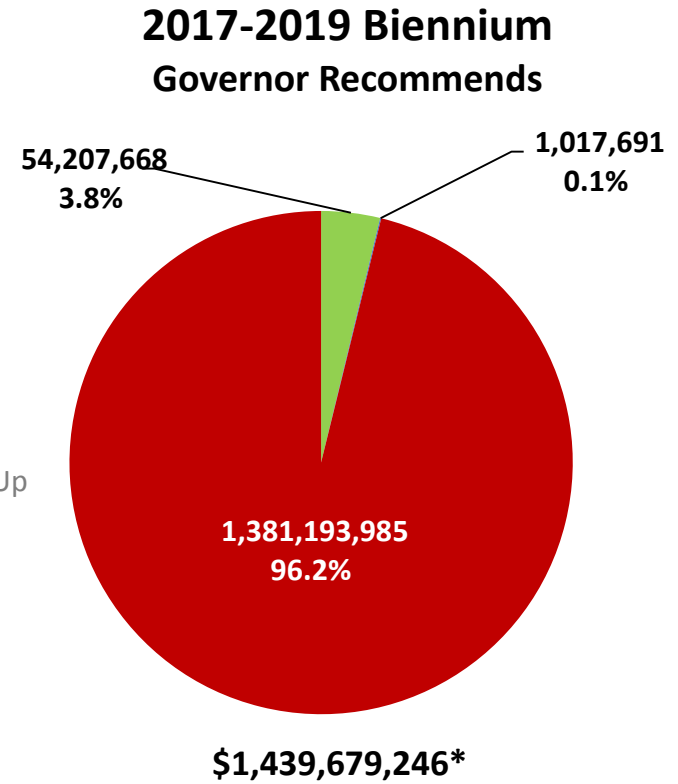
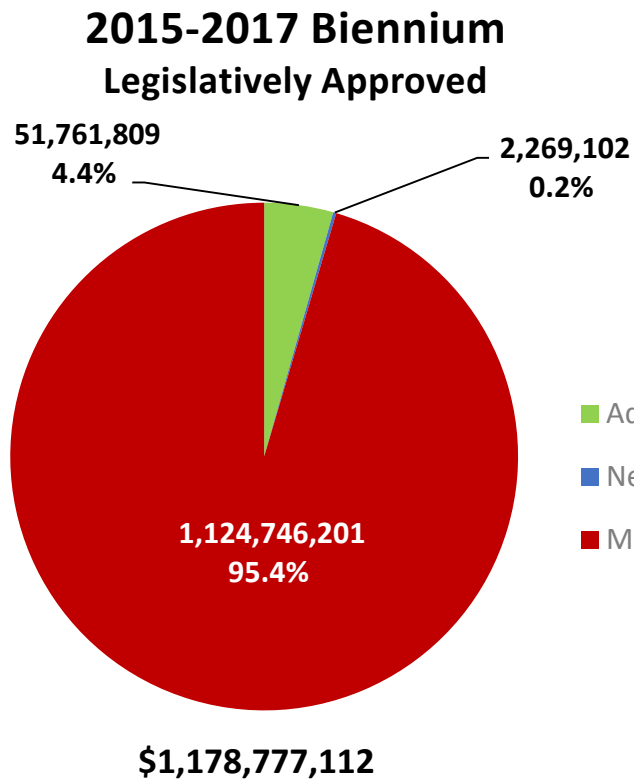
# Blended Federal Medical Assistance Percentage (FMAP)

Updated September 2016

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%	75.35%	92.60%	100.00%
FY17	64.74%	75.32%	98.32%	97.50%
FY18	65.48%	75.84%	98.84%	94.50%
FY19	65.56%	75.90%	98.90%	93.50%
FY20	64.98%	75.48%	81.23%	91.50%

*Note: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY19 through FY20 are projections.*

# General Fund Comparison by Budget Account



\* E877 Supplemental Appropriation omitted from total.



# 2017-2019 Biennium Budget Account Summary

BA	Budget Account Name	General Fund	Other Funds	Total	# of FTE	General Fund	Other Funds	Total	# of FTE
3157	Intergovernmental Transfer	-	164,306,632	164,306,632	-	-	165,956,756	165,956,756	-
3158	Medicaid Administration	29,461,880	152,462,253	181,924,133	295.51	28,005,690	143,871,299	171,876,989	295.51
3160	Increased Quality of Nursing Care	-	33,807,326	33,807,326	-	-	35,276,443	35,276,443	-
3178	Nevada Check Up	509,555	50,631,577	51,141,132	-	508,136	52,936,602	53,444,738	-
3243	Nevada Medicaid	659,743,519	2,952,104,464	3,611,847,983	-	721,450,466	3,089,335,882	3,810,786,348	-
<b>TOTAL</b>		<b>689,714,954</b>	<b>3,353,312,252</b>	<b>4,043,027,206</b>	<b>295.51</b>	<b>749,964,292</b>	<b>3,487,376,982</b>	<b>4,237,341,274</b>	<b>295.51</b>

\* BA 3158 includes G02 One Shot Appropriations

# Intergovernmental Transfer (IGT) Program

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*Budget Account 3157*

# Intergovernmental Transfer (IGT) – BA3157

Account established to receive funds provided by governmental entities to be used as the state share for a variety of supplemental payment programs. Current programs that have a State Net Benefit (SNB) are:

- Disproportionate Share Hospital (DSH),
- Graduate Medical Education (GME),
- Enhanced Managed Care Organization (MCO) Rate, and
- Public Upper Payment Limit (UPL) Programs.

Total State Net Benefit (SFY16 SNB \$43.4 million)  
SFY18 - \$49,372,743  
SFY19 - \$49,246,127

## **E277 – Clark County Voluntary Contribution Rate**

Increase the voluntary contribution rate from 47.5% to 50%

SFY18 Total Cost - \$3,478,760

State General Funds - \$0

SFY19 Total Cost - \$3,541,291

State General Funds - \$0

# Administration

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*Budget Account 3158*

# New Positions – BA3158

## **M501 – Access to Care Reviews and Reporting**

*Two Management Analyst 2 positions to fulfill new reporting and monitoring requirements for State Medicaid programs.*

SFY18 Total Cost - \$458,801

State General Funds - \$229,400

SFY19 Total Cost - \$495,450

State General Funds - \$247,725

## **M502 – Managed Care Organization (MCO) Quality**

*Three new Management Analyst positions to comply with quality reporting and monitoring regulations.*

SFY18 Total Cost - \$926,376

State General Funds - \$285,688

SFY19 Total Cost - \$273,491

State General Funds - \$136,745

## **E240 – Division of Aging and Disability Services (ADSD) Claims Review**

*One new Administrative Assistant position and three new Management Analyst positions to assist the Division of Aging and Disability Services.*

SFY18 Total Cost - \$266,480

State General Funds - \$133,240

SFY19 Total Cost - \$337,037

State General Funds - \$168,518

## New Positions – BA3158

### **E227 – Compliance Deputy**

*New Compliance Deputy position to support DHCFP activities.*

SFY18 Total Cost - \$(35,027)

State General Funds - \$(17,513)

SFY19 Total Cost - \$(11,594)

State General Funds - \$(5,797)

### **E225 – Actuary**

*New Actuary position to support DHCFP activities.*

SFY18 Total Cost - \$67,409

State General Funds - \$33,705

SFY19 Total Cost - \$306

State General Funds - \$153

### **E226 – Housing Coordinator**

*New Housing Coordinator position to support Money Follows the Person (MFP) Grant.*

SFY18 Total Cost - \$71,213

State General Funds - \$0

SFY19 Total Cost - \$89,540

State General Funds - \$0

# G02 – One Shot Appropriation

## MMIS Replacement – BA3158

Continuation and completion of Phase III of the Medicaid Management Information System (MMIS) Replacement Project.

**Phase III, Design, Development and Implementation (DDI)** – Design, development and deploy automated solutions and fiscal agent services to support the Nevada Medicaid program. Begin implementation of Medicaid Information Technology Architecture (MITA) aligned solution(s) compliant with CMS certification criteria. Final deployment is scheduled for SFY18 and CMS certification is scheduled for SFY19.

Estimated Costs Total Computable – Funding is majority 90/10 split with 10% State General Fund.

SFY18 Total Cost - \$18,291,605	State General Funds - \$2,658,832
SFY19 Total Cost - \$5,526,681	State General Funds - \$601,070

# Waiver Caseload Growth – BA3158

## **M202 – Individuals with Intellectual Disabilities (IID) Waiver Slots**

*SFY 2018 – 96 Slots*      *SFY 2019 – 110 Slots*      *Total – 206 Slots*

SFY18 Total Cost - \$8,981

State General Funds - \$2,245

SFY19 Total Cost - \$31,581

State General Funds - \$7,895

## **M203 – Frail/Elderly (FE) Waiver Slots**

*SFY 2018 – 116 Slots*      *SFY 2019 – 131 Slots*      *Total – 247 Slots*

SFY18 Total Cost - \$11,317

State General Funds - \$2,829

SFY19 Total Cost - \$40,459

State General Funds - \$10,115

## **M204 – Physically Disabled (PD) Waiver Slots**

*SFY 2018 – 24 Slots*      *SFY 2019 – 36 Slots*      *Total – 60 Slots*

SFY18 Total Cost - \$1,769

State General Funds - \$442

SFY19 Total Cost - \$9,462

State General Funds - \$2,366



# Waiver Waitlist Reduction – BA3158

## **M540 – Individuals with Intellectual Disabilities (IID) Waiver Slots**

*SFY 2018 – 106 Slots      SFY 2019 – 105 Slots      Total – 211 Slots*

SFY18 Total Cost - \$11,799

State General Funds - \$2,950

SFY19 Total Cost - \$33,581

State General Funds - \$8,395

## **M513 – Frail/Elderly (FE) Waiver Slots**

*SFY 2018 – 78 Slots      SFY 2019 – 77 Slots      Total – 155 Slots*

SFY18 Total Cost - \$8,655

State General Funds - \$2,164

SFY19 Total Cost - \$24,660

State General Funds - \$6,165

## **M514 – Physically Disabled (PD) Waiver Slots**

*SFY 2018 – 26 Slots      SFY 2019 – 27 Slots      Total – 53 Slots*

SFY18 Total Cost - \$2,954

State General Funds - \$738

SFY19 Total Cost - \$8,398

State General Funds - \$8,398

# Administration Increases – BA3158

## **M101 – Increases for Inflation**

*Agency Specific Inflation Rate Increases.*

SFY18 Total Cost - (\$92,828)

