



State of Nevada

Department of Health and Human Services

Division of Health Care Financing and Policy

**BUDGET PRESENTATION
TO
SENATE FINANCE/ASSEMBLY WAYS
AND MEANS JOINT SUBCOMMITTEE**

FY 10 – FY 11

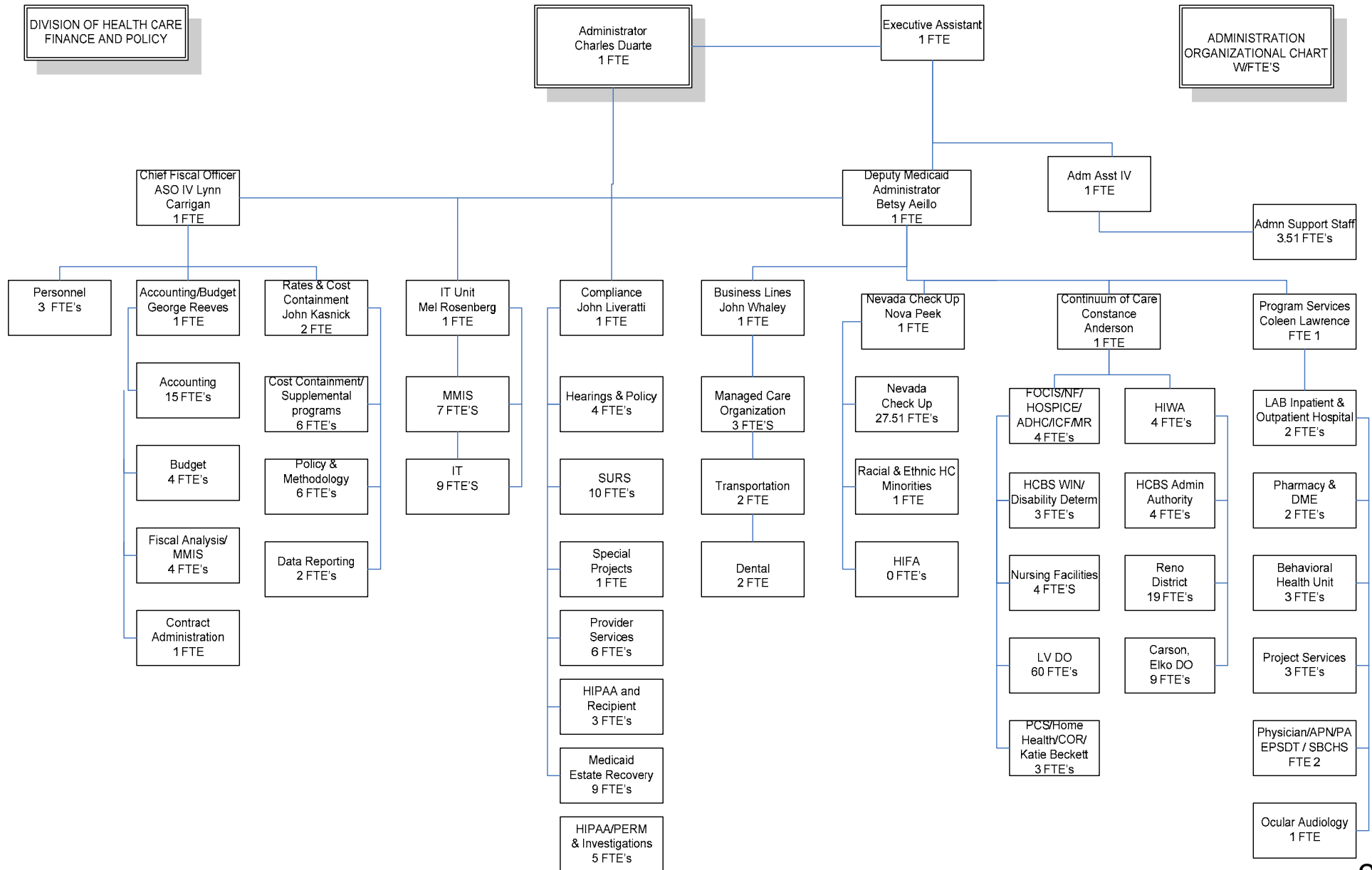
February 18, 2009

Division of Health Care Financing and Policy

Mission Statement:

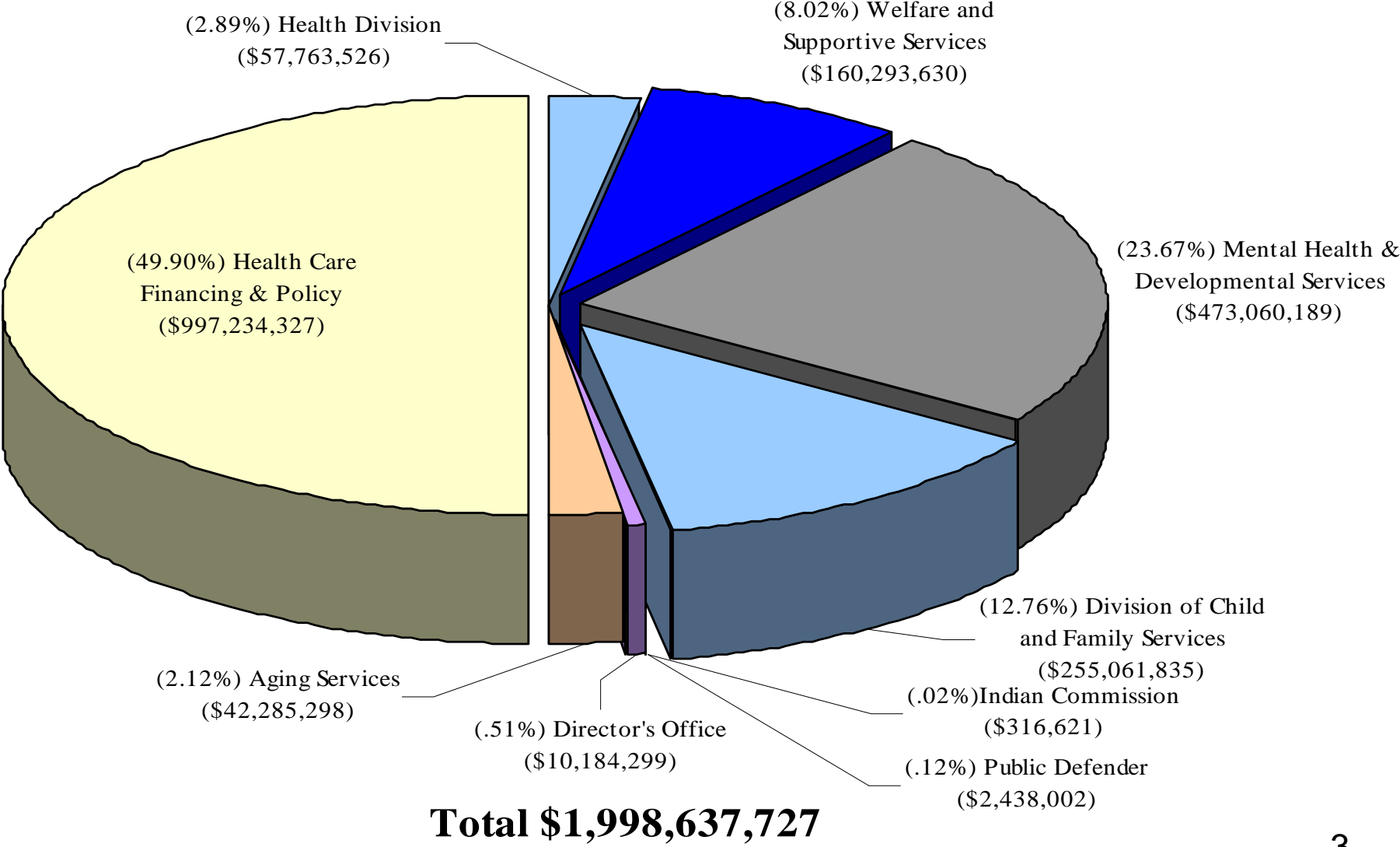
To purchase and provide quality health care services to low income Nevadans in the most efficient manner; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Medicaid and other state health care programs to maximize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

Division of Health Care Financing and Policy



Division of Health Care Financing and Policy

Department of Health and Human Services
Governor Recommended General Funds By Division
2010-2011 Biennium



Division of Health Care Financing and Policy

Medicaid Medical and Administration Expenditures

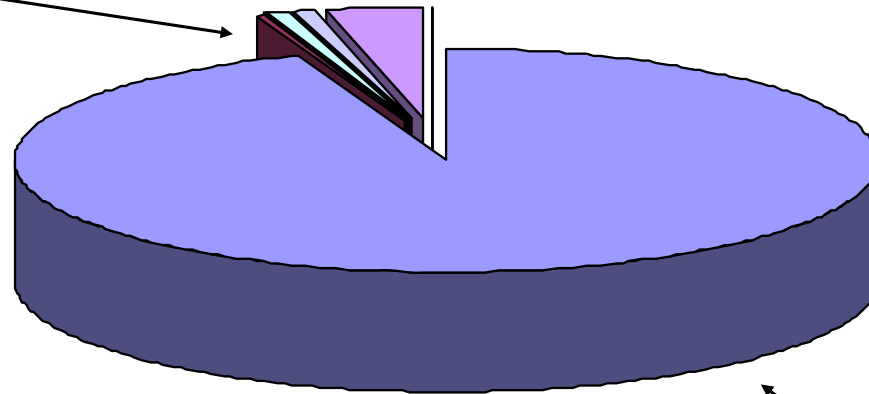
SFY 2008

\$1,353,164,968.00

ADMINISTRATION

\$74,968,304.00

5.54%



ADMINISTRATION

Division of Health Care and Financing	\$47,395,370.87	3.5026%
Division of Welfare and Supportive Services	\$21,871,304.52	1.6163%
Division of Aging	\$3,174,076.80	0.2346%
School Based Administration	\$1,439,423.00	0.1064%
Division of Child and Family Services	\$410,669.60	0.0303%
Mental Health and Development Services	\$386,296.60	0.0285%
Health Division	\$234,505.40	0.0173%
Consumer Health	\$71,273.60	0.0053%
Department of Administration, Hearings	\$3,383.61	0.0003%

