Quadrennial Rate Review

Division of Health Care Financing and Policy
Rate Analysis and Development

September 2024

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Executive Summary

The Division of Health Care Financing and Policy (Division) has conducted Fee-for-Service (FFS) provider reimbursement rate reviews per the requirements of NRS 422.2704, which requires a comparison of providers' costs to Medicaid reimbursement rates. The provider types (PT's) included in this report are:

- Anesthesia
- PT 10 Outpatient Surgery, Hospital Based
- PT 12 Hospital, Outpatient
- PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional
- PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate
- PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide
- PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker
- PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist
- PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor
- PT 14-308 Behavioral Health Outpatient, Day Treatment Model
- PT 15 Registered Dietitian
- PT 25 Optometrist
- PT 26 Psychologist
- PT 30 Personal Care Aide, Provider Agency
- PT 41 Optician, Optical Business
- PT 46 Ambulatory Surgical Centers
- PT 54 Targeted Case Management
- PT 60-960 School Based
- PT 82 Behavioral Health Rehabilitative Treatment
- PT 83 Personal Care Aide – Intermediary Service Organization
- PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst
- PT 85-311 Applied Behavioral Analysis, Psychologist
- PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst
- PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician

To determine providers' costs, surveys were available for download on the Division's website. Response rates were lower than desired. The only provider types with a response rate at or greater than 10 percent were as follows:

- PT 14-308 Behavioral Health Outpatient, Day Treatment Model
- PT 54 Targeted Case Management
- PT 85-311 Applied Behavioral Analysis, Psychologist
- PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst

The following provider types are not being recommended for rate increases as there were no provider responses to the survey for comparison:

- Anesthesia
- PT 60-960 School Based

Purpose

Nevada Medicaid and Nevada Check Up currently provide health care coverage to approximately 809,161 Nevadans as of June 2024. These recipients access health care through either a fee-for-service or managed care service delivery system. Health care providers frequently voice concerns about Nevada Medicaid's reimbursement rates being too low to cover their costs of providing services to Medicaid and Check Up recipients. It is important to maintain – and increase – the number of Nevada providers who serve Medicaid and Check Up recipients which allows beneficiaries to access the care they need. Reviewing reimbursement rates is one tool to address provider concerns.

NRS 422.2704 requires the Division to review each Medicaid reimbursement rate every four years. The Quadrennial Rate Reviews (QRR) determine if current Nevada Medicaid reimbursement rates accurately reflect the actual cost of providing services or items needed by Nevada Medicaid and Check Up recipients. If DHCFP finds that a reimbursement rate does not accurately reflect the actual cost of providing the service or item, NRS 422.2704 requires the Division to 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.

Background

As of July 2024, there are over 73,000 active rates for Nevada Medicaid, covering 94 provider types (PT) and/or specialties. A provider type indicates who is providing a service. Provider types may include individuals, facilities, or other organizational structures. Most provider types and specialties have their own rate methodologies, and therefore, must be analyzed separately. The Division ensures rates for each PT are reviewed at least every four years.

This report encompasses surveys received in the calendar year 2023 for the following provider types:

