

ASSEMBLY BILL NO. 160—ASSEMBLYMEN SEGERBLOM; AIZLEY,  
BENITEZ-THOMPSON, FLORES, FRIERSON, HOGAN, NEAL  
AND PIERCE

FEBRUARY 16, 2011

JOINT SPONSORS: SENATORS KIHUEN AND LESLIE

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing the financial reports of  
certain medical facilities. (BDR 40-559)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: No.

~

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

AN ACT relating to medical facilities; revising provisions governing the form and publication of financial reports of certain medical facilities; requiring hospitals to include certain information in the financial reports submitted by the hospitals; requiring the Legislative Committee on Health Care to review such information included in the financial reports of hospitals; providing a civil penalty; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires certain medical facilities to file financial information with the Department of Health and Human Services. (NRS 449.490) **Section 2** of this bill requires that financial statements filed by hospitals include additional information concerning the finances of the hospital and the corporate home office allocations of those hospitals. The additional information includes the net revenues of the hospital before and after the corporate home office allocations, the amounts of such allocations which were disallowed by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, the taxes paid in other states by the corporate home office which are attributable to allocations paid by hospitals in this State and other information relating to such allocations. These reports and other related reports from medical institutions must be in a form which is readily understandable by members of the general public, and the reports will be included on an Internet website maintained by the Nevada Department of Health and Human Services. Under existing law, the Director of the



\* A B 1 6 0 \*

Department is authorized to impose an administrative penalty of not more than \$500 per day for a violation of these reporting requirements. (NRS 449.530)

**Section 3** of this bill requires the Legislative Committee on Health Care to review the information relating to the corporate home office allocations of hospitals. **Section 4** of this bill requires the Committee, for the 2011-2013 interim, to report the findings of that review and authorizes the Committee to recommend the establishment of a tax based on that review.

---

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** NRS 439A.270 is hereby amended to read as follows:

439A.270 1. The Department shall establish and maintain an Internet website that includes the information concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State as required by the programs established pursuant to NRS 439A.220 and 439A.240. The information must:

(a) Include, for each hospital in this State, the total number of patients discharged, the average length of stay and the average billed charges, reported for the 50 most frequent diagnosis-related groups for inpatients and 50 medical treatments for outpatients that the Department determines are most useful for consumers;

(b) Include, for each surgical center for ambulatory patients in this State, the total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the Department determines are most useful for consumers;

(c) Be presented in a manner that allows a person to view and compare the information for the hospitals by:

- (1) Geographic location of each hospital;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;

(d) Be presented in a manner that allows a person to view and compare the information for the surgical centers for ambulatory patients by:

- (1) Geographic location of each surgical center for ambulatory patients;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;

(e) Be presented in a manner that allows a person to view and compare the information separately for:

- (1) The inpatients and outpatients of each hospital; and
- (2) The outpatients of each surgical center for ambulatory patients;



(f) Be readily accessible and understandable by a member of the general public;

(g) Include the annual summary of reports of sentinel events prepared pursuant to paragraph (d) of subsection 1 of NRS 439.840;

~~{and}~~

(h) *Include copies of all reports, summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive; and*

(i) Provide any other information relating to the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the Department determines is:

(1) Useful to consumers;

(2) Nationally recognized; and

(3) Reported in a standard and reliable manner.

2. The Department shall:

(a) Publicize the availability of the Internet website;

(b) Update the information contained on the Internet website at least quarterly;

(c) Ensure that the information contained on the Internet website is accurate and reliable;

(d) Ensure that the information contained on the Internet website is aggregated so as not to reveal the identity of a specific inpatient or outpatient of a hospital;

(e) Post a disclaimer on the Internet website indicating that the information contained on the website is provided to assist with the comparison of hospitals and is not a guarantee by the Department or its employees as to the charges imposed by the hospitals in this State or the quality of the services provided by the hospitals in this State, including, without limitation, an explanation that the actual amount charged to a person by a particular hospital may not be the same charge as posted on the website for that hospital;

(f) Provide on the Internet website established pursuant to this section a link to the Internet website of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(g) Upon request, make the information that is contained on the Internet website available in printed form.

3. As used in this section, "diagnosis-related group" means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

**Sec. 2.** NRS 449.490 is hereby amended to read as follows:

449.490 1. Every institution which is subject to the provisions of NRS 449.450 to 449.530, inclusive, shall file with the



\* A B 1 6 0 \*

1 Department the following financial statements or reports in a form  
2 and at intervals specified by the Director but at least annually:

3 (a) A balance sheet detailing the assets, liabilities and net worth  
4 of the institution for its fiscal year; and

5 (b) A statement of income and expenses for the fiscal year.

