

**ADOPTED REGULATION OF THE  
BOARD OF TRUSTEES OF THE FUND FOR  
HOSPITAL CARE TO INDIGENT PERSONS**

**LCB File No. R054-10**

Effective October 15, 2010

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

AUTHORITY: §§1-3, NRS 428.205.

A REGULATION relating to the Fund for Hospital Care to Indigent Persons; revising provisions relating to eligibility for and payment of reimbursements for hospital care from the Fund; adopting by reference the *Current Procedural Terminology* of the American Medical Association; and providing other matters properly relating thereto.

**Section 1.** NAC 428.030 is hereby amended to read as follows:

428.030 A hospital is eligible to receive reimbursement for hospital care from the Fund only if all of the following requirements are met:

1. The patient's injuries are examined and recorded in a hospital within 15 days after the date of the accident.
2. The patient receives inpatient *or outpatient* care ~~[ ]~~ *at the hospital*.
3. The hospital makes timely efforts to collect the amount of charges for hospital care furnished. These efforts must include documented evidence of full or partial unavailability of the following sources of possible payment:
  - (a) Third persons contractually liable and adequate efforts to secure the patient's application for or compliance with the requirements of eligibility for payment.
  - (b) The patient's income.

(c) The patient's assets.

4. Unless waived by the Board of Trustees of the Fund, the hospital submits to the appropriate board of county commissioners, within 2 years after the patient is discharged, its request for a determination that the patient is an indigent person.

5. ~~Application~~ *Unless waived by the Board of Trustees of the Fund, application* for reimbursement is made by the hospital or hospitals providing the hospital care within 30 days after receipt of a certification of the patient's indigency from a county.

6. The ~~claim for hospital care is examined for~~ *hospital certifies the* appropriateness of admission, length of stay, medical necessity and utilization of health care ~~of the patient~~.

**Sec. 2.** NAC 428.070 is hereby amended to read as follows:

428.070 1. A hospital's application for reimbursement must include the following documents:

(a) A completed copy of the application by the hospital to the appropriate county for certification of indigency;

(b) A copy of the certification of indigency by the appropriate county;

(c) An itemized statement of all charges for hospital care furnished to the patient;

(d) A copy of all physician's charges itemized according to the ~~Physicians'~~ *Current Procedural Terminology* ~~4th edition;~~ *of the American Medical Association, adopted by reference in subsection 3, that was in effect in Nevada at the time that the patient was treated;*

(e) Records documenting the hospital's efforts to collect the amount of charges for hospital care from third persons or programs liable;

(f) A ~~police officer's~~ report of the accident ~~;~~ *from:*

*(1) A law enforcement officer who responded to the accident; or*

*(2) If a law enforcement officer did not respond to the accident, an emergency medical technician, intermediate emergency medical technician, advanced emergency medical technician or other first responder to the accident;*

(g) A release of medical and financial information by the patient or his guardian or parent in favor of the Board;

(h) An assignment of the claim to the Board; and

(i) A summary of the diagnosis.

2. The ~~[Physicians']~~ *standard edition of the Current Procedural Terminology* ~~[, 4th edition, is adopted by reference.]~~, *in the form most recently published by the American Medical Association, must be used to itemize all physicians' charges for which a hospital seeks reimbursement from the Fund, unless the Executive Director of the Nevada Association of Counties gives notice pursuant to subsection 3.*

3. *The most recently published standard edition of the Current Procedural Terminology of the American Medical Association is hereby adopted by reference and is effective unless, within 30 days after its publication, the Executive Director of the Nevada Association of Counties gives written notice that all or part of the revisions to the Current Procedural Terminology are not suitable for this State. If the Executive Director gives notice pursuant to this subsection, any section deemed unsuitable is not effective in this State beginning 30 days after the notice is published.* This publication ~~[is]~~ *and all related data files are* available by mail from ~~[Book and Pamphlet Fulfillment: OP-341/7,]~~ *the Order Department,* American Medical Association, P.O. Box ~~[10946, Chicago, Illinois 60610-0946, or]~~ *930876, Atlanta, Georgia 31193-0876,* by telephone at ~~[312.645.5000, at a price of \$33.]~~ *(800) 621-8335 or on the*

*Internet at [https://catalog.ama-assn.org/Catalog/cpt/cpt\\_home.jsp](https://catalog.ama-assn.org/Catalog/cpt/cpt_home.jsp). The cost of the publication is \$59.95 for members and \$84.95 for nonmembers.*

*4. As used in this section, “first responder” has the meaning ascribed to it in NAC 450B.115.*

**Sec. 3.** NAC 428.080 is hereby amended to read as follows:

428.080 1. Upon receipt of an application from a hospital for reimbursement, the Executive Director *of the Nevada Association of Counties* or his designee, on behalf of the Board, will review the application to determine its completeness and conformance with requirements for eligibility.

