

LCB File No. R151-08

**PROPOSED REGULATION OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

June 4, 2008

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1-8, NRS 439A.081, §3, NRS 439A.240 and 439A.250, §4, NRS 439A.250 and 439A.270, §5, NRS 439A.290, §6, NRS 449.460 and 449.485; §7, NRS 449.460, §8, NRS 449.460 and 449.490

Section 1. Chapter 439A of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 5, inclusive, of this regulation, “surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.*

Sec. 3. 1. *Except as otherwise provided in subsection 3, each surgical center for ambulatory patients shall prepare and submit to the Department, for each patient treated by the center during each month, an electronic file in a format specified by the Department. The data submitted will be generated from the most recent UB (Universal Billing) form specified by the Centers for Medicare and Medicaid Services. The surgical center for ambulatory patients shall submit the required data for each month within 45 days after the last day of the month.*

2. The Department and any person with whom the Department may contract for the development and operation of its UB data system shall not disclose any information from the

data system which may be used to directly identify any patient of a surgical center for ambulatory patients.

3. The Director may exempt a surgical center for ambulatory patients from the requirements of submitting information pursuant to this section and of participating in the program established pursuant to NRS 439A.240 if the Director determines that these requirements would result in undue hardship to the surgical center.

4. If the Department determines that the information submitted by a surgical center for ambulatory patients is insufficient, it will notify the center of the insufficiency.

5. The surgical center for ambulatory patients shall submit the required information to the Department within 30 days after receipt of the notice of insufficiency.

6. Unless an extension is granted, a surgical center for ambulatory patients which fails to submit information required pursuant to this section by the deadline for submission is subject to an administrative fine not exceeding \$500 for each day the information is delinquent. The Department will not assess a fine during any period that the State does not have the ability or funding to collect the information required pursuant to this section.

Sec. 4. 1. *The Internet website established and maintained by the Department pursuant to NRS 439A.270 will include the information required to be included pursuant to NRS 439A.270.*

2. In providing information concerning the quality of care provided by each hospital in this State, the Department will use the nationally recognized quality indicators selected by the Director. Every two years the Director will review the quality indicators and update them as he deems necessary as a result of that review. In selecting and updating the quality

indicators, the Director will consider the recommendations of the State Board of Health and any input received from the public. The Director will select the quality indicators from:

(a) The Agency for Healthcare Research and Quality quality indicators, in the form most recently published by the Agency for Healthcare Research and Quality;

(b) The National Quality Forum National Voluntary Consensus Standards for Hospital Care, for Nursing-Sensitive Care, for Cardiac Surgery and for Hospital Performance, in the form most recently published by the National Quality Forum; or

(c) Any combination thereof.

3. In providing information concerning the quality of care provided by each surgical center for ambulatory patients in this State, the Department will use the nationally recognized quality indicators selected by the Director. Every two years the Director will review the quality indicators and update them as he deems necessary as a result of that review. In selecting and updating the quality indicators, the Director will consider the recommendations of the State Board of Health and any input received from the public. The Director will select the quality indicators from:

(a) The Agency for Healthcare Research and Quality quality and patient safety indicators, in the form most recently published by the Agency for Healthcare Research and Quality;

(b) The National Quality Forum National Voluntary Consensus Standards for Ambulatory Care, in the form most recently published by the National Quality Forum; or

(c) Any combination thereof.

4. The Agency for Healthcare Research and Quality quality indicators are hereby adopted by reference. A copy of these quality indicators and the accompanying software may

be obtained on the Internet, free of charge, at <http://www.qualityindicators.ahrq.gov/>. Copies of the quality indicators may also be obtained from the Agency for Healthcare Research and Quality, Office of Communications and Knowledge Transfer, 540 Gaither Road, Suite 2000, Rockville, MD 20850, or via telephone at (301) 427-1364.

5. The National Quality Forum National Voluntary Consensus Standards for Hospital Care, for Nursing-Sensitive Care, for Cardiac Surgery, for Hospital Performance and for Ambulatory Care are hereby adopted by reference. A copy of the first four consensus standards may be obtained from the National Quality Forum, 601 13th Street, NW, Suite 500 North, Washington, DC 20005, (202) 783-1300, for the price of \$22 for members and \$33 for nonmembers, \$24 for members and \$36 for nonmembers, \$23.50 for members and \$35.25 for nonmembers, and \$19.55 for members and \$24.45 for nonmembers, plus shipping and handling. A copy of the Consensus Standards for Ambulatory Care may be obtained on the Internet, free of charge, at <http://www.qualityforum.org>.

