

**PROPOSED REGULATION OF THE
DIVISION OF HEALTH CARE FINANCING AND POLICY OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

LCB FILE NO. R045-23I

**The following document is the initial draft regulation proposed
by the agency submitted on 08/22/2023**

PAYMENTS TO CERTAIN HOSPITALS FOR TREATMENT OF INDIGENT PATIENTS

NAC 422.105 Intergovernmental transfers of money from certain counties to Division; discharge of duty to provide medical treatment for indigent inpatients in certain circumstances; money remitted to State Controller to be credited toward transfer to Division. (NRS 422.390)

1. In a county whose population is 100,000 or more within which a public hospital is located, the State or political subdivision responsible for the public hospital shall transfer to the Division an amount equal to:

(a) Seventy percent of the total amount of disproportionate share payments distributed to all hospitals pursuant to this chapter and NRS 422.380 to 422.390, inclusive, for the current fiscal year, less \$1,050,000; or

(b) Sixty-eight and fifty-four one hundredths percent of the total amount of disproportionate share payments distributed to all hospitals pursuant to this chapter and NRS 422.380 to 422.390, inclusive, for the current fiscal year, whichever is less; Or,

(c) *If the Division deems necessary, reduce the total computable disproportionate share supplement payments to the equivalent of the total credits applied for the non-federal share pursuant to NRS 428.285 divided by the federal medical assistance percentage for the current year.*

2. In a county whose population is 100,000 or more within which a private hospital which receives a disproportionate share payment pursuant to paragraph (c) of subsection 1 of NAC 422.115 is located, the county shall transfer to the Division 1.95 percent of the total amount of disproportionate share payments distributed to all hospitals pursuant to this chapter and NRS 422.380 to 422.390, inclusive, for the current fiscal year, but not more than \$1,500,000. Or,

(a) *If the Division deems necessary, reduce the total computable disproportionate share supplement payments to the equivalent of the total credits applied for the non-federal share pursuant to NRS 428.285 divided by the federal medical assistance percentage for the current year.*

3. If a county transfers to the Division the amount required pursuant to subsection 2, the county is discharged of the duty and is released from liability for providing medical treatment for indigent inpatients who are treated in the hospital in the county that receives a payment pursuant to paragraph (c) of subsection 1 of NAC 422.115.

4. The amount remitted by the board of county commissioners of a county to the State Controller pursuant to subsection 3 of NRS 428.285 will be credited toward any amount which the State or political subdivision of this State, as applicable, is required to transfer to the Division pursuant to subsection 1 or 2 of this section.

(Added to NAC by Div. of Health Care Fin. & Policy by R033-10, eff. 6-30-2010; A by R086-13, 12-22-2014)

2. Except as otherwise provided in subsection 3, for fiscal years 2023 and 2024 effective July 1, 2022 the Division will initially distribute for:

(a) Pool A, which consists of all public hospitals in counties whose population is 700,000 or more, total annual disproportionate share payments in the amount of 29.16 percent of the total computable disproportionate share hospital supplemental payments for the fiscal year;

(b) Pool B, which consists of all private hospitals in counties whose population is 700,000 or more, total annual disproportionate share payments in the amount of 9.95 percent of the total computable disproportionate share hospital supplemental payments for the fiscal year;

(c) Pool C, which consists of all private hospitals in counties whose population is 100,000 or more but less than 700,000, total annual disproportionate share payments in the amount of 34.51 percent of the total computable disproportionate share hospital supplemental payments for the fiscal year;

(d) Pool D, which consists of all public hospitals in counties whose population is less than 100,000, total annual disproportionate share payments in the amount of 6.83 percent of the total computable disproportionate share hospital supplemental payments for the fiscal year; and Pool E, which consists of all private hospitals in counties whose population is less than 100,000, total annual disproportionate share payments in the amount of 19.55 percent of the total computable disproportionate share supplemental payments for the fiscal year.

2. 3A hospital may not receive a disproportionate share payment unless the hospital meets all the requirements:

- (a) Established by federal and state statutes and regulations; and
- (b) As prescribed in the State Plan for Medicaid.

M. A hospital is not entitled to receive a disproportionate share payment that is greater than the amount of its uncompensated care costs.

-45. The Division will calculate the total computable disproportionate share supplemental payments by

- (a) a. Dividing the amount allocated to this State pursuant to 42 U.S.C. § 1396r-4(f) by the federal medical assistance percentage for the current year determined pursuant to 42 U.S.C. § 1396d(b); *or, if the Division deems necessary,*
- (b) *Reducing the total computable disproportionate share supplemental payments calculated pursuant to subsection 5(a) to an amount whereby the sum of resulting intergovernmental transfers required by NRS 428.285 are equivalent to the total credits applied in NRS 428.285.*

(Added to NAC by Div. of Health Care Fin. & Policy by R033-10, eff. 6-30-2010; A by R086-13, 12-22-2014)