State General Funds - \$502,553

SFY19 Total Cost - (\$656,414)

State General Funds - \$ 1,588,647

## **M200 – Increases for Caseload**

*Total Medicaid and Nevada Check Up caseload is projected to increase from the legislatively approved caseload of 587,984 to 679,043 at the end of SFY17, an increase of 91,059.*

SFY18 Total Cost - \$3,955,999

State General Funds - \$1,136,029

SFY19 Total Cost - \$3,955,999

State General Funds - \$1,136,018

## **M201 – Increases for Caseload**

*Total Medicaid and Nevada Check Up caseload is projected to increase from 679,043 at the end of SFY17 to 693,287 in SFY18 and 710,006 in SFY19. This is an increase of 14,244 (2.10 percent) in SFY18 and 30,963 (4.56 percent) in SFY19.*

SFY18 Total Cost - (\$1,161,283)

State General Funds - (\$201,125)

SFY19 Total Cost - \$464,879

State General Funds - \$241,106

# Administration – BA3158

## **E671 – IT Administration**

*One grade increase for IT personnel.*

SFY18 Total Cost - \$61,259

State General Funds - \$30,629

SFY19 Total Cost - \$63,085

State General Funds - \$31,542

## **E710 – Computer Hardware Replacement**

*Replacement per EITS schedule.*

SFY18 Total Cost - \$305,266

State General Funds - \$152,633

SFY19 Total Cost - \$172,091

State General Funds - \$86,046

## **E720 – New Equipment**

*Replacement per schedule.*

SFY18 Total Cost - \$54,924

State General Funds - \$27,462

SFY19 Total Cost - \$39,744

State General Funds - \$19,873

## **E800 – Payments to Sister Agencies**

SFY18 Total Cost - \$(1,153,213)

State General Funds - \$109,853

SFY19 Total Cost - \$(296,435)

State General Funds - \$109,852

# Increased Quality of Nursing Care

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*Budget Account 3160*

# Increased Quality of Nursing Care – BA3160

The 2003 Legislature instituted a Long Term Care (LTC) provider tax on freestanding long term care facilities to increase the quality of long term nursing care in Nevada. The tax rate is based on 6% of net patient revenues. The proceeds of the tax are used to make monthly supplemental payments to skilled nursing facilities caring for Medicaid recipients.

## **SFY18**

- Projected Provider Tax - \$33,789,687
- Projected Total Computable Supplemental Payment - \$96,956,631

## **SFY19**

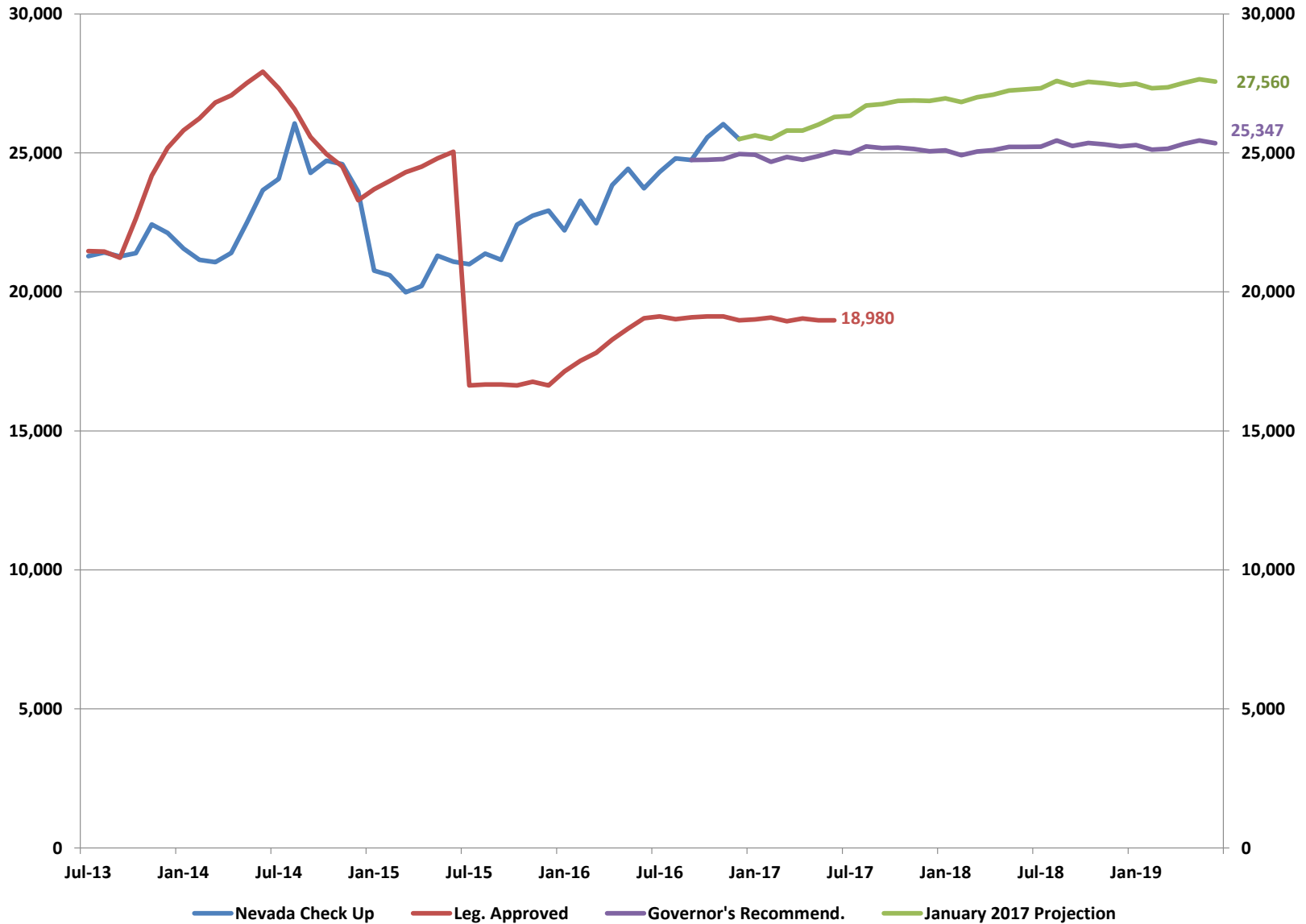
- Projected Provider Tax - \$35,258,801
- Projected Total Computable Supplemental Payment - \$101,404,921

# Nevada Check Up Program

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*Budget Account 3178*

# Nevada Check Up Caseload – BA3178



# Nevada Check Up Caseload – BA3178

## **M200 – Increases for Caseload**

*Caseload is projected to increase from the legislatively approved caseload of 18,980 to 25,048 at the end of SFY17, an increase of 6,068 (31.97 percent).*

SFY18 Total Cost - \$3,912,784

State General Funds - \$41,265

SFY19 Total Cost - \$3,912,784

State General Funds - \$38,880

## **M201 – Increases for Caseload**

*Caseload is projected to increase from 25,048 at the end of SFY17 to 25,216 in SFY18 and 25,347 in SFY19. This is an increase of 168 (0.67 percent) in SFY18 and 299 (1.19 percent) in SFY19.*

SFY18 Total Cost - \$846,760

State General Funds - \$9,821

SFY19 Total Cost - \$1,175,969

State General Funds - \$12,933



# Nevada Check Up Increases – BA3178

## **M101 – Increases**

*Mandatory increases for Nevada Check Up, Managed Care Organizations, Federally Qualified Health Centers, Rural Health Centers as well as inflations for prescription drugs.*

SFY18 Total Cost - \$2,644,235	State General Funds - \$30,673
SFY19 Total Cost - \$4,604,445	State General Funds - \$50,648

## **E290 – Pediatric Surgery Rate Increase**

*15% rate increase for pediatric surgery services.*

SFY18 Total Cost - \$22,719	State General Funds - \$263
SFY19 Total Cost - \$23,255	State General Funds - \$256

# Nevada Medicaid

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*Budget Account 3243*

# Medicaid Caseload – BA3243

## **M200 – Increases for Caseload**

*Caseload is projected to increase from 632,641 at the end of fiscal year 2016 to 684,215 at the end of fiscal year 2019, an increase of 51,574.*

SFY18 Total Cost - \$478,379,038	State General Funds - \$70,555,807
SFY19 Total Cost - \$574,792,188	State General Funds - \$102,279,149

## Rate Increases – BA3243

### **M101 – Agency Specific Inflation Rate Increases 2018 and 2019**

*2.59% each fiscal year for Managed Care Organizations. 3.6% in 2018 and 4.0% in 2019 for Pharmacy, Hospice, Rural Health Centers, and Federally Qualified Health Centers and 6.96% for Indian Health Services each fiscal year.*

SFY18 Total Cost - \$95,072,611	State General Funds - \$27,264,222
SFY19 Total Cost - \$167,344,765	State General Funds - \$45,467,522