6. For the purpose of NRS 439A.220 and 439A.270, the Department will use the information reported pursuant to NAC 449.963 to determine the 50 most frequent diagnosis-related groups for inpatients of hospitals.

7. For the purpose of NRS 439A.220 and 439A.270, the Department will determine the 50 medical treatments for outpatients of hospitals that are most useful for consumers. Every two years the Department will review the medical treatments and update them as it deems necessary as a result of that review. In selecting and updating the medical treatments, the Department will consider:

- (a) The recommendations of the State Board of Health;*
- (b) Any input received from the public; and*

(c) The medical treatments for outpatients of hospitals that were most frequently performed by hospitals in this state during the previous two years as determined from the information reported pursuant to NAC 449.963.

8. For the purpose of NRS 439A.240 and 439A.270, the Department will determine the 50 medical treatments for outpatients of surgical centers for ambulatory patients that are most useful for consumers. Every two years the Department will review the medical treatments and update them as it deems necessary as a result of that review. In selecting and updating the medical treatments, the Department will consider:

(a) The recommendations of the State Board of Health;

(b) Any input received from the public; and

(c) The medical treatments for outpatients of surgical centers that were most frequently performed by surgical centers in this state during the previous two years as determined from the information reported pursuant to section 3 of this regulation.

9. For the purpose of NRS 439A.220, the Department will use the data submitted pursuant to NAC 449.963 to determine how consistently each hospital follows recognized practices to prevent the infection of patients, to speed the recovery of patients and to avoid medical complications of patients.

10. For the purpose of NRS 439A.240, the Department will use the data submitted pursuant to section 3 of this regulation to determine how consistently each surgical center for ambulatory patients follows recognized practices to prevent the infection of patients, to speed the recovery of patients and to avoid medical complications of patients.

11. The Department will include on the Internet website established and maintained pursuant to NRS 439A.270 any other information relating to the charges imposed and the

quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the Department determines is:

- (a) Useful to consumers;*
- (b) Nationally recognized; and*
- (c) Reported in a standard and reliable manner.*

12. The Department will at least every two years determine whether the Internet website should include additional information pursuant to subsection 11, and whether the information included on the Internet website pursuant to subsection 11 should be modified. In making this determination, the Department will consider, in addition to other considerations, whether new quality measures have been endorsed by the Agency for Healthcare Research and Quality, the National Quality Forum, Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, a quality improvement organization of the Centers for Medicare and Medicaid Services or the Joint Commission.

13. The Department will:

- (a) At least quarterly update the information included on the Internet website;*
- (b) Ensure the completeness and accuracy of any information, as submitted by the facility, to be included on the Internet website using national standards for auditing health information before such information is included on the website; and*
- (c) Provide on the Internet website a link to the Internet website of the Health Division of the Department which includes information on sentinel events reported pursuant to NRS 439.800 to 439.890, inclusive.*

14. As used in this section, “diagnosis-related group” has the meaning ascribed to it in NRS 439A.270.

Sec. 5. 1. The Department will review each request for information collected and maintained pursuant to sections 2 to 5, inclusive, of this regulation, NAC 449.963 and NRS 439A.200 to 439A.290, inclusive, if the request is for purposes other than research.

2. The Department will release such information if the Director approves the release of the requested information.

3. The Department will ensure that the information it provides pursuant to this section will not reveal the identity of a specific inpatient or outpatient of a hospital or of a surgical center for ambulatory patients.

