

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

LCB File No. R054-10

May 19, 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; 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~~ *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'~~ *most recently published edition of the Current Procedural Terminology* ~~[-4th edition;]~~ *of the American Medical Association, as adopted pursuant to subsection 2;*

(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 ~~of~~ *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']~~ *most recently published edition of the Current Procedural Terminology* ~~[, 4th edition,]~~ *of the American Medical Association* is hereby adopted by reference. 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. The Board will review each revision of the Current Procedural Terminology of the American Medical Association to ensure it is suitable for this State. If the Board determines that a revision is not suitable for this State, the Board will:*

(a) Hold a public hearing to review its determination within 6 months after the date of the publication of the revision; and

(b) Give notice of that hearing.

↪ If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference.

3. 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 *will be* determined ~~[according]~~ :

(a) *According* to the ~~[Physicians’]~~ *most recently published edition of the Current Procedural Terminology* ~~[, 4th edition.]~~ *adopted pursuant to NAC 428.070; or*

(b) *If sufficient funds are not available in the Fund to pay all claims for reimbursement, based on a percentage of charges in the most recently published edition of the Current Procedural Terminology, as established by the Board.*

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 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.