### **M528 – Individuals with Intellectual Disabilities (IID) Waiver Supported Living Arrangement Rates**

*Federal funding to support a behavioral complex rate in ADSD budget.*

SFY18 Total Cost - \$946,448	State General Funds - \$0
SFY19 Total Cost - \$947,640	State General Funds - \$0

### **E290 – Pediatric Surgery Rates**

*15% rate increase for pediatric surgery services.*

SFY18 Total Cost - \$845,067	State General Funds - \$215,392
SFY19 Total Cost - \$945,458	State General Funds - \$240,758

# Rate Increases – BA3243

## **E275 – Adult Day Health Care Rates**

*5% rate increase for Adult Day Health Care services.*

SFY18 Total Cost - \$729,066

State General Funds - \$250,215

SFY19 Total Cost - \$742,708

State General Funds - \$254,359

## **E276 – Assisted Living Rates**

*15% rate increase for Assisted Living services, and the addition of a level 4 for the behaviorally complex patients.*

SFY18 Total Cost - \$3,140,593

State General Funds - \$1,084,133

SFY19 Total Cost - \$3,140,593

State General Funds - \$1,081,620

## **E285 – Skilled Nursing Facility & Swing Bed Rates**

*10% rate increase for Skilled Nursing Facilities and Swing Bed services.*

SFY18 Total Cost - \$11,956,865

State General Funds - \$2,663,113

SFY19 Total Cost - \$12,246,221

State General Funds - \$2,726,006

## New Services – BA3243

### **M504 – Home Health & Durable Medical Equipment (DME) Services**

*Expansion of CMS' definition of Medical Supplies, Equipment, and Appliances to include "suitable for use in any non-institutional setting in which normal life activities take place". Additional face-to-face visit to be completed allowing for a recipient to obtain medical justification for an item up to 30 days after the item has been supplied.*

SFY18 Total Cost - \$4,633,151

State General Funds - \$1,510,829

SFY19 Total Cost - \$5,516,044

State General Funds - \$1,797,890

### **M506 – Transgender Services**

*Expanded services associated with the coverage of hormone suppression, hormone therapy, and psychotherapy to include gender reassignment surgery for the transgender population.*

SFY18 Total Cost - \$620,454

State General Funds - \$181,802

SFY19 Total Cost - \$635,470

State General Funds - \$186,802

## New Services – BA3243

### **E281 – Medical Nutrition Therapy (MTN)**

*Addition of MTN services through the use of Registered Dietitians.*

SFY18 Total Cost - \$3,011,078      State General Funds - \$696,248

SFY19 Total Cost - \$3,108,753      State General Funds - \$726,391

### **E282 – Adult Podiatry**

*Addition of Adult Podiatry services.*

SFY18 Total Cost - \$269,034      State General Funds - \$71,335

SFY19 Total Cost - \$277,761      State General Funds - \$74,253

# Waiver Caseload Growth – BA3243

## **M202 – Individuals with Intellectual Disabilities (IID) Waiver Slots**

***SFY 2018 – 96 Slots***

***SFY 2019 – 110 Slots***

***Total – 206 Slots***

SFY18 Total Cost - \$1,739,358

State General Funds - \$147,442

SFY19 Total Cost - \$6,121,990

State General Funds - \$517,746

## **M203 – Frail/Elderly (FE) Waiver Slots**

***SFY 2018 – 116 Slots***

***SFY 2019 – 131 Slots***

***Total – 247 Slots***

SFY18 Total Cost - \$2,530,385

State General Funds - \$873,489

SFY19 Total Cost - \$9,039,438

State General Funds - \$3,113,182

## **M204 – Physically Disabled (PD) Waiver Slots**

***SFY 2018 – 24 Slots***

***SFY 2019 – 36 Slots***

***Total – 60 Slots***

SFY18 Total Cost - \$125,144

State General Funds - \$43,200

SFY19 Total Cost - \$672,081

State General Funds - \$231,465



# Waiver Waitlist Reduction – BA3243

## **M540 – Individuals with Intellectual Disabilities (IID) Waiver Slots**

***SFY 2018 – 106 Slots***

***SFY 2019 – 105 Slots***

***Total – 211 Slots***

SFY18 Total Cost - \$2,286,652

State General Funds - \$193,835

SFY19 Total Cost - \$6,510,469

State General Funds - \$550,601

## **M513 – Frail/Elderly (FE) Waiver Slots**

***SFY 2018 – 78 Slots***

***SFY 2019 – 77 Slots***

***Total – 155 Slots***

SFY18 Total Cost - \$1,935,503

State General Funds - \$668,136

SFY19 Total Cost - \$5,508,738

State General Funds - \$1,897,209

## **M514 – Physically Disabled (PD) Waiver Slots**

***SFY 2018 – 26 Slots***

***SFY 2019 – 27 Slots***

***Total – 53 Slots***

SFY18 Total Cost - \$209,612

State General Funds - \$ 72,358

SFY19 Total Cost - \$596,588

State General Funds - \$205,465

# Efficiencies in Government – BA3243

## **E225 – ADSD Nevada Early Intervention Services**

*Service model change where the state operated program provides eligibility, service coordination and service authorization, and contracted providers provide the therapy costs included in the Individualized Family Service Plan. (Companion to ADSD cost savings decision unit)*

SFY18 Total Cost - \$6,482,937

State General Funds - \$2,237,910

SFY19 Total Cost - \$8,027,097

State General Funds - \$2,764,533

## **E228 – ADSD Autism Treatment Assistance Program Services**

*Increased utilization of services provided are eligible for Medicaid reimbursement. (Companion to ADSD cost savings decision unit)*

SFY18 Total Cost - \$2,808,954

State General Funds - \$969,651

SFY19 Total Cost - \$3,651,641

State General Funds - \$1,257,625

## **E277 – Clark County Voluntary Contribution Rate**

*Increase the voluntary contribution rate from 47.5% to 50%. State General Funds are offset by Intergovernmental Transfer.*

SFY18 Total Cost - \$0

State General Funds - \$0

SFY19 Total Cost - \$0

State General Funds - \$0

# Bill Draft Request Summary

Budget BDR Summary			
BDR #	NRS	Description	Impact
17A4031587	422	Allow the Division to assess each health care provider group a fee to improve the quality and access to health care services in Nevada.	Loss of maximization of federal funds to support additional supplemental payment programs.