TOTAL ADMINISTRATION

\$74,986,304.00

5.54%

MEDICAL

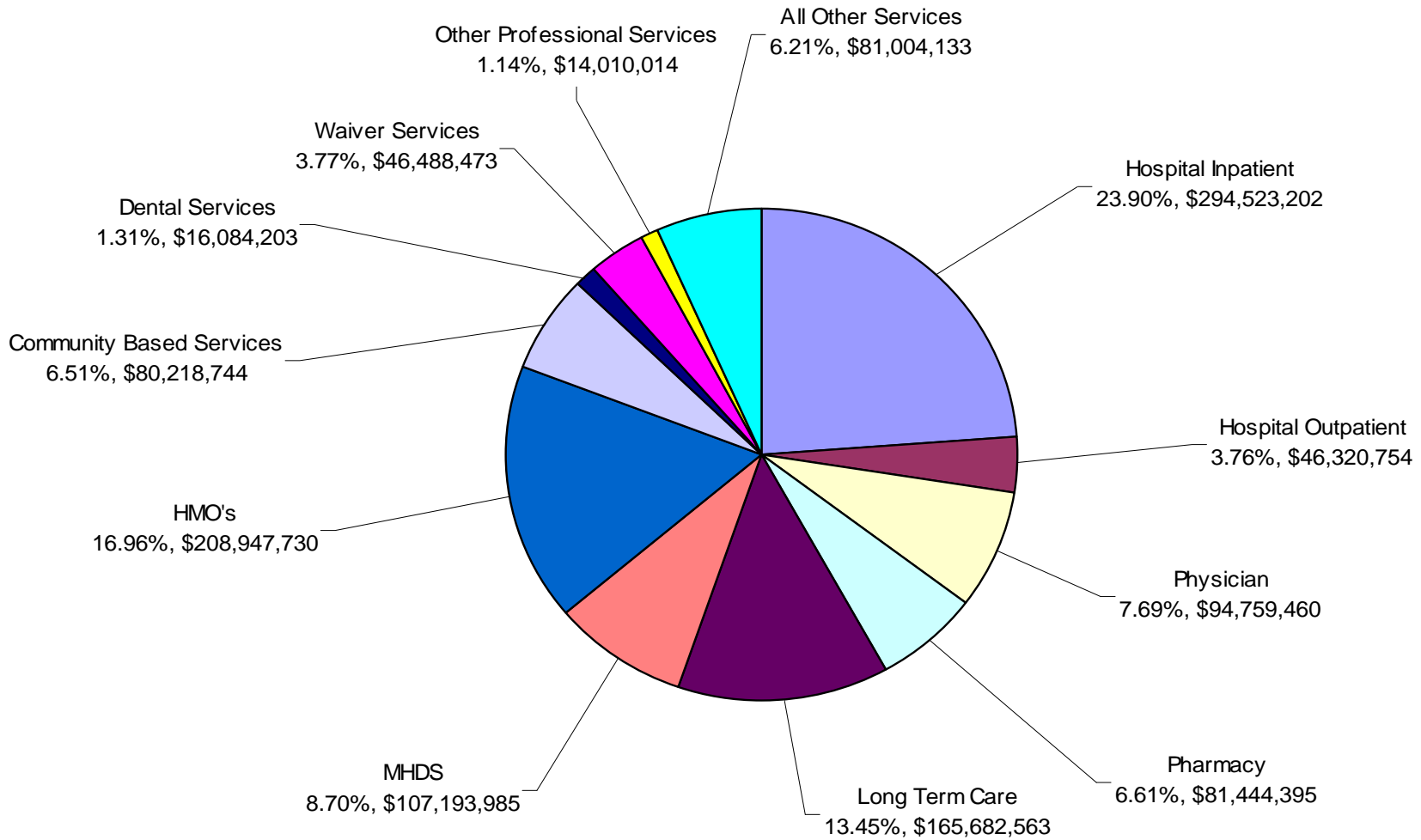
\$1,278,178,682.00

94.46%

Division of Health Care Financing and Policy

Medicaid Expenditures by Service

SFY 2008



Total: \$1,236,677,658

Division of Health Care Financing and Policy

Budget Account Summary SFY 2010 - 2011

BA	Budget Account Name	SFY 2010				SFY 2011				Biennial Total
		General Fund	Other Funds	Total	# of FTE	General Fund	Other Funds	Total	# of FTE	
3155	HIFA Holding Account									
3157	Intergovernmental Transfer		110,668,417	110,668,417			111,730,968	111,730,968		222,399,385
3158	DHCFP Administration	20,664,278	61,089,548	81,753,826	247.51	19,595,000	68,846,478	88,441,478	247.51	170,195,304
3160	Increased Quality of Nursing Care		23,086,154	23,086,154			23,130,374	23,130,374		46,216,528
3178	Nevada Check Up	13,010,524	28,163,859	41,174,383	25.51	13,563,988	29,245,706	42,809,694	25.51	83,984,077
3243	Nevada Medicaid	421,692,587	937,184,481	1,358,877,068		508,308,233	922,516,152	1,430,824,385		2,789,701,453
3247	HIFA Medical	399,717		399,717						399,717
Total		455,767,106	1,160,192,459	1,615,959,565	273.02	541,467,221	1,155,469,678	1,696,936,899	273.02	3,312,896,464

Division of Health Care Financing and Policy

Decision Unit Summary

BA	Decision Unit	Purpose	SFY 2010				SFY 2011			
			General Fund	Fed Funds	Other Funds	Total	General Fund	Fed Funds	Other Funds	Total
		BA 3155								
3155	B000	Base - HIFA Holding Account	192,706		197,150	389,856	192,706		197,150	389,856
3155	M150	Adjustments to Base	2,222		(2,222)	-	2,222		(2,222)	-
3155	E665	Eliminate HIFA	(194,928)		(194,928)	(389,856)	(194,928)		(194,928)	(389,856)
		Total BA 3155	-		-	-	-		-	-
		BA 3157								
3157	B000	Base - IGT			95,572,042	95,572,042			95,572,042	95,572,042
3157	M150	Adjustments to Base			(12,676,859)	(12,676,859)			(11,972,344)	(11,972,344)
3157	E900	Transfers			27,773,234	27,773,234			28,131,270	28,131,270
		Total BA 3157	-		110,668,417	110,668,417	-		111,730,968	111,730,968
		BA 3158								
3158	B000	Base - Medicaid Administration	2,662,241	18,189,814	2,294,114	23,146,169	2,700,890	18,322,504	2,294,114	23,317,508
3158	M100	Statewide Inflation	(77,245)	(77,244)	-	(154,489)	(73,415)	(73,415)	-	(146,830)
3158	M150	Adjustments to Base	(139,887)	(537,772)	(269,616)	(947,275)	(51,527)	(684,364)	(427,531)	(1,163,422)
3158	M300	Fringe Benefit Salary Adjustment	30,778	30,778		61,556	55,803	55,804		111,607
3158	M502	DSH Audits	207,100	207,100	-	414,200	107,550	107,550	-	215,100
3158	E277	MMIS Planning	26,370	79,112	-	105,482	49,398	148,193	-	197,591
3158	E588	MMIS TIR	-	709,537	-	709,537		790,095	-	790,095
3158	E670	Temporary 6% Salary Reduction	(187,283)	(187,282)		(374,565)	(191,188)	(191,188)		(382,376)
3158	E671	Suspend Merit Salary Inc for FY10 & FY11	(40,958)	(40,958)		(81,916)	(106,234)	(106,233)		(212,467)
3158	E672	Suspend Longevity for FY10 & FY11	(10,725)	(10,725)		(21,450)	(12,600)	(12,600)		(25,200)
3158	E673	Implement SAGE Commission Recommendations	(73,001)	(73,001)		(146,002)	(90,556)	(90,555)		(181,111)
3158	E710	Replacement Equipment	-	-	-	-	-	-	-	-
3158	E720	Replacement Equipment	11,000	11,000	-	22,000			-	
3158	E800	State agency payments		2,782,264	-	2,782,264		4,692,309	-	4,692,309
3158	E805	Position Upgrades	-	-	-	-	-	-	-	-
3158	E901	Transfers from BA 3243	18,255,888	37,374,258	608,169	56,238,315	17,206,879	41,114,039	2,907,756	61,228,674
		Total BA 3158	20,664,278	58,456,881	2,632,667	81,753,826	19,595,000	64,072,139	4,774,339	88,441,478
		BA 3160								
3160	B000	Base - Increased Quality of Nursing Care			27,227,114	27,227,114			27,227,114	27,227,114
3160	M150	Adjustments to Base			(4,140,960)	(4,140,960)			(4,096,740)	(4,096,740)
		Total BA 3160	-	-	23,086,154	23,086,154	-		23,130,374	23,130,374
		BA 3178								
3178	B000	Base - Nevada Check Up	12,609,697	25,852,559	2,957,029	41,419,285	12,628,662	25,887,784	2,957,029	41,473,475
3178	M100	Statewide Inflation	(2,315)	(4,298)	-	(6,613)	(5,333)	(9,905)	-	(15,238)
3178	M101	Agency Specific Inflation	1,925,521	3,584,446	-	5,509,967	2,429,096	4,528,563	-	6,957,659
3178	M150	Adjustments to Base	524,249	494,929	(565,455)	453,723	525,915	543,676	(565,455)	504,136
3178	M160	Personnel Adjust Base	(57,317)	(106,447)	-	(163,764)	(71,064)	(131,976)	-	(203,040)
3178	M300	Fringe Benefit Salary Adjustment	535	994		1,529	8,619	16,007		24,626
3178	E651	Eliminate Phys Rate Enhancements 2009	(65,764)	(122,133)	-	(187,897)	(65,764)	(122,133)	-	(187,897)
3178	E652	Hospital Rate Decrease 2009	(6,847)	(12,715)	-	(19,562)	(6,847)	(12,715)	-	(19,562)
3178	E654	Hospital Rate Decrease Additional	(6,847)	(12,715)	-	(19,562)	(6,847)	(12,715)	-	(19,562)
3178	E665	Eliminate HIFA	20,090		(20,090)	-	20,090		(20,090)	-
3178	E666	Service Reductions	(349,061)	(648,257)	-	(997,318)	(349,061)	(648,257)	-	(997,318)
3178	E667	Cap NCU 25,000	(1,523,949)	(2,830,185)	(296,690)	(4,650,824)	(1,464,453)	(2,719,699)	(296,690)	(4,480,842)
3178	E670	Temporary 6% Salary Reduction	(30,581)	(56,794)		(87,375)	(31,669)	(58,815)		(90,484)
3178	E671	Suspend Merit Salary Inc for FY10 & FY11	(11,355)	(21,473)		(32,828)	(28,470)	(53,827)		(82,297)
3178	E672	Suspend Longevity for FY10 & FY11	(945)	(1,755)		(2,700)	(1,102)	(2,048)		(3,150)
3178	E673	Implement SAGE Commission Recommendations	(14,587)	(27,091)		(41,678)	(17,784)	(33,028)		(50,812)
		Total BA 3178	13,010,524	26,089,065	2,074,794	41,174,383	13,563,988	27,170,912	2,074,794	42,809,694

Division of Health Care Financing and Policy

Decision Unit Summary

BA	Decision Unit	Purpose	SFY 10				SFY 11			
			General Fund	Fed Funds	Other Funds	Total	General Fund	Fed Funds	Other Funds	Total
		BA 3243								
3243	B000	Base - Nevada Medicaid	467,180,829	658,682,627	148,065,354	1,273,928,810	467,291,400	658,833,064	148,065,354	1,274,189,818
3243	M100	Statewide Inflation	(122,182)	(122,181)	-	(244,363)	(123,397)	(123,397)	-	(246,794)
3243	M101	Agency Specific Inflation	19,019,757	16,984,963	32,894	36,037,614	28,746,705	26,803,141	47,847	55,597,693
3243	M102	Agency Specific Inflation	-	-	-	-	-	-	-	-
3243	M150	Adjustments to Base	11,160,899	3,123,623	(16,376,708)	(2,092,186)	9,853,272	2,913,980	(14,860,307)	(2,093,055)
3243	M200	Demographic/Caseload Changes	84,197,477	83,691,611	2,077,079	169,966,167	117,633,896	117,307,821	2,721,883	237,663,600
3243	M205	Added CL Increases	-	-	-	-	-	-	-	-
3243	M300	Fringe Benefit Rate Adjustment	2,148	2,149	-	4,297	61,816	61,817	-	123,633
3243	E417	Federal Economic Stimulus - Enhanced FMAP	(70,330,000)	70,330,000	-	-	(22,551,746)	22,551,746	-	-
3243	E650	Eliminate GME 2009	(410,215)	(410,214)	-	(820,429)	(410,215)	(410,214)	-	(820,429)
3243	E651	Eliminate Physician Rate Enhancements 2009	(4,033,006)	(4,033,006)	-	(8,066,012)	(4,252,880)	(4,252,879)	-	(8,505,759)
3243	E652	5% Hospital Rate Decrease 2009	(5,351,076)	(5,441,605)	(90,526)	(10,883,207)	(5,583,293)	(5,677,750)	(94,454)	(11,355,497)
3243	E653	Eliminate HMO Incentive Payment	(132,544)	(132,544)	-	(265,088)	(132,544)	(132,544)	-	(265,088)
3243	E654	Hospital Rate Decrease Additional 5%	(5,351,076)	(5,441,605)	(90,526)	(10,883,207)	(5,583,293)	(5,677,750)	(94,454)	(11,355,497)
3243	E655	TANF Inc Eligibility	(4,051,596)	(4,051,597)	-	(8,103,193)	(6,255,742)	(6,255,742)	-	(12,511,484)
3243	E656	PDL for Prohibited Drugs	(1,432,190)	(1,432,190)	-	(2,864,380)	(1,580,381)	(1,580,381)	-	(3,160,762)
3243	E657	PCS Rate Reduction	(5,499,712)	(5,499,714)	-	(10,999,426)	(5,659,933)	(5,659,934)	-	(11,319,867)
3243	E660	Limit PCS 1 Hr Grooming/No Exercise 2009	(4,915,235)	(4,915,234)	-	(9,830,469)	(5,036,542)	(5,036,542)	-	(10,073,084)
3243	E661	Eliminate Adult Vision 2003	(633,526)	(633,526)	-	(1,267,052)	(661,139)	(661,140)	-	(1,322,279)
3243	E662	Raise LOC from 3 to 5	-	-	-	-	-	-	-	-
3243	E670	Temporary 6% Salary Reduction	(285,698)	(285,698)	-	(571,396)	(292,947)	(292,946)	-	(585,893)
3243	E671	Suspend Merit Salary Inc for FY10 & FY11	(67,617)	(74,700)	-	(142,317)	(175,185)	(193,536)	-	(368,721)
3243	E672	Suspend Longevity for FY10 & FY11	(17,888)	(17,887)	-	(35,775)	(20,775)	(20,775)	-	(41,550)
3243	E673	Implement SAGE Commission Recommendations	(114,621)	(114,620)	-	(229,241)	(141,809)	(141,809)	-	(283,618)
3243	E680	Clinical Claims Editor 2009	(644,807)	(471,639)	(11,657)	(1,128,103)	(644,807)	(471,639)	(11,657)	(1,128,103)
3243	E681	Diabetic Supply Procurement	(175,770)	(175,770)	-	(351,540)	(175,770)	(175,770)	-	(351,540)
3243	E682	Poly Pharmacy Criteria	(327,519)	(327,519)	-	(655,038)	(361,408)	(361,408)	-	(722,816)
3243	E683	Physician Administered Drug Rebates	(2,966,359)	(2,966,359)	-	(5,932,718)	(3,273,294)	(3,273,294)	-	(6,546,588)
3243	E684	Care Management Contract	(3,000,000)	(3,000,000)	-	(6,000,000)	(3,000,000)	(3,000,000)	-	(6,000,000)
3243	E685	County Match Clawback	(1,758,031)	-	1,758,031	-	(1,791,226)	-	1,791,226	-
3243	E686	IGT from BA3244	(27,773,234)	-	27,773,234	-	(28,131,270)	-	28,131,270	-
3243	E710	Replacement Equipment	-	-	-	-	-	-	-	-
3243	E800	PMTS to State	18,212	18,762,368	-	18,780,580	23,203	15,769,120	-	15,792,323
3243	E807	Reclass	-	-	-	-	-	-	-	-
3243	E900	DAS 3151 Transfer	(235,472)	-	-	(235,472)	(236,206)	-	-	(236,206)
3243	E901	Admin Transfer	(18,255,888)	(37,374,258)	(608,169)	(56,238,315)	(17,206,879)	(41,114,039)	(2,907,756)	(61,228,674)
3243	E902	DAS 3146 Transfer	(2,001,473)	-	-	(2,001,473)	(2,019,378)	-	-	(2,019,378)
		Total 3243	421,692,587	774,655,475	162,529,006	1,358,877,068	508,308,233	759,727,200	162,788,952	1,430,824,385
		BA 3247								
3247	B000	Base - HIFA Medical	1,200,000	663,636	(842,657)	1,020,979	1,200,000	663,636	(842,657)	1,020,979
3247	M150	Adjustments to Base	(1,200,000)	-	1,200,000	-	(1,200,000)	-	1,200,000	-
3247	E665	Eliminate HIFA	-	(663,636)	(357,343)	(1,020,979)	-	(663,636)	(357,343)	(1,020,979)
3247	E666	Adjust HIFA	399,717	-	-	399,717	-	-	-	399,717
		Total 3247	399,717	-	-	399,717	-	-	-	-
Total All Budget Accounts			\$455,767,106	\$859,201,421	\$300,991,038	\$1,615,959,565	\$541,467,221	\$850,970,251	\$304,499,427	\$1,696,936,899

