Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 20-0012

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
Financial Management Group

November 18, 2020

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 20-0012

Dear Mr. Whitley:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 20-0012. Effective July 18, 2020, 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 2021.

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 20-0012 is approved effective July 18, 2020. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,

For
Rory Howe
Acting Director

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
   2 0 0 0 12

2. STATE
   NEVADA

3. PROGRAM IDENTIFICATION:
   TITLE XIX OF THE SSA (MEDICAID)

4. PROPOSED EFFECTIVE DATE
   July 1, 2020    July 18, 2020

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 447 Subpart C

7. FEDERAL BUDGET IMPACT
   a. FFY 2020 $ 11,977,075.87    $12,066,256
   b. FFY 2021 $ 35,931,227.59    $35,842,047

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 2021. This amendment will also decrease the supplemental payments from $104,375,281.15 in SFY 2020 to $79,466,676.47 in SFY 2021.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL
   [Signature]

13. TYPED NAME
   RICHARD WHITLEY

14. TITLE
   DIRECTOR, DHHS

15. DATE SUBMITTED
   August 26, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
   August 26, 2020

18. DATE APPROVED
   11/18/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
   July 18, 2020

20. SIGNATURE OF REGIONAL OFFICIAL
   [Signature]

21. TYPED NAME
   Rory Howe

22. TITLE
   Acting Director, Financial Management Group

23. REMARKS

Pen-and-ink changes made to Boxes 4 and 7 by CMS with state concurrence on 11/12/2020.
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, 2020 to June 30, 2021 the total computable payment will be $75,496,676.47.

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, 2020 to June 30, 2021 will be accounted for in the UPL room available for July 1, 2020 to June 30, 2021.

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.