

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

<DATE>

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 700 – **RATES AND SUPPLEMENTAL REIMBURSEMENT**

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 700 – Rates and Cost Containment are being proposed to update and clarify the information. The title of the Chapter is being changed from “Rates and Cost Containment” to “Rates and Supplemental Reimbursement”. Section 705- Letters of Agreement is being added.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: All provider types are affected by the proposed changes.

Financial Impact on Local Government: No financial impact is anticipated for local government.

These changes are effective April 1, 2019

MATERIAL TRANSMITTED

MTL <XX/XX>
<Chapter Title>

MATERIAL SUPERSEDED

MTL <XX/XX>
<Chapter Title>

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
700	INTRODUCTION	Revising language from “mentally retarded” to “Individuals with Intellectual Disabilities”.
703.2 (a)	POLICY	Changing the language from “non-Medicare” patients to “all” patients. Adding new language after that to read ... “during the preceding month listed by the type of insurance coverage for each patient day”...
703.2 (b) (1)	POLICY	Changing the percent from 5.5 to 6.0 as that is the current federal limit the program is operating under.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
703.2 (b) (2)	POLICY	Clarifying the reference by changing ... “patients by the rate in 2.a” ... to ... “patients by the rate in 703.2.a”.
703.2 (b) (3)	POLICY	Adding clarifying language when the January report is due as this differs from other months.
703.3 (b) (1)	POLICY	Revising language from “Mentally Retarded (ICF/MR)” to “Individuals with Intellectual Disabilities”.
703.3 (c) (2)	POLICY	Clarifying the reference by changing ... “any amounts due under 3.a” ... to “any amounts due under 703.3.a”.
704	APPEALS	Revising language referencing the Nevada Medicaid State Plan. Clarifying “Appeals” to “Rate appeals”. Adding language to indicate “provider-specific rates”. Changing “procedures” to “the methodologies” and clarifying “cannot be appealed and the policies outlined in MSM 704 would not apply.” Adding information clarifying who may or may not file appeals.
704 (c) (10)	APPEALS	Adding (10) to the list that reads: “That the basis for relief is fiscally acceptable under current and/or future budget authority.”
704 (e)	APPEALS	Removing “The decision on the appeal shall set forth Findings of Fact and Conclusions of Law” and adding “The DHCFP will contact the person designated in 704.b.1 to provide an explanation of the decision and allow an opportunity to reconcile the dispute.”
704 (f)	APPEALS	Clarifying the reference by changing ... “to the person designated in 704.2.a” ... to “to the person designated in 704.b.1.”
704 (g)	APPEALS	Revising the language to read: “The Administrator’s decision is considered final.”
705	LETTERS OF AGREEMENT	This section is being added and provides information related to Letters of Agreement (LOA) for out-of-state providers.