

**City of Carson City
Agenda Report**

Date Submitted: March 12, 2013

Agenda Date Requested: March 21, 2013

Time Requested: 15 Minutes

To: Carson City Board of Health

From: Health & Human Services (Marena Works)

Subject Title: For Possible Action: Report from Romaine Gilliland with possible action to give direction to Carson City Health and Human Services regarding the Affordable Care Act and Medicaid and an update of the proposed State Division of Public and Behavioral Health organization. *(Marena Works)*

Staff Summary: In the 2013 legislative session, the Nevada Department of Health and Human Services will be requesting a bill to integrate the division of mental health with the division of health. At the same time new requirements in health care with regards to the Affordable Care Act (ACA) are beginning to come into play. Romaine Gilliland has been hired to assist CCHHS to monitor pertinent legislation, changes at the Nevada State Health Department and ACA impacts.

Type of Action Requested: (check one)

☐ Resolution

☐ Ordinance

☒ Formal Action/Motion

☐ Other (Specify) Information Only

Does This Action Require A Business Impact Statement: ☐ Yes ☒ No

Recommended Board Action: I move to approve the report from Romaine Gilliland and give staff direction regarding the Affordable Care Act and Medicaid and an update of the proposed State Division of Public and Behavioral Health organization.

Explanation for Recommended Board Action: A value of CCHHS is to stay on top of our field and being proactive and informed on the ACA and State Health changes.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

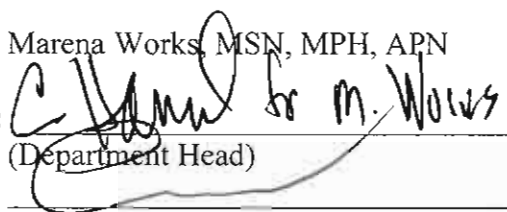
Funding Source: N/A

Alternatives: Not to approve the report from Romaine Gilliland and give staff direction regarding the Affordable Care Act and Medicaid and an update of the proposed State Division of Public and Behavioral Health organization.

Supporting Material: Report from Romaine Gilliland.

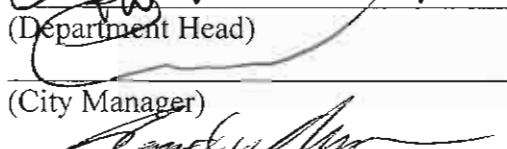
Prepared By: Marena Works, MSN, MPH, APN

Reviewed By:


(Department Head)

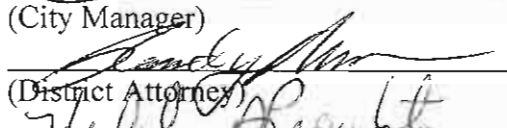
Date:

3/12/13


(City Manager)

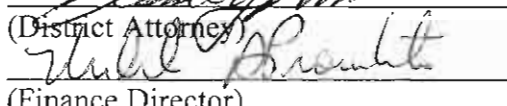
Date:

3/12/13


(District Attorney)

Date:

3/12/13


(Finance Director)

Date:

3/12/13

Board Action Taken:

Motion: _____

1) _____

Aye/Nay

2) _____

(Vote Recorded By)

