

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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B. Distribution Pools: **For the state fiscal years beginning 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 ~~87.9732.46~~% of the total computable DSH allotment 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 share payments will be ~~1.699.49~~% of the total computable DSH allotment 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 ~~5.8632.90~~% of the total computable DSH allotment 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 ~~1.345.90~~% of the total computable DSH allotment 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 ~~3.1419.25~~% of the total computable DSH allotment 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. The total amount distributed to an individual hospital may not, under any circumstance, exceed the total uncompensated care costs (DSH limit) for that facility; **therefore, the Division may opt to reduce the DSH allotment accordingly to prevent overpayments within the state fiscal year-**
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

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TN No.: ~~13-011~~

Approval Date: July 18, 2013

Effective Date: July 1, 2013

Supersedes

TN No.: 10-00813-011

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source of third-party coverage (except coverage from State or local programs

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TN No.: ~~13-011~~

Approval Date: ~~July 18, 2013~~

Effective Date: ~~July 1, 2013~~

Supersedes

TN No.: ~~10-00813-011~~

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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.

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 monthly 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.

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

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TN No.: 17-012

Approval Date: October 17, 2017

Effective Date: September 19, 2017

Supersedes

TN No.: 13-01117-012