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NNY C. GUINN Governor

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES

MICHAEL J. WILLDEN

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DIVISION OF HEALTH CARE FINANCING AND POLICY

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Administrator

MEDICAID WHITE PAPER ON OPTIONAL PROGRAM EXPENDITURE AND COST SAVINGS IMPLEMENTATION January 15, 2003

The federal government mandates State Medicaid Agencies to provide medical, hospital, long-term care (ages 21 and older) and other core medical services to all eligible groups. Other services — such as prescription drugs, chiropractic services, hospice care, eyeglasses and rehabilitative services — states have the option of covering. If the State chooses to offer an optional service, it must be offered to all eligible groups. The optional services are offered because the cost of providing them is deemed to be less than the cost of treating the more severe illnesses that may result from not covering the cost of the optional service. For individuals under 21 years of age, all mandatory and optional services must be provided, if medically necessary.

In 1991, budget cuts were necessary. Therefore, chiropractic and podiatric services were cut from the Nevada Medicaid State Plan and are only provided to federally required groups (EPSDT and QMB). For example, if a Medicaid recipient over the age of 21 who is not a qualified Medicare beneficiary (QMB) has an ingrown toenail, the recipient would be treated by a physician rather than a podiatrist. Typically the cost of reimbursement to a physician is higher than for a podiatrist. Medicaid still pays for the treatment, but at a higher rate to a more expensive clinician.

The Division of Health Care Financing and Policy is frequently asked to analyze the feasibility of cutting optional program services. The following information demonstrates the risks associated with making choices related to eliminating optional health care program services. Medicaid services are segregated into groups by whether that service was federally mandatory or optional, or if it supports another state program.

MANDATORY PROGRAMS AND FY02 EXPENDITURES

PROVIDER NUMBER	EXPENDITURE IN FY02	SERVICE
	\$ 4,129,232	Hospital, Outpatient Surgery
10	106,054,436	Hospital, Inpatient
11	10,979,004	Hospital, Outpatient
12	1,126,629	Rural Clinics & FQHCs
15	13,847,977	Nursing Facilities/Skilled
18	58,307,660	
20	1,311,028	CRNA, Nurse Anesthesia, Nurse Mid-
24	1,011,040	Wife, Pas
	635,430	Radiology & Noninvasive Diagnostic
27	4,923,768	Home Health Agencies
29	3,569,721	Health Kids EPSDT
31	2,223,403	
32	1,120,883	Transportation
35	1,571,525	
43	1,757,956	
47	15,590	
49	0	IHS Tribal Hospital - Inpatient
51	137,367	
52	\$211,711,609.	1
TOTAL	\$2(1,711,007.	

EXHIBIT D Senate Committee on Finance Date: 1/29/03 Page 1 of 28