# Appendix

# Acronyms

**ABA** – Applied Behavioral Analysis

**ACA** – The Affordable Care Act

**CMS** – Centers for Medicare and Medicaid

**EPSDT** – Early Periodic Screening, Diagnostic, and Treatment

**FE** – Frail/Elderly

**FMAP** – Federal Medical Assistance Percentage

**HCBS** – Home and Community-Based Services

**HHS** – U.S. Department of Health and Human Services

**IID** – Individuals with Intellectual Disabilities

**LTSS** – Long-Term Supports and Services

**MCO** – Managed Care Organization

**MITA** – Medicaid Information Technology Architecture

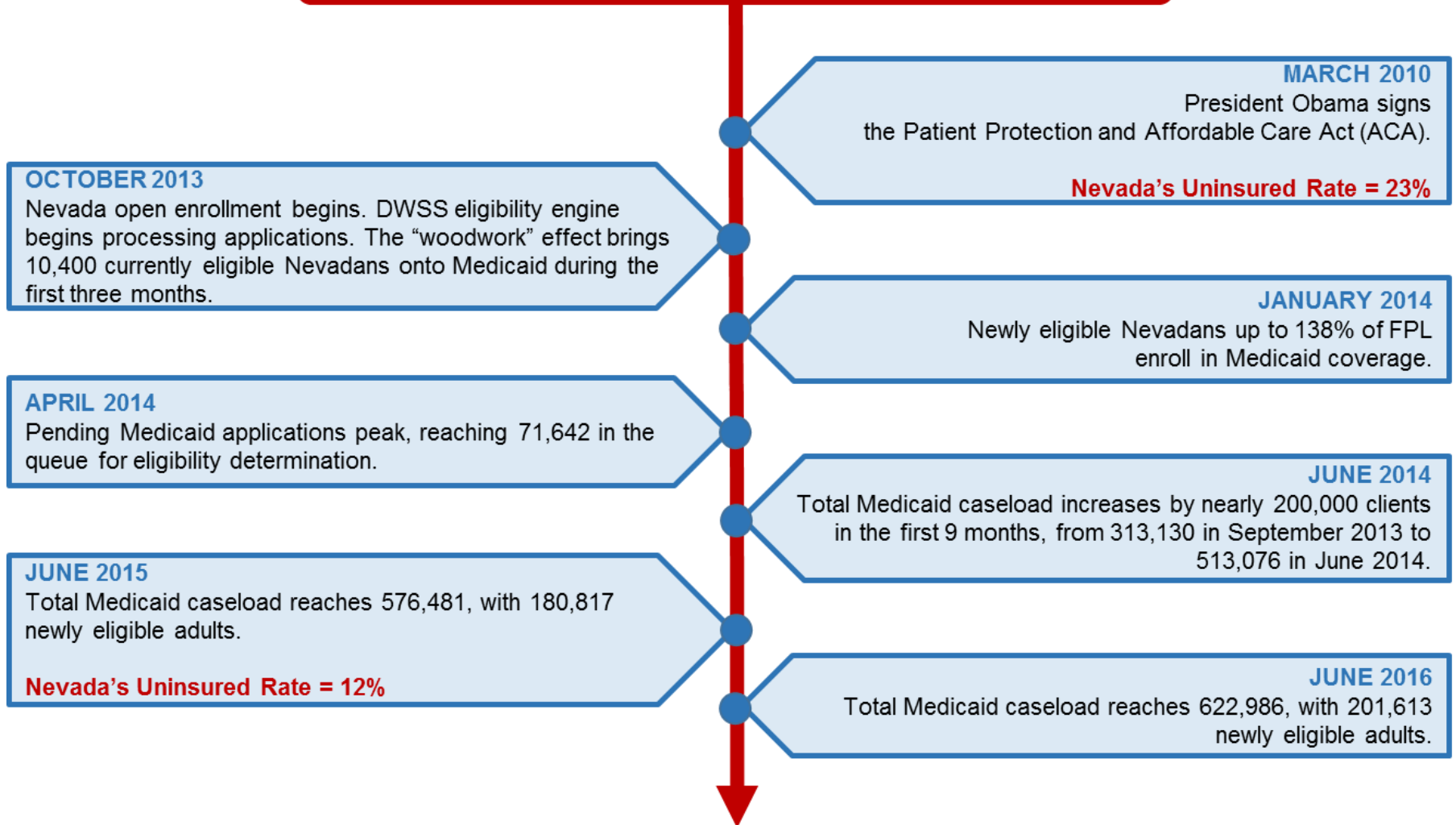
**MLTSS** – Managed LTSS

**NET** – Non-emergency transportation

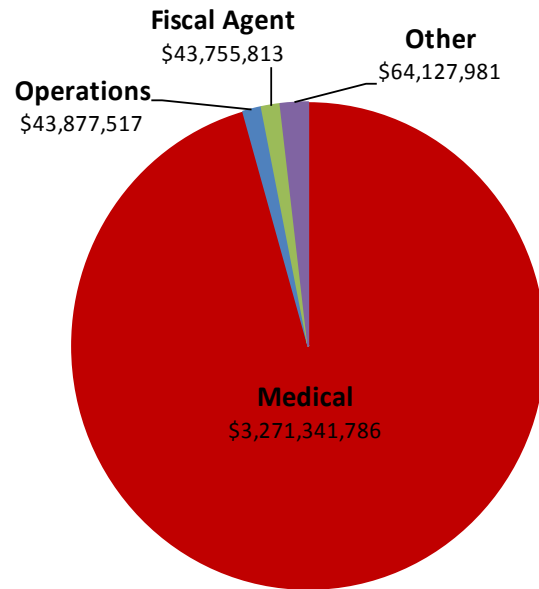
**PD** – Physically Disabled

**SNB** – State Net Benefit

# Affordable Care Act (ACA) Timeline



# SFY16 Total Computable Spend by Type



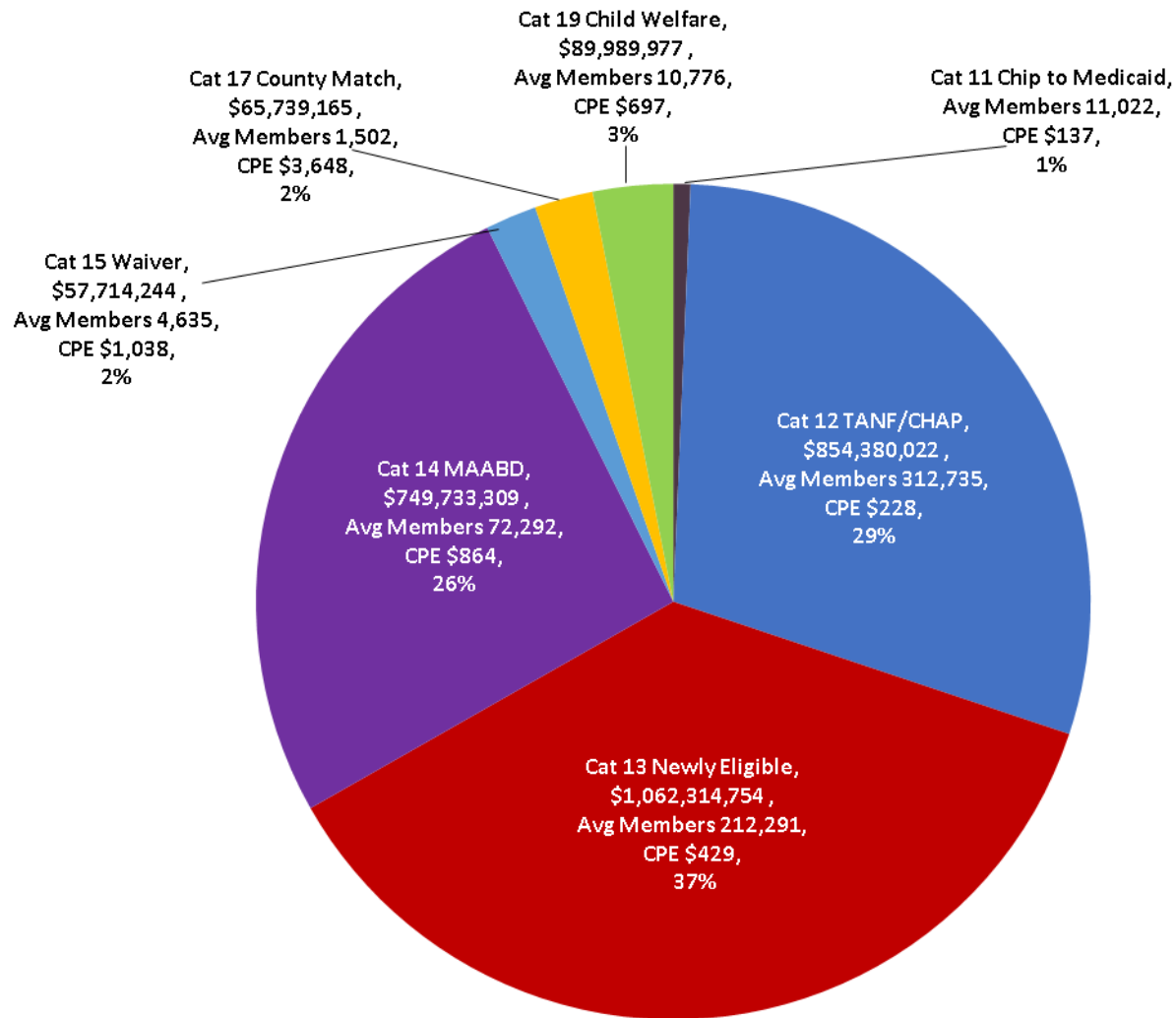
**Total Computable Spend: \$3,423,103,097**

Medical (Medicaid and Nevada Check Up)	\$3,271,341,786	95.57%
DHCFP Operations	\$43,877,517	1.28%
DHCFP Fiscal Agent	\$43,755,813	1.28%
Public and Behavioral Health	\$1,542,423	0.05%
Division of Welfare and Supportive Services	\$49,956,597	1.46%
Division of Aging Admin	\$10,449,053	0.31%
Local Governments/Administrative Claiming	\$900,259	0.03%
Division of Child and Family Services	\$1,026,342	0.03%
Directors Office	\$204,410	0.01%
Department of Administration	\$28,097	0.00%
Transfer to Legislative Council Bureau	\$20,800	0.00%
<b>TOTAL</b>	<b>\$3,423,103,097</b>	<b>100.00%</b>

ADMIN OTHER  
\$64,127,981  
(Majority of these funds are pass through of federal dollars to sister & state agencies for administrative services)



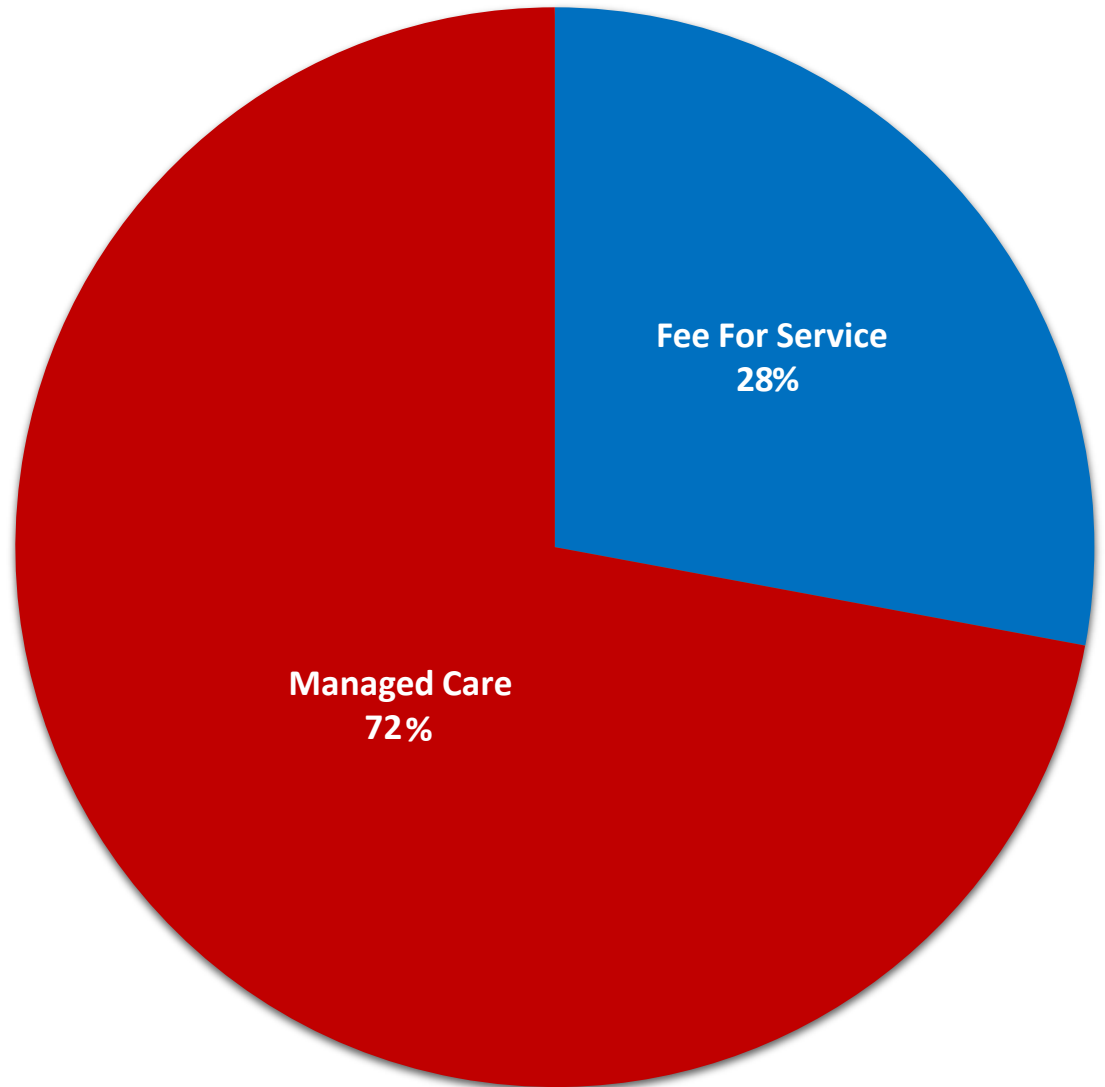
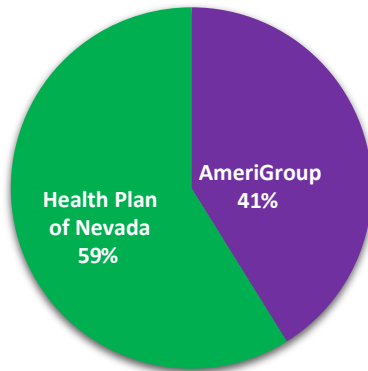
# SFY16 FFS Medicaid Cost by Budget Category





