

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Mr. Charles Duarte
Administrator
Div. of Health Care Financing & Policy
Department of Human Resources
1100 East William Street, Suite 116
Carson City, Nevada 89701

DEC -1 2017

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant award listed below has been approved for the period 10/01/2017-09/30/2018 under the Children's Health Insurance Program, Appropriation No. 75X0515.

Children's Health Insurance Program Payments

\$5,649,803

The above listed grant award provides Federal Funds appropriated under subsection 2104(a) of the Social Security Act (the Act), and in accordance with subsection 2104(f) of the Act, represents unused allotment from previous fiscal years available for redistribution to certain States with funding shortfalls in a fiscal year. These funds are provided in advance of and subject to the publication in the Federal Register by the Secretary of the Department of Health and Human Services of provisions to implement subsection 2104(f) of the Act, in order to address FY 2018 funding shortfalls in your CHIP. This grant award may be subject to further adjustment based on those published implementing provisions. Computation of the award is shown on the enclosed statement.

The total amount of the funds represented by this grant award, in accordance with subsection 2104(f) of the Act, reflects estimates of the shortfall amounts for your State determined using the most recent submission by your State of your State's FY 2018 estimated CHIP expenditures.

With the acceptance of this award, you agree to comply with the requirements of the Cash Management Improvement Act (CMIA) of 1990 as codified in 31CFR Part 205 and with the requirements of 45 CFR Part 92.

Any questions you may have in connection with this grant award should be referred to the appropriate Centers for Medicare & Medicaid Services Regional Office financial contact for your State.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center (PSC). Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Deborah A. Hester', is written over the typed name 'Deborah A. Hester'.

Director,
Division of Financial Operations

Enclosures: 4
CMS HCFA-L151 (7-90)

STATE	<u>NEVADA</u>			
FISCAL YEAR	<u>2 0 1 8</u>			
QUARTER	1ST <input checked="" type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

COMPUTATION OF AMOUNTS FOR CHILDREN'S HEALTH INSURANCE PROGRAM PAYMENT GRANTS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

1. ADJUSTMENTS FOR

ACTUAL FEDERAL SHARE OF EXPENDITURES.....

ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....

DIFFERENCE.....
NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....

COLLECTIONS.....

OTHER.....

TOTAL ADJUSTMENTS.....

2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING OCTOBER 1, 2017 ENDING SEPTEMBER 30, 2018

3. NET AMOUNT TO BE CERTIFIED.....

CHILDREN'S HEALTH INSURANCE PROGRAM PAYMENTS	
\$	
\$ A.	5,649,803

TOTAL AMOUNT TO BE CERTIFIED.....

\$ B. 5,649,803

DATE APPROVED DEC -1 2017 COMPUTATION PREPARED BY: _____

INTERNAL TRANSMITTAL NO. 18-cmr-09 COMPUTATION REVIEWED BY: _____

[Handwritten signatures]

CHIP
 ACCOUNTING DATA

STATE NEVADA

QUARTER/FISCAL YEAR FIRST/2018

THIS AWARD IS FUNDED UNDER HHS SINGLE LETTER OF CREDIT NO. 75-08

CENTRAL REGISTRY SYSTEM
 ENTITY IDENTIFICATION NUMBER (CRS/EIN)

188-600-0022-A9

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PROGRAM MAP/ADM	FUNDS IDENTIFICATION NUMBER	COMMON ACCOUNTING NUMBER	DOCUMENT NUMBER	AMOUNT
REDIST18	75X0515	85990312	1805NV5R21	5,649,803 *
TOTAL AMOUNT TO BE CERTIFIED				5,649,803

* CURRENT QUARTER FUNDING

FOOTNOTES

STATE : NEVADA

QUARTER/FISCAL YEAR: FIRST/2018

- A. \$5,649,803 represents the interim redistribution of unexpended allotments from previous fiscal years available for addressing your State's FY 2018 CHIP funding shortfalls. These funds are available for expenditures reported through September 30, 2018 by your State for providing child health assistance or other health benefits coverage for populations eligible for such assistance or benefits under your State Child Health Plan.

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The amounts of unexpended allotments from previous fiscal years redistributed to you are only available for addressing your State's FY 2018 funding shortfalls. The amounts of other CHIP allotments available in FY 2018 (specifically, your FY 2017 (if any) CHIP allotments) must be exhausted first, thereby establishing a shortfall, before the redistribution amounts are available for expenditure.

Redistribution payments provided under section 2104(f) of the Social Security Act (the Act) are subject to retrospective adjustment under section 2104(f)(2)(C) of the Act therefore the amount of this grant award may be adjusted upward or downward based on actual expenditures reported by your state through 9/30/18 and any associated CHIP final shortfall amounts.

The funds associated with this grant award are available in the **REDIST18** subaccount in the Payment Management System.

- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

Refer any questions you have on the above to your Regional Office contact or Grace Ponte at the Central Office at 410-786-5780.

CALCULATION OF INITIAL AWARD

STATE: NEVADA

QUARTER/FISCAL YEAR: FIRST/2018

CHILDREN'S HEALTH
INSURANCE PROGRAM
PAYMENTS

Secretary's Estimate of Funding
Need for the Quarter

\$ 5,649,803

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Less:

Attachment _____

XXXXXXXXXXXXXXXX

Attachment _____

XXXXXXXXXXXXXXXX

Attachment _____

Attachment _____

Attachment _____

Attachment _____

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 5,649,803

Estimate previously funded for
the quarter

0

Net Amount of Funding

\$ 5,649,803