Division of Health Care Financing and Policy

Letters of Intent

DIVISION	DESCRIPTION	BUDGET PREPARATION IMPACT
DHCFP Medicaid Provider Increases	A Medicaid fee-for-service increase for physicians and other medical professionals effective August 2008. This increase is based on updating the 2002 Medicare fee schedule to the 2007 Medicare fee schedule. A few physician specialties may not realize an increase. An analysis will be completed by the Division and a report will be sent to IFC regarding how fees will be impacted.	No budget preparation impact. The physician's rate increase was not implemented due to budget reductions.
DHCFP Contingency Reserve	There was an identified General Fund Medicaid savings of \$3,205,499 for FY 2008-09 biennium to be established for FY 2008-09 Medicaid contingency reserve. This funding is available to cover Medicaid medical expenditures due to unanticipated caseload increases. This reserve will not be used for program enhancements and requires prior IFC approval. The reserve for SFY 08 was approved for use by IFC to pay the State General Fund portion of medical cost overruns due to unanticipated caseload increases. DHCFP anticipates requesting IFC approval to use all of the reserve for the same purpose in SFY 09.	No budget preparation impact.
DHCFP Voluntary MAABD Managed Care Program	Division authorized by the Legislature to proceed with planning voluntary MAABD managed care plan. Funding was approved in the amount of \$365,352 for contract services to allow the Division to retain actuarial services to develop rates for the population to be served and for an external quality review organization to conduct a readiness review of the managed care plan offered. An RFP was developed but rescinded due to technical problems that prevent implementation of MAABD managed care at this time.	No budget preparation impact.
DHCFP Initiatives to Promote Medicaid Savings	Enhancements to Medicaid Estate Recovery (MER), Surveillance and Utilization Review (SUR) and Care Management and Regional Care Coordination (CMRCC) and dental benefits for pregnant women over 21. These initiatives were approved to promote savings. The Division will develop reporting methods to track savings and success of new initiatives to Legislature. Depending on the outcome of these initiatives, it will be determined by the Legislature if they will continue through FY09. An initial savings generated by SUR Unit from October 1, 2007 through June 30, 2008 was \$1,227,445.	DHCFP entered a care management contract in SFY 08 that requires the contractor to achieve \$6 million net savings in SFY 10. DHCFP budgeted contract costs and savings for SFY 10 and SFY 11. Additional cost savings due to increased SURS activities were budgeted in the M150 unit for SFY 10 and SFY 11. No cost savings were budgeted for dental benefits for pregnant women over 21 as it was determined that few pregnant women chose to receive these services.
DHCFP Family Planning Waiver	The Division will provide family planning services to postpartum women and/or to extend Medicaid to those currently not eligible. Family planning waiver medical costs are eligible for an enhanced Federal match rate of 90%. The Division is exploring the feasibility and cost effectiveness of pursuing of the implementation of the family planning wavier. If an appropriate savings apart from the Contingency Reserve and Initiatives to Promote Savings are identified to cover the upfront costs of the family planning waiver, the Division will approach IFC with an implementation proposal.	No budget preparation impact. DHCFP did not attempt to implement a family planning waiver in SFY 08 due to budget reductions. Because of budget reductions in SFY 10 and SFY 11, no new medical services programs were proposed.

Division of Health Care Financing and Policy

Key Issues

- Budget Reductions
- MMIS TIR
- Increasing caseload and inflation
- E901 Transfer of Medicaid Administration from BA 3243 to BA 3158

Division of Health Care Financing and Policy

KEY ISSUES SUMMARY

Budget Reductions	SFY 2010			SFY 2011		
	General Fund	Other Funds	Total	General Fund	Other Funds	Total
Extension of SFY 09 Reductions	(51,765,643)	6,754,401	(45,011,242)	(53,098,708)	6,195,940	(46,902,768)
New Reductions SFY 10 - 11	(19,273,101)	(22,419,043)	(41,692,144)	(22,613,157)	(25,346,562)	(47,959,719)
Total	(71,038,744)	(15,664,642)	(86,703,386)	(75,711,865)	(19,150,622)	(94,862,487)

Caseload and Inflation	SFY 2010			SFY 2011		
	General Fund	Other Funds	Total	General Fund	Other Funds	Total
BA 3243 M101	19,019,757	17,017,857	36,037,614	28,746,705	26,850,988	55,597,693
BA 3243 M200	84,197,477	85,768,690	169,966,167	117,633,896	99,304,102	237,663,600
Total	103,217,234	102,786,547	206,003,781	146,380,601	126,155,090	293,261,293

MMIS TIR	SFY 2010				SFY 2011				
	Decision Unit	General Fund	Other Funds	Total	# of FTE	General Fund	Other Funds	Total	# of FTE
BA 3158 DU 277		26,370	79,112	105,482	3.00	49,398	148,193	197,591	3.00
BA 3158 DU 588 **		236,513	709,537	946,050		263,365	790,095	1,053,460	
Total		262,883	788,649	1,051,532	3.00	312,763	938,288	1,251,051	3.00

**State General Funds in BA 1325

E901 Transfer Administration to BA 3158	SFY 2010			SFY 2011		
	General Fund	Other Funds	Total	General Fund	Other Funds	Total
BA 3158 E901	18,255,888	37,982,427	56,238,315	17,206,879	44,021,795	61,228,674
BA 3243 E901	(18,255,888)	(37,982,427)	(56,238,315)	(17,206,879)	(44,021,795)	(61,228,674)
Total	-	-	-	-	-	-

Division of Health Care Financing and Policy

Budget Reductions with Impact

BA Name	BA	Decision Unit	Decision Unit Purpose	SFY 2010			SFY 2011			Impact	
				General Fund	Other Funds	Total	General Fund	Other Funds	Total	Recipients Affected	Providers Affected
Medicaid	3243	E650	Eliminate GME	(410,215)	(410,214)	(820,429)	(410,215)	(410,214)	(820,429)		3
Check Up	3178	E651	Eliminate Physician Rate Enhancements	(65,764)	(122,133)	(187,897)	(65,764)	(122,133)	(187,897)		3,956
Medicaid	3243	E651	Eliminate Physician Rate Enhancements	(4,033,006)	(4,033,006)	(8,066,012)	(4,252,880)	(4,252,879)	(8,505,759)		3,956
Check Up	3178	E652	5% Hospital Rate Decrease 2009	(6,847)	(12,715)	(19,562)	(6,847)	(12,715)	(19,562)		46
Medicaid	3243	E652	5% Hospital Rate Decrease 2009	(5,351,076)	(5,532,131)	(10,883,207)	(5,583,293)	(5,772,204)	(11,355,497)		46
Medicaid	3243	E653	Eliminate HMO Incentive Payments	(132,544)	(132,544)	(265,088)	(132,544)	(132,544)	(265,088)		2
Check Up	3178	E654	5% Hospital Rate Decrease 2010 - 11	(6,847)	(12,715)	(19,562)	(6,847)	(12,715)	(19,562)		46
Medicaid	3243	E654	5% Hospital Rate Decrease 2010 - 11	(5,351,076)	(5,532,131)	(10,883,207)	(5,583,293)	(5,772,204)	(11,355,497)		46
Medicaid	3243	E655	Change TANF Income Eligibility Rqmts	(4,051,596)	(4,051,597)	(8,103,193)	(6,255,742)	(6,255,742)	(12,511,484)	7,100	
Medicaid	3243	E656	PDL for Prohibited Drugs	(1,432,190)	(1,432,190)	(2,864,380)	(1,580,381)	(1,580,381)	(3,160,762)	4000*	
Medicaid	3243	E657	PCS Rate Reduction	(5,499,712)	(5,499,714)	(10,999,426)	(5,659,933)	(5,659,934)	(11,319,867)		85
Medicaid	3243	E660	Limit PSC 1 Hour / No Exercise	(4,915,235)	(4,915,234)	(9,830,469)	(5,036,542)	(5,036,542)	(10,073,084)	3,733	
Medicaid	3243	E661	Eliminate Routine Adult Vision Services	(633,526)	(633,526)	(1,267,052)	(661,139)	(661,140)	(1,322,279)	26,000	
HIFA Holding	3155	E665	Eliminate HIFA	(194,928)	(194,928)	(389,856)	(194,928)	(194,928)	(389,856)	1,500	
Check Up	3178	E665	Eliminate HIFA	20,090	(20,090)	-	20,090	(20,090)	-	1,500	
HIFA Medical	3247	E665	Eliminate HIFA		(1,020,979)	(1,020,979)		(1,020,979)	(1,020,979)	1,500	
Check Up	3178	E666	Eliminate Orthodontia; Vision;Cap Dental	(349,061)	(648,257)	(997,318)	(349,061)	(648,257)	(997,318)	12,000	
HIFA Medical	3247	E666	HIFA Adjustment	399,717		399,717				93	
Check Up	3178	E667	Cap NCU 25,000 Members	(1,523,949)	(3,126,875)	(4,650,824)	(1,464,453)	(3,016,389)	(4,480,842)		
Administration	3158	E670	Temporary 6% Salary Reduction	(187,283)	(187,282)	(374,565)	(191,188)	(191,188)	(382,376)		
Check Up	3178	E670	Temporary 6% Salary Reduction	(30,581)	(56,794)	(87,375)	(31,669)	(58,815)	(90,484)		
Medicaid	3243	E670	Temporary 6% Salary Reduction	(285,698)	(285,698)	(571,396)	(292,947)	(292,946)	(585,893)		
Administration	3158	E671	Suspend Merit Salary Inc for FY10 & FY11	(40,958)	(40,958)	(81,916)	(106,234)	(106,233)	(212,467)		
Check Up	3178	E671	Suspend Merit Salary Inc for FY10 & FY11	(11,355)	(21,473)	(32,828)	(28,470)	(53,827)	(82,297)		
Medicaid	3243	E671	Suspend Merit Salary Inc for FY10 & FY11	(67,617)	(74,700)	(142,317)	(175,185)	(193,536)	(368,721)		
Administration	3158	E672	Suspend Longevity for FY10 & FY11	(10,725)	(10,725)	(21,450)	(12,600)	(12,600)	(25,200)		
Check Up	3178	E672	Suspend Longevity for FY10 & FY11	(945)	(1,755)	(2,700)	(1,102)	(2,048)	(3,150)		
Medicaid	3243	E672	Suspend Longevity for FY10 & FY11	(17,888)	(17,887)	(35,775)	(20,775)	(20,775)	(41,550)		
Administration	3158	E673	Implement SAGE Comm Recomendations	(73,001)	(73,001)	(146,002)	(90,556)	(90,555)	(181,111)		
Check Up	3178	E673	Implement SAGE Comm Recomendations	(14,587)	(27,091)	(41,678)	(17,784)	(33,028)	(50,812)		
Medicaid	3243	E673	Implement SAGE Comm Recomendations	(114,621)	(114,620)	(229,241)	(141,809)	(141,809)	(283,618)		
Medicaid	3243	E680	Clinical Claims Editor	(644,807)	(483,296)	(1,128,103)	(644,807)	(483,296)	(1,128,103)		
Medicaid	3243	E681	Diabetic Supply Procurement	(175,770)	(175,770)	(351,540)	(175,770)	(175,770)	(351,540)	6,100	
Medicaid	3243	E682	Poly Pharmacy Criteria	(327,519)	(327,519)	(655,038)	(361,408)	(361,408)	(722,816)		820
Medicaid	3243	E683	Physician Administered Drug Rebates	(2,966,359)	(2,966,359)	(5,932,718)	(3,273,294)	(3,273,294)	(6,546,588)		
Medicaid	3243	E684	Care Management Contract	(3,000,000)	(3,000,000)	(6,000,000)	(3,000,000)	(3,000,000)	(6,000,000)	18,933	
Medicaid	3243	E685	County Indigent Clawback	(1,758,031)	1,758,031	-	(1,791,226)	1,791,226	-		
Medicaid	3243	E686	IGT Transfer from BA 3244	(27,773,234)	27,773,234	-	(28,131,270)	28,131,270	-		27
Total				(71,038,745)	(15,664,641)	(86,703,386)	(75,711,866)	(19,150,622)	(94,862,488)		

