

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Assurances - 4.19D

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and 3) the rate relief methodology requested is fully supported by documentation such as actual costs from most recent prior year(s) or from part of current year, so long as the requested rate relief methodology is not a cost reimbursement methodology.

The state will issue a written decision within 90 days of a properly submitted appeal, unless additional information is needed from the provider, in which case the period in which the state must issue a decision is extended to 90 days from the receipt of the requested information. The rate relief is only effective for dates of service beginning on the date the final approval is issued.

Any rate relief granted by the state cannot result in the individual provider receiving Medicaid payments in excess of its costs of Medicaid services and should only provide a relief due to the unique circumstances relative to other providers that have been documented by the appellant resulting in costs that have not been considered in the state plan rate setting methodology. The state must also consider the extent to which comparable health care services are available and accessible for Medicaid recipients in the geographic area served by the provider. This Medicaid rate appeal process is not intended as a mechanism to make any provider whole by covering a provider's uncompensated Medicaid costs.