

Interim Rate Letter Reimbursement Policy

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for the Medicare Advantage line of business, when providers submit the Centers for Medicare & Medicaid Services (CMS) interim rate letters to Network Health (NH) for consideration.

Policy Detail:

- I. Participating and Non-Participating providers are accountable to submit their most current CMS interim rate letter to NH to ensure accurate payment.
 - A. To assist with the accuracy of the reimbursement, please include the National Provider Identifier (NPI) associated with the Provider Number/Provider Transaction Access Number (PTAN)
- II. Interim rate letters may include the following payment updates:
 - A. Critical Access Hospital (CAH) Outpatient Percentage
 - B. Inpatient Per Diem
 - C. RHC (Rural Health Center) All Inclusive Rate
 - D. Swing Bed Per Diem
- III. The effective date of the rates will be the payment effective date as noted on the CMS interim rate letter.
 - A. The effective date **will not** be the date of the CMS interim rate letter.
- IV. Per Network Health's Contract Pricing and Coding Updates Policy, updates to pricing will be effective no later than thirty (30) days from the date NH is made aware of such update.
- V. CMS interim rate letters should be submitted to the contracting department at NHPManagedCareContracting@networkhealth.com.
- VI. Claims may be reprocessed twelve (12) months from the CMS interim rate letter payment date if there is a decrease in payment.

Regulatory Citations:

Centers for Medicare & Medicaid Services (CMS)

Related Policies:

Contract Pricing and Coding Updates Policy

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Next Review Date: 9/4/2025