# Medicaid Caseload Breakdown

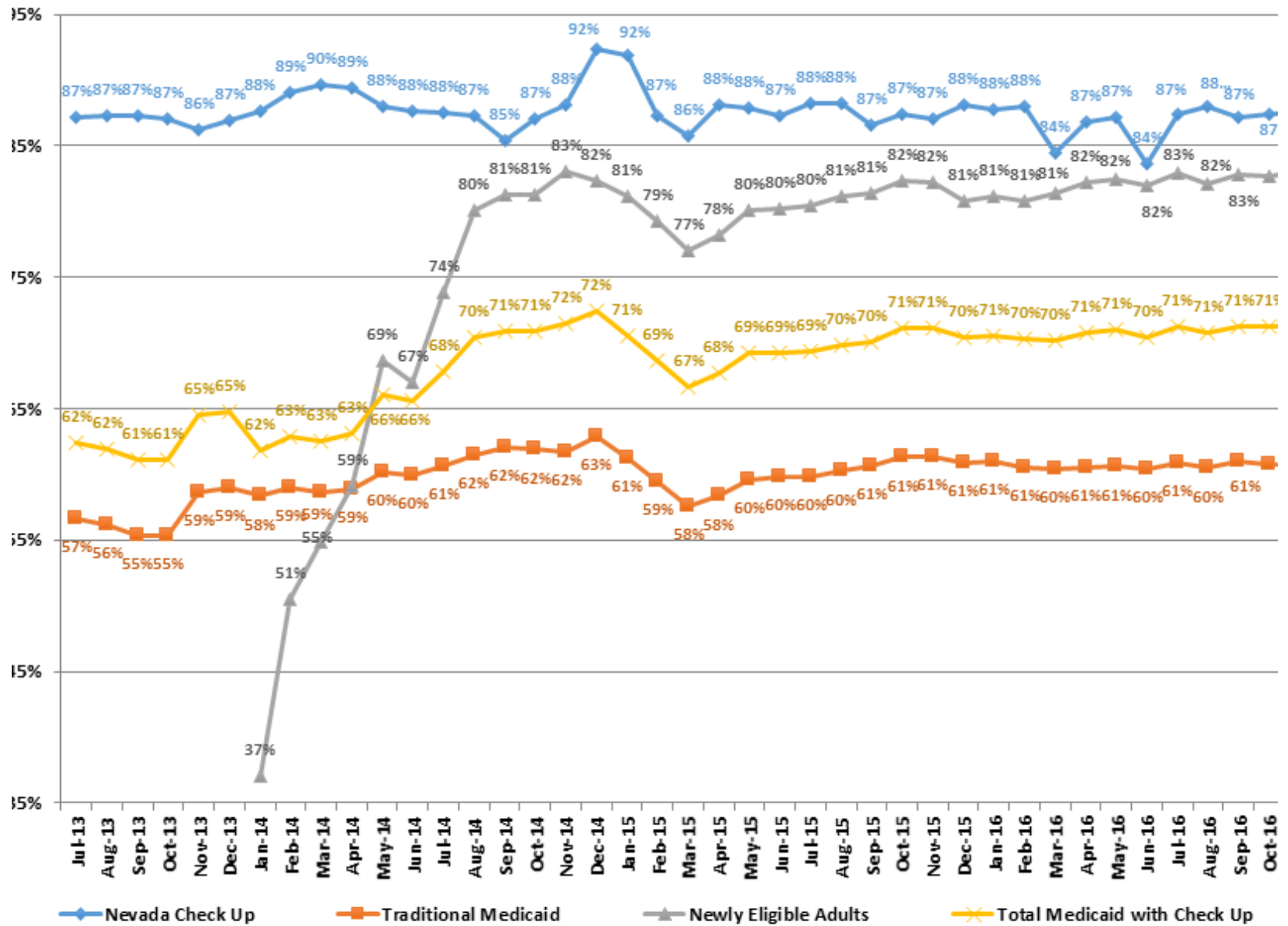
## Managed Care Breakdown



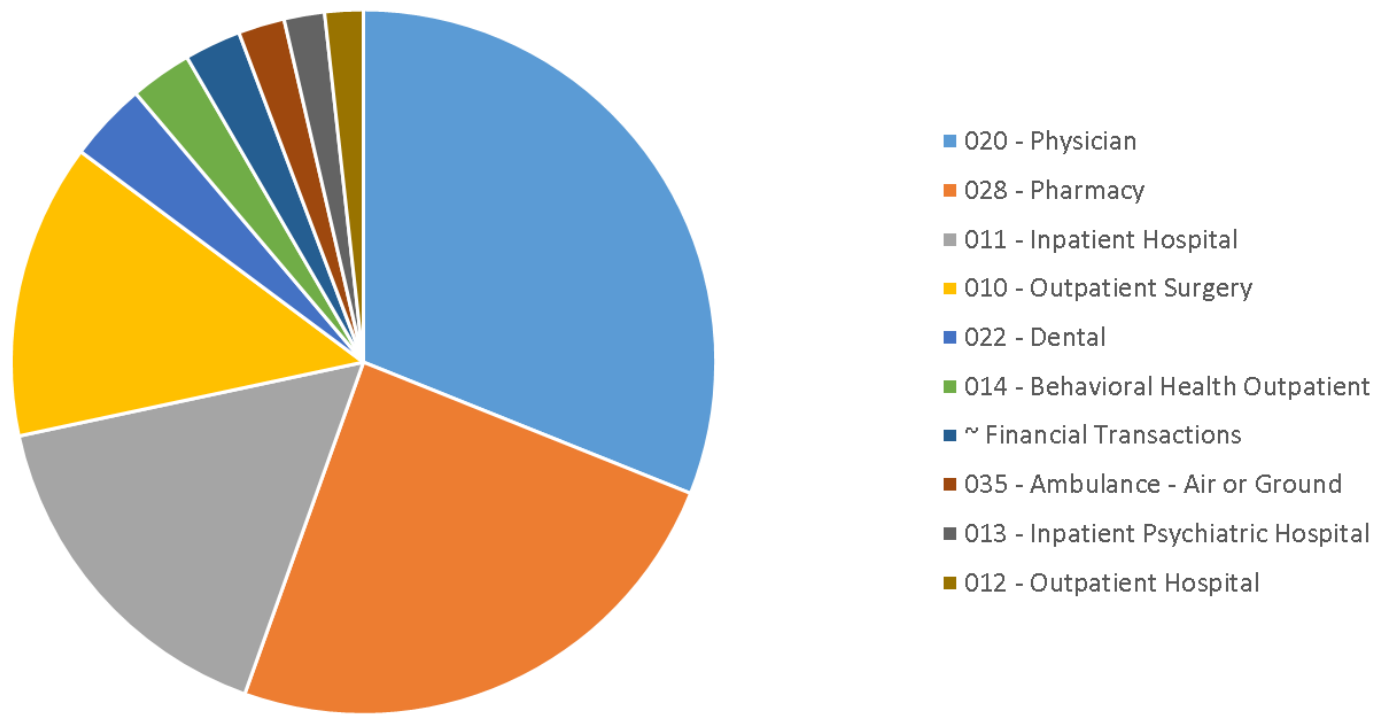
## DECEMBER 2016 MEMBERS

Managed Care:	462,122
FFS:	<u>175,379</u>
<b>TOTAL:</b>	<b>637,501</b>

## Percent in Managed Care by Client Type

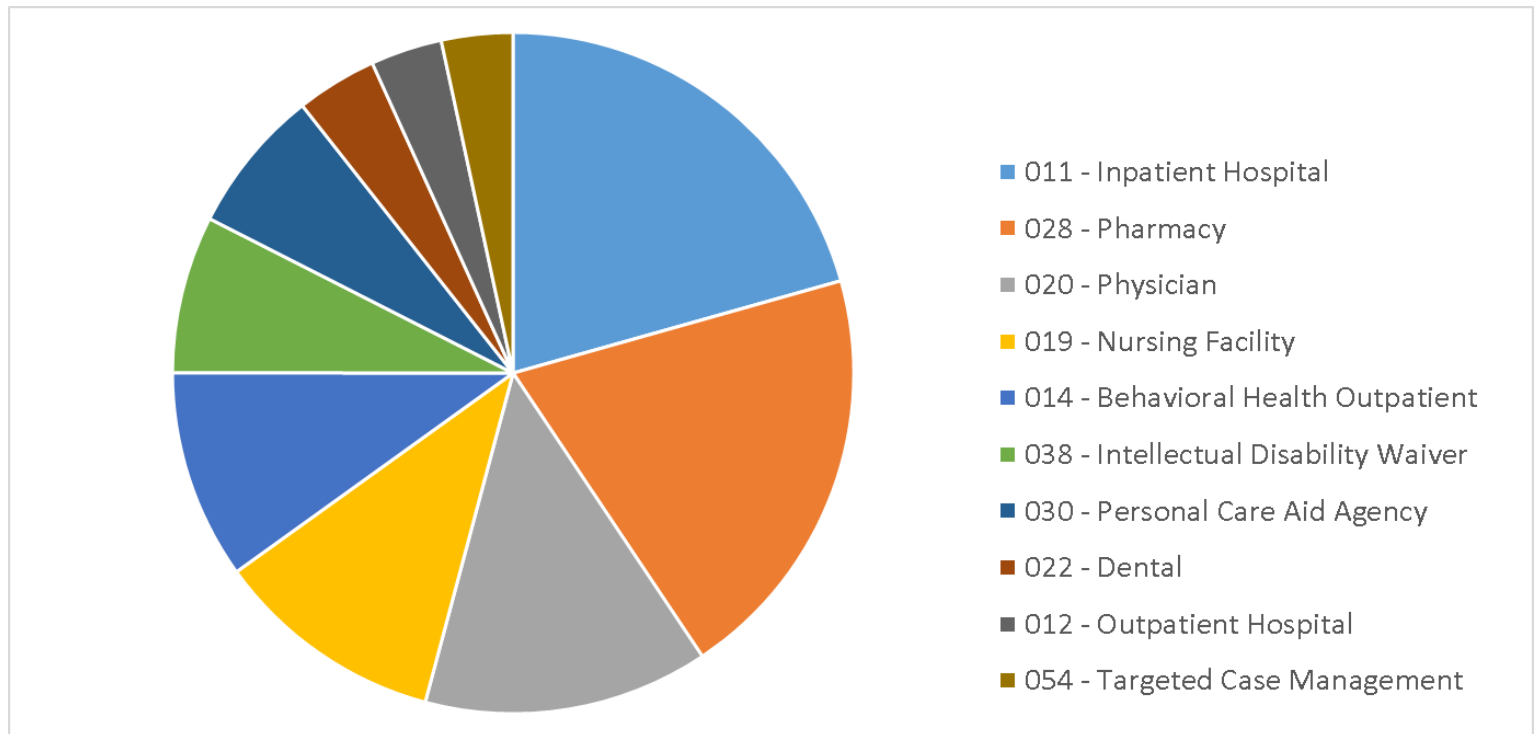


# SFY16 MCO Top 10 Services by Expenditures



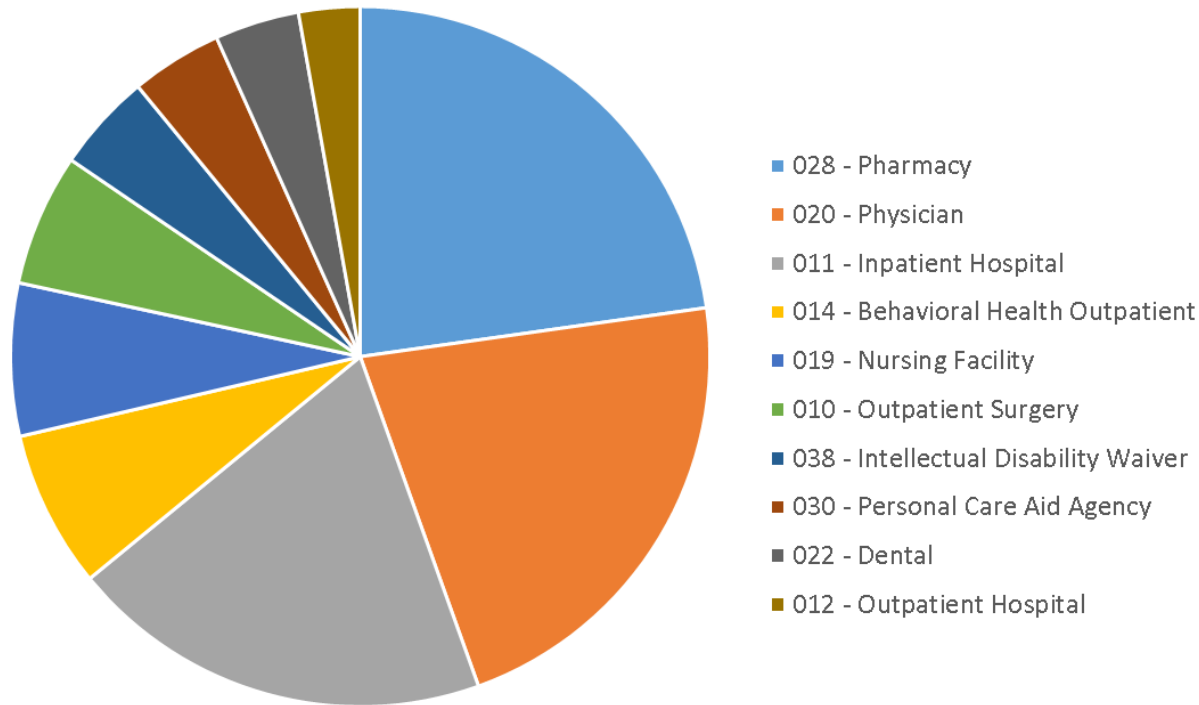
Provider Type	Sum of Net Payment	% of Expenditures
020 - Physician	\$ 287,758,759.55	27.15%
028 - Pharmacy	\$ 226,022,619.20	21.32%
011 - Inpatient Hospital	\$ 149,730,850.67	14.12%
010 - Outpatient Surgery	\$ 125,488,044.10	11.84%
022 - Dental	\$ 33,561,244.08	3.17%
014 - Behavioral Health Outpatient	\$ 26,257,119.66	2.48%
~ Financial Transactions	\$ 24,102,805.23	2.27%