New in SFY 2010 - 2011

Biennial General Fund Cost Savings (146,750,611)

Extension of SFY 09 Reductions (104,864,352)

New Reductions 2010 - 2011 (41,886,259)

*Because grandfathering will allow current recipients to continue on the drugs they currently use, this impact is limited to new users of these drugs after implementation of Decision Unit E656

Division of Health Care Financing and Policy

Budget Reductions

- **Program Limits / Rate Reductions**
 - 2009 Initiatives Extended into 2010 – 2011
 - E650 Eliminate GME - SGF/3243 (\$820,430)
 - E651 Eliminate Physician Enhancements for Pediatrics and Obstetrics - 3243 (\$8,285,886)
 - E652 5% Hospital Rate Decrease – 3243 (\$10,934,369)
 - New Initiatives 2010 - 2011
 - E653 Eliminate HMO Incentive Payments - SGF/3243 (\$265,088)
 - E654 Additional 5% Hospital Rate Decrease - 3243 (\$10,934,369)
 - E655 Change TANF Income Eligibility Requirements – SGF/3243 (\$10,307,338)
 - E656 Include Prohibited Drugs on Preferred Drug List – SGF/3243 (\$3,012,571)
 - E657 Personal Care Service Rate Reduction – SGF/3243 (\$11,159,645)

Division of Health Care Financing and Policy

Budget Reductions

- **Program Reductions / Service Reductions**
 - 2009 Initiatives Extended into 2010 – 2011
 - E660 Limit Personal Care Services to 1 Hour for Bathing, Grooming, Dressing / Eliminate PSC for Exercise – SGF/3243 (\$9,951,777)
 - E661 Medicaid - Eliminate Routine Adult Vision Services SGF/3243 (\$1,294,665)
 - New Initiatives 2010 - 2011
 - E665 Eliminate of HIFA Waiver – SGF/3155 (\$389,856)
 - Eliminate insurance premium subsidies for employees of small businesses
 - Elimination of insurance coverage for pregnant women up to 185% of FPL

Division of Health Care Financing and Policy

Budget Reductions

- **New Revenues / Expenditure Offsets**
 - 2009 Initiatives Extended into 2010 – 2011
 - E680 Clinical Claims Editor – SGF/3243 (\$1,289,614)
 - E681 Diabetic Supply Procurement – SGF/3243 (\$351,540)
 - E682 Poly Pharmacy Criteria – SGF/3243 (\$688,927)
 - E683 Physician Administered Drug Rebates – SGF/3243 (\$6,239,653)
 - E684 Care Management Contract – SGF/3243 (\$6,000,000)
 - E685 County Indigent Clawback Payment Recovery SGF/3243 (\$3,549,257)
 - New Initiatives 2010 – 2011
 - E686 Transfer funding from BA 3244 – Indigent Supplemental Account to BA 3157 for Transfer to BA 3243 to pay state share of Medicaid Medical Expenditures – SGF (\$55,904,504)

Division of Health Care Financing and Policy

Federal Economic Stimulus

E417 – Enhanced FMAP

- Provides Hold Harmless FMAP of 52.64% Starting 1/1/09
- Provides for 8% Temporary FMAP Relief
- FY10 - \$70 Million
- FY 11 - \$22 Million

Division of Health Care Financing and Policy

TIR Request

- **Medicaid Management Information System (MMIS)**
- **Current Vendor – First Health Services Corporation (FHSC)**
- **Situation**
 - FHSC notified State 6/2008 they are exiting the MMIS business to concentrate on core competencies at the end of Nevada contract
 - FHSC, and their parent company, Coventry, have expressed willingness to extend Nevada contract past current termination date (September, 2012), if required

Division of Health Care Financing and Policy

TIR Request

- **Risks**
 - Reduced Service Levels
 - Experienced Staff Leaving
 - Management Focus
 - Desire to Accommodate our Needs
 - Cost
 - Last Contract Negotiation Result: 64.7% increase
 - Nevada will soon be FHSC's Sole Remaining MMIS, no other Customers over which to Leverage Costs
 - Sell our Contract
 - Exit the Business

Division of Health Care Financing and Policy

TIR Request

- **Assessment**
 - Service Level Reductions will Restrict our Ability to Respond to Changes
 - Cost Increases will be Uncontrollable
 - Likelihood of Company's Failure too Risky

Division of Health Care Financing and Policy

TIR Request

- **Recommendation**
 - Adopt Budget-Conscious Takeover Approach
 - Budget Neutral Takeover Vendor
 - Other Costs will be Minimized where Possible, in keeping with Sound Project Management Principles
- **Strategy**
 - Takeover
 - Vendor to set up Duplicate Environment
 - Scope: FA, Tools/Services, Hosting
 - Vendor Replaces Selected FHSC Tools/Services

Division of Health Care Financing and Policy

TIR Request

- **Timeline**
 - FY10 – Develop RFP, Procure Takeover Vendor, Quality Assurance & Project Management Support
 - FY11 – Perform Takeover Activities

Division of Health Care Financing and Policy

TIR Request

- **Costs**
 - Project Planning / Oversight
 - RFP, Project Management, Quality Assurance
 - CMS match 75/25
 - Operations Support
 - 3 staff (2 BPA's, 1 MA)
 - Costs
 - \$2,302,583 Total Computable Cost
 - \$575,646 General Fund
 - Implementation
 - Multi-year Contract

Division of Health Care Financing and Policy

TIR Request

- **Pros**
 - Stable Fiscal Agent Vendor
 - Predictable Costs
 - Dependable Support
- **Cons**
 - Cost
 - Staff
 - Delay Moving to new MMIS

Division of Health Care Financing and Policy

TIR Request

	Takeover / Transfer TIR					
	SFY 2010		SFY 2011		Biennium	
	Total	SGF	Total	SGF	Total	SGF
E277						
BPA III						
BPA II						
MA III						
Personnel	\$87,556.00	\$21,889.00	\$179,204.00	\$44,801.00	\$266,760.00	\$66,690.00
Other	\$17,926.00	\$4,482.00	\$18,387.00	\$4,597.00	\$36,313.00	\$9,079.00
Total E277	\$105,482.00	\$26,371.00	\$197,591.00	\$49,398.00	\$303,073.00	\$75,769.00
E588						
RFP Dev*	\$946,050.00	\$236,512.50	\$1,053,460.00	\$263,365.00	\$1,999,510.00	\$499,877.50
Total	\$1,051,532.00	\$262,883.50	\$1,251,051.00	\$312,763.00	\$2,302,583.00	\$575,646.50

*SGF is in BA 1325

Division of Health Care Financing and Policy

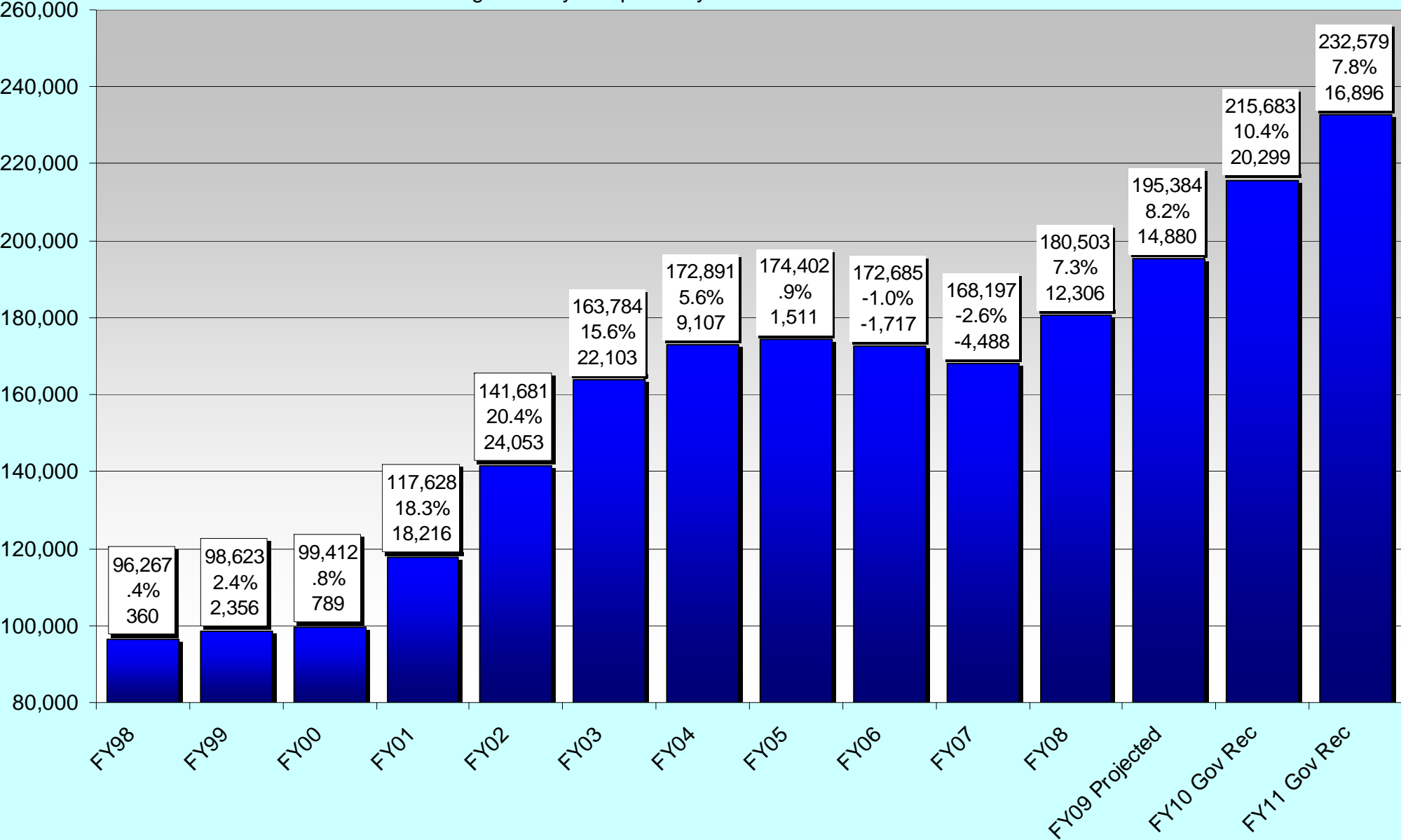
Transfer Medicaid Administration to BA 3158

- **E901** - transfer \$56.2 million (2010) and \$61.2 million (2011) in Medicaid Administration from BA 3243 to BA 3158
- **Benefits**
 - Places Administration costs in DHCFP Administration budget account
 - Allows ready identification of Administration vs. Medical Services Costs
 - Simplifies reporting and budgeting
 - Administration and Medical Services are separate grants / budgeted and reported separately for CMS
 - Medicaid FFP often differs for Administration and Medical Services
 - Simplifies cost allocation by placing all Medicaid staff in one BA
 - Substantially simplifies BA 3243 while not increasing level of complexity substantially in BA 3158