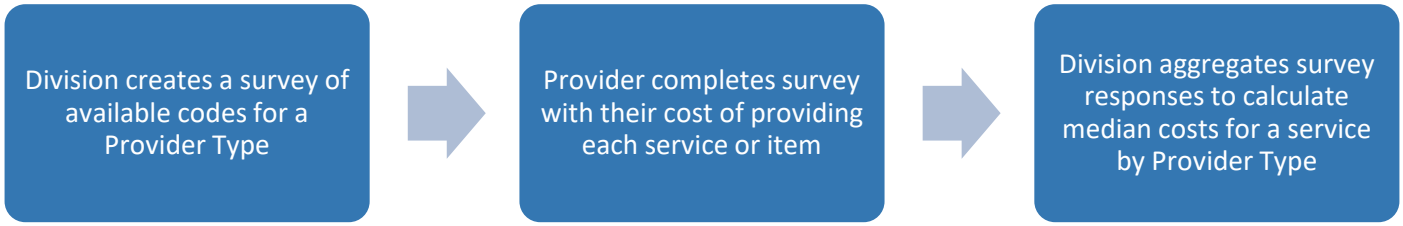
- PT 10 Outpatient Surgery, Hospital Based
- PT 12 Hospital, Outpatient
- PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional
- PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate
- PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide
- PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker
- PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist
- PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor
- PT 14-308 Behavioral Health Outpatient, Day Treatment Model
- PT 15 Registered Dietitian
- PT 25 Optometrist
- PT 26 Psychologist
- PT 30 Personal Care Aide – Provider Agency
- PT 41 Optician, Optical Business
- PT 46 Ambulatory Surgical Centers
- PT 54 Targeted Case Management
- PT 82 Behavioral Health Rehabilitative Treatment
- PT 83 Personal Care Aide – Intermediary Service Organization
- PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst
- PT 85-311 Applied Behavioral Analysis, Psychologist
- PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst
- PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician

Methodology

To assess provider costs, providers whose rates are under review are asked to complete a survey related to their costs for providing each service or item allowed under their provider type. The Division reached out to providers in the following ways to encourage participation in the cost surveys: website postings, web announcements, social media post, email/fax outreach from Gainwell Technologies, and contact with provider associations and boards.

The cost survey for each provider type lists available Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, descriptions, and modifiers. Providers fill in their cost information for each service code and submit their completed survey to the Division. Staff analyze the survey data to determine the median cost of providing each service or item for each provider type. Median costs are used rather than average costs to minimize the impact of outliers with extremely high or low costs reported on the provider surveys.

Figure 1: Provider Cost Calculation



In addition to analyzing survey data provided by Nevada Medicaid providers, staff analyze how Nevada Medicaid's rates compare to other states' Medicaid rates and to Medicare rates. The states typically used for comparison are Arizona, Colorado, New Mexico, Oregon, and Utah. These states were selected due to their proximity to Nevada as well as similarities in population distribution. In researching other states' Medicaid reimbursement rates, every effort was made to find the rate that is most closely aligned with Nevada Medicaid's rate. Staff researched fee schedules that were effective during the same timeframe as the survey period and attempted to identify reimbursement rates for matching provider types. In some instances, a compatible provider type did not exist in another state or services were not included in their fee schedules. In this occurrence, a broader list of states is used for comparison purposes. Using all identified data, staff calculated a median of the other states' Medicaid rates for each service to compare to Nevada's rates.

Once the comparison data was collected, a fiscal analysis for the 2026-2027 biennium was performed to demonstrate the impact of changing current Nevada Medicaid fee-for-service rates to align with providers' reported costs. Fiscal impact analyses were also completed for the additional scenarios of aligning with Medicare rates or the median of other states' Medicaid rates.

Whereas calculation of the fiscal impact of a fee-for-service rate increase is a relatively straightforward process, calculating the impact of rate changes on managed care capitation payments is more complex and challenging from a technical perspective. Determining the managed care portion of the fiscal impact of rate changes on monthly capitation payments is beyond the scope of this report. Instead, the Division used managed care utilization data and increased the fee-for-service estimates to reflect the potential changes in capitation rates due to a change in fee-for-service reimbursement rates.

The combined fee-for-service and managed care fiscal impact estimates were projected forward to the biennium (state fiscal years 2026 and 2027), using projected growth rates based on caseload projections from the Nevada Department of Health and Human Services, Office of Analytics. The total computable figures reflect both the federal and non-federal shares of the projected impact on program expenditures. The applicable annual Federal Medical Assistance Percentage (FMAP) rates were applied to determine the non-federal share of each proposed rate change scenario.