035 - Ambulance - Air or Ground	\$ 19,693,899.34	1.86%
013 - Inpatient Psychiatric Hospital	\$ 17,197,950.07	1.62%
012 - Outpatient Hospital	\$ 16,374,207.93	1.54%

# SFY16 FFS Top 10 Services by Expenditures



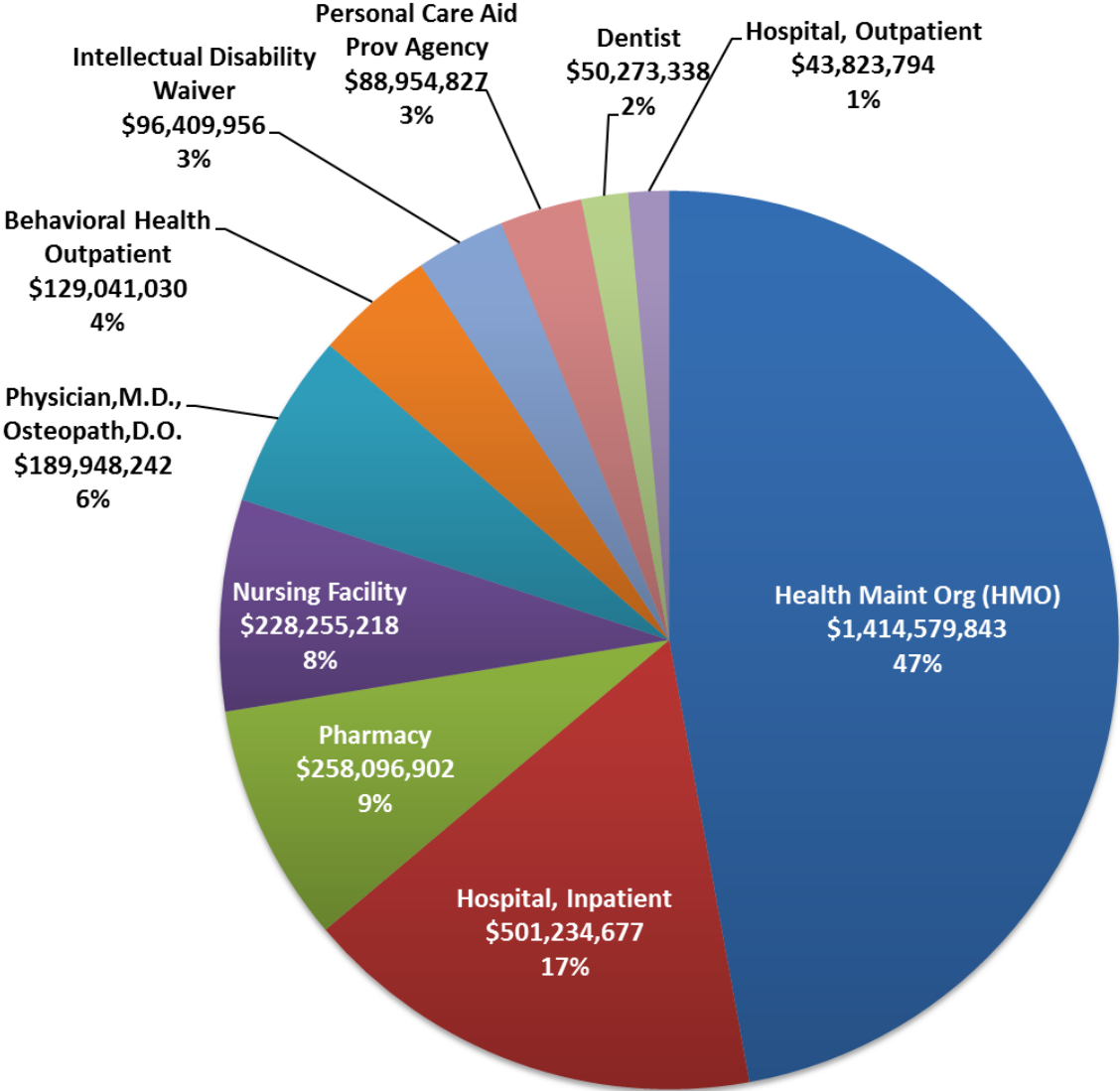
Provider Type	Sum of Net Payment	% of Expenditures
011 - Inpatient Hospital	\$ 266,342,463.96	16%
028 - Pharmacy	\$ 258,129,046.94	16%
020 - Physician	\$ 174,672,277.26	11%
019 - Nursing Facility	\$ 141,130,587.78	9%
014 - Behavioral Health Outpatient	\$ 128,286,366.64	8%
038 - Intellectual Disability Waiver	\$ 96,409,603.88	6%
030 - Personal Care Aid Agency	\$ 88,926,190.74	5%
022 - Dental	\$ 49,528,587.79	3%
012 - Outpatient Hospital	\$ 43,871,730.07	3%
054 - Targeted Case Management	\$ 43,756,145.25	3%