Division of Health Care Financing and Policy

Total Medicaid

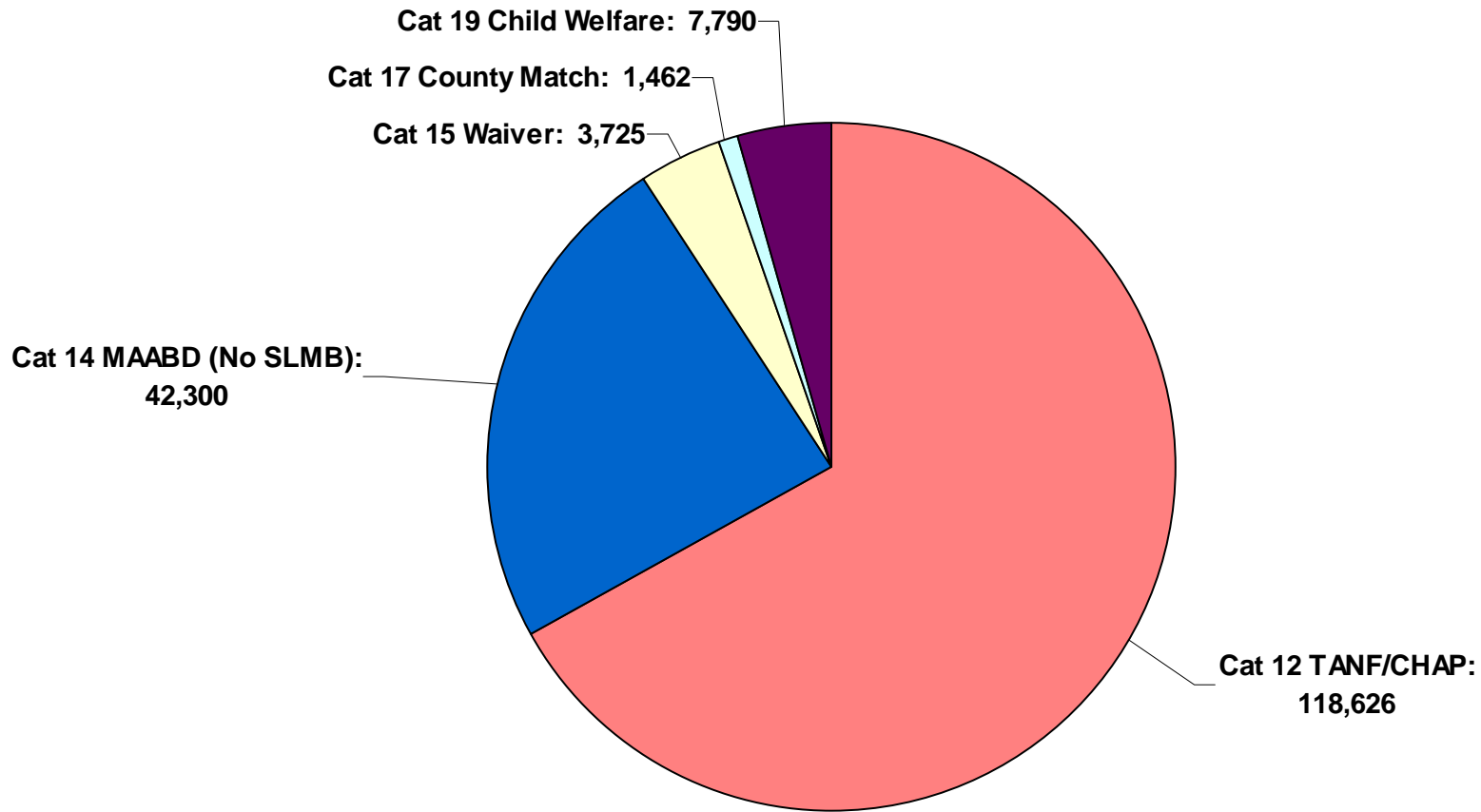
Average Monthly Recipients Fy 1998 - 2011. Includes SLMB



Division of Health Care Financing and Policy

Medicaid Average Monthly Caseload by Budget Category

SFY 2008

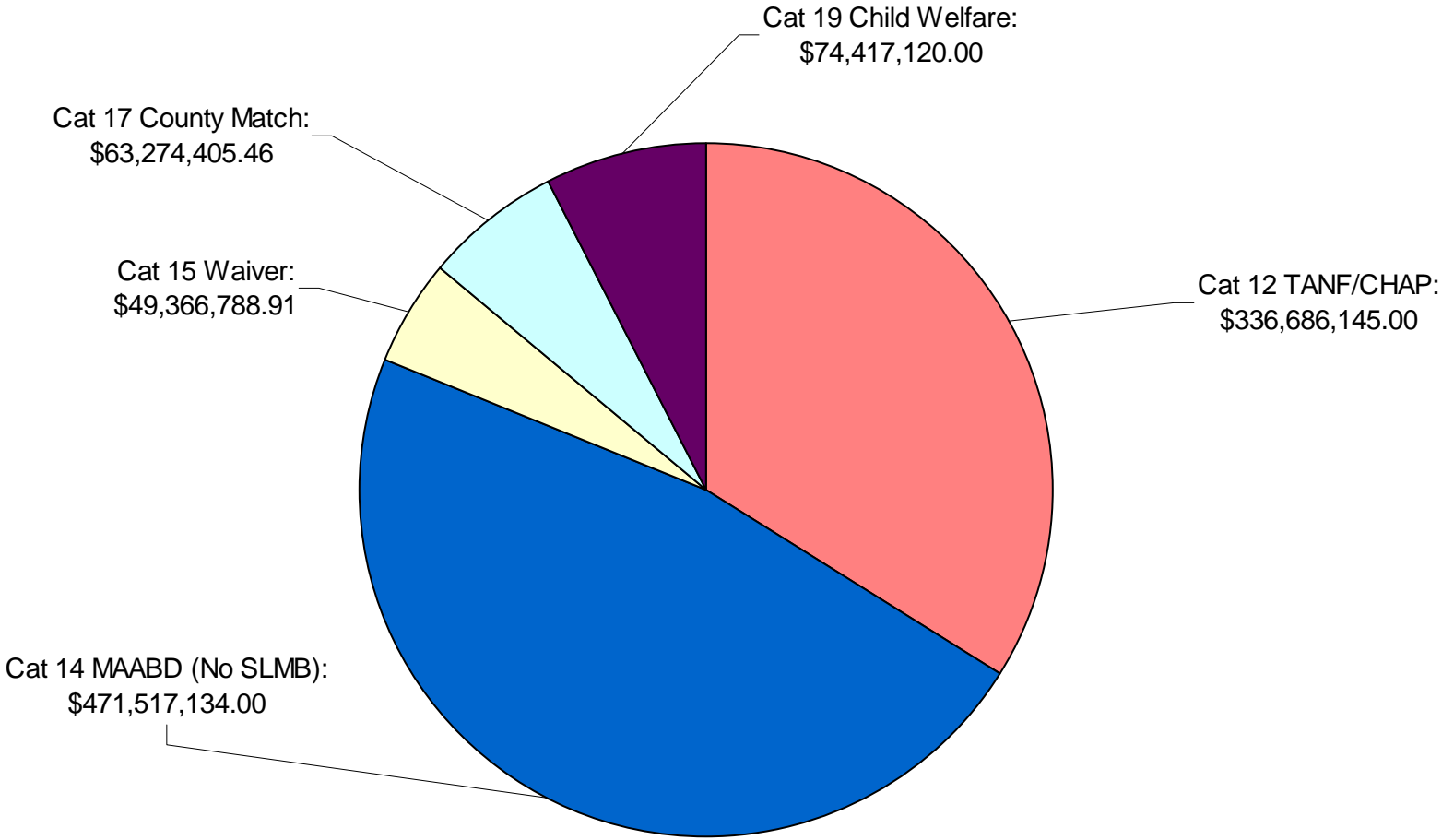


Total: 173,904

Division of Health Care Financing and Policy

Medicaid Cost by Budget Category

SFY 2008

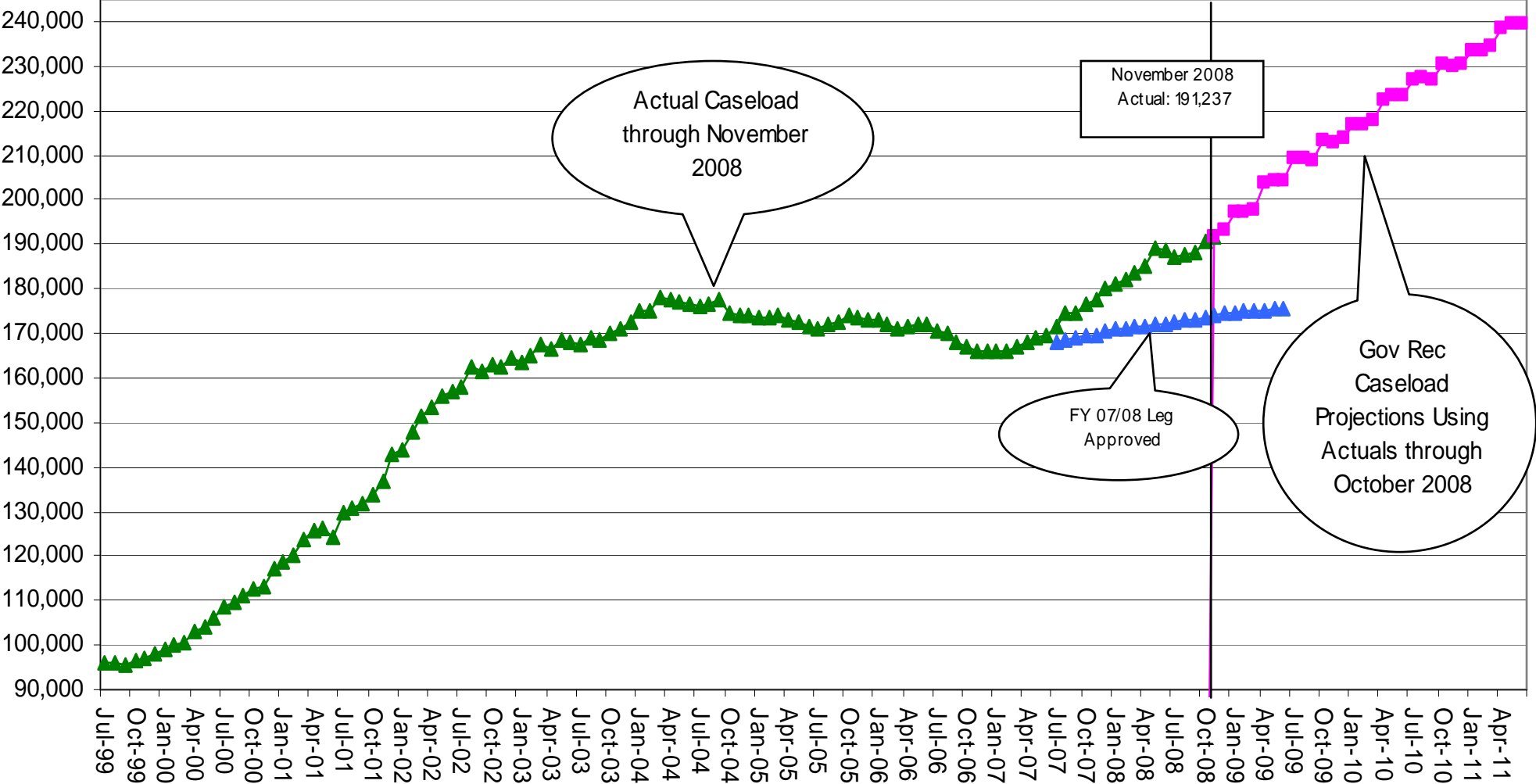


Total: \$995,261,593.37

Division of Health Care Financing and Policy

TOTAL MEDICAID WITH RETRO

June 2011
239,472



▲ Actual Caseload with Retro
 ■ Projected Caseload with Retro
 ▲ FY 07/08 Leg Approved

Division of Health Care Financing and Policy

BA 3243 MPP Summary

Costs		SFY 2010			SFY 2011			Biennium
	DU	General Fund	Other Funds	Total	General Fund	Other Funds	Total	General Fund
Inflation	M101	19,019,757	17,017,857	36,037,614	28,746,705	26,850,988	55,597,693	47,766,462
Caseload	M200	84,197,477	85,768,690	169,966,167	117,633,896	120,029,704	237,663,600	201,831,373
TOTAL		103,217,234	102,786,547	206,003,781	146,380,601	146,880,692	293,261,293	249,597,835