6 2. Each hospital with 100 or more beds shall file with the  
7 Department, in a form and at intervals specified by the Director but  
8 at least annually, a capital improvement report which includes,  
9 without limitation, any major service line that the hospital has added  
10 or is in the process of adding since the previous report was filed, any  
11 major expansion of the existing facilities of the hospital that has  
12 been completed or is in the process of being completed since the  
13 previous report was filed, and any major piece of equipment that  
14 the hospital has acquired or is in the process of acquiring since the  
15 previous report was filed.

16 3. In addition to the information required to be filed pursuant to  
17 subsections 1 and 2, each hospital ~~[with 100 or more beds]~~ shall file  
18 with the Department, in a form and at intervals specified by the  
19 Director but at least annually:

20 (a) The *net revenue of the hospital which, if applicable, must*  
21 *be calculated before the hospital pays the allocation due the*  
22 *corporate home office of the hospital and the net revenue of*  
23 *the hospital calculated after the hospital pays the allocation due*  
24 *the corporate home office. The Director may prescribe the manner*  
25 *in which the net revenue of a hospital must be calculated for*  
26 *purposes of this paragraph.*

27 (b) *If applicable, information relating to the corporate home*  
28 *office allocation ~~[methodology]~~ of the hospital, ~~[if any-~~*  
29 *~~—(b)] including, without limitation:~~*

30 (1) *The amount of the corporate home office allocation;*

31 (2) *The methodology used to determine the corporate home*  
32 *office allocation, which must be the same methodology that was*  
33 *allowed by the Centers for Medicare and Medicaid Services of the*  
34 *United States Department of Health and Human Services for that*  
35 *reporting period;*

36 (3) *Any amount of the corporate home office allocation*  
37 *which was disallowed by the Centers for Medicare and Medicaid*  
38 *Services;*

39 (4) *The taxes paid by the corporate home office in other*  
40 *states which are attributable to allocations paid by hospitals in this*  
41 *State; and*

42 (5) *The percentage of the corporate home office budget that*  
43 *was paid by the hospital and the percentage of the corporate home*  
44 *office budget that was paid by each institution of the corporation.*



(c) The expenses that the hospital has incurred for providing community benefits and the in-kind services that the hospital has provided to the community in which it is located. *These expenses must be reported as the total amount expended for community benefits and in-kind services and reported as a percentage of the total net revenues of the hospital.* For the purposes of this paragraph, “community benefits” includes, without limitation, goods, services and resources provided by a hospital to a community to address the specific needs and concerns of that community, services provided by a hospital to the uninsured and underserved persons in that community, training programs for employees in a community and health care services provided in areas of a community that have a critical shortage of such services, for which the hospital does not receive full reimbursement.

~~(c)~~ (d) A statement of its policies and procedures for providing discounted services to, or reducing charges for services provided to, persons without health insurance that are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260.

~~(d)~~ (e) A statement of its policies regarding patients’ account receivables, including, without limitation, the manner in which a hospital collects or makes payment arrangements for patients’ account receivables, the factors that initiate collections and the method by which unpaid account receivables are collected.

4. A complete current charge master must be available at each hospital during normal business hours for review by the Director, any payor that has a contract with the hospital to pay for services provided by the hospital, any payor that has received a bill from the hospital and any state agency that is authorized to review such information. The complete and current charge master must be made available to the Department, at the request of the Director, in an electronic format specified by the Department. The Department may use the electronic copy of the charge master to review and analyze the data contained in the charge master and, except as otherwise provided in NRS 439A.200 to 439A.290, inclusive, shall not release or publish the information contained in the charge master.

5. The Director shall require the certification of specified financial reports by an independent certified public accountant and may require attestations from responsible officers of the institution that the reports are, to the best of their knowledge and belief, accurate and complete to the extent that the certifications and attestations are not required by federal law.



6. The Director shall require ~~the~~ :

(a) *The* filing of all reports by specified dates, and may adopt regulations which assess penalties for failure to file as required ~~but the Director shall not require the~~ ; and

(b) *The* submission of a final annual report ~~sooner~~ *not later* than 6 months after the close of the fiscal year,

and may grant extensions to institutions which can show that the required information is not available on the required reporting date.

7. All reports, except privileged medical information, filed under any provisions of NRS 449.450 to 449.530, inclusive ~~are~~ :

(a) *Are* open to public inspection ~~and must~~ ;

(b) *Must be in a form which is readily understandable by a member of the general public;*

(c) *Must, as soon as practicable after those reports become available, be posted on the Internet website maintained pursuant to NRS 439A.270; and*

(d) *Must be* available for examination at the office of the Department during regular business hours.

**Sec. 3.** NRS 449.520 is hereby amended to read as follows:

449.520 1. On or before October 1 of each year, the Director shall prepare and transmit to the Governor, the Legislative Committee on Health Care and the Interim Finance Committee a report of the Department's operations and activities for the preceