

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 29, 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) #24-0021. This SPA amends Nevada's State Plan effective July 1, 2024. The specific changes being made are as follows:

DHCFP is proposing revisions to the Nevada Medicaid State Plan, Attachment 4.19-A, proposed Page 31d and 31e. The Amendment will add a new program of managed care inpatient indirect graduate medical education (IME) for certain hospitals.

This State Plan Amendment (SPA) is anticipated to impact certain hospitals that are Medicaid enrolled providers delivering inpatient services in managed care.

Estimated change in aggregate inpatient expenditures: An estimated increase in annual aggregate expenditures for state fiscal year (SFY):

SFY 2025:	\$17,903,241
SFY 2026:	\$18,440,338

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.

Sincerely,

A handwritten signature in blue ink, reading "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

Joe Lombardo
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF HEALTH CARE FINANCING AND POLICY
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Stacie Weeks,
JD MPH
Administrator

*Si necesitas ayuda traduciendo este mensaje, por favor escribe a dhcftp@dhcftp.nv.gov, o llame (702) 668-4200 o (775) 687-1900
如果希望获得本文件的翻译版本，请提交申请至 dhcftp@dhcftp.nv.gov; (702) 668-4200 o (775) 687-1900*

NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES

AGENDA

Date of Publication: April 25, 2024

Date and Time of Meeting: May 28, 2024, at 10:00 AM

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP
4070 Silver Sage Dr, Main Conference Room
Carson City, NV 89701

Please use the teleconference/Microsoft Teams options provided below. If accommodation is requested, please advise using the information at the end of this agenda.

Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at documentcontrol@dhcftp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact documentcontrol@dhcftp.nv.gov for verification.

Webinar: <http://tinyurl.com/DHCFP2024PH>

Select "Join," enter your name and email and then select "Join."

The meeting should not require a password.

Audio Only: (775) 321-6111
Conference ID: 451 974 828#

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call*)

1100 E. William Street, Suite 101 • Carson City, Nevada 89701
Phone 775-684-3676 • Fax 775-687-3893 • dhcftp.nv.gov

YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING OR THOSE MAY BE HEARD BY OTHERS AND RECORDED

This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. General Public Comments (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, you may join the meeting by dialing (775) 321-6111 and when prompted to provide the Meeting ID, enter 451 974 828#. You may then press *5 to raise your hand during the public comment periods to provide your comment. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name. Those who wish to provide a written comment may submit their comment via mail to 1100 E. William Street, Ste. 101, Carson City, Nevada 89701 or via email to documentcontrol@dhcfp.nv.gov).
2. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: State Plan for Medicaid Services – Inpatient Indirect Graduate Medical Education

DHCFP is proposing revisions to the Nevada Medicaid State Plan, Attachment 4.19-A, Page 31d. The Amendment will add a new program of managed care inpatient indirect graduate medical education (IME) for certain hospitals. This State Plan Amendment (SPA) is anticipated to impact certain hospitals that are Medicaid enrolled providers delivering inpatient services in managed care.

Estimated change in aggregate inpatient expenditures: An estimated increase in annual aggregate expenditures for state fiscal year (SFY):

SFY 2025:	\$17,903,241
SFY 2026:	\$18,440,338

The effective date of change is July 1, 2024.

- a. Public comment regarding subject matter.
3. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: State Plan for Medicaid Services – Outpatient Indirect Graduate Medical Education

DHCFP is proposing revisions to the Nevada Medicaid State Plan, Attachment 4.19-B, Page 22-23. The Amendment will add a new program of managed care outpatient indirect graduate medical education (IME) for certain hospitals.

This State Plan Amendment (SPA) is anticipated to impact certain hospitals that are Medicaid enrolled providers delivering outpatient services in managed care.

Estimated change in aggregate outpatient expenditures: An estimated increase in annual aggregate expenditures for state fiscal year (SFY):

SFY 2025: \$18,446,047

SFY 2026: \$18,999,428

The effective date of change is July 1, 2024.

b. Public comment regarding subject matter.

4. Adjournment

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmlzM2NmOGEtMjk3MC00ZWwLWewOWUtMTI1NzZmYWQwZTM%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment will be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at <http://dhcfp.nv.gov> and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact documentcontrol@dhcfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701).

DHCFP, 1100 E. 4070 Silver Sage Dr, Carson City, Nevada 89701
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact documentcontrol@dhcfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible in advance of the meeting, by e-mail at documentcontrol@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A
Page 31d

Managed Care Organization (MCO) Indirect Medical Education (IME) Inpatient Payments

This section of the state plan contains the provisions for making inpatient MCO IME payments to recognize the indirect costs related to the clinical training of physicians by qualifying teaching hospitals with approved graduate medical education programs. The managed care IME payments, which are based in part on managed care inpatient payments and utilization, shall not be included in the capitation rates paid to Medicaid MCOs. The state will determine the annual IME amount payable to qualifying hospitals prospectively for period that will begin each July 1. On a quarterly basis, qualifying hospitals will receive an IME payment equal to twenty-five percent (25%) of the annually determined IME amount. A quarterly payment will be made in each calendar quarter during the state's fiscal year.

No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a government entity.

A. Qualifying Hospitals:

Private non-profit academic medical centers associated with a public school of medicine located in counties without a public hospital whose population is 100,000 or more but less than 700,000 that report costs associated with residents, interns or fellows that participate in an approved medical residency program in their Medicare Hospital Cost Report, CMS Form 2552-10.

B. Determining MCO IME Payments:

The annual IME payment amount for qualifying teaching hospitals in accordance with section A, is determined using the hospital's ratio of residents to average daily census or beds and Medicaid MCO inpatient payments. The annual IME payment amount is calculated as follows:

(i) Calculate each hospital's IME Percentage:

$$2.945 \times ((1 + (\text{Residents} / \text{lesser of ADC or Beds})) ^ 0.405 - 1)$$

Residents - means the number of full-time-equivalent interns, residents or fellows who participate in an approved medical residency program, including programs in osteopathy, dentistry, and podiatry, as required in order to become certified by the appropriate specialty board as reported on the most recent Medicare Hospital Cost Report, CMS Form 2552-10, Worksheet S-3: Part I; Line 27, Column 9.

ADC – means the average daily inpatient census as reported on the hospital's most recent Medicare Hospital Cost Report, CMS Form 2552-10, Worksheet L, Part 1, Line 3, Column 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A
Page 31e

Beds - The total number of bed days available as reported in the most recent Medicare Hospital Cost Report, CMS Form 2552, Worksheet E, Part A, Line 4, Column 1.

- (ii) The IME percentage calculated in section (i) is multiplied by the hospital's Medicaid MCO inpatient payments including pre-print approved inpatient state directed payments authorized under 42 CFR 438.6(c).