Results

The rate reviews for this report represent the fifth set of reviews completed under the Quadrennial Rate Review process. Provider responses were lower than desired. The Division received a total of 304 cost survey responses across all provider types in this report. This count represents 3% of the 9,958 enrolled providers who were surveyed. Most PTs had a response rate under 10%.

Table 1 provides a summary of the response rates by provider type and specialty.

Table 1: Response Rates by Provider Type and Specialty

Provider Type, Specialty	Enrolled Providers	Codes in Fee Schedule	Responses Received	Response Rate
Anesthesia	1,424	280	0	0%
PT 10 Outpatient Surgery, Hospital Based	45	2,792	3	7%
PT 12 Hospital, Outpatient	178	9,844	4	2%
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	1,245	75	65	5%
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	941	14	35	4%
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	725	5	19	3%
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	706	56	37	5%
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	413	56	28	7%
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	276	56	24	9%
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	8	1	3	38%
PT 15 Registered Dietitian	232	6	13	6%
PT 25 Optometrist	595	241	8	1%
PT 26 Psychologist	458	64	7	2%
PT 30 Personal Care Aide – Provider Agency	218	2	17	8%
PT 41 Optician, Optical Business	55	120	1	2%
PT 46 Ambulatory Surgical Centers	68	2,792	1	1%
PT 54 Targeted Case Management	37	1	18	49%
PT 60-960 School Based	10	526	0	0%
PT 82 Behavioral Health Rehabilitative Treatment	115	12	2	2%
PT 83 Personal Care Aide – Intermediary Service Organization	29	2	1	3%
PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst	372	10	6	2%
PT 85-311 Applied Behavioral Analysis, Psychologist	7	10	1	14%

Provider Type, Specialty	Enrolled Providers	Codes in Fee Schedule	Responses Received	Response Rate
PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst	24	6	5	21%
PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician	1,777	5	6	0%

Table 2 provides additional details from the survey responses, including how many procedure codes within each fee schedule that the provider submitted to the Division.

Table 2: Detailed Breakdown of Survey Responses by Provider Type and Specialty

Provider Type, Specialty	Total Codes in Fee Schedule	Total Codes with Cost Response	Total Codes Where Median Cost Exceeds NV Rate	Total Codes Where Median Cost is At or Below NV Rate	Percentage of Codes with Cost Data
Anesthesia	280	0	0	0	0%
PT 10 Outpatient Surgery, Hospital Based	2,792	886	658	228	32%
PT 12 Hospital, Outpatient	9,844	2,655	1,741	914	27%
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	75	75	32	43	100%
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	14	14	10	4	100%
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	5	5	2	3	100%
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	56	56	25	31	100%
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	56	56	24	32	100%
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	56	56	21	35	100%
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	1	1	1	0	100%
PT 15 Registered Dietitian	6	6	6	0	100%
PT 25 Optometrist	241	168	138	30	70%
PT 26 Psychologist	64	19	18	1	30%
PT 30 Personal Care Aide – Provider Agency	2	2	2	0	100%
PT 41 Optician, Optical Business	120	6	6	0	5%
PT 46 Ambulatory Surgical Centers	2,792	1	0	1	0%
PT 54 Targeted Case Management	1	1	1	0	100%

Provider Type, Specialty	Total Codes in Fee Schedule	Total Codes with Cost Response	Total Codes Where Median Cost Exceeds NV Rate	Total Codes Where Median Cost is At or Below NV Rate	Percentage of Codes with Cost Data
PT 60-960 School Based	526	0	0	0	0%
PT 82 Behavioral Health Rehabilitative Treatment	12	1	1	0	8%
PT 83 Personal Care Aide – Intermediary Service Organization	2	1	0	1	50%
PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst	10	10	7	3	100%
PT 85-311 Applied Behavioral Analysis, Psychologist	10	8	5	3	80%
PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst	6	6	6	0	100%
PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician	5	5	0	5	100%

Table 3 provides a high-level summary of the fiscal impact of increasing Medicaid reimbursement for each provider type surveyed. The fiscal impact is calculated as the difference between estimated total computable expenditures under reimbursement at provider costs and the base scenario expenditures at current reimbursement rates. For most provider types, survey responses vary, and certain procedure codes show the need for an increase while others show that the current rate may be sufficient. Negative numbers indicate that the aggregate impact of aligning reimbursement rates with reported costs would result in a savings.

