

Joe Lombardo  
Governor



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIRECTOR'S OFFICE  
*Helping people. It's who we are and what we do.*



Richard Whitley, MS  
Director

May 1, 2024

James G Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
Centers for Medicare and Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find Nevada's State Plan Amendment (SPA) #23-0019. This SPA amends Nevada's State Plan effective July 1, 2024. The specific changes being made are as follows:

**Attachment 4.19-A, Page 32b:** DHCFP is proposing an amendment to the Nevada Medicaid State Plan that would allow the continuation of the supplemental payment program based on inpatient hospital utilization to preserve access to inpatient acute services through SFY 2025. This amendment will also decrease the supplemental payments from \$70,196,969 in SFY 2024 to \$65,363,566.87 in SFY 2025.

If you have any policy questions regarding this SPA, please contact Cynthia Leech, Compliance Agency Manager at (775) 684-7964 or [cleech@dhcfp.nv.gov](mailto:cleech@dhcfp.nv.gov).

Sincerely,

A handwritten signature in blue ink that reads "Richard Whitley".

Richard Whitley, Director  
Department of Health and Human Services

Enclosures

cc: Cynthia Leech, Compliance Agency Manager, Division of Health Care Financing and Policy (DHCFP)  
Jennifer Krupp, Deputy Administrator, DHCFP

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 32b

## SUPPLEMENTAL PAYMENT FOR INPATIENT HOSPITALS

In order to preserve access to inpatient hospital services for needy individuals in the state of Nevada, effective on or after January 1, 2014, the state's Medicaid reimbursement system shall provide for supplemental payments to inpatient hospitals. These supplemental payments shall be determined on an annual basis and paid to qualifying private and public inpatient hospitals on a quarterly basis. The payments will be based on inpatient hospital Medicaid Fee-for-Service utilization. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

### A. Amount for Distribution

1. For the period for the State Fiscal Year 202~~54~~, the total computable payment will be ~~\$70,196,969.01~~\$65,363,566.87.
2. The aggregated amount of supplemental payments to inpatient hospitals shall not exceed the Upper Payment Limit (UPL) for each one of the respective periods. The supplemental payment for the period of State Fiscal Year 202~~54~~ will be accounted for in the UPL room available for State Fiscal Year 202~~54~~.

### B. Eligibility

1. Nevada Acute Care Inpatient Hospitals (PT 11), that are not designated as Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty or Long-Term Acute Care (LTAC) (PT 56), will be deemed to qualify.
2. Nevada Acute Care Inpatient Hospitals (PT 11) certified as Trauma I, Trauma II and Trauma III levels will additionally qualify for the distribution of the Trauma case portion of the allotment.

TN No.: 23-002024-0019  
2023July 1, 2024

Approval Date: November 29, 2023

Effective Date: August 30,

Supersedes

TN No.: 22-001723-0020