



April 24, 2026

Nevada Medicaid Web Announcement 3899

Attention Provider Types 19 (Nursing Facility) and 65 (Hospice, Long Term Care):

State Fiscal Year 2026 Quarter 4 Rate Updates Implemented

The State Fiscal Year (SFY) 2026 quarter 4 rate updates were implemented in the Medicaid Management Information System (MMIS) for free-standing nursing facilities for standard bed day services. The impacted provider types (PT) are 19 (Nursing Facility) and 65 (Hospice, Long Term Care). The updated rates are effective on claims with dates of service on or after April 1, 2026.

Effective January 1, 2026, Managed Care Organizations (MCOs) have up to 60 days after receiving updated rate files to implement rate changes on a go-forward basis, unless otherwise specified by the State. MCOs must implement rates for FQHCs, CAHs, RHCs, and other cost-report based rates effective when the State prescribes them, including retroactively, as applicable. This provision does not limit the MCOs' ability to apply cost-containment or avoidance activities that reduce costs or prevent fraud, waste, or abuse.

Any claims submitted by PT 19 or 65 with dates of service on or after April 1, 2026, that paid the previous rates will be automatically reprocessed to adjudicate with the SFY 26 quarter 4 rates at a later date. 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.