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Governor



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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September 17, 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, Special Clinic: Substance Abuse Agency Model (SAAM) providers were under review during the third quarter of 2018, and surveys were made available for SAAM providers to complete and return. Upon further review, DHCFP has determined that certain codes for SAAM providers may have been excluded. As such, the Division has made changes to the survey format for SAAM providers and is allowing an additional 60 days for response. **As a valued partner with Nevada Medicaid, DHCFP strongly encourages all SAAM providers complete the survey. The information gathered is strictly for internal review. 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 survey for Special Clinic: Substance Abuse Agency Model providers will only list CPT/HCPCS codes that were updated. Providers may indicate which codes they are currently utilizing by completing the lines associated with those codes. SAAM providers should list 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. The Cost of Providing Service is defined as the cost of materials, wages, and other expenses that directly impact the cost of providing the service.

September 24, 2019

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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 email to Rates@dhcfp.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 **Monday, November 2, 2019**.

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