Table 3: SFY 2026 and 2027 Fiscal Impact Estimates by Provider Type and Specialty

Provider Type, Specialty			
	Total Computable	Non-Federal Share	Average Change per Code
Anesthesia	$0	$0	N/A
PT 10 Outpatient Surgery, Hospital Based	$40,406,680	$11,805,792	493%
PT 12 Hospital, Outpatient	$985,616,715	$266,130,128	581%
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	$33,802,512	$12,106,889	78%
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	$26,134,346	$10,102,651	203%
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	$5,572,161	$2,058,770	151%
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	$34,363,876	$11,829,494	104%

Provider Type, Specialty	Change in Expenditures to Match Median of Reported Provider Costs		
	Total Computable	Non-Federal Share	Average Change per Code
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	$37,974,389	$12,407,026	114%
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	$22,942,647	$7,413,476	108%
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	$308,396	$72,420	99%
PT 15 Registered Dietitian	$258,598	$63,731	117%
PT 25 Optometrist	$19,075,899	$5,154,034	88%
PT 26 Psychologist	$5,128,820	$1,529,112	97%
PT 30 Personal Care Aide – Provider Agency	$17,781,712	$6,657,642	847%
PT 41 Optician, Optical Business	$224,929	$59,312	218%
PT 46 Ambulatory Surgical Centers	$0	$0	-12%
PT 54 Targeted Case Management	$23,849,087	$8,872,512	279%
PT 60-960 School Based	$0	$0	N/A
PT 82 Behavioral Health Rehabilitative Treatment	$0	$0	539%
PT 83 Personal Care Aide – Intermediary Service Organization	($3,619,946)	($1,319,601)	-13%
PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst	($1,595,327)	($638,747)	35%
PT 85-311 Applied Behavioral Analysis, Psychologist	($15,371)	($5,609)	37%
PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst	$40,754	$16,167	53%
PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician	($467,637)	($187,747)	-18%

Important limitations to the estimates provided in Table 3:

- Provider costs are accepted as reported as the Division does not have the authority to audit the cost information submitted by providers in their survey responses.
- Provider costs may have changed after the submission of their cost surveys. Any post-survey changes in provider costs are not accounted for in the analysis.
- The estimates shown above include an estimated impact of fee-for-service rate increases on managed care capitation rates. For this analysis, managed care utilization was used to gross up the fee-for-service expenditure estimates. It is likely that the utilization imprecisely captures the impact of fee-for-service rate changes on managed care capitation rates. Managed care capitation rates must be actuarially sound and must be calculated by a certified actuary; that actuarial analysis is beyond the scope of this report.
- These fiscal impact estimates are subject to change dependent on updated caseload and FMAP projections for the upcoming biennium.

Table 4 summarizes the impact of each scenario analyzed by the Division. The Base Scenario represents the projected fiscal impact in the upcoming biennium based on current Nevada Medicaid rates. The other columns represent the additional costs of each rate change scenario.

