# **Table of Contents**

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 19-001

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



## **Financial Management Group**

July 12, 2019

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 19-0001

Dear Mr. Whitley:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 19-0001. Effective July 1, 2019, this state plan amendment continues the authority for the Indigent Accident Fund program, a supplemental payment program based on inpatient hospital utilization to preserve access to inpatient hospital services, through state fiscal year 2020.

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 19-0001 is approved effective July 1, 2019. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

Kristin Fan Director

**Enclosures** 

DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
<b>HEALTH CARE</b>	FINANCING	ADMINISTRA	KTION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:  19-001	2. STATE: NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  July 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One):		omen had the commence or consistent with a might had described for the first consistent management of a section of the consistence of
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:		i amendmeni)
	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$16,743,099.79 b. FFY 2020 \$50,229,299.35	
State Plan Under Title XIX of the Social Security Act: 42 CFR 447 Subpart C		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-A, Page 32b	Attachment 4.19-A, Page 32b	
10. SUBJECT OF AMENDMENT:		
also increase the supplemental payments from \$96,367,052.42 in SFY 20  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 SPEC	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Lynne Foster, Chief of Division Compliance	
Suzanne Bierman	DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
14. TITLE:		
Administrator, Division of Health Care Financing and Policy 15. DATE SUBMITTED:	Carson City, AV 89701	
FOR REGIONAL OF	DEICE HEE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	2010
PLAN APPROVED ON	E COPY ATTACHED JUL 12	-6013
19. EFFECTIVE DATE OF APPROVED MATORIA 2013	20. SIGNA	
21. TYPED NAME: Kristin Fan	22. TITLE Director, FMG	
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, 2019 to June 30, 2020 the total computable payment will be \$104,375,281.15.
- 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, 2019 to June 30, 2020 will be accounted for in the UPL room available for July 1, 2019 to June 30, 2020.

# 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.

Supersedes TN No.: 18-0007

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