



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

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MICHAEL J. WILLDEN
Director

Division of Health Care Financing and Policy
Notice of meeting to solicit public comments and intent to act
Upon Amendments to the Nevada Administrative Code (NAC) Chapter 439A

Public Hearing February 14, 2013
Minutes

Date and Time of Meeting February 14, 2013 at 9:00am

Name of Organization State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)

Place of Meeting The Nevada State Health Division
4150 Technology Way, Room 303
Carson City, NV 89706

Place of Video Conference: Division of Health Care Financing and Policy
1210 S. Valley View Blvd., Suite 104
Las Vegas, Nevada 89102

Attendees
In Carson City, NV

Laurie Squartsoff, DHCFP
Marta Stagliano, DHCFP
Darrell Faircloth, DAG
Jan Prentice, DHCFP
Londa Moore, DHCFP
Leslie Bittleston, DHCFP
Daniel Mathis, NVHCA
Diane S. Allen, Perry Foundation
Joanna Jacob, Ferrari Public Affairs

In Las Vegas, NV

Gil Astruc
Sheila Warner, DRC
Gina Byrge, DHCFP
Joseph Greenway, UNLV

Introduction:

Ms. Marta Stagliano, Chief of Compliance, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Laurie Squartsoff, Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Stagliano – The notice for this public hearing was published on January 11, 2013 in accordance with the Nevada Revised Statute 422.2369.

1. Proposed Amendment to Chapter 439A of the Nevada Administrative Code (NAC), specifically, NAC 439A.830

Ms. Jan Prentice:

These changes are needed to implement Senate Bill 264, Sections 16 and 20, approved in 2011 Legislative Session. NAC 439A.830 currently provides that for the purposes of paragraph (d) subsection 2 of NRS 439A.220, the Department of Health and Human Services (Department) will determine and make publicly available a list of the 50 most frequent diagnosis-related groups for inpatients of hospitals. Under the proposed amendments, the Department would determine and make publicly available the list all diagnosis-related groups for inpatients of hospitals on the Transparency website, rather than just the 50 most frequent diagnosis-related group.

At the conclusion of Ms. Prentice's presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Mr. Faircloth – Asked if there were any written comments on this Amendment to the NAC.

Ms. Stagliano – Responded in the negative and closed the Amendment to the NAC 439A.830.

2. Proposed Amendment to NAC 439A.835

Ms. Jan Prentice:

To provide on the Transparency Website a report of potentially preventable readmissions of patients of acute care, non-critical access hospitals, extracted from data reported on universal billing forms submitted to the Department pursuant to NAC 449.963. This proposed addition is a result of the implementation of Senate Bill 338, Sections 2 through 5, approved during the 2011 Legislative Session.

To provide, to the extent money is available, on the Transparency Website the name of each primary operating physician who performed a surgical procedure in a hospital or in a surgical center for ambulatory patients in this State and the total number of surgical procedures performed by the physician, reported by principal diagnosis and diagnosis-related group. This proposed addition is a result of the implementation of Senate Bill 340, Sections 1 through 3, approved during the 2011 Legislative Session.

It also provides definitions of “acute care hospital,” “critical access hospital,” and “diagnosis-related group” for purposes of NAC 439A.835.

At the conclusion of Ms. Prentice’s presentation, Ms. Stagliano asked Ms. Squartsoff, Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Squartsoff’s Comments:

- No Comments

Mr. Faircloth – Asked if there were any written comments regarding this NAC.

Ms. Stagliano – Responded in the negative and asked if there were any comments in the Las Vegas audience.

Public Comments:

- Mr. Joseph Greenway had a question regarding the posting of the operating physician name and whether it was by hospital in that it would show the physician’s name and would it show the hospital the physician is at and then break out into other ways by showing the frequency, the diagnosis-related group, the diagnosis, etc.

Ms. Prentice said she would have to check on how the Senate bill was written but that she believes it is by hospital.

Mr. Greenway responded that he believes that also, but wanted to be sure because they are going to be putting it up soon and wanted to make sure that they are authorized to put it up by hospital.

Ms. Prentice verified that it says “surgical procedure in a hospital or in a surgical center” reported by diagnosis and in a diagnosis group. We currently have them by hospital, correct?

Mr. Greenway responded that this is the one thing they don’t have up on the website yet because they just received the funding but they were going to put it up by hospital.

Ms. Prentice responded that she thinks it is all right with having this be non-specific and that additional information can be posted. This is the minimum requirement, however.

Ms. Stagliano - Asked if there were further comments from the Las Vegas audience.

- No Comments

Ms. Stagliano - Asked if there were any comments from the Carson City audience.

- No Comments

Ms. Stagliano closed the Amendment to the NAC 439A.835.

3. General Public Comments

- No Comments

There were no further comments and Ms. Stagliano adjourned the public hearing at 9:10 am.

**An Audio (CD) version of this meeting is available through the DHCFP Administration office for a fee. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Rita Mackie at rmackie@dhefp.nv.gov or you may call (775) 684-3681.*