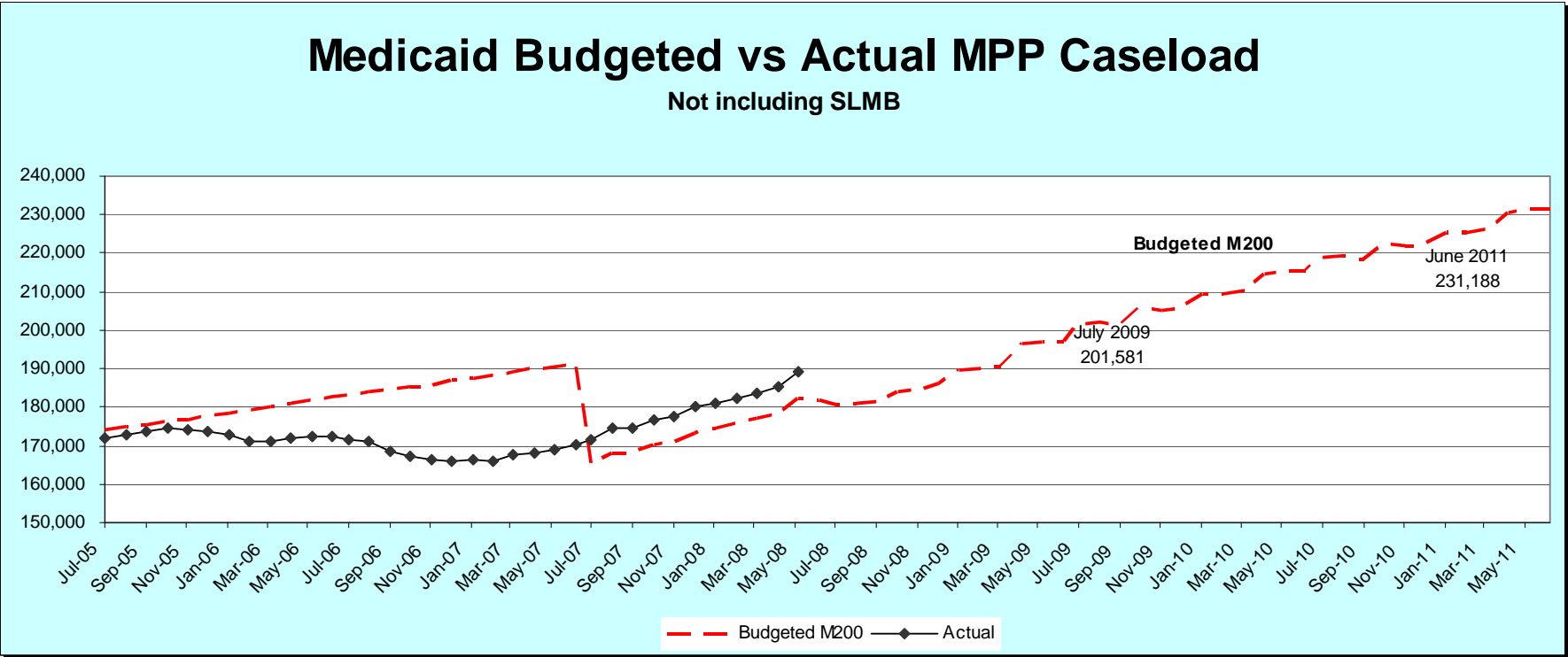
Total Member Months (does not include SLMB)

DU	SFY 2010	SFY 2011	Biennium
M200	2,496,248	2,693,864	5,190,112

Average Monthly Caseload (does not include SLMB)

DU	SFY 2010	SFY 2011	Biennium
M200	208,021	224,489	216,255

Division of Health Care Financing and Policy



Division of Health Care Financing and Policy

Decision Units

BA 3158 – DHCFP Administration

M502 – DSH Audits \$314,650

- Contract expenses for CPA firm to audit hospital indigent medical expenses.
- CMS rule change imposes additional audit requirements

E277 – TIR Staffing Costs \$75,768

- Three Staff MA III, 2 BPA II
- Takeover/Transfer of MMIS

E588 – MMIS TIR \$499,878

- Contract Costs for Procurement, Quality Assurance, and Project Management Support.
- SGF in BA 1325

Division of Health Care Financing and Policy

Decision Units

BA 3158 – DHCFP Administration

E720 – New Equipment \$11,000

- Wireless radio equipment to allow DHCFP network to communicate with DoIT

E800 – Sister Agency Increases \$0

- Includes increase in Title XIX funds required by DWSS

E901 – Transfer of Administrative Expenditures \$35,462,767

- Transfers Medicaid Administration expenditures from BA 3243 to 3158
- No net increase in SGF expenditures

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

M101 – Medical Inflation Calculated at M200 Caseload \$47,766,462

- HMO inflation 6.8% in SFY 09 / Actuary projection 4.71% (SFY 10), 5.02% (SFY 11)
- No pharmacy inflation and no NDC savings
- Non-Emergency transportation actuary projection 4.99% per year
- Residential treatment homes include \$8.2 million expected in SFY 09 and not included in Base
- Additional CMS mandated rate increases for hospice, IHS, IHS Title XIX only, FQHC, hospice, and miscellaneous CPT codes

M200 – Caseload Increases \$201,831,373

- Caseload increases 8.2% in SFY 09, 10.55% in SFY 10, 7.92% in SFY 11
- TANF/CHAP increases 10.48% in SFY 09, 13.92% in SFY 10, 9.91% in SFY 11

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E650 – Eliminate Graduate Medical Education Payments (\$820,430)

- Extends 2009 budget reduction into SFY 10 and 11
- Reduces payments to UMC (\$632,084), Renown (\$134,092), and Sunrise (\$54,252)

E651 – Eliminate Physician Rate Enhancements (\$8,285,886)

- Extends 2009 budget reduction into SFY 10 and 11
- Eliminates rate enhancements for pediatric and obstetric procedures

E652 – Reduce Hospital Rates 5% (\$10,934,369)

- Extends 2009 budget reduction into SFY 10 and 11

E653 – Eliminate HMO Incentive Payment (\$265,088)

- Eliminates \$265,008 in Base paid to HMOs for meeting targets in providing services
- Contract currently allows payment of up to \$1 million

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E654 – Reduce Hospital Rates Additional 5% (\$10,934,369)

- Reduces hospital rates additional 5% on July 1, 2009

E655 – TANF Income Eligibility Changes (\$10,307,337)

- Must be eliminated to receive FMAP relief
- Changes income disregards for TANF-Related Medicaid on October 1, 2009
- Ineligible recipients move to Transitional Medicaid for 12 months; cost savings begin October 1, 2010
- Eliminates 7,100 from TANF and CHAP rolls over Biennium

E656 – Places Prohibited Drugs on Preferred Drug List (\$3,012,571)

- Requires BDR
- Allows DHCFP to collect rebates on antipsychotics, anticonvulsants, anti-diabetic, and anti-rejection drugs

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E657 – Rate Reduction Personal Care Services (\$11,159,645)

- Reduces PSC rates by 16.2% on July 1, 2009
- Rates reduced from \$4.63 to \$3.88 per ¼ hour; from \$18.52 to 15.52 per hour
- Utilization of PSC projected at 3.7 million hours in SFY 10 and 3.8 million hours in SFY 11

E660 – Limit Personal Care Services (\$9,951,777)

- Extends SFY 09 budget reduction into SFY 10 and 11
- Limits PSC to 1 hour for bathing, grooming, and dressing; eliminates PSC for exercise
- Affects an estimated 5,200 recipients in SFY10 and 5,300 recipients in SFY11

E661 – Eliminate Non-Medical Vision Services for Adults (\$1,294,665)

- Extends SFY 09 budget reduction

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E680 – Clinical Claims Editor (\$1,289,614)

- Approved by Legislature in 2007 – 2009 biennial budget
- Cost savings from software installed in MMIS to identify claims ineligible for payment

E681 – Diabetic Supply Procurement (\$351,540)

- Extends SFY 09 budget reduction into SFY 10 and 11
- Allows for purchase of diabetic supplies through manufacturers that will provide rebates

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E682 – Poly Pharmacy Criteria (\$688,927)

- Extends SFY 09 budget reduction into SFY 10 and 11
- Program to reduce multiple prescriptions for drug by different physicians for the same purpose

E683 – Physician Administered Drug Rebates (\$6,239,653)

- Extends SFY 09 budget reduction into SFY 10 and 11
- CMS requirement to include NDC # on physician administered drugs allows DHCFP to collect rebates on these drugs

E684 – Care Management Contract (\$6,000,000)

- Extends SFY 09 budget reduction into SFY 10 and 11
- APS contract for care management requires \$6 million net cost savings in SFY 10; assumes contract will continue on same terms in SFY 11

Division of Health Care Financing and Policy

Decision Units

BA 3243 – Nevada Medicaid

E685 – Recovery of County Indigent Clawback Payments
(\$3,549,257)

- DHCFP currently pays clawback payment for Medicare Part D dual eligibles
- DU is cost savings from billing counties for portion of clawback paid for County Match recipients

E800 – Payments Adjustments to State Agencies \$41,415

- Includes adjustments in Medicaid payments to Health Division, MHDS, and DCFS

E900 – Transfer SGF to DAS BA 3151 (\$471,678)

- Transfers SGF for Medicaid Administration to DAS budget account

E901 – Medicaid Administration Transfer BA 3243 to BA 3158
(\$35,462,767)

- Transfers Medicaid Administration expenditure from BA 3158 to BA 32

E902 – Transfer SGF to DAS BA 3146 (\$4,021,151)

- Transfers SGF for Medicaid Administration to DAS budget account

Division of Health Care Financing and Policy

NEBS220

State of Nevada - Budget Division
 Budget Highlight - 2009 - 2011 Biennium
 GOVERNOR RECOMMENDS - All DU Type - Compact
 with DU Synopsis

1/23/09 2:48 PM

Department: 40 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division: 403 HEALTH CARE FINANCING & POLICY

BA Priority	Dept. Priority	BA	BA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3155	HCF&P - HIFA HOLDING ACCOUNT	B000	192,706	197,150	389,856	192,706	197,150	389,856	0.00	0.00
Continues categorical expenditures at the FY 2008 base levels. (See Attachment)												
0	0	3155	HCF&P - HIFA HOLDING ACCOUNT	M150	2,222	-2,222	0	2,222	-2,222	0	0.00	0.00
1	9999	3155	HCF&P - HIFA HOLDING ACCOUNT	E665	-194,928	-194,928	-389,856	-194,928	-194,928	-389,856	0.00	0.00
This request eliminates the HIFA waiver, which provides insurance premium subsidies of up to \$100 per month to low-income employees of small businesses (3 total recipients) and provides coverage for pregnant women up to 185% FPL (94 total recipients). Federal regulations require that the HIFA coverage be eliminated in order to cap Nevada Check Up enrollment.												
Total for Budget Account: 3155					0	0	0	0	0	0	0.00	0.00

BA Priority	Dept. Priority	BA	BA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3157	HCF&P - INTERGOVERNMENTAL TRANSFER PROGRAM	B000	0	95,572,042	95,572,042	0	95,572,042	95,572,042	0.00	0.00
This request continues categorical expenditures at FY 2008 levels.												
0	0	3157	HCF&P - INTERGOVERNMENTAL TRANSFER PROGRAM	M150	0	-12,676,859	-12,676,859	0	-11,972,344	-11,972,344	0.00	0.00
This request recommends elimination of the reserve for reversion, adjusts the balance forward from the previous year, eliminates University of Nevada School of Medicine (UNSONM) receipts and increases receipts from local governments to the estimated Inter Governmental Transfer account (IGT) each year.												
1	9999	3157	HCF&P - INTERGOVERNMENTAL TRANSFER PROGRAM	E900	0	27,773,234	27,773,234	0	28,131,270	28,131,270	0.00	0.00
Transfers funds from the Department of Health and Human Services' Directors Office Indigent Supplemental Account (BA 3244). These funds will be transferred to Nevada Medicaid (BA 3243) to reduce the state General Fund required to pay the state share of medical services costs.												
Total for Budget Account: 3157					0	110,668,417	110,668,417	0	111,730,968	111,730,968	0.00	0.00

Division of Health Care Financing and Policy

NEBS220

State of Nevada - Budget Division
 Budget Highlight - 2009 - 2011 Biennium
 GOVERNOR RECOMMENDS - All DU Type - Compact
 with DU Synopsis