# SFY16 MCO/FFS Top 10 Services by Expenditures

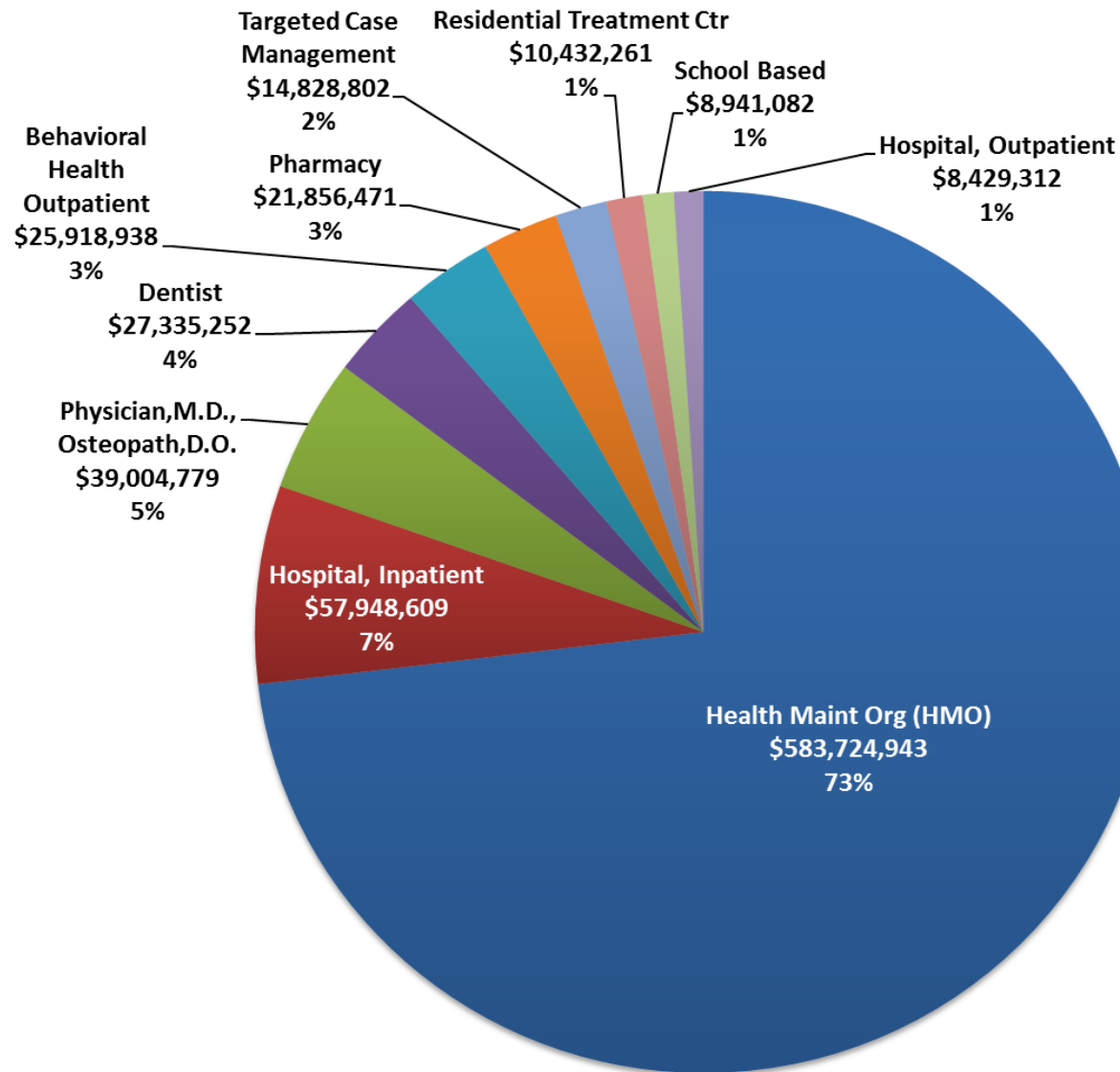


Provider Type	Sum of Net Payment	% of Expenditures
028 - Pharmacy	\$ 484,151,666.14	18.09%
020 - Physician	\$ 462,431,036.81	17.27%
011 - Inpatient Hospital	\$ 416,073,314.63	15.54%
014 - Behavioral Health Outpatient	\$ 154,543,486.30	5.77%
019 - Nursing Facility	\$ 149,926,859.92	5.60%
010 - Outpatient Surgery	\$ 129,956,016.15	4.85%
038 - Intellectual Disability Waiver	\$ 96,409,603.88	3.60%
030 - Personal Care Aid Agency	\$ 89,831,535.19	3.36%
022 - Dental	\$ 83,089,831.87	3.10%
012 - Outpatient Hospital	\$ 60,245,938.00	2.25%

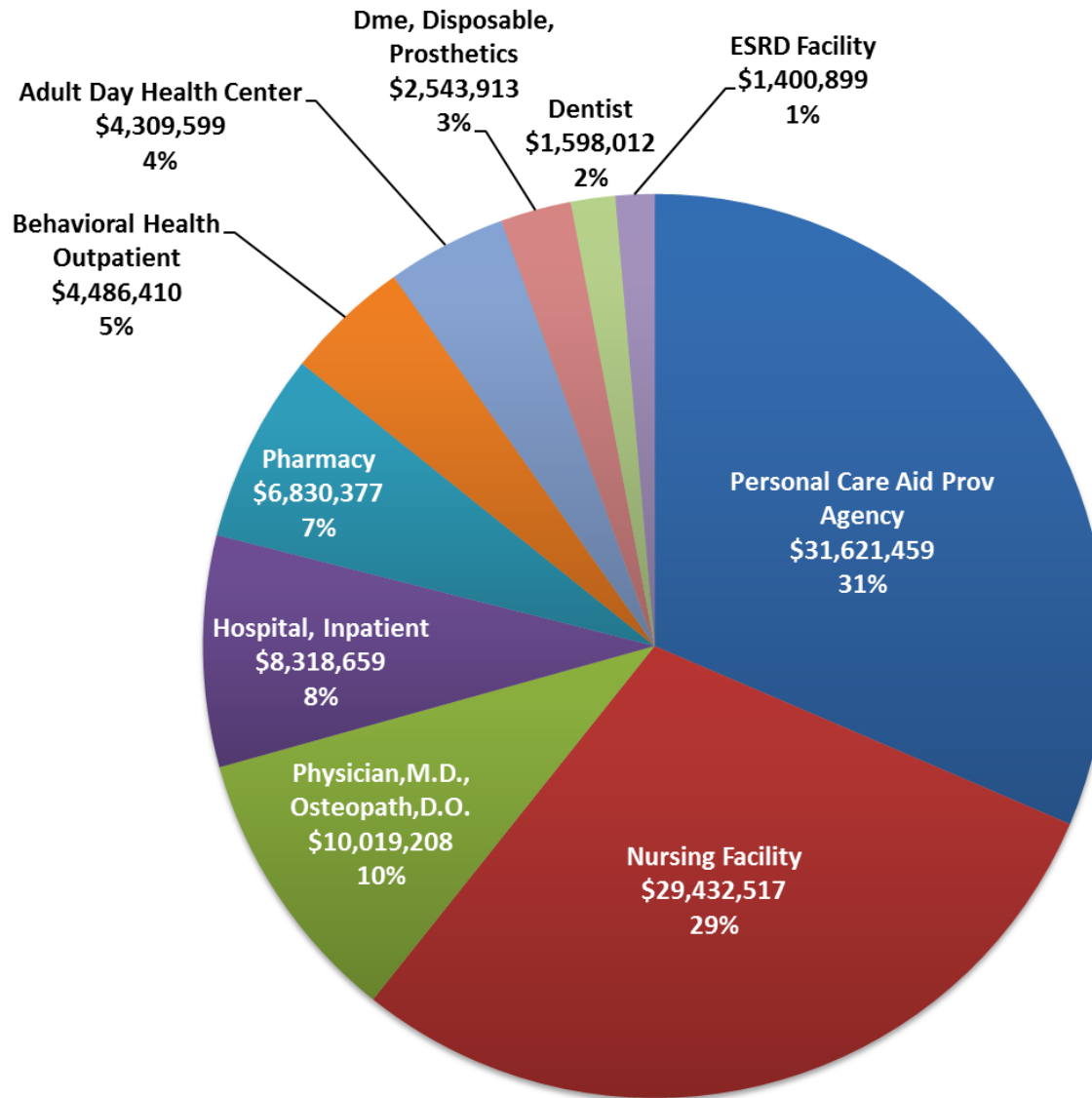
# SFY16 Top 10 Medicaid Services by Expenditures