Table 4: 2026-27 Biennium Non-Federal Share Fiscal Impact Estimates by Rate Increase Scenario

NRS 422.2704 - 2024 Report Summary Non-Federal Share Fund Expenditures for SFY 26-27							
Provider Type - Specialty	**Base Scenario ***	**Match Median Cost of Service †**	**Match Median Other States Rates †**	**Match Medicare Rates †**	**5% Increase †**	**10% Increase †**	**15% Increase †**
Anesthesia	$5,005,792	$0	($1,777,715)	($132,829)	$250,290	$500,579	$750,869
PT 10 Outpatient Surgery, Hospital Based	$3,224,924	$11,805,792	$546,352	($1,871,611)	$161,246	$322,492	$483,739
PT 12 Hospital, Outpatient	$69,093,050	$266,130,128	($3,669,882)	$4,977,090	$3,454,653	$6,909,305	$10,363,958
PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional	$22,746,054	$12,106,889	$8,140,561	$2,516,625	$1,137,303	$2,274,605	$3,411,908
PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate	$3,782,859	$10,102,651	($105,427)	($516)	$189,143	$378,286	$567,429
PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide	$326,092	$2,058,770	$575,008	$0	$16,305	$32,609	$48,914
PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker	$15,068,815	$11,829,494	$3,542,515	$1,445,727	$753,441	$1,506,882	$2,260,322
PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist	$7,872,639	$12,407,026	$3,425,949	$829,204	$393,632	$787,264	$1,180,896
PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor	$5,344,506	$7,413,476	$2,207,640	$612,360	$267,225	$534,451	$801,676
PT 14-308 Behavioral Health Outpatient, Day Treatment Model	$72,869	$72,420	($30,076)	$0	$3,643	$7,287	$10,930

Provider Type - Specialty	Base Scenario *	Match Median Cost of Service †	Match Median Other States Rates †	Match Medicare Rates †	5% Increase †	10% Increase †	15% Increase †
PT 15 Registered Dietitian	$87,019	$63,731	$35,894	$55,431	$4,351	$8,702	$13,053
PT 25 Optometrist	$20,180,561	$5,154,034	($1,549,478)	$768,157	$1,009,028	$2,018,056	$3,027,084
PT 26 Psychologist	$1,784,040	$1,529,112	$727,798	$493,956	$89,202	$178,404	$267,606
PT 30 Personal Care Aide – Provider Agency	$81,186,249	$6,657,642	$78,042,362	$0	$4,059,312	$8,118,625	$12,177,937
PT 41 Optician, Optical Business	$1,978,066	$59,312	($108,137)	$0	$98,903	$197,807	$296,710
PT 46 Ambulatory Surgical Centers	$17,590,768	$0	$0	$4,793,331	$879,538	$1,759,077	$2,638,615
PT 54 Targeted Case Management	$3,182,531	$8,872,512	($592,706)	$0	$159,127	$318,253	$477,380
PT 60-960 School Based	$10,486,071	$0	($476,744)	$49,454	$524,304	$1,048,607	$1,572,911
PT 82 Behavioral Health Rehabilitative Treatment	$221,278	$0	($63,341)	$0	$11,064	$22,128	$33,192
PT 83 Personal Care Aide – Intermediary Service Organization	$9,828,078	($1,319,601)	$9,443,845	$0	$491,404	$982,808	$1,474,212
PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst	$11,418,989	($638,747)	($1,077,447)	$0	$570,949	$1,141,899	$1,712,848
PT 85-311 Applied Behavioral Analysis, Psychologist	$107,574	($5,609)	$63,015	$0	$5,379	$10,757	$16,136
PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst	$193,400	$16,167	$52,889	$0	$9,670	$19,340	$29,010

Provider Type - Specialty	Base Scenario *	Match Median Cost of Service †	Match Median Other States Rates †	Match Medicare Rates †	5% Increase †	10% Increase †	15% Increase †
PT 85-314 Applied Behavioral Analysis, Registered Behavior Technician	$10,701,229	($187,747)	$2,564,387	$0	$535,061	$1,070,123	$1,605,184

* Amount with no increase or decrease made.
† The estimated amount of the increase.