Sec. 6. NAC 449.963 is hereby amended to read as follows:

1. Each hospital shall prepare and submit to the Department, for each patient ~~{discharged}~~ *treated* by the hospital during each month, ~~{a copy of the UB-82}~~ *an electronic file in a format specified by the Department. The data submitted will be generated from the most recent UB (Universal Billing) form* specified by the Centers for Medicare and Medicaid Services. The hospital shall submit the required ~~{forms}~~ *data* for each month within 45 days after the last day of the month . ~~{and include the following information on each form:~~

~~—(a) UB-82 field number 3, the Patient Control Number (Patient ID);~~

~~—(b) UB-82 field number 4, Type of Bill;~~

~~—(c) UB-82 field number 8, Medical Number (Hospital ID);~~

~~—(d) UB-82 field number 11, Patient Address (ZIP code only will be used by the Department in its data system);~~

~~—(e) UB-82 field number 12, Birth Date;~~

~~—(f) UB-82 field number 13, Sex;~~

~~—(g) UB-82 field number 14, Marital Status;~~

- ~~—(h) UB-82 field number 15, Admission Date;~~
- ~~—(i) UB-82 field number 17, Admission Type;~~
- ~~—(j) UB-82 field number 18, Admission Source;~~
- ~~—(k) UB-82 field number 21, STAT (Discharge Status);~~
- ~~—(l) UB-82 field number 22, Discharge Date;~~
- ~~—(m) UB-82 field number 27, Admitting Diagnosis (Principal Diagnosis Code ICD-9-CM);~~
- ~~—(n) UB-82 field numbers 51a through 51w, inclusive, Revenue Codes;~~
- ~~—(o) UB-82 field numbers 52a through 52w, inclusive, Service Units;~~
- ~~—(p) UB-82 field numbers 53a through 53w, inclusive, Total Charges;~~
- ~~—(q) UB-82 field numbers 57A through 57C, inclusive, Payer (including the 5-digit Payer Classification Code Number);~~
- ~~—(r) UB-82 field number 68, patient social security number (only last six digits will be used in the Department's data system);~~
- ~~—(s) UB-82 field number 77, Principal Code (Principal Diagnosis Code ICD-9-CM);~~
- ~~—(t) UB-82 field numbers 78 through 81, inclusive, Other Diagnosis Codes (ICD-9-CM);~~
- ~~—(u) UB-82 field number 84a, Principal Procedure CD (Procedure Code ICD-9-CM);~~
- ~~—(v) UB-82 field numbers 85A through 86A, inclusive, Other Procedure Codes (ICD-9-CM);~~
- ~~—(w) UB-82 field number 92, Attending Physician ID; and~~
- ~~—(x) UB-82 field number 93, Other Physician ID.]~~

2. The Department and any person with whom the Department may contract for the development and operation of its ~~[UB-82]~~ **UB** data system shall not disclose any information from the data system which may be used to *directly* identify any patient of a hospital.

~~{3. A hospital with more than 200 beds which submits the information required by this section by means other than a magnetic tape shall pay the costs of entering the data into the data system. The Department will prepare a bill for such entry on a quarterly basis and submit it to the hospital. The hospital shall pay the bill within 30 days after receipt of the bill.}~~

~~{4.}~~ 3. As used in this section, “hospital” has the meaning ascribed to it in NRS 449.012.

Sec. 7. NAC 449.966 is hereby amended to read as follows:

1. If the Department determines that the information submitted by an institution is insufficient, it will notify the institution ~~{, by mail,}~~ of the insufficiency.
2. The institution shall submit the required information to the Department within 30 days after receipt of the notice of insufficiency.

Sec. 8. NAC 449.969 is hereby amended to read as follows:

Unless an extension is granted, an institution which fails to submit a report or information required pursuant to NAC 449.957 to 449.963, inclusive, by the deadline for submission is subject to an administrative fine not exceeding \$500 for each day the report or information is delinquent. *The Department will not assess a fine during any period that the State does not have the ability or funding to collect the information required pursuant to NAC 449.963.*

Sec. 9. 1. For the purpose of preparing and submitting information concerning inpatients pursuant to section 6 of this regulation, section 6 of this regulation is effective when the Legislative Counsel files with the Secretary of State the final draft of this regulation.

2. For the purpose of preparing and submitting information concerning outpatients pursuant to section 6 of this regulation, section 6 of this regulation is effective on September 30, 2008.

3. Section 3 of this regulation is effective on March 31, 2009.

4. This section and sections 1, 2, 4, 5, 7 and 8 of this regulation are effective when the Legislative Counsel files with the Secretary of State the final draft of this regulation.

5. For the purposes of this section:

(a) “Hospital” has the meaning ascribed to it in NRS 449.012.

(b) “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.