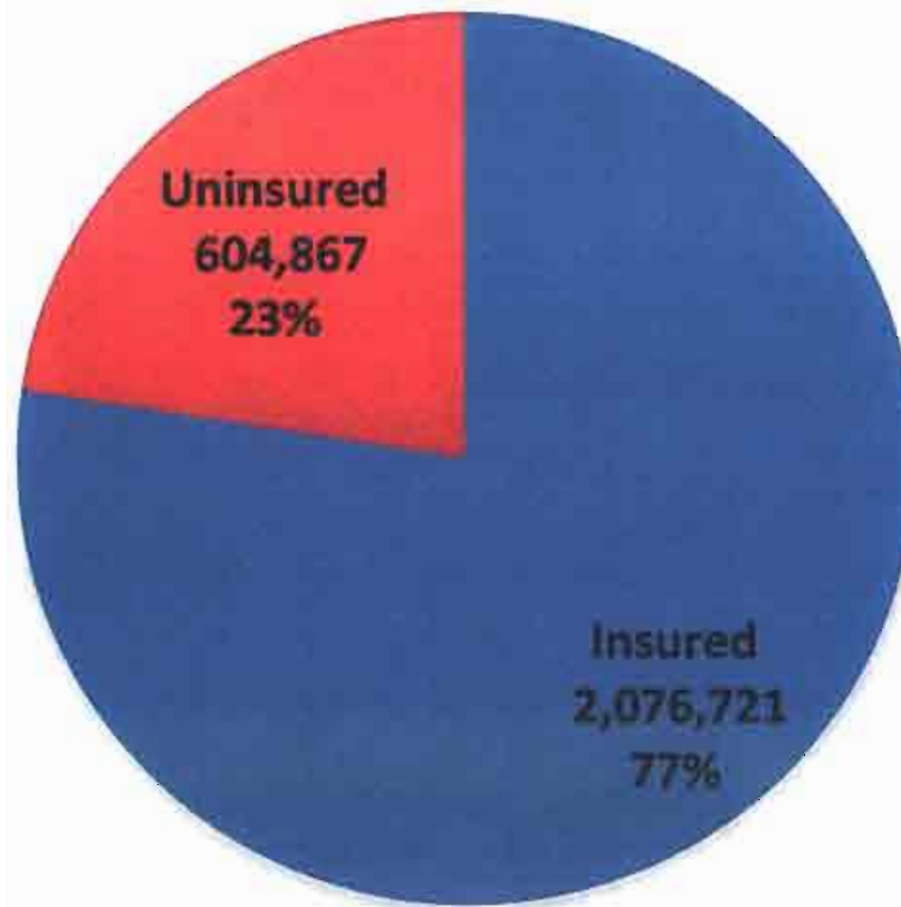
Carson City Board of Health

March 21, 2013

ACA, SSHIX, Uninsured Population and the planned merger of Public and Behavioral Health

- > ACA and Medicaid anticipated impact on the uninsured population
 - Objective is for everyone to have access to a health insurance payment source
 - Attachment One -- Insurance Status
 - Attachment Two -- Uninsured by Income to Poverty Ratio
 - Anticipated increases to the insured population for SFY 14 & 15
 - Enrollment through SSHIX beginning 1/1/2014 projected to be ~150,000
 - Enrollment through Medicaid projected to be ~190,000
 - Total Medicaid enrollment end of SFY 2015 projected to be ~490,000
- > FMAP -- Federal Medical Assistance Percentages
 - Attachment Three -- FMAP Percentages
 - Attachment Four -- DHHS 2012-13 & 2014-15 Biennia Revenue
- > Presumptive Eligibility
 - Attachment Five -- Definition ACA Section 2202
 - Attachment Six -- Visual Timeline for Alternative Access Nevada Medicaid Alternative
- > Proposed State Division of Public and Behavioral Health Organization
 - Attachment 7 -- Proposed Organizational Chart

