



BRIAN SANDOVAL  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
1100 E. William Street, Suite 101  
Carson City, Nevada 89701  
(775) 684-3600

MICHAEL J. WILLDEN  
*Director*

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*Administrator*

March 20, 2012

The Division of Health Care Financing and Policy (DHCFP) is requesting your assistance in gathering information regarding the possible implementation of a new business tool for Personal Care Agencies. Please take a moment to complete this survey.

Your input and participation provide valuable insight to the DHCFP.

Please complete the enclosed survey and return to:

Division of Health Care Financing and Policy  
Attention: Provider Support  
1100 E. William St.  
Suite 101  
Carson City, NV 89701

-or-

[Blancalris.Lanzas@dhcfp.nv.gov](mailto:Blancalris.Lanzas@dhcfp.nv.gov)

**RESPONSES MUST BE RECEIVED BY APRIL 2, 2012**

**Personal Care Agency Survey**

Name of agency (*optional*): \_\_\_\_\_

- 1. How many recipients do you currently serve? \_\_\_\_\_
- 2. How many individual caregivers do you currently employ? \_\_\_\_\_
- 3. Do you currently use a business management software tool, excluding Allscripts-PayerPath or a billing clearinghouse?

Yes       No

3a. If yes, what do you use it for? Check all that apply.

Scheduling

Billing

Case Management

Employee time tracking

Employee records (including TB test, background check, training, etc)

Payroll

Other (please explain): \_\_\_\_\_

3b. What is the name of your system/software? \_\_\_\_\_

3c. What types of reports do you generate from this system? \_\_\_\_\_

- 4. If you are *not* currently using a business management software tool, would you be opposed to utilizing one provided by Nevada Medicaid?

Yes       No      If yes, please explain: \_\_\_\_\_

- 5. Are you supportive of caregivers obtaining a National Provider Identifier (NPI)? This number is available at no cost through the National Plan & Provider Enumeration System.

Yes       No      If no, please explain your main concerns and provide an alternative solution:

- 6. If a software tool examined your claims for accuracy prior to submission to Nevada Medicaid (fiscal agent), do you believe you would receive fewer denied claims?

Yes       No

- 7. Do you have any other concerns or comments related to this survey? \_\_\_\_\_