

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

LCB File No. R151-08

§§1, 2 and 6-15 effective December 17, 2008
§§3-5 effective May 30, 2009

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. *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. Except as otherwise provided in section 4 of this regulation, 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. A surgical center for ambulatory patients may submit to the Director a written request to submit the information required pursuant to section 3 of this regulation more than 45 days after the last day of a calendar month. Each request must be submitted in the form and within the time period required by the Department.

2. The Director shall review each request submitted pursuant to subsection 1 and determine whether to grant the request.

3. If the Director determines that an extension of the time for submission is appropriate, the Director shall provide written notice to the surgical center, including the date by which the information required pursuant to section 3 of this regulation must be submitted.

Sec. 5. 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. 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 identity 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 that section, as amended by section 10 of this regulation, for all outpatients treated on and after January 30, 2009.

Sec. 15. 1. This section and sections 1, 2 and 6 to 14, inclusive, of this regulation become effective on December 17, 2008.

2. Sections 3, 4 and 5 of this regulation become effective on May 30, 2009.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R151-08**

The Department of Health and Human Services adopted regulations assigned LCB File No. R151-08 which pertain to chapters 439A and 449 of the Nevada Administrative Code.

INFORMATIONAL STATEMENT

During the 2007 session, the Nevada Legislature passed Assembly Bill 146 (AB146), which required the Department of Health and Human Services (DHHS) to establish a program to increase public awareness of health care information concerning Nevada hospitals and ambulatory surgery centers. The bill went into effect July 1, 2007.

The language of the bill was a collaborative effort that included DHHS staff, the Nevada Hospital Association, Health Services Coalition, and other health care industry stakeholders. This same group participated in Steering Committee and Sub Committee meetings held in September and October of 2007. The committees were formed to stipulate the specific information that each Nevada hospital and ambulatory surgery center must submit. AB146 draft regulations were completed on March 20, 2008. The draft was sent out to the Committee members and presented at a Public Workshop and a Public Hearing, during which public comments were taken.

On May 7, 2008, prior to the Public Workshop, a Small Business Impact Survey was sent out. The Survey form was also made available at the Workshop. Nine responses were received and reviewed. In Summary, the concern was additional costs for software, electronic programming, and/or increased employee hours required to submit the additional reporting in the required format.

On May 22, 2008, a Public Workshop was held via teleconference, in both Reno and in Las Vegas, at the Early Interventions Services Offices. Seventeen people attended in Reno and fourteen people attended in Las Vegas, in addition to DHCFP staff. Nine people testified at the Workshop and some of those also submitted written statements.

Revisions to the draft regulation were made based on input received and the draft Regulation was submitted to Legislative Council Bureau (LCB) on June 6, 2008. LCB made revisions and returned the draft (now titled R151-08) on August 6, 2008. The revised draft R151-08 was emailed to the known stakeholders in August 8th, along with a Notice of Public Hearing. The Notice of Intent to Adopt a Regulation was posted with the State Librarian and posted to all Public Libraries in the State.

On September 10, 2008 a Public Hearing was held, via teleconference, in Carson City at the Legislative Council Bureau and in Las Vegas at the Grant Sawyer Building. Five people attended in Carson City, and four people in Las Vegas. Seven people testified. In Summary, there was no one at either the Workshop or the Hearing that was opposed to adoption of the Regulation. There were concerns expressed at the Hearing that were resolved post hearing by

agreement that Policies and Procedures would be written in collaboration with the AB146 Steering Committee members. Some minor changes were made prior to adoption of R151-08.

Interested persons may obtain copies of the Summary of responses from public and affected businesses by emailing Janice Prentice jprentice@dncfp.nv.gov .