

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV 23-0019

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

November 29, 2023

Stacie Weeks, Administrator
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

RE: Nevada State Plan Amendment (SPA) 23-0019

Dear Director Weeks:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 23-0019. This amendment proposes to update the Disproportionate Share Hospital payment time period to the current fiscal year and the fiscal year amount.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 23-0019 is approved effective August 26, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Diana Dinh at Diana.Dinh@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe
Director

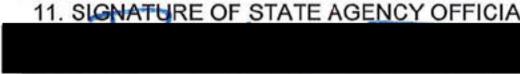
Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 9</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2023 August 26, 2023	
5. FEDERAL STATUTE/REGULATION CITATION <u>State Plan under Title XIX of the Social Security Act</u> <u>State plan under title XIX of the Social Security Act; CFR 447.271 - 447.272</u> <u>Section 1923 of the Social Security Act</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>3,653,638</u> b. FFY <u>2024</u> \$ <u>10,392,258</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A Pages 22, 23</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A Pages 22, 23</u>	

9. SUBJECT OF AMENDMENT
In section VIII of the State Plan, time periods referenced, and total payment amount will need to be updated. • The time period referenced on page 22 paragraph 2 B. will be updated. • The time period and amount referenced on page 23 paragraph 2 will be updated.

10. GOVERNOR'S REVIEW (Check One)

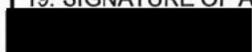
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  12. TYPED NAME RICHARD WHITLEY 13. TITLE DIRECTOR, DHHS 14. DATE SUBMITTED September 27, 2023	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
--	---

FOR CMS USE ONLY

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED November 29, 2023
---	---

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL August 26, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG

22. REMARKS

Pen and ink change approved by the state and processed by CMS on the following fields:
Box 4: Change from effective date of 7/1/2023 to 8/26/2023
Box 5: Add CFR 447.271 - 447.272 Section 1923 of the Social Security Act

- ii. have at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under State Medicaid plan. In the case of a hospital located in a rural area (that is, an area outside of a Metropolitan Statistical Area, as defined by the Executive Office of Management and Budget) the term “obstetrician” includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. This does not apply to a hospital in which:
 - (a) the inpatients are predominantly individuals under 18 years of age; or
 - (b) non-emergency obstetric services were not offered as of December 22, 1987.
 - iii. not be an institution for mental disease or other mental health facility subject to the limitation on DSH expenditures under Section 4721 of the Balanced Budget Act of 1997.
 - 2. Subject to the provisions of subparagraph 1c above, a hospital will qualify for DSH payments if it is:
 - a. a public hospital (i.e., hospital owned or operated by a Nevada hospital district, county or other unit of local government); or
 - b. in Nevada counties, which do not have a public hospital, the private hospital which provided the greatest number of Medicaid inpatient days in the previous year; or
 - c. a private hospital – located in a Nevada county which has a public hospital, if the public hospital has a MIUR greater than the average for all the hospitals receiving Medicaid payment in the State.
- B. Distribution Pools: For the DSH state plan rate years effective July 1, 2022, hospitals qualified under Paragraph “A” above will be grouped into distribution pools on the following basis:
- 1. Distribution pools are established as follows:
 - a. All public hospitals qualifying under Paragraph A above and in counties whose population is 700,000 or more, the total annual disproportionate share payments will be 32.46% of the total Amount for Distribution as specified in B.2 for the State Fiscal Year.
 - b. All private hospitals qualifying under paragraph A above and in counties whose population is 700,000 or more, the total annual disproportionate

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A

Page 23

share payments will be 9.49% of the total Amount for Distribution as specified in B.2 for the State Fiscal Year.

- c. All private hospitals qualifying under Paragraph A above and in counties whose population is 100,000 or more but less than 700,000, the total annual disproportionate share payments will be 32.90% of the total Amount for Distribution as specified in B.2 for the State Fiscal Year.
 - d. All public hospitals qualifying under Paragraph A above and in counties whose population is less than 100,000, the total annual disproportionate share payments will be 5.90% of the total Amount for Distribution as specified in B.2 for the State Fiscal Year.
 - e. All private hospitals qualifying under Paragraph A above and in counties whose population is less than 100,000, the total annual disproportionate share payments will be 19.25% of the total Amount for Distribution as specified in B.2 for the State Fiscal Year.
 - f. Note: There is no public hospital in counties whose population is 100,000 or more but less than 700,000.
2. Amount for Distribution: For the DSH state plan rate year of July 1, 2023 to June 30, 2024, the total computable payment will be \$ 22,432,159.05. The total amount distributed to an individual hospital may not, under any circumstance, exceed the total uncompensated care costs (DSH limit) for that facility.
 3. Total annual uncompensated care costs equal the cost of providing services to Medicaid inpatients, Medicaid outpatients and uninsured patients, less the sum of:

Regular Medicaid FFS rate payments (excluding DSH payments);
Medicaid managed care organization payments;
Supplemental/enhanced Medicaid payments;
Uninsured revenues; and
Federal Section 1011 payments for uncompensated services to eligible aliens with no source of coverage.
 4. An "uninsured patient" is defined as an individual without health insurance or other source of third-party coverage (except coverage from State or local programs