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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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January 25, 2019

Dear Provider,

During the previous calendar year, the State of Nevada Division of Health Care Financing and Policy (DHCFP) began implementing the requirements set forth by Assembly Bill 108 (AB108). AB108 was passed during the 2017 Nevada Legislative Session. The passage of this bill requires DHCFP conduct a rate review for each provider enrolled with Nevada Medicaid at a minimum of every four years. If the Division finds the rate of reimbursement for a service or item does not accurately reflect the actual cost of providing the service or item, DHCFP is required to calculate the rate of reimbursement that reflects the actual cost of providing the service or item and recommend the rate to the Director for possible inclusion in the State Plan for Medicaid.

DHCFP has established a quarterly schedule of reviews based on provider type. Per the schedule, Anesthesia providers were under review during the third quarter of 2018, and surveys were made available for anesthesia providers to complete and return. Upon further review, DHCFP has determined that the instructions for anesthesia providers may not have been clear. As such, the Division has made changes to the survey format for anesthesia providers and is allowing an additional 30 days for response. **DHCFP strongly encourages all anesthesia providers 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.**

The surveys for anesthesia providers will list all CPT/HCPCS codes available to bill under the anesthesia provider type. Providers may indicate which codes they are currently utilizing by completing the lines associated with those codes. Anesthesia providers should list the average amount of time (in minutes) spent on each individual code as well as indicate the Usual & Customary Charge and Cost of Providing Service. The Usual & Customary Charge is defined as the rate charged to all payors, not Nevada Medicaid specifically; for anesthesia providers, this charge would include both the amount billed for the allotted base units as well as the amount billed for the additional units accrued based on the amount of time spent on the service.

A list of applicable CPT/HCPCS codes can be located on our website at the following link: http://dhcfp.nv.gov/Resources/Rates/AB_108_Reviews/, click on provider type specific survey link, download the required forms and complete them electronically. Return completed forms via

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email to Rates@dncfp.nv.gov with the subject “**AB108 Review**”, or you may return via U.S. Mail at the address provided on the letterhead. We ask that the code sheet be returned by March 1, 2019.

The DHCFP appreciates your participation in this review and would like to take this opportunity to thank you for the valuable services you provide to Nevada Medicaid recipients.

Sincerely,

Jared Davies
Chief of Rate Analysis and Development
Division of Health Care Financing and Policy