1/23/09 2:48 PM

BA Priority	Dept. Priority	BA	BA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3158	HCF&P - ADMINISTRATION	B000	2,662,241	20,483,928	23,146,169	2,700,890	20,616,618	23,317,508	93.51	93.51
This request continues funding for 93.51 employees and associated operating costs. One-time expenditures have been eliminated and partial year costs have been annualized.												
0	0	3158	HCF&P - ADMINISTRATION	M150	-139,887	-807,368	-947,275	-51,527	-1,111,895	-1,163,422	0.00	0.00
This request recommends adjustments to base expenditures including elimination of one time expenditures and annualization of partial year expenditures for continuation of programs.												
0	9999	3158	HCF&P - ADMINISTRATION	E670	-187,283	-187,262	-374,565	-191,188	-191,188	-382,376	0.00	0.00
This request implements a temporary salary reduction of 6% for the 2009-2011 biennium.												
0	9999	3158	HCF&P - ADMINISTRATION	E671	-40,958	-40,958	-81,916	-106,234	-106,233	-212,467	0.00	0.00
This request suspends merit increases for the 2009-2011 biennium.												
0	9999	3158	HCF&P - ADMINISTRATION	E672	-10,725	-10,725	-21,450	-12,600	-12,600	-25,200	0.00	0.00
This request suspends longevity payments for the 2009-2011 biennium.												
0	9999	3158	HCF&P - ADMINISTRATION	E673	-73,001	-73,001	-146,002	-90,556	-90,555	-181,111	0.00	0.00
This request implements the SAGE Commission recommendations regarding the Active Employee Group Insurance Subsidy and the Retired Employee Group Insurance Subsidy.												
0	0	3158	HCF&P - ADMINISTRATION	M100	-77,245	-77,244	-154,489	-73,415	-73,415	-146,830	0.00	0.00
This request reflects rate changes for internal service funds such as the Department of Information Technology, Attorney General, Motor Pool, State-owned building rent, vehicle insurance, personnel assessments, and property and contents insurance.												
0	9999	3158	HCF&P - ADMINISTRATION	M300	30,778	30,778	61,556	55,803	55,804	111,607	0.00	0.00
This request reflects changes to fringe benefit rates.												
3	9999	3158	HCF&P - ADMINISTRATION	M502	207,100	207,100	414,200	107,550	107,550	215,100	0.00	0.00
This request provides funding for auditing hospitals that receive Disproportionate Share Hospital (DSH) payments. This service will be performed by an independent contractor.												

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5	9999	3158	HCF&P - ADMINISTRATION	E720	11,000	11,000	22,000	0	0	0	0.00	0.00
<p>This request funds the purchase of wireless radio towers for the Las Vegas and Reno district offices, which conforms with the Department of Information Technology's recommendation to achieve data service consolidation in the DoIT hosting center.</p>												
7	9999	3158	HCF&P - ADMINISTRATION	E800	0	2,782,264	2,782,264	0	4,692,309	4,692,309	0.00	0.00
<p>This request reflects projected payment increases for the Division of Welfare and Supportive Services for Medicaid administration.</p>												
9	9999	3158	HCF&P - ADMINISTRATION	E277	26,370	79,112	105,482	49,398	148,193	197,591	3.00	3.00
<p>This request represents a procurement for a takeover/transfer of the existing Medicaid Management Information System (MMIS), as the division was notified in June 2008 that First Health Services Corporation is exiting the health care and fiscal agent markets. Full MMIS procurement includes hosting, fiscal agent and taking over the complete MMIS tool set. The request also includes three new staff with related operating and equipment expenses. The positions include two Business Process Analyst IIs and one Management Analyst III. This is a companion to decision unit E568, which is the Technology Information Request (TIR) portion. This project will receive a 75% federal match from the Center for Medicare and Medicaid Services (CMS) versus the standard 50% match.</p>												
10	9999	3158	HCF&P - ADMINISTRATION	E568	0	709,537	709,537	0	790,095	790,095	0.00	0.00
<p>This request represents a procurement for a takeover/transfer of the existing Medicaid Management Information System (MMIS), as the division was notified in June 2008 that First Health Services Corporation is exiting the health care and fiscal agent markets. Full MMIS procurement includes hosting, fiscal agent and taking over the complete MMIS tool set. This is a companion to decision unit E277, which is the staffing and support function of this request. This project will receive a 75% federal match from the Center for Medicare and Medicaid Services (CMS) versus the standard 50% match.</p>												
11	9999	3158	HCF&P - ADMINISTRATION	E901	18,255,888	35,682,840	53,938,728	17,206,879	41,722,245	58,929,124	151.00	151.00
<p>This request transfers administrative expenditures to budget account 3158, Division of Health Care Financing and Policy Administration. The division receives separate federal grants for administration and medical services, which must be reported separately to the federal government. Since a substantial portion of the administrative expenditures are included in the Medicaid budget, this transfer would simplify budgeting, accounting, federal reporting requirements and allow for a more effective cost allocation of expenditures. This request includes the transfer of 151 employees and related expenses.</p>												
Total for Budget Account: 3158					20,664,278	58,789,961	79,454,239	19,595,000	66,546,928	86,141,928	247.51	247.51
BA Priority	Dept. Priority	BA	BA Description	Doc Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3160	HCF&P - INCREASED QUALITY OF NURSING CARE	B000	0	26,327,114	26,327,114	0	26,327,114	26,327,114	0.00	0.00
<p>This request continues categorical expenditures at FY 2008 levels.</p>												

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0	0	3160	HCF&P - INCREASED QUALITY OF NURSING CARE	M150	0	-4,140,960	-4,140,960	0	-4,096,740	-4,096,740	0.00	0.00
This request recommends adjustments for Long Term Care (LTC) Provider tax revenues and expenditures to projected amounts for FY 2010 and FY 2011.												

Total for Budget Account: 3160

					0	22,186,154	22,186,154	0	22,230,374	22,230,374	0.00	0.00
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BA Priority	Dept Priority	BA	BA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3178	HCF&P - NEVADA CHECK-UP PROGRAM	B000	12,609,697	28,809,588	41,419,285	12,628,662	28,844,813	41,473,475	29.51	29.51
This request continues funding for 29.51 employees and associated operating costs. One-time expenditures have been eliminated and partial year costs have been annualized.												
0	0	3178	HCF&P - NEVADA CHECK-UP PROGRAM	M150	524,249	-70,526	453,723	525,915	-21,779	504,136	0.00	0.00
This request reflects adjustments to base expenditures including elimination of one time expenditures and annualization of partial year expenditures for continuation of programs.												
0	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E670	-30,581	-56,794	-87,375	-31,669	-58,815	-90,484	0.00	0.00
This request implements a temporary salary reduction of 6% for the 2009-2011 biennium.												
0	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E671	-11,355	-21,473	-32,828	-28,470	-53,827	-82,297	0.00	0.00
This request suspends merit increases for the 2009-2011 biennium.												
0	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E672	-945	-1,755	-2,700	-1,102	-2,048	-3,150	0.00	0.00
This request suspends longevity payments for the 2009-2011 biennium.												
0	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E673	-14,587	-27,091	-41,678	-17,764	-33,028	-50,812	0.00	0.00
This request implements the SAGE Commission recommendations regarding the Active Employee Group Insurance Subsidy and the Retired Employee Group Insurance Subsidy.												
0	0	3178	HCF&P - NEVADA CHECK-UP PROGRAM	M100	-2,315	-4,298	-6,613	-5,333	-9,905	-15,238	0.00	0.00

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BA Priority	Dept. Priority	BA	BA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
			This request reflects rate changes for internal service funds such as the Department of Information Technology, Attorney General, Motor Pool, State-owned building rent, vehicle insurance, personnel assessments, and property and contents insurance.									
0	0	3178	HCF&P - NEVADA CHECK-UP PROGRAM	M101	1,925,521	3,584,146	5,509,667	2,129,096	4,528,563	6,957,659	0.00	0.00
			This request reflects federally mandated rate increases for HMO's and non-emergency transportation. It increases Nevada Check Up payments to Qualified Health Centers, Rural Health Centers, Indian Health Services and miscellaneous procedure codes to achieve parity with Medicaid rates.									
0	0	3178	HCF&P - NEVADA CHECK-UP PROGRAM	M160	-57,317	-106,447	-163,764	-71,064	-131,976	-203,040	-4.00	-4.00
			This request eliminates four positions: a Management Analyst III, an Administrative Assistant II, and two Family Service Specialist IIs that were legislatively approved for SFY 2008 but not filled due to capping the Health Insurance Flexibility and Accountability waiver (HIFA) Waiver as a result of budget reductions.									
0	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	M300	535	994	1,529	8,619	16,007	24,626	0.00	0.00
			This request reflects changes to fringe benefit rates.									
1	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E667	-1,523,949	-3,126,875	-4,650,824	-1,464,453	-3,016,389	-4,480,842	0.00	0.00
			This request caps Nevada Check Up enrollment at 25,000 recipients.									
2	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E665	20,090	-20,090	0	20,090	-20,090	0	0.00	0.00
			This request eliminates the HIFA waiver including the HIFA Holding Account transfer that funds the state share of Nevada Check Up staffing that were cost allocated in SFY 2008. This is a companion to decision unit M160, which eliminates four positions.									
3	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E666	-349,061	-648,257	-997,318	-349,061	-648,257	-997,318	0.00	0.00
			This request eliminates non-emergency vision services and orthodontia, and caps dental services at \$600 per year.									
4	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E661	66,764	122,133	187,807	66,764	122,133	187,807	0.00	0.00
			This request eliminates professional pediatric and obstetric rate enhancements which apply to certain procedures performed on recipients under twenty-one years of age and for specific obstetric services. This became effective September 8, 2008.									

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5	0000	3178	HCF&P - NEVADA CHECK-UP PROGRAM	F652	-6,847	-12,715	-19,562	-6,847	-12,715	-19,562	0.00	0.00
This request reduces in-patient hospital payments as a result of a 5% hospital rate reduction implemented September 8, 2008.												
6	9999	3178	HCF&P - NEVADA CHECK-UP PROGRAM	E654	-6,847	-12,715	-19,562	-6,847	-12,715	-19,562	0.00	0.00
This request reduces inpatient hospital payments an additional 5% relative to hospital rates to be implemented July 2009.												
Total for Budget Account: 3178					13,010,524	28,763,859	41,774,383	13,563,988	29,245,706	42,809,694	25.51	25.51
BA Priority	Dept. Priority	BA	BA Description	Doc Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	B000	467,180,829	804,448,394	1,271,629,223	467,291,400	804,595,888	1,271,887,288	151.00	151.00
This request continues funding for 151 employees and associated operating costs. One-time expenditures have been eliminated and partial year costs have been annualized.												
0	0	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	M150	11,160,899	-13,253,065	-2,092,166	9,853,272	-11,945,327	-2,092,055	0.00	0.00
This request reflects adjustments recommended to base expenditures including elimination of one time expenditures and annualization of partial year expenditures for continuation of programs.												
0	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E670	-285,698	-285,698	-571,396	-292,947	-292,946	-585,893	0.00	0.00
This request implements a temporary salary reduction of 6% for the 2009-2011 biennium.												
0	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E671	-67,617	-74,700	-142,317	-175,185	-193,536	-368,721	0.00	0.00
This request suspends merit increases for the 2009-2011 biennium.												
0	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E672	-17,688	-17,667	-35,355	-20,775	-20,775	-41,550	0.00	0.00
This request suspends longevity payments for the 2009-2011 biennium.												
0	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E673	-114,621	-14,620	-129,241	-141,809	-141,809	-283,618	0.00	0.00

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			This request implements the SAGE Commission recommendations regarding the Active Employee Group Insurance Subsidy and the Retired Employee Group Insurance Subsidy.									
0	0	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	M100	-122,182	-122,181	-244,363	-123,397	-123,397	-246,794	0.00	0.00
			This request reflects rate changes for internal service funds such as the Department of Information Technology, Attorney General, Motor Pool, State-owned building rent, vehicle insurance, personnel assessments, and property and contents insurance.									
0	0	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	M101	19,019,757	17,017,857	36,037,614	28,746,705	26,850,988	55,597,693	0.00	0.00
			This request includes agency specific inflation for medical services, mandatory rate increases for HMO and non-emergency transportation, as these are capitated programs, Centers for Medicare and Medicaid Services (CMS) mandated annual rate increases for Federally Qualified Health Centers, Rural Health Centers, Indian Health Services, hospice and miscellaneous CPT codes. This also includes a rate increase that resulted from approval of a Medicaid State Plan Amendment governing Residential Treatment Centers. As a condition of this approval, the division is required to unbundle rates, which will increase provider reimbursements. It does not include any pharmacy inflation rate increases; though pharmacy rates are increased annually, the Division has experienced no increase in pharmacy Cost Per Eligible (CPE). This is attributable, in part, to implementation of a requirement that all drug claims must include a National Drug Code (NDC), which has reduced pharmacy utilization.									
0	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	M300	2,148	2,149	4,297	61,816	61,817	123,633	0.00	0.00
			This request reflects charges to fringe benefit rates.									
5	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E660	-4,915,235	-4,915,234	-9,830,469	-5,036,542	-5,036,542	-10,073,084	0.00	0.00
			This request limits Personal Care Services for bathing, grooming, and dressing to one hour per day per recipient and eliminates Personal Care Services for exercise effective September 17, 2008.									
6	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E652	-5,351,076	-5,532,131	-10,883,207	-5,583,293	-5,772,204	-11,355,497	0.00	0.00
			This request reduces inpatient hospital payments as a result of a 5% hospital rate reduction implemented on September 8, 2008.									
7	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E661	-633,526	-633,526	-1,267,052	-661,139	-661,140	-1,322,279	0.00	0.00
			This request reduces payments to optometrists, opticians, and optical businesses as a result of eliminating non-emergency vision services for adults.									
6	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E655	-4,051,596	-4,051,597	-8,103,193	-6,255,742	-6,255,742	-12,511,484	0.00	0.00

