

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

LCB File No. R151-08

August 6, 2008

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

AUTHORITY: §§1-6 and 12, NRS 439A.250; §§7 and 13, NRS 439A.230; §8, NRS 439A.270; §9, NRS 439A.290; §§10, 11 and 14, NRS 449.460 and 449.485; §15, NRS 439A.081.

A REGULATION relating to health care; prescribing the information which a surgical center for ambulatory patients must submit to the Department of Health and Human Services and the form for submission; establishing provisions governing programs to increase public awareness of health care information concerning the hospitals and surgical centers in this State; revising provisions relating to the submission of certain data by hospitals in this State; and providing other matters properly relating thereto.

Section 1. Chapter 439A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 9, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 9, inclusive, of this regulation, unless the context otherwise requires, “surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.*

Sec. 3. 1. *Except as otherwise provided in section 5 of this regulation, each surgical center for ambulatory patients shall prepare and submit to the Department, for each outpatient treated by the surgical center during each calendar month, the most recent universal billing form specified by the Centers for Medicare and Medicaid Services in an electronic format specified by the Department. The surgical center shall submit the required information not later than 45 days after the last day of each calendar month.*

2. The Department, and any person with whom the Department enters into a contract for the development and operation of its universal billing data system, shall not disclose any information from the data system which reveals the identity of a specific outpatient of a surgical center.

Sec. 4. 1. If a surgical center fails to submit the information required pursuant to section 3 of this regulation or if the Department determines that the information is incomplete or inaccurate, the Department will notify the surgical center pursuant to subsection 3 of NRS 439A.250.

2. If a surgical center is notified pursuant to subsection 1, the surgical center shall submit the required information to the Department within 30 days after receipt of the notice. If the surgical center does not submit the required information within 30 days, the Department may send to the Health Division of the Department a written notice of failure to comply and request that the Health Division take appropriate disciplinary action against the surgical center, including, without limitation, the imposition of an administrative penalty.

Sec. 5. 1. A surgical center for ambulatory patients may submit to the Director a written request for an exemption from participating in the program to increase public awareness of health care information established pursuant to NRS 439A.240, including, without limitation, an exemption from submitting the information required pursuant to section 3 of this regulation. Each request and each reapplication must be submitted in the form and within the time period required by the Department.

2. The Director shall review each request for an exemption submitted pursuant to subsection 1 and determine whether participation in the program established pursuant to NRS 439A.240 would result in an undue hardship to the surgical center.

3. If the Director determines that participation in the program established pursuant to NRS 439A.240 would result in an undue hardship to the surgical center, the Director shall provide written notice of exemption to the surgical center.

4. An exemption granted pursuant to this section is valid for 1 year. A surgical center may reapply for an exemption pursuant to this section on an annual basis before the expiration of the exemption. Upon reapplication, the Director will review the request pursuant to this section.

Sec. 6. 1. *For purposes of paragraph (d) of subsection 2 of NRS 439A.240, the Department will:*

(a) Determine and make publicly available a list of the 50 medical treatments for outpatients of surgical centers for ambulatory patients that will be included in the program to increase public awareness of health care information concerning surgical centers for ambulatory patients; and

(b) Review the list of 50 medical treatments once every 2 years and update the list as the Department determines necessary.

2. When selecting and updating the list of 50 medical treatments for outpatients of surgical centers pursuant to subsection 1, the Department will consider, without limitation:

(a) Recommendations of the State Board of Health;

(b) Input received from the general public; and

(c) The medical treatments for outpatients of surgical centers that were most frequently performed by the surgical centers in this State during the immediately preceding 2 years, as reported on the universal billing forms submitted pursuant to section 3 of this regulation.