Recommendations

Per the requirements of NRS 422.2704, the Division recommends the Director and legislature consider approving additional funds to support Medicaid rate increases for certain codes within the fee schedules for the following provider types:

- PT 10 Outpatient Surgery, Hospital Based
- PT 12 Hospital, Outpatient
- PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional
- PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate
- PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide
- PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker
- PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist
- PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor
- PT 14-308 Behavioral Health Outpatient, Day Treatment Model
- PT 15 Registered Dietitian
- PT 25 Optometrist
- PT 26 Psychologist
- PT 30 Personal Care Aide – Provider Agency
- PT 41 Optician, Optical Business
- PT 54 Targeted Case Management
- PT 82 Behavioral Health Rehabilitative Treatment
- PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst
- PT 85-311 Applied Behavioral Analysis, Psychologist
- PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst

The recommended rate increases for certain codes for the provider types listed above will better align Nevada Medicaid rates with the providers' reported costs and market experience in other states. Note that not every rate for each of these provider types would be increased to align with provider costs; some rates would increase while others may decrease or remain unchanged. In addition, the fiscal impact estimates provided above do not incorporate anything pending approval, including but not limited to, legislation or budget initiatives for SFY26 and SFY27.

PT 10 Outpatient Surgery, Hospital Based

During the survey period, there were 45 providers enrolled in PT 10, and the fee schedule included 2,792 procedure codes. Three survey responses were received, and cost data was provided for 886 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 228 procedure codes where provider costs are *at or below* the current reimbursement rate, and 658 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 12 Hospital, Outpatient

During the survey period, there were 178 providers enrolled in PT 12, and the fee schedule included 9,844 procedure codes. Four survey responses were received, and cost data was provided for 2,655 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 914 procedure codes where provider costs are *at or below* the current reimbursement rate, and 1,741 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-300 Behavioral Health Outpatient, Qualified Mental Health Professional

During the survey period, there were 1,245 providers enrolled in PT 14-300, and the fee schedule included 75 procedure codes. 65 survey responses were received, and cost data was provided for 75 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 43 procedure codes where provider costs are *at or below* the current reimbursement rate, and 32 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-301 Behavioral Health Outpatient, Qualified Mental Health Associate

During the survey period, there were 941 providers enrolled in PT 14-301, and the fee schedule included 14 procedure codes. 35 survey responses were received, and cost data was provided for 14 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are four procedure codes where provider costs are *at or below* the current reimbursement rate, and 10 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-302 Behavioral Health Outpatient, Qualified Behavioral Aide

During the survey period, there were 725 providers enrolled in PT 14-302, and the fee schedule included five procedure codes. 19 survey responses were received, and cost data was provided for five procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are three procedure codes where provider costs are *at or below* the current reimbursement rate, and 2 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-305 Behavioral Health Outpatient, Licensed Clinical Social Worker

During the survey period, there were 706 providers enrolled in PT 14-305, and the fee schedule included 56 procedure codes. 37 survey responses were received, and cost data was provided for 56 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 31 procedure codes where provider costs are *at or below* the current reimbursement rate, and 25 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-306 Behavioral Health Outpatient, Licensed Marriage & Family Therapist

During the survey period, there were 413 providers enrolled in PT 14-306, and the fee schedule included 56 procedure codes. 28 survey responses were received, and cost data was provided for 56 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 32 procedure codes where provider costs are *at or below* the current reimbursement rate, and 24 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-307 Behavioral Health Outpatient, Clinical Professional Counselor

During the survey period, there were 276 providers enrolled in PT 14-307, and the fee schedule included 56 procedure codes. 24 survey responses were received, and cost data was provided for 56 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 35 procedure codes where provider costs are *at or below* the current reimbursement rate, and 21 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 14-308 Behavioral Health Outpatient, Day Treatment Model

During the survey period, there were eight providers enrolled in PT 14-308, and the fee schedule included one procedure code. Three survey responses were received, and cost data was provided for one procedure code. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there were zero procedure codes where provider costs are *at or below* the current reimbursement rate, and one code where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 15 Registered Dietitian

