700 MEDICAID RATE(S) APPEAL

The following appeal procedure applies to reimbursement rates paid to providers for providing services under the State Plan for Medicaid to Medicaid recipients enrolled in the fee-for-service Medicaid program. Appeals are only applicable to individual providers. General rates, as determined by procedures set forth in the State Plan, cannot be appealed.

a. Appeals must be submitted in writing to the address below and clearly marked as a Rate appeal.

   To ensure receipt of the Appeal, certified mail or other commonly accepted delivery methods which clearly show the date of receipt are encouraged.

   Appeal address: Administrator DHCFP, 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

b. The appeal must contain the following information:

   1. The name, address and telephone number of the person who has authority to act on behalf of the provider/appellant; and

   2. The specific rate(s) to be reviewed;

   3. The basis upon which the provider believes relief should be granted including supporting documentation:

      a. Claims documentation showing costs for Medicaid services not fully compensated by Medicaid payments is necessary, but not sufficient to form a basis for relief.
      b. The documentation should show that payments received from Medicaid for the appealed rate fail to compensate for costs attributable to providing services to Medicaid patients as well as for the rates in aggregate for the provider.
      c. The documentation must show how the specific circumstances of services provided to Medicaid recipients relative to other like-providers result in higher costs not adequately or appropriately considered in the development of the existing rate(s);

   4. The relief requested, including the methodology used to develop the relief requested.

a. Actual costs from the most recent prior year(s), or costs from part of the current year, may be used in developing the methodology for the relief request, so long as it is not a cost reimbursement methodology;

5. Any other information the provider believes to be relevant to the review.

c. The Administrator, or his designee, may consider the following factors in deciding whether to grant rate relief:

1. Whether there are circumstances related to the appellant when compared to other providers that cause the appellant to have higher Medicaid costs in the rate category reviewed;

2. Whether the circumstances relating to the provider are adequately considered in the rate-setting methodology set forth in the State Plan;

3. The extent to which comparable health care services are available and accessible for all people in the geographic area served by the appellant/provider;

4. Whether Medicaid payments are sufficient to meet Medicaid costs in the appealed rate(s);

5. The total Medicaid payments to the provider and all Medicaid payments for the appealed rate(s):

   a. In the case of hospitals, this includes total Medicaid costs to the hospital for inpatient care and the hospital's Medicaid costs for the appealed rate(s));

6. Audit review information, if any;

7. Information and data used to set the existing or appealed rate;

8. Such other information or documentation as the Administrator, or his designee, deems relevant; and

9. That the basis for relief results in uncompensated Medicaid costs to the provider, both in the appealed rate(s) and in aggregate Medicaid payments under the State Plan.

d. The Administrator, or his designee, shall review the appeal and supporting documentation and issue a written decision within ninety (90) calendar days of receipt of a properly submitted appeal. The Administrator, or his designee, may request any additional information from the provider, including independent verification by an unrelated third party of the provider's claims. If the Administrator, or their designee, requests additional information or verification, the period in which the Administrator or his designee must issue a decision is extended to (90) calendar days from the receipt of the requested information.

e. The decision on the appeal shall set forth Findings of Fact and Conclusions of Law.

f. The decision will be sent in writing by certified mail, return receipt requested, to the person designated in 704(B)(1).

g. The Administrator's decision may be appealed to the District Court in and for Carson City of the State of Nevada pursuant to NRS 422.306(3). Such appeal shall be filed within thirty (30) calendar days from the date the decision of the Administrator is received.