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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0029

This file contains the following documents in the order listed:

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

Financial Management Group

August 25, 2026

Ann Jensen, Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

RE: TN 24-0029

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nevada state plan amendment (SPA) to Attachment 4.19-A NV 24-0029, which was submitted to CMS on September 25, 2024. This plan amendment will allow Critical Access Hospitals to become eligible for an inpatient hospital upper payment limit (UPL) supplemental payment.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Diana Dinh at 670-290-8857 or via email at diana.dinh@cms.hhs.gov.

Sincerely,

[redacted]

Rory Howe
Director
Financial Management Group

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0029

2. STATE: NV

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(30)(A) of SSA, 42 CFR 447 Subpart C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY ~~2025~~ 2024 $ ~~29,982~~ 30,190
b. FFY ~~2026~~ 2025 $ ~~120,638~~ 100,280

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, page 33b-33c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-A, page 33b-33c

9. SUBJECT OF AMENDMENT
Updates to Inpatient Fee-for-Service UPL supplemental payments for qualifying hospitals

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
September 25, 2024

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
September 25, 2024

17. DATE APPROVED
August 25, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS
Pen and Ink change made to Box 6 by CMS with state concurrence

Instructions on Back

UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENTS FOR INPATIENT HOSPITAL SERVICES AT PRIVATE HOSPITALS

In order to preserve access to inpatient hospital services for needy Medicaid individuals in the State of Nevada, effective July 1, 2023, the state's Medicaid reimbursement system shall provide for certain upper payment limit (UPL) supplemental payments to all qualifying private hospitals in the State of Nevada. These supplemental payments shall be determined on an annual basis and paid to qualifying private hospitals on a quarterly basis. These supplemental payments are for Medicaid fee-for-service inpatient hospital services. The supplemental payments shall not exceed, when aggregated with other payments made to private hospitals under all other provisions of the state plan, 100% of a reasonable estimate of the amount that would be paid for such services under Medicare payment principles (i.e. the UPL).

1. Eligibility

All private hospitals, in the State of Nevada are eligible to receive an Inpatient Hospital UPL supplemental payment.

2. Methodology

For purposes of these supplemental payments, private hospitals are subdivided into the following classes of hospitals:

a. Freestanding psychiatric hospitals
b. Rehabilitation hospitals
c. Long Term Acute Care hospitals (LTACs)
d. Short Term Acute Care hospitals (STACs)
e. Critical Access Hospitals (CAHs)

The annual payment amount for each hospital is calculated as follows:

a. For freestanding psychiatric hospitals, rehabilitation hospitals, LTACs, and CAHs, each hospital will receive a payment equal to its non-negative proportional contribution to the aggregate difference between Medicaid payments paid under all other provisions of the state plan and the UPL for that class of hospitals..

b. For STACs, the payment to each hospital will be calculated as follows:

    1. First, the state will calculate the aggregate difference between Medicaid payments paid under all other provisions of the state plan and the UPL for all STACs.
    2. Second, each hospital will receive a share of the amount calculated in 2.b.1. above based on that hospital's proportion of the total fee-for-service paid Medicaid days provided by all STACs during the year used for the UPL demonstration.
    3. If an individual STAC maintains a psychiatric, rehabilitation, or LTAC subprovider, the non-negative amount associated with the subprovider will be added to the individual STAC's payment. Negative amounts associated with such subproviders will be disregarded.

c. If the total calculated amount to be paid to all eligible hospitals exceeds the estimated aggregate UPL, the payment to each hospital will be reduced by a proportional amount.

The annual payment amount will be paid in four equal quarterly amounts at the end of each quarter.