# SFY16 Top 10 Services by Expenditures – FFS Traditional Medicaid Population

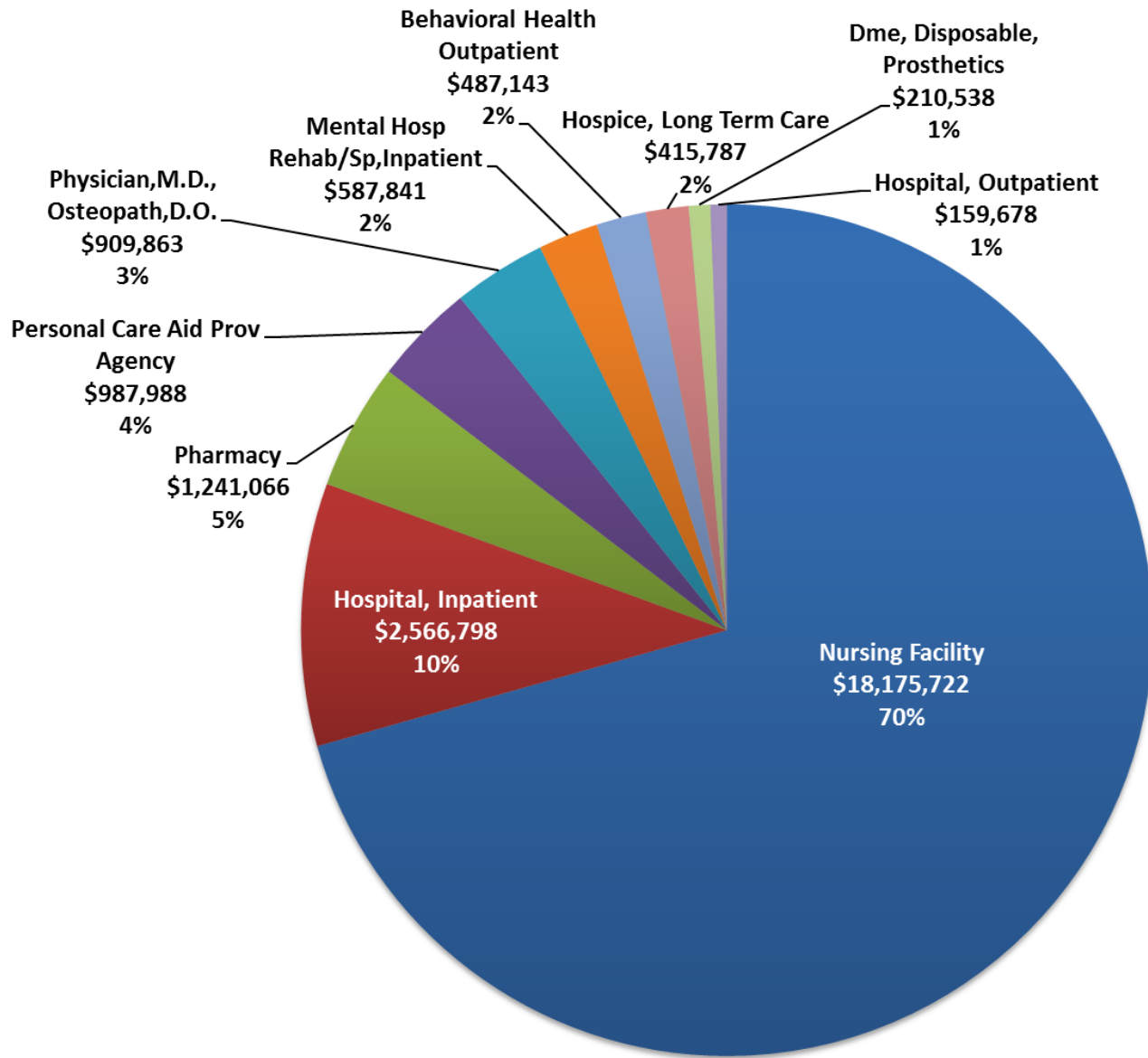


# SFY16 Top 10 FFS Services by Expenditures – Aged Population

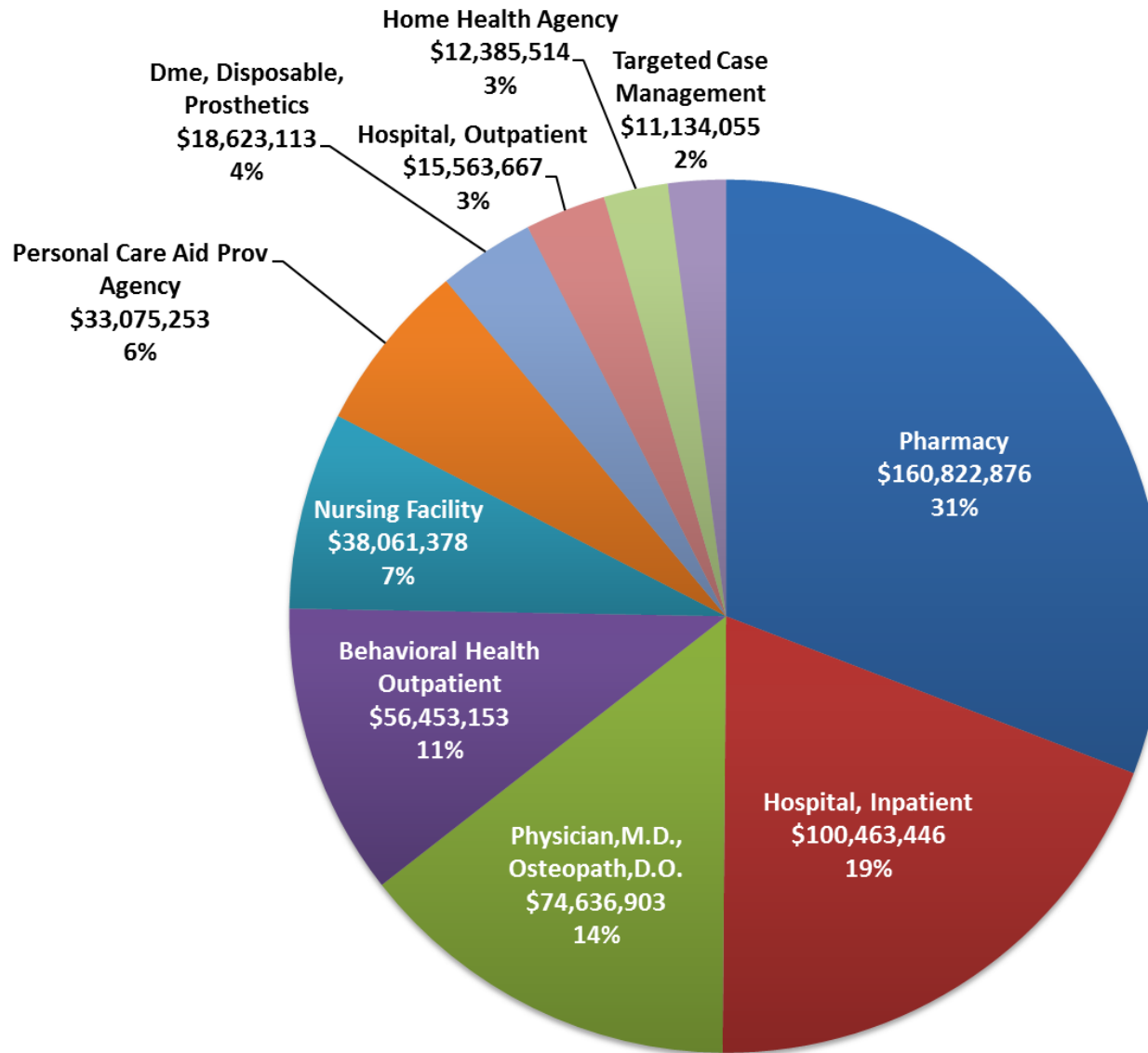




# SFY16 Top 10 Services by Expenditures – Blind Population



# SFY16 Top 10 Services by Expenditures – Disabled Population



## Medicaid Rates

- Provider reimbursement rates are reviewed on a five year rolling basis, some more frequently, due to State Plan language, provider or legislative requests.
- Provider rates are also reviewed during agency budget build and recommendations are put forward based on the analysis.
- Physician rates are reviewed annually and the findings are reported by February 1st of each year pursuant to NRS 232.354.
- Rate reviews do not necessarily result in a rate increase as it may require additional State General fund appropriations from Legislature.

# Medicaid Rate Methodologies

- **Utilize the CMS Fee Schedule**

*Rates based on a set year CMS conversion factor and the associated value units assigned by individual procedure code. A percentage of the full rate is paid based on the methodologies listed in the State Plan (Examples include Physician or Nurse Practitioner).*

- **Establish a Per Diem Rate**

*Rates are set based on Medicaid allowable costs as defined in Federal Regulations (Examples include Free Standing Psychiatric Facilities or Skilled Nursing Facilities).*

- **Utilize Cost Settlement**

*Select Provider Types such as Critical Access Hospitals (CAH) are cost settled. Providers receive an interim rate based on the previous year's costs.*

- **Development of LTSS Rates**

*The 2001 Legislative Session enacted A.B. 513 that created a Provider Rates Task Force. Rates for waiver providers were recommended by the Provider Rates Task Force and were adopted by the DHCFP August 15, 2002.*

- **Negotiated Rate**

*Negotiated rates are sometimes necessary in special situations such as access to care or difficult placement. Both facility specific and patient specific rates can be negotiated.*