Claims Recycles for State Plan Related Rate Changes

As notified in previous web announcements, the Division of Health Care Financing and Policy (DHCFP) is in the process of implementing rate changes from three (3) federally approved Nevada Medicaid State Plan Amendments (SPA). Unfortunately, the system changes that were required for these revisions took longer than anticipated which has resulted in larger claims recycles. Therefore, in an effort to alleviate the financial hardship these recycles may have on our providers, the standard recycle process of taking the full recoupment at one time has been revised.

If the outcome of these claims recycles result in money being taken back from a provider and that amount exceeds $5,000, the DHCFP is instituting a phased recoupment process whereby only 5% of the outstanding take back will be recouped from the provider’s weekly Medicaid reimbursement until the take back is paid in full. If the provider does not wish to utilize this phased recoupment process and would rather address any negative balances immediately or in an alternative phased schedule, the provider may contact the Recovery Unit at the Division of Health Care Financing and Policy at (775) 684-7595.

Any provider whose claims recycle outcome is projected to create a negative balance of $5,000 or greater will receive a letter from DHCFP detailing the projected take back amount and details on when their recycle will occur.

The following SPAs have the January 1, 2017, effective date:

**SPA 17-001 New Ambulatory Surgery Center Methodology:** The DHCFP revised the current payment methodology for provider types (PTs) 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers) to one based on the Centers for Medicare & Medicaid Services Ambulatory Payment Classifications system. The outcome of the new methodology resulted in some rates going up and some rates going down. Therefore, depending on a provider’s billing, some providers will receive additional funding and some will have an overpayment when the recycle occurs.

**SPA 17-002 Durable Medical Equipment:** As a result of recent changes to the CMS DMEPOS fee schedule, the DHCFP updated the rate methodology currently being used for Nevada Medicaid DMEPOS (PT 33). The outcome of the new methodology resulted in some rates going up and some rates going down. Therefore, depending on a provider’s billing, some providers will receive additional funding and some will have an overpayment when the recycle occurs.

**SPA 17-003 Provider Rate Realignment:** The DHCFP revised the current payment methodologies based on the CMS Physician Fee Schedule and will use the 2014 relative value units and conversion factors. This has resulted in some rates going up and some being reduced. The following provider types are affected: 12 (Hospital, Outpatient), 21 (Podiatrist), 25 (Optometrist), 26 (Psychologist), 27 (Radiology and Non-invasive Diagnostic Centers), 34 (Therapy), 36 (Chiropractor), 41 (Optician, Optical Business), 43 (Laboratory, Pathology Clinical), 72 (Nurse Anesthetist), 74 (Nurse Midwife) and 76 (Audiologist). The outcome of the new methodology resulted in some rates going up and some rates going down. Therefore, depending on a provider’s billing, some providers will receive additional funding and some will have an overpayment when the recycle occurs.

Please see Web Announcement 1636 for updated information.