During the survey period, there were 232 providers enrolled in PT 15, and the fee schedule included six procedure codes. 13 survey responses were received, and cost data was provided for six procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and six codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 25 Optometrist

During the survey period, there were 595 providers enrolled in PT 25, and the fee schedule included 241 procedure codes. Eight survey responses were received, and cost data was provided for 168 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are 30 procedure codes where provider costs are *at or below* the current reimbursement rate, and 138 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 26 Psychologist

During the survey period, there were 458 providers enrolled in PT 26, and the fee schedule included 64 procedure codes. Seven survey responses were received, and cost data was provided for 19 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there is one procedure code where provider costs are *at or below* the current reimbursement rate, and 18 codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 30 Personal Care Aide – Provider Agency

During the survey period, there were 218 providers enrolled in PT 30, and the fee schedule included two procedure codes. 17 survey responses were received, and cost data was provided for two procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and two codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 41 Optician, Optical Business

During the survey period, there were 55 providers enrolled in PT 41, and the fee schedule included 120 procedure codes. One survey response was received, and cost data was provided for six procedure codes. The results of the analysis show that based on the survey responses, the median of the provider's reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and six codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 54 Targeted Case Management

During the survey period, there were 37 providers enrolled in PT 54, and the fee schedule included one procedure code. 18 survey responses were received, and cost data was provided for one procedure code. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and one code where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 82 Behavioral Health Rehabilitative Treatment

During the survey period, there were 115 providers enrolled in PT 82, and the fee schedule included 12 procedure codes. Two survey responses were received, and cost data was provided for one procedure code. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and one code where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 85-310 Applied Behavioral Analysis, Licensed & Board-Certified Behavior Analyst

During the survey period, there were 372 providers enrolled in PT 85-310, and the fee schedule included 10 procedure codes. Six survey responses were received, and cost data was provided for 10 procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are three procedure codes where provider costs are *at or below* the current reimbursement rate, and seven codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 85-311 Applied Behavioral Analysis, Psychologist

During the survey period, there were seven providers enrolled in PT 85-311, and the fee schedule included 10 procedure codes. One survey response was received, and cost data was provided for eight procedure codes. The results of the analysis show that based on the survey responses, the median of the provider's reported costs indicates that there are three procedure codes where provider costs are *at or below* the current reimbursement rate, and five codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

PT 85-312 Applied Behavioral Analysis, Licensed & Board-Certified Assistant Behavior Analyst

During the survey period, there were 24 providers enrolled in PT 85-312, and the fee schedule included six procedure codes. Five survey responses were received, and cost data was provided for six procedure codes. The results of the analysis show that based on the survey responses, the median of the providers' reported costs indicates that there are zero procedure codes where provider costs are *at or below* the current reimbursement rate, and six codes where the provider costs *exceed* the current reimbursement rate and should be recommended for an increase.

Conclusion

This report has been provided to the Director of the Nevada Department of Health and Human Services for review and possible inclusion of the recommended rate increases in the Nevada State Plan for Medicaid. Most Medicaid reimbursement rate changes require additional state funding to be appropriated to the Division by the state legislature, a State Plan Amendment, systems changes, and approval from the Centers for Medicare and Medicaid Services. Although rate changes can be implemented during the current biennium or through the next Legislative Session in the fee schedule if adequately funded at the state level, managed care organization capitation rates may need to be recalculated and recertified for those rate changes that do not align with the normal capitation rate setting cycle. Also, for the current contract period, which ends on December 31, 2025, managed care organizations are not required to align their network provider rates with fee schedule changes.

Any rate changes that are implemented with an effective date other than January 1 require an amendment to the capitation rates, which results in approximately $70,000 in additional costs for actuarial services. If the Director

approves a rate change be included in the Nevada State Plan for Medicaid as a result of the recommendations in this report, the Division must first seek state legislative authority and funding in order to implement such changes.

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