2. Each application determined by the Executive Director *of the Nevada Association of Counties* or his designee to be incomplete or not in conformance with requirements for eligibility will be returned to the applicant without further action. A notation will be made on each returned application as to why it is incomplete or not in conformance with requirements for eligibility.

3. Physician’s charges will be reviewed and payment ~~[determined according to]~~ *will be made based on a percentage of charges, as established by the Board, in accordance with the [Physicians’] edition of the Current Procedural Terminology [, 4th edition.] of the American Medical Association, adopted by reference in NAC 428.070, that was in effect in Nevada at the time that the patient was treated.*

4. Applications determined by the Executive Director *of the Nevada Association of Counties* or his designee to be complete and in conformance with the requirements of eligibility *to receive payment from the Fund* will be referred to the Board.

5. Unless approved by the Board, ambulance costs incurred as a result of a transfer of a patient from one hospital to another are payable only when:

- (a) A hospital is unable to provide specialized care or equipment; and
- (b) The medically necessary transfer occurred within 3 days after admission to the first hospital.

**INFORMATIONAL STATEMENT**  
**LCB File No. R054-10**

**NRS 233B.066 Informational statement required concerning adopted permanent or temporary regulation; contents of statement.**

- (a) A description of how public comment was solicited, a summary of the public response, and an explanation how other interested persons may obtain a copy of the summary.

Public comment was solicited in accordance with NRS 233B.603 which included posting of the notice of intent to act on the regulation in all county libraries. The only public responses were from the Nevada Hospital Association (NHA) and the Association of County Human Services Administrators (ACHSA). Please see (c) below.

- (b) The number of persons who:
- (1) Attended each hearing;
  - (2) Testified at each hearing; and
  - (3) Submitted to the agency written statements.

No members of the public attended either the workshop or hearing. Two written (e-mail statements were submitted to the agency. Please see (c) below.

- (c) A description of how comment was solicited from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

E-mails soliciting comment were sent to the Nevada Hospital Association (NHA) and the Association of County Human Services Administrators (ACHSA). The NHA sent an e-mail in support of the proposed regulations. The ACHSA suggested a change to clarify that the regulations would not require the Board of Trustees for the Fund for Hospital Care to Indigent Persons to make a determination of eligibility of indigence in lieu of the county. Interested person may obtain a summary of the public response by writing the Nevada Association of Counties (NACO) at 201 S. Roop Street, Carson City, 89701 or by calling (NACO) at 775-883-7863.

- (d) If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The regulation was adopted with changes recommended by both the NHA and ACHSA.

- (e) The estimated economic effect of the regulation on the business which it is to regulate and on the public.

These must be stated separately, and in each case must include:

- :
- (1) Both adverse and beneficial effects; and
  - (2) Both immediate and long-term effects.

A beneficial effect is that hospitals and physicians can be reimbursed for treating indigent persons who are in motor vehicle crashes that are documented by emergency personnel in lieu of police. Previously they were not. This is both immediate and long-term. Physicians' reimbursement for treating indigent motor vehicle crash victims will be based on the rate set by the Board of Trustees for the Fund for Hospital Care to indigent persons. This will be immediate and long-term and generally beneficial, but can be adverse if the rate set by the Board results in reimbursements that are lower than those allowed under the previous regulations.

- (f) The estimated cost to the agency for enforcement of the proposed regulation.

It is not anticipated that the Board will see any increased costs as a result of these changes.

- (g) A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, the name of the regulating federal agency.

The proposed regulation would not duplicate the regulations of any other state or federal agency.

- (h) If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

There is no federal regulation that regulates the same activity nor is the proposed regulation required pursuant to federal law.

- (i) If the regulation provides a new fee or increases an existing fee, the total annual amount the agency expects to collect and the manner in which the money will be used.

The proposed regulation does not impose any new fee or increase any existing fee.