

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks, JD
MPH
Administrator

January 31, 2024

Inter-Tribal Council of Nevada
Serrell Smokey, ITCN President
Tribal Chairman of Washoe Tribe
919 Highway 395 South
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in policy effective January 1, 2024:

State Plan Attachment 4.19-A, Page 4a:

Language is being added under the inpatient per diem reimbursement methodology for maternity services provided by a general acute hospital. These changes will allow general acute hospitals to be reimbursed separately for Long-Acting Reversible Contraceptives (LARC). Providers will be reimbursed separately for both the LARC device and insertion procedure when provided during a maternity stay. These payments will be made in addition to the current maternity per diem.

The changes to State Plan Attachment 4.19-A, Page 4a are expected to increase annual aggregate expenditures as follows:

SFY 2024: \$145,197 (total computable)

SFY 2025: \$293,844 (total computable)

State Plan Attachment 4.19-A, Page 15-15a:

The inpatient per diem methodology for Critical Access Hospitals is being revised to shift CAHs from cost-settled to cost-based rates. The intent of these changes is to simplify rate-setting processes for both providers and the agency and also provide more predictability for providers. These changes are also anticipated to eliminate delays in reimbursing providers at cost; currently, providers are not "made whole" for a fiscal year until a cost report audit has been completed. The proposed methodology would utilize cost report information to establish rates, which would then be inflated to the current time period. This inflationary measure would replace the cost-settlement process. Additionally, LARC devices and insertion would also be reimbursable separately in addition to the maternity per diem payments made to CAHs.

The changes to State Plan Attachment 4.19-A, page 15-15a implemented to shift CAH reimbursement from cost-settled rates to cost-based rates are not anticipated to have a fiscal impact; the intent of this change is to simplify and expedite the process of reimbursing CAHs at cost.

The changes to State Plan Attachment 4.19-A, page 15-15a implemented to allow CAHs to be reimbursed separately for LARC devices and insertion are expected to result in annual aggregate savings as follows:

SFY 2024: \$(4,903) (total computable)

SFY 2025: \$(11,505) (total computable)

State Plan Attachment 4.19-D, page 14:

The Division is proposing an amendment to the swing-bed reimbursement methodology. During the 2023 Nevada Legislative Session, Senate Bill (SB) 241 was passed and signed into law. SB 241 required the Division to begin reimbursing swing-bed services at an amount equivalent to the cost of providing the service. The Division is proposing a reimbursement methodology that would establish cost-based interim rates for hospitals that would be settled to 100% of allowable costs under Medicare principles of retrospective reimbursement.

The changes to State Plan Attachment 4.19-D, page 14 are expected to increase annual aggregate expenditures as follows:

SFY 2024: \$240,558 (total computable)

SFY 2025: \$590,272 (total computable)

If you would like a consultation regarding this proposed change in policy, please contact Monica Schiffer at (775) 684-3653 or mschiffer@dhcp.nv.gov who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Casey Angres

Casey Angres (Jan 30, 2024 19:12 PST)

Casey Angres

Division Compliance Chief, DHCFF

cc: Cynthia Leech, Compliance Agency Manager, DHCFF
Malinda Southard, D.C., CPM, Deputy Administrator, DHCFF
Thomas Fletcher, MA III, Rate Analysis and Development, DHCFF
Kim Adams, ASO III, Fiscal Services, DHCFF
Monica Schiffer, Tribal & Community Liaison, Community & Provider Engagement Unit, DHCFF