



September 13, 2024 (Updated October 3, 2024)

Nevada Medicaid Web Announcement 3441

Attention Provider Type 12 (Hospital, Outpatient): Provider-Specific Rates Updated for Publicly Owned Critical Access Hospitals

During the 82nd Nevada Legislative Session (2023), Senate Bill (SB) 247 was passed requiring outpatient services provided by a publicly owned Critical Access Hospital (CAH) to be reimbursed at a rate equal to the actual cost of providing the services. Per this requirement, new provider-specific rates for publicly owned CAHs under provider type (PT) 12 (Hospital, Outpatient) have been entered in the Medicaid Management Information System (MMIS) and are effective on claims with dates of service on or after January 1, 2024. These rate updates are not applicable to privately owned CAHs.

Claims submitted by CAHs under PT 12 with dates of service on or after January 1, 2024, that paid the incorrect rate will be automatically reprocessed. A future remittance advice will report the result of any reprocessed claims.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.