

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 17-009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**AUG 14 2017**

Richard Whitley, Director  
Chief Deputy Director, Health Care Programs  
Nevada Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

RE: Nevada State Plan Amendment 17-009

Dear Mr. Whitley:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 17-009. Effective July 1<sup>st</sup>, 2017, this State plan amendment (SPA) continues the authority for the Indigent Accident Fund (IAF) program, a supplemental payment program based on inpatient hospital utilization paid in order to preserve access to inpatient acute services through SFY 2018.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 17-009 is approved effective July 1<sup>st</sup>, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Blake Holt at (415) 744-3754.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

17-009

2. STATE:

**NEVADA**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**July 1, 2017**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

State Plan Under Title XIX of the Social Security Act: 42 CFR  
413.75

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$14,280,184.08  
b. FFY 2018 \$42,840,552.24

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-A, Page 32b**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

**Attachment 4.19-A, Page 32b**

10. SUBJECT OF AMENDMENT:

DHCFP is proposing an amendment to the Nevada Medicaid State Plan that would allow the continuation of the supplemental payment program based on inpatient hospital utilization in order to preserve access to inpatient acute services through SFY 2018. This amendment will also increase the supplemental payments from \$72,215,485.61 in SFY 2017 to \$87,233,867.32 in SFY 2018.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Richard Whitley**

14. TITLE:

**Director, Department of Health and Human Services**

15. DATE SUBMITTED:

16. RETURN TO:

**Lynne Foster, Chief of Division Compliance  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**AUG 14 2017**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**JUL 01 2017**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Kristin Fan**

22. TITLE:

**Director, FMC**

23. REMARKS:



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 32b

SUPPLEMENTAL PAYMENT FOR INPATIENT HOSPITALS

In order to preserve access to inpatient hospital services for needy individuals in the state of Nevada, effective on or after January 1, 2014, the state's Medicaid reimbursement system shall provide for supplemental payments to inpatient hospitals. These supplemental payments shall be determined on an annual basis and paid to qualifying private and public inpatient hospitals on a quarterly basis. The payments will be based on inpatient hospital Medicaid Fee-For-Service utilization. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

A. Amount for Distribution

1. For the period July 1, 2017 to June 30, 2018 the total computable payment will be \$87,233,867.32.
2. The aggregated amount of supplemental payments to inpatient hospitals shall not exceed the Upper Payment Limit (UPL) for each one of the respective periods. The supplemental payment for the period of July 1, 2017 to June 30, 2018 will be accounted for in the UPL room available for July 1, 2017 to June 30, 2018.

B. Eligibility

1. Nevada acute care inpatient hospitals (PT 11), that are not designated as Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty or Long Term Acute Care (LTAC) (PT 56), will be deemed to qualify.
2. Nevada acute care inpatient hospitals (PT 11) certified as Trauma I, Trauma II and Trauma III levels will additionally qualify for the distribution of the Trauma case portion of the allotment.

TN No.: 17-009

Approval Date: \_\_\_\_\_

AUG 14 2017

Effective Date: July 1, 2017

Supersedes

TN No.: 16-010-A