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			This request revises Medicaid eligibility for income disregards and will move recipients to Transitional Medicaid effective October 2009, which results in these recipients becoming ineligible for Medicaid effective October 2010.									
9	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E651	-4,033,006	-4,033,006	-8,066,012	-4,252,880	-4,252,879	-8,505,759	0.00	0.00
			This request eliminates professional pediatric and obstetric rate enhancements for certain procedures performed on recipients under twenty one years of age and for specific obstetric services. This became effective September 8, 2009.									
10	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E684	-3,000,000	-3,000,000	-6,000,000	-3,000,000	-3,000,000	-6,000,000	0.00	0.00
			This request includes costs and cost savings associated with the APS contract which provides health care management and coordination for the most costly Medicaid recipients.									
11	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E683	-2,966,359	-2,966,359	-5,932,718	-3,273,294	-3,273,254	-6,546,548	0.00	0.00
			This request includes cost savings from physician administered drug payments, which is made possible by a Center for Medicare and Medicaid Services' requirement to include the National Drug Code (NDC) number on all prescription drugs.									
12	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E685	-1,758,031	1,758,031	0	-1,791,226	1,791,226	0	0.00	0.00
			This request includes General Fund savings attributed to charging the counties for Medicare Part D Clawback payments to the federal government for dual eligibles.									
13	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E656	-1,432,190	-1,432,190	-2,864,380	-1,580,361	-1,580,361	-3,160,722	0.00	0.00
			This request allows drugs that are currently exempted by statute to be added to the Medicaid Preferred Drug List. Cost savings will depend on passage of a Bill Draft Request submitted to the 2009 Nevada Legislature.									
14	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E650	-410,215	-410,214	-820,429	-410,215	-410,214	-820,429	0.00	0.00
			This request eliminates payments to hospitals for Graduate Medical Education (GME) which was discontinued effective October 1, 2008 to achieve a 3.3% budget reduction approved by the 24th Special Legislative Session.									
15	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E680	-644,807	-483,296	-1,128,103	-644,807	-483,296	-1,128,103	0.00	0.00
			This request includes cost savings associated with the installation of the McKesson Clinical Claims Editor in the Medicaid Management Information System.									
16	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E682	-327,519	-327,519	-655,038	-361,408	-361,408	-722,816	0.00	0.00

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			This request includes cost savings from implementing Poly Pharmacy Criteria that prevent prescription of multiple drugs in the same therapeutic class.										
17	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E681	-175,770	-75,770	-351,540	-175,770	-175,770	-351,540	0.00	0.00	
			This request includes cost savings from implementing more efficient diabetic supply procurement practices in state Fiscal Year 2009.										
18	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E653	-132,544	-32,544	-265,088	-132,544	-132,544	-265,088	0.00	0.00	
			This request eliminates HMO incentive payments.										
20	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E657	-5,499,712	-5,499,714	-10,999,426	-5,659,933	-5,559,934	-11,319,867	0.00	0.00	
			This request reduces Personal Care Services reimbursements by 16.2% from \$4.63 to \$3.88 per 15 minutes, which equates to an hourly reduction from \$18.52 to \$15.52 per hour.										
21	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E654	-3,351,076	-5,532,131	-10,883,207	-3,583,293	-5,772,204	-11,355,497	0.00	0.00	
			This request reduces inpatient hospital payments as a result of an additional 5% hospital rate reduction scheduled for implementation effective July 1, 2009.										
22	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E800	18,212	18,762,368	18,780,580	23,203	15,769,120	15,792,323	0.00	0.00	
			This request adjusts authority for Medicaid administration and medical service payments to other state agencies, including the Division of Health's Maternal and Child Health program, Mental Health and Developmental Services' (MHDS) Quality Assurance program, Division of Health's Licensing and Certification program, and MHDS' medical services.										
23	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E900	-235,472	0	-235,472	-236,206	0	-236,206	0.00	0.00	
			This request transfers the General Fund portion of payments for Medicaid Administration to the Division of Aging Services (BA 3151).										
24	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E902	-2,001,473	0	-2,001,473	-2,019,378	0	-2,019,378	0.00	0.00	
			This request transfers General Funds to the Division of Aging Services (BA 3146).										
25	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E901	-18,255,888	-35,682,840	-53,938,728	-17,206,879	-41,722,245	-58,929,124	-151.00	-151.00	

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			This request transfers administrative expenditures to budget account 3158, Division of Health Care Financing and Policy Administration. The division receives separate federal grants for administration and medical services, which must be reported separately to the federal government. Since a substantial portion of the administrative expenditures are included in the Medicaid budget, this transfer would simplify budgeting, accounting, federal reporting requirements and allow for a more effective cost allocation of expenditures. This request includes the transfer of 151 employees and related expenses.									
27	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	M200	84,197,477	85,768,690	169,966,167	117,633,896	120,029,704	237,663,600	0.00	0.00
			This request includes cost increases due to caseload projections based on the Welfare and Supportive Services Division and the Department of Health and Human Services' Unemployment caseload forecasts.									
29	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E417	-70,330,000	70,330,000	0	-22,551,746	22,551,746	0	0.00	0.00
			This request reflects an increase for the Federal Medical Assistance Percentage (FMAP) to 58% effective in federal fiscal year 2010.									
30	9999	3243	HCF&P - NEVADA MEDICAID, TITLE XIX	E686	-27,773,234	27,773,234	0	-28,131,270	28,131,270	0	0.00	0.00
			This request receives funds through the Intergovernmental Transfer Account from the Indigent Supplemental Fund (BA 3244). The additional funds reduce the state General Fund required to pay the state share of Medicaid medical services costs.									
Total for Budget Account: 3243					421,692,587	937,184,481	1,358,877,068	508,308,233	922,516,152	1,430,824,385	0.00	0.00

DA Priority	Dept Priority	DA	DA Description	Dec Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
0	0	3247	HCF&P - HIFA MEDICAL	B000	1,200,000	-179,021	1,020,979	1,200,000	-179,021	1,020,979	0.00	0.00
			Continues categorical expenditures at FY 2008 base levels.									
0	0	3247	HCF&P - HIFA MEDICAL	M150	-1,200,000	1,200,000	0	-1,200,000	1,200,000	0	0.00	0.00
1	9999	3247	HCF&P - HIFA MEDICAL	E665	0	-1,020,979	-1,020,979	0	-1,020,979	-1,020,979	0.00	0.00
			This request eliminates the HIFA waiver, which provides insurance premium subsidies of up to \$100 per month to low-income employees of small businesses and provides insurance coverage for pregnant women up to 185% of the Federal Poverty Level (FPL).									
2	9999	3247	HCF&P - HIFA MEDICAL	E666	399,717	0	399,717	0	0	0	0.00	0.00

Division of Health Care Financing and Policy

NEBS220

State of Nevada - Budget Division
 Budget Highlight - 2009 - 2011 Biennium
 GOVERNOR RECOMMENDS - All DU Type - Compact
 with DU Synopsis

1/23/09 2:48 PM

BA Priority	Dept Priority	BA	BA Description	Doc Unit	General Fund FY 2010	Other FY 2010	Total 2010	General Fund FY 2011	Other FY 2011	Total 2011	FTE FY 2010	FTE FY 2011
			This request provides a state General Fund appropriation for the coverage of medical services costs of pregnant women who are enrolled in HiFA at the time the waiver is terminated on July 1, 2009. The appropriation will allow recipients to continue their enrollment through two months postpartum.									
Total for Budget Account: 3247					399,717	0	399,717	0	0	0	0.00	0.00
Total for Division: 403					455,767,106	1,156,992,872	1,612,759,978	541,467,221	1,152,270,128	1,693,737,349	273.02	273.02
Total for Department: 40					455,767,106	1,156,992,872	1,612,759,978	541,467,221	1,152,270,128	1,693,737,349	273.02	273.02
Grand Total :					455,767,106	1,156,992,872	1,612,759,978	541,467,221	1,152,270,128	1,693,737,349	273.02	273.02

Division of Health Care Financing and Policy

FTE Summary

3158 Medicaid		FY 08	FY 09	FY 10	FY 11
Base		95.02	95.02	93.51	93.51
E277	<i>Staffing</i>				
	Business Process Analyst (2): Management Analyst (1)			3	3
E901	<i>Staffing-Transfer</i>				
	Transfer All Staff From BA 3243			151	151
3158 Medicaid Administration TOTAL		95.02	95.02	247.51	247.51

3243 Nevada Medicaid		FY 08	FY 09	FY 10	FY 11
Base		148	151	151	151
E901	<i>Staffing-Transfer</i>				
	Transfer All Staff To BA 3158			-151	-151
3243 Nevada Medicaid TOTAL		148	151	0	0

3178 Nevada Check Up		FY 08	FY 09	FY 10	FY 11
Base		28.51	29.51	29.51	29.51
M160	<i>Position Reductions Approved in 07-09</i>				
	Eliminate HIFA Waiver			-4	-4
3178 Nevada Check Up TOTAL		28.51	29.51	25.51	25.51

		FY 08	FY 09	FY 10	FY 11
Division of Healthcare Financing and Policy Totals		271.53	275.53	273.02	273.02

Division of Health Care Financing and Policy

BDR Summary

<u>BDR#</u>	<u>DOA#</u>	<u>DHHS#</u>	<u>Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
12			Division of Health Care Financing and Policy	422.4025	This statute prohibits the Division from adding specific classes of drugs to the Preferred Drug List (PDL). The PDL does not prohibit access to these drugs but allows the Division to receive additional supplemental drug rebates for the manufacturers participating in the program.	The Division could reduce pharmacy expenditures by approximately \$2.2 million in combined federal and state monies, per year. There is no negative impact on access to care for this initiative.

<u>BDR#</u>	<u>DOA#</u>	<u>DHHS#</u>	<u>Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
			Division of Health Care Financing and Policy	422.276(3) Revise 422.306 Eliminate 422.3045	Provides a mechanism to avoid hearings provided for in NRS 422.276(3). Will eliminate additional hearing requests from both recipients and providers should the State pass laws reducing and/or eliminating eligibility and/or optional services to Medicaid or Nevada Check Up recipients.	The impact would be to eliminate hearings for all recipients and/or providers who are adversely affected by changes or elimination of medical assistance regulations.

<u>BDR#</u>	<u>DOA#</u>	<u>DHHS#</u>	<u>Division</u>	<u>NRS</u>	<u>Description</u>	<u>Impact</u>
			Division of Health Care Financing and Policy	422.380 - 422.390 NAC 422.200 NAC 422.210	To revise the statutes related to Disproportionate Share Hospital to be in compliance with the DSH final rule published in the Federal Register on December 19, 2008 which implements 42 CFR 447.229 (c) and (d) and 42 CFR 455.300 through 455.304. To also ensure that the State may continue to receive a DSH allotment under section 1903(a)1 and 1923 of the act, and to allow an accurate calculation for the distribution of the allotment.	The impact of this BDR is still under review by the Director of the Department of Health and Human Services, and an exact determination of its impact is still forthcoming.

Division of Health Care Financing and Policy

Supplemental Appropriation

Supplemental Appropriation			
	Total	SGF	Title XIX
SGF	\$31,151,455	\$31,151,455	
Other Revenues	\$57,814,936		\$57,814,936
Total Revenues	\$88,966,391	\$31,151,455	\$57,814,936
Cat 12 - TANF/CHAP	\$37,182,779	\$18,591,389	\$18,591,390
Cat 14 - MAABD	\$44,489,503	\$22,244,751	\$22,244,752
Cat 19 - Child Welfare	\$7,294,109	\$3,760,422	\$3,533,687
FMAP Hold Harmless Relief		(\$13,445,107)	\$13,445,107
Total Expenditures	\$88,966,391	\$31,151,455	\$57,814,936