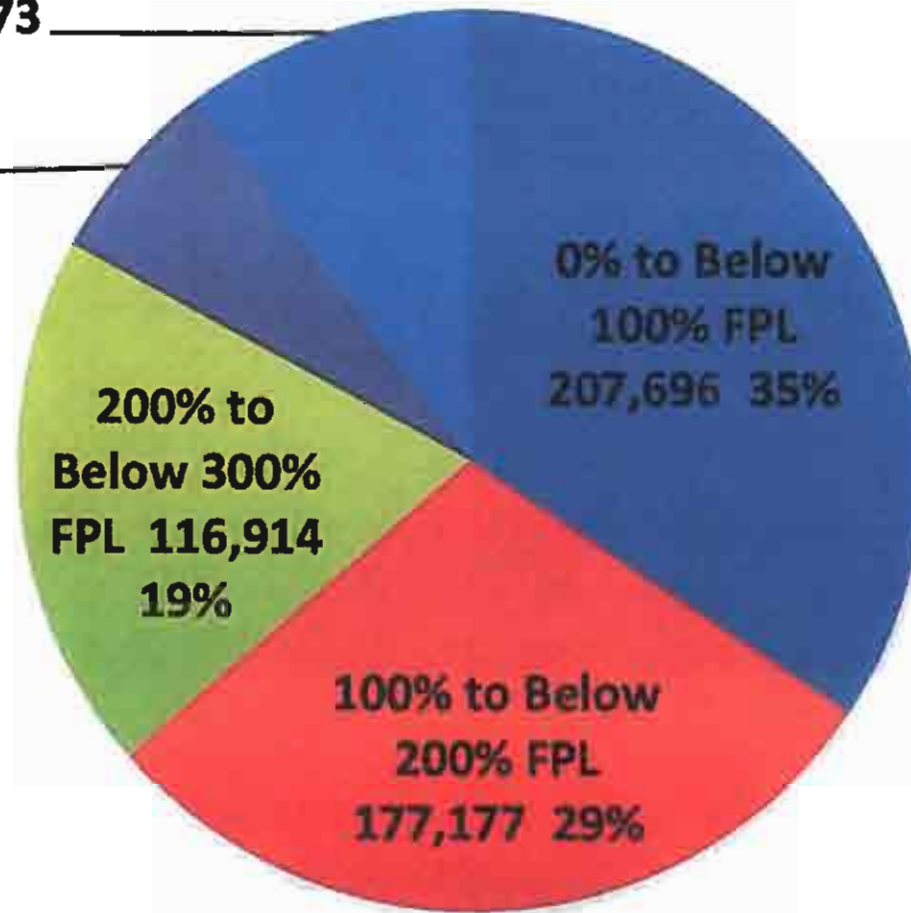
Insurance Status



Uninsured by Income-to-Poverty Ratio

400% and
above 62,473
10%

300% to Below
400% FPL
40,607 7%



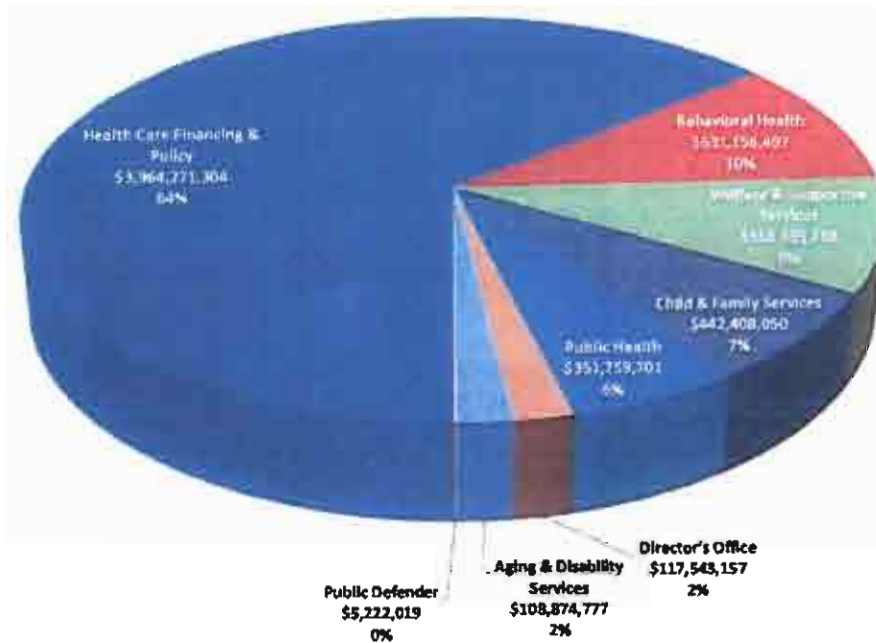
Blended FMAP for State Fiscal Years 2003-2020

State Fiscal Year	FMAP	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%	
	61.93%	74.75%	
FY11	51.25%	65.87%	
	57.77%	70.44%	
FY12	55.05%	68.54%	
FY13	58.86%	71.20%	
FY14	62.26%	73.58%	100.00%
FY15	63.54%	74.48%	100.00%
FY16	63.50%	74.45%	100.00%
FY17	62.88%	74.02%	97.50%
FY18	62.19%	73.53%	94.50%
FY19	61.32%	72.93%	93.50%
FY20	60.15%	72.10%	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 FY14 through FY20 are projections.

Revenues by Division, 2012-13 and 2014-15 Biennia

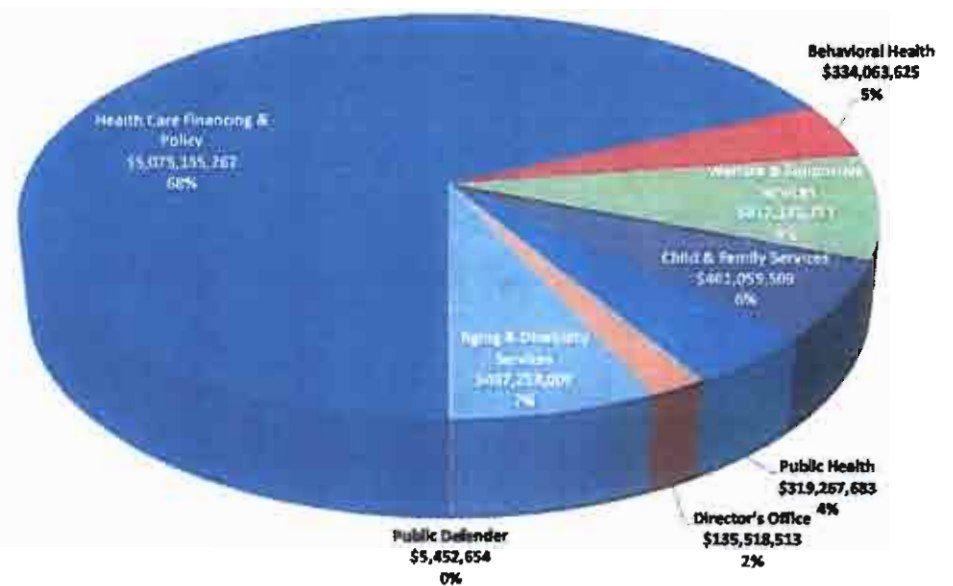
Legislative Approved 2012-13 Biennium



Total \$6,179,630,793

G. F. - \$1.93B

Governor's Recommended 2014-15 Biennium



Total \$7,444,901,632

G. F. - \$2.07B

Note: Revenue amounts include reserves.

Presumptive Eligibility – ACA Section 2202

- **ACA Section 2202 Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations.**
- Social Security Act Section 1902(a)(47)
- (47) provide—
 - (A) at the option of the State, for making ambulatory prenatal care available to pregnant women during a presumptive eligibility period in accordance with section 1920 and provide for making medical assistance for items and services described in subsection (a) of section 1920A available to children during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligible period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section and provide for making medical assistance available to individuals described in subsection (a) of section 1920C during a presumptive eligibility period in accordance with such section;
 - (B) that any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, 1920B, or 1920C (but without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections), subject to such guidance as the Secretary shall establish;

Attachment 6 -- Will be provided by March 7th

Division of Public and Behavioral Health

MH & PH Integration Org Chart
Draft 01/22/2012

