

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Supplement 3 to Attachment 4.19-B

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Payments for Selected Critical Access Hospitals for Providing Telehealth Services

For dates of service beginning November 24, 2016 and ending July 31, 2019, Battle Mountain General Hospital, Grover C Dils Medical Center, Mount Grant General Hospital and Pershing General Hospital will be reimbursed for telehealth services using a cost-based methodology as described below:

1. Interim Payments

- a) Each facility identified above is reimbursed on an interim basis for telehealth services provided at the Nevada Medicaid outpatient hospital services fee-for-services rates.

2. Quarterly Cost Reconciliation/Payment Process

- a) Within 60 days after the end of each quarter each facility identified above will submit to the DHCFP a summary of all telehealth encounters paid during the previous quarter, identified by the telehealth Originating Site Facility Fee code, Q3014, and the related Medicaid charges.
- b) The DHCFP will determine the total Medicaid charges for each facility by totaling the Medicaid charges for all telehealth encounters submitted under #a above.
- c) The DHCFP will apply the facility's most current available Medicare approved telemedicine cost to charge ratio to the total Medicaid charges (see #b above) to determine the total cost of Medicaid telehealth services provided in the quarter.
- d) If the total quarterly actual costs for providing Medicaid telehealth services as determined under #c exceeds the total interim Medicaid payments for the quarter, the DHCFP will pay the facility the difference.

If the facility's total interim quarterly Medicaid payments for the telehealth services exceeds the actual cost determined under #c above, the DHCFP will recoup the overpayment using one of the following two methods:

- i. Off-set all future claims payment from the facility until the amount of the overpayment is recovered;
- ii. The facility will return an amount equal to the overpayment.