

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

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June 13, 2024

Dear Provider,

NRS 422.2704 requires that, every four (4) years, the State of Nevada, Division of Health Care Financing and Policy (DHCFP) 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. 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, the Division must 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 process and analysis to meet this requirement is called the Quadrennial Rate Review (QRR).

DHCFP has developed a QRR survey schedule to meet this requirement and, currently, the billable rates for the following provider type (PT) are under review:

### **PT 75 – Critical Access Hospital (CAH), Inpatient**

The survey for each provider type will list all codes allowable under that PT. For each revenue code utilized by the provider completing the survey, please indicate the Cost of Providing Service. 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. Please do not enter a cost range, only a single dollar amount for each code.

**As a valued partner with Nevada Medicaid, DHCFP strongly encourages all enrolled providers to complete the survey. The cost information gathered is strictly for internal review and will not be shared with outside entities. Cost data gathered from provider responses is used to calculate the median cost of providing an item or service and directly contributes to the comparison to current reimbursement rates. The results of this analysis are used as justification for rate adjustments in the future.**

The surveys with the list of applicable codes/services can be located on the QRR website at the following link: <https://dhcfnv.gov/Resources/Rates/QRR/>. Click on provider type specific survey link, download the required Excel template and complete in this format. It is important that no codes or modifiers are added or removed. Any such changes may make your survey unusable. Completed surveys **must be returned in Excel format** via email to [QRR@dhcfnv.gov](mailto:QRR@dhcfnv.gov) with your provider type in the subject line. DHCFP asks that the survey be returned by **Tuesday, August 13, 2024**. Please do not hesitate to contact us at the above email address if you have any questions regarding the survey.

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,

Bobbi Senn, Management Analyst II  
Division of Health Care Financing and Policy