

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 25-0019**

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 & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

September 4, 2025

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

RE: TN 25-0019

Dear Ann Jensen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nevada state plan amendment (SPA) to Attachment 4.19-A NV 25-0019, which was submitted to CMS on May 25, 2025. This plan amendment updates the Disproportionate Share Hospital payment time period to the current fiscal year, the fiscal year amount, and the payment frequency.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903, and 1923 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), and 1923 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, 2025. 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](mailto:diana.dinh@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 9

2. STATE

NV3. 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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

~~State Plan under Title XIX of the Social Security Act~~  
State Plan under title XIX of the Social Security Act; CFR 447.271 -  
447.272 Section 1923 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 3,787,735b. FFY 2026 \$ 11,363,206

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A Pages 23 and 24

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-A Pages 23 and 24

9. SUBJECT OF AMENDMENT

In section VIII of the State Plan, time periods referenced, payment frequency and total payment amount will need to be updated. •  
The time period and amount referenced on page 23 paragraph B (2) will be updated. • The payment distribution on page 24  
paragraph C (2) will have additional language added clarifying the distribution.

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

12. TYPED NAME  
RICHARD WHITLEY13. TITLE  
DIRECTOR, DHHS14. DATE SUBMITTED  
June 25, 2025

15. RETURN TO

Cynthia Leech, Compliance Agency Manager  
DHCFP/Medicaid  
4070 Silver Sage Drive  
Carson City, NV 89701**FOR CMS USE ONLY**16. DATE RECEIVED  
June 25, 202517. DATE APPROVED  
September 4, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe21. TITLE OF APPROVING OFFICIAL  
Director, FMG

22. REMARKS

Pen-and-ink change made to Box 5 by CMS with state concurrence

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A

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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, 2025 to June 30, 2026, the total computable payment will be \$25,336,023.12. 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 based on indigency). A system must be maintained by the hospitals to report revenues on Medicaid and uninsured patient accounts to determine uncompensated care cost consistent with Section 1923 (g) of the Social Security Act and implementing regulations at 42 CFR 447 Subpart E. Costs for Medicaid and uninsured patients will be based upon the methodology used in the HCFA 2552 report. Revenue will be deducted from cost. The total costs on the report will be subject to an independent audit. The HCFA 2552 report must be submitted within six months of the hospital's fiscal year end.

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TN No.: 25-0019

Approval Date: September 4, 2025

Effective Date: July 1, 2025

Supersedes

TN No.: 23-0019

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A

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## C. Calculation of Hospital DSH Payments

1. Using supplemental payment data for the DSH program year and the same period outlined on Subparagraph A.1 for all other data, the Division will calculate the DSH payments for each hospital as follows:
  - a. Fifty percent of the pool amount will be distributed based on the percent to total of the uncompensated care percentage of the hospitals within the pool.
    - i. Uncompensated Care Percentage is the uncompensated care cost of the hospital divided by the net patient revenues of the hospital, as reported on the Medicare Cost Report, which is required to be filed with the State.
      - (a) Net patient revenues are total patient revenues less contracted allowances and discounts. This comes from Medicare cost report, Worksheet G-3 Line 3, less any net patient revenue from non-hospital inpatient and non-hospital outpatient services.
  - b. The remaining 50% of the pool amount will be distributed based on the percent to total of the uncompensated care cost of the hospitals within the pool.
2. The DSH payments will be made quarterly to the eligible hospitals. Payments will be based on the State Fiscal Year. DSH payment will in no instance exceed a hospital's DSH limit. If any hospital's calculated DSH payment exceeds its DSH limit, the excess will be redistributed to the remaining hospitals within the pool using the same formula above. After DSH distributions have been made within a pool, the excess amounts will be distributed to the next pool. After the original distribution has been calculated, the remaining funds will be distributed in the reverse order. For example, the distribution would be as follows E-D-C-B-A.

## D. Adjusting DSH payments based on DSH Independent Certified Audit results

1. The Division will audit each hospital for each year in which the hospital received a disproportionate share payment pursuant to NRS, NAC and in accordance with the provisions of Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq.
2. After conducting an audit, if a hospital's eligibility changes or its initial DSH payment exceeded its audited DSH limit, the Division will recalculate the