

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

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- 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 ~~beginning effective~~ July 1, 2022, ~~and July 1, 2023~~, 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

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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, 202~~23~~ to June 30, 202~~34~~, the total computable payment will be \$~~18,317,765.95~~ 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

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