



Nevada Department of  
Health and Human Services  
DIVISION OF HEALTH CARE  
FINANCING AND POLICY

## Quadrennial Rate Review (QRR) Update July 2022 Nevada Medicaid

For more information, please visit:

<https://dhcfp.nv.gov/Resources/Rates/QRR/>

### Overview

NRS 422.2704 states:

***Review of and recommendations concerning rates of reimbursement.*** On or before January 1, 2018, and every 4 years thereafter, the Division shall:

1. Review the rate of reimbursement for each service or item provided under the State Plan for Medicaid to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item; and

2. If the Division determines that the rate of reimbursement for a service or item does not accurately reflect the actual cost of providing the service or item, calculate the rate of reimbursement that accurately reflects the actual cost of providing the service or item and recommend that rate to the Director for possible inclusion in the State Plan for Medicaid.

The Quadrennial Rate Review (QRR) is a comparison of Fee-for-Service (FFS) reimbursement rates to provider's reported costs, current Medicare reimbursement rates, and other state's FFS reimbursement rates. The report is a valuable tool used to provide rate increase recommendations to the Director of the Nevada Department of Health and Human Services. The QRR relies heavily on provider feedback and accurate cost reporting. Without this feedback from Nevada Medicaid providers, the DHCFP must make recommendations based on the information available from other states. This does not always accurately reflect costs in Nevada, so the DHCFP is increasing its outreach efforts and working with providers to actively engage in this process.

### Process

Provider surveys are published annually on the QRR webpage linked above. DHCFP has developed a four-year schedule of reviews to ensure all providers are surveyed at least every four years. As the statute requires DHCFP compare provider costs to the Nevada Medicaid reimbursement rate, surveys are issued in a format that aligns with the billing practices for that provider type to ensure an equitable comparison. DHCFP makes notice of survey availability via email and fax blasts from DHCFP's fiscal agent (Gainwell Technologies, Inc.), correspondence to provider associations, Web Announcements on the Nevada Medicaid Provider Portal, website updates, etc.

Upon the close of the survey period, the Rate Analysis and Development Unit begins working on analyzing the data. Provider responses are used to determine a median cost of each service or item, which is then compared to the current reimbursement rate. Aggregated data is then compiled into an annual report; the report is then provided to the Department of Health and Human Services Director's

Office and published on the QRR website. The annual report is typically published the calendar year following when surveys were issued.

## Status Update

### **2022 Annual Report**

The following provider types (PT) will be included in the report published later this year:

- PT 10 – Outpatient Surgery, Hospital Based
- PT 11 – Hospital, Inpatient
- PT 12 – Hospital, Outpatient
- PT 13 – Psychiatric Hospital, Inpatient
- PT 16 – Intermediate Care Facility for Individuals with Intellectual Disabilities, Public
- PT 17, Specialty 215 – Special Clinic, Substance Abuse Agency Model (SAAM)
- PT 25 – Optometrist
- PT 29 – Home Health Agency (includes Private Duty Nursing)
- PT 33 – Durable Medical Equipment, Disposable, Prosthetics
- PT 34 – Therapy
- PT 35 – Non-Emergency Medical Transportation (NEMT)
- PT 36 – Chiropractor
- PT 38 – Waiver for Individuals with Intellectual Disabilities
- PT 39 – Adult Day Health Care
- PT 41 – Optician, Optical Business
- PT 44 – Swing-bed, Acute Hospital
- PT 45 – End Stage Renal Disease (ESRD) Facility
- PT 46 – Ambulatory Surgical Centers
- PT 47 – Indian Health Services and Tribal Clinics (IHS)
- PT 48 – Senior Waiver (Frail Elderly)
- PT 51 – Indian Health Service Hospital, Inpatient (Tribal)
- PT 52 – Indian Health Service Hospital, Outpatient (Tribal)
- PT 54 – Targeted Case Management
- PT 55 – Day and Residential Rehabilitation
- PT 56 – Medical Rehabilitative Center & Long-Term Acute Care (LTAC) Specialty Hospital
- PT 57 – Adult Group Care Waiver
- PT 58 – Physically Disabled Waiver
- PT 59 – Assisted Living Waiver
- PT 60 – School Based
- PT 63 – Residential Treatment Center
- PT 64 – Hospice
- PT 65 – Hospice, Long Term Care
- PT 78 – Indian Health Service Hospital, Inpatient (Non-Tribal)
- PT 79 – Indian Health Service Hospital, Outpatient (Non-Tribal)
- PT 81 – Hospital-Based End Stage Renal Disease (ESRD) Provider
- Anesthesia

### **2022 Surveys**

Surveys for the following provider types are currently online and must be returned to DHCFP by **Friday, September 16, 2022**. These responses are targeted to be included in the QRR Report published in 2023:

- PT 17, Specialty 166 – Special Clinic, Family Planning
- PT 17, Specialty 169 – Obstetrical Care Clinic, Birthing Centers

- PT 17, Specialty 171 – Specialty Clinic, Methadone
- PT 17, Specialty 174 – Special Clinic, Public Health
- PT 17, Specialty 180 – Special Clinic, Rural Health Clinic
- PT 17, Specialty 181 – Special Clinic, Federally Qualified Health Centers
- PT 17, Specialty 183 – Special Clinic, Comprehensive Outpatient Rehab Facilities
- PT 17, Specialty 188 – Special Clinic, Certified Community Behavioral Health Clinic
- PT 17, Specialty 195 – Special Clinic, Community Health Clinics – State Health Division
- PT 17, Specialty 198 – Special Clinic, HIV
- PT 17, Specialty 215 – Special Clinic, Substance Abuse Agency Model (SAAM)
- PT 19 – Nursing Facilities
- PT 20 – Physician, MD, Osteopath
- PT 21 – Podiatrist
- PT 22 – Dentist
- PT 23 – Hearing Aid Dispenser and Related Supplies
- PT 24 – Advanced Practice Registered Nurse (APRN)
- PT 27 – Radiology and Non-Invasive Diagnostic Centers
- PT 32, Specialty 249 – Community Paramedicine
- PT 32, Specialty 932 – Ambulance, Air or Ground
- PT 43 – Laboratory, Pathology Clinical
- PT 68 – Intermediate Care Facility for Individuals with Intellectual Disabilities, Private
- PT 72 – Nurse Anesthetist
- PT 74 – Nurse Midwife
- PT 75 – Critical Access Hospital, Inpatient
- PT 76 – Audiologist
- PT 77 – Physician’s Assistant

### Contact/Resources

For any questions or concerns related to the Quadrennial Rate Reviews, please contact [QRR@dncfp.nv.gov](mailto:QRR@dncfp.nv.gov) .

Link to recording of the 2021 Public Workshop on the Quadrennial Rate Reviews (includes resources on how providers may approach calculating costs):

[https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Resources/Rates/Public Workshop - Quadrennial Rate Review Process Overview and Provider Survey Instructions-20211020.mp4](https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Resources/Rates/Public%20Workshop%20-%20Quadrennial%20Rate%20Review%20Process%20Overview%20and%20Provider%20Survey%20Instructions-20211020.mp4)

- The PowerPoint can also be found here:

[https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2021/PW\\_10\\_20\\_21\\_Quadrennial Rate Review Presentation 20210930.pdf](https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Public/AdminSupport/MeetingArchive/Workshops/2021/PW_10_20_21_Quadrennial_Rate_Review_Presentation_20210930.pdf)

For any other questions or concerns related to Rate Analysis and Development, please contact [Rates@dncfp.nv.gov](mailto:Rates@dncfp.nv.gov) .