

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-D

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I. Swing-bed hospitals:

1. Inpatient hospital services furnished by a certified swing-bed hospital which have been certified by the Peer Review Organization for payment at the nursing facility level are reimbursed in accordance with 42 CFR 447.280.
2. Effective for dates of service on or after January 1, 2024, swing-bed hospital services will be reimbursed under Medicare principles of retrospective reimbursement described in 42 CFR 413 and further specified in CMS Provider Reimbursement Manual, Part 1, 15-1 and 15-2.
 1. In no case may payment exceed audited allowable costs.
 2. Interim rates will be determined using the most recent audited cost reports.
 3. Interim swing-bed rates for each facility will be calculated by dividing the total swing-bed cost by the total swing-bed days as reported on the CMS 2552 cost report form.
 4. In general, underpayments will be paid to the provider in a lump sum upon discovery. Overpayments will either be recouped promptly, or a negative balance will be set up for the provider. However, other solutions acceptable to both parties may be substituted.
 5. The federal share of any overpayment is refunded to the federal government in accordance with 42 CFR 433 Subpart F.
- ~~2. — Average statewide weighted per diem payments for all nursing facility routine services (excluding ICF/MR) are calculated for a calendar year; each rate is rounded to the nearest even dollar and becomes the swing bed rate for routine nursing facility services provided in the subsequent calendar year. Swing bed rates are not subject to later adjustment.~~
3. Ancillary services required by swing-bed patients are separately payable as "outpatient hospital services;" see Attachment 4.19-B, Item 2.a – ~~2.c~~.

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