

**EXECUTIVE AGENCY**  
**FISCAL NOTE**

AGENCY'S ESTIMATES

Date Prepared: February 11, 2025

Agency Submitting: Department of Health and Human Services, Health Care Financing and Policy

Items of Revenue or Expense, or Both	Fiscal Year 2024-25	Fiscal Year 2025-26	Fiscal Year 2026-27	Effect on Future Biennia
Medical Services (Expense) (Expense)		\$416,820	\$631,004	\$1,262,008
System Costs (Expense) (Expense)		\$5,000		
Total	0	\$421,820	\$631,004	\$1,262,008

Explanation

(Use Additional Sheets of Attachments, if required)

If enacted, this bill would have a fiscal impact on the Division. Specifically, the bill would require the Division to increase Medicaid rates for Non-Emergency Secure Behavioral Health Transportation (NESBHT) by at least 15% for the transport of Medicaid recipients in rural counties and 10% for all other counties. Additionally, the bill requires Medicaid to reimburse NESBHT providers for "empty transports," covering travel to and from pickup sites when the patient is not present. Currently, Medicaid reimbursement is only available if the patient is present in the vehicle, so only half of transport trips are reimbursable by Medicaid, today.

Based on a fiscal analysis, the bill would result in a total of \$338,207 in new General Fund costs in the upcoming biennium. A portion of these expenditures would be used to fund systems changes required for the new services and increased rates. No additional staff or vendor support is necessary to implement the bill. This fiscal analysis assumes the same historical utilization and take-up rates as experienced by the Nevada Non-Emergency Medical Transportation (NEMT) broker, which currently conducts NESBHT services on behalf of the agency. Each transport was classified as urban or rural based on the pickup and drop-off ZIP codes. For transports that fall within the bill's criteria for a rural county, a 15% increase was applied; for urban transports, a 10% increase was applied. "Empty transports" were calculated by doubling the current mileage utilization of NESBHT services. The fiscal analysis assumes a 3-month ramp up period for utilization and claims submissions, following the Oct. 1, 2025 effective date.

In sum, this bill would result in \$135,874 in new General Fund expenditures for FY26 and \$202,333 in FY27, with \$701,724 in additional expenditures being paid for with federal Title XIX funds in FY26-27 biennium.

Name Stacie Weeks  
Title Administrator

**GOVERNOR'S OFFICE OF FINANCE COMMENTS**

The agency's response appears reasonable.

Date Monday, February 10, 2025

Name Tiffany Greenameyer  
Title Director

## Fiscal Impact Analysis

**Division of Health Care Financing and Policy  
AB031 - Non-emergency Secure BH Transport  
Analysis Summary**

**Estimated Fiscal Impact FY24-FY25 Biennium**

State Fiscal Year	Total Computable	Federal Funds	General Fund	County Funds
FY24	\$0	\$0	\$0	\$0
FY25	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0

**Estimated Fiscal Impact FY26-FY27 Biennium**

State Fiscal Year	Total Computable	Federal Funds	General Fund	County Funds
FY26	\$416,820	\$278,324	\$133,374	\$5,122
FY27	\$631,004	\$420,900	\$202,333	\$7,771
Total	\$1,047,824	\$699,224	\$335,707	\$12,893

Description of Budget Concept

This budget concept proposes increased reimbursement rates for Non-Emergency Secure Behavioral Health Transport (NESBHT) providers, designated as Provider Type 35, Specialty 987, under AB031 for the 83rd Session (2025). The bill mandates a 15% increase in the base rates for T2003 and S0215 when the transport pickup, drop-off, or both occur in a rural county, and a 10% increase when the transport occurs in an urban county. Additionally, it provides reimbursement for “empty transports,” covering travel between the provider’s base location and the patient pickup site, as well as between the patient drop-off site and the provider’s base, which is currently not reimbursed unless a patient is present.

Methodology

- 1) Utilization obtained from invoices by the Nevada Non-Emergency Medical Transportation (NEMT) broker who currently conduct NESBHT services on behalf of the agency for FY24.
- 2) Patient by Category counts obtained from invoices by the Nevada Non-Emergency Medical Transportation (NEMT) broker who currently conduct NESBHT services on behalf of the agency for FY24.
- 3) Utilization and patient counts were obtained from invoices provided by Nevada Non-Emergency Medical Transportation (NEMT) broker, which currently conducts NESBHT services on behalf of the agency for FY24. Each transport was classified as urban or rural based on the pickup and drop-off ZIP codes. If a transport met the bill’s criteria for a rural county, a 15% increase was applied; for urban transports, a 10% increase was applied.

Mileage Utilization was calculated by doubling the Leg Mileage to account for "empty trips," then multiplying by the current base rate and the applicable percentage increase (urban or rural).

Encounter Utilization was determined by multiplying the Leg Count by the base rate and then applying the respective percentage increase based on location. The total cost estimate was calculated by summing Mileage Utilization and Encounter Utilization then separated by Medicaid and Checkup. Since this service applies to Fee-For-Service, MCO utilization estimates were not included.

## Fiscal Impact Analysis

- 4) Total computable expenditures are grown forward based on the DHHS Office of Analytics caseload projections.
- 5) FMAP rates were applied to determine the federal share of estimated costs. Note that the COVID-19 enhanced FMAP (+6.2%) for Medicaid is used through March 31, 2023. Enhanced COVID FMAP amounts are tiered down across CY 2023 to align with the 2023 Federal FY Omnibus Appropriations Bill, which allows the following enhanced FMAP amounts: 6.2% (CY23 Q1); 5.0% (CY23 Q2); 2.5% (CY23 Q3); 1.5% (CY23 Q4).