

August 26, 2021 Web Announcement 2572

Reminder to Providers to Complete DHCFP Rate Review Surveys

Reminder to Web Announcement 2556 for provider types:

- 10 (Outpatient Surgery-ASC Procedures and Payment Groups)
- 12 (Hospital, Outpatient)
- **13** (Psychiatric Hospital, Inpatient)
- 33 (Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS))
- 34 (Therapy)
- **36** (Chiropractor)
- **44** (Swing-Bed, Acute Hospital)
- 45 (End Stage Renal Disease (ESRD) Facility)
- 46 (Ambulatory Surgical Centers, Freestanding)
- 48 (Home and Community Based Waiver for the Frail Elderly)
- 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals)
- 57 (Home and Community Based Waiver for the Frail Elderly in Residential Facilities for Groups)
- 58 (Home and Community Based Waiver for Persons with Physical Disabilities)
- 59 (Home and Community Based Waiver for the Frail Elderly in an Assisted Living Facility)
- 63 (Residential Treatment Center (RTC))
- 81 (Hospital Based End Stage Renal Disease):

Per Nevada Revised Statutes (NRS) <u>422.2704</u>, the State of Nevada, Division of Health Care Financing and Policy (DHCFP) is required to conduct a rate review for each provider enrolled with Nevada Medicaid at a minimum of every four years. The purpose of this statute is to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item.

DHCFP has established a rate review schedule and, at this time, the above listed provider types are under review. As of **August 6, 2021**, providers enrolled under the above listed provider types are able to access surveys online at <u>QRR (nv.gov)</u> to complete and return to DHCFP. Only the provider types listed above are invited to participate at this time. These surveys will request information regarding Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS)/Revenue codes billed, and the cost of providing each service/item.

Completed surveys must be returned via email to <u>Rates@DHCFP.nv.gov</u> in Excel[®] format. Surveys must be completed and returned by September 3, 2021. As a valued partner with Nevada Medicaid providers, DHCFP strongly encourages that all providers enrolled under the provider types listed above complete the survey. Data gathered from provider responses directly contributes to the analysis of current reimbursement rates and may assist in justifying rate adjustments in the future.

For more information on Quadrennial Rate Reviews, including a full yearly schedule, surveys for each provider type, and detailed instructions, please visit the <u>QRR (nv.gov)</u> page on the DHCFP website.