Sec. 7. 1. *For purposes of paragraph (d) of subsection 2 of NRS 439A.220, the Department will:*

(a) *Determine and make publicly available a list of the 50 most frequent diagnosis-related groups for inpatients of hospitals that will be included in the program to increase public awareness of health care information concerning hospitals;*

(b) *Determine and make publicly available a list of the 50 medical treatments for outpatients of hospitals that will be included in the program to increase public awareness of health care information concerning hospitals; and*

(c) *Review each list once every 2 years and update the list as the Department determines necessary.*

2. *When selecting and updating the list of the 50 most frequent diagnosis-related groups pursuant to paragraph (a) of subsection 1, the Department will use the information reported on the universal billing forms submitted pursuant to NAC 449.963.*

3. *When selecting and updating the list of the 50 medical treatments for outpatients of hospitals pursuant to paragraph (b) of subsection 1, the Department will consider, without limitation:*

(a) *Recommendations of the State Board of Health;*

(b) *Input received from the general public; and*

(c) *The medical treatments for outpatients of hospitals that were most frequently performed by the hospitals in this State during the immediately preceding 2 years, as reported on the universal billing forms submitted pursuant to NAC 449.963.*

4. *As used in this section, “diagnosis-related group” has the meaning ascribed to it in NRS 439A.220.*

Sec. 8. *The Department will:*

1. Update the information contained on the Internet website established and maintained pursuant to NRS 439A.270 at least quarterly.

2. At least once every 2 years, review the information contained on the Internet website established and maintained pursuant to NRS 439A.270 to determine whether the information or the Internet website should be expanded, modified or otherwise altered. In making such determination, the Department will consider, without limitation, whether new measures of quality 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.

3. Before including any information on the Internet website established and maintained pursuant to NRS 439A.270, use nationally accepted standards to audit the health information to ensure the completeness and accuracy of the information.

4. Provide on the Internet website established and maintained pursuant to NRS 439A.270 a link to the Internet website of the Health Division of the Department which contains information on sentinel events reported pursuant to NRS 439.800 to 439.890, inclusive.

Sec. 9. *1. A person may submit to the Department a written request for the review and release of information collected and maintained by the Department pursuant to sections 2 to 9, inclusive, of this regulation and NRS 439A.200 to 439A.290, inclusive.*

2. If the request is for the purpose of research, the Department will grant the review and release of the information.

3. *If the request is for purposes other than research, the Department will consider the request and determine whether to grant the review and release of the information.*

4. *The Department will ensure that information reviewed or released pursuant to this section does not disclose any information which reveals the identify of a specific patient of a hospital or surgical center for ambulatory patients.*

Sec. 10. NAC 449.963 is hereby amended to read as follows:

449.963 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]~~ *the most recent universal billing* form specified by the Centers for Medicare and Medicaid Services ~~[.]~~ *in an electronic format specified by the Department.* The hospital shall submit the required ~~[forms]~~ *information* 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]~~ *universal billing* data system shall not disclose any information from the data system which ~~[may be used to identify any]~~ *reveals the identity of a specific* 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.]~~ As used in this section, “hospital” has the meaning ascribed to it in NRS 449.012.

Sec. 11. NAC 449.966 is hereby amended to read as follows:

449.966 1. If the Department determines that the information submitted by an institution is insufficient, ~~it~~ *the Department* 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. 12. Notwithstanding the provisions of section 6 of this regulation to the contrary, the Department of Health and Human Services will, when initially selecting the 50 medical treatments for outpatients of surgical centers for ambulatory patients pursuant to that section, consider, without limitation:

1. Recommendations of the State Board of Health; and
2. Input received from the general public.

Sec. 13. Notwithstanding the provisions of section 7 of this regulation to the contrary, the Department of Health and Human Services will, when initially selecting the 50 medical treatments for outpatients of hospitals pursuant to that section, consider, without limitation:

1. Recommendations of the State Board of Health; and
2. Input received from the general public.

Sec. 14. A hospital that is required to submit universal billing information pursuant to NAC 449.963 shall begin submitting the information relating to outpatients treated at the hospital pursuant to section 10 of this regulation for all outpatients treated on and after September 30, 2008.

Sec. 15. 1. This section and sections 1, 2, 8 to 11, inclusive, and 14 of this regulation become effective upon filing with the Secretary of State.

2. Section 7 of this regulation becomes effective:

(a) Upon filing with the Secretary of State for purposes of determining the 50 most frequent diagnosis-related groups for inpatients of hospitals; and

(b) On September 30, 2008, for purposes of determining the 50 medical treatments for outpatients of hospitals.

3. Section 13 of this regulation becomes effective on September 30, 2008.

4. Sections 3 to 6, inclusive, and 12 of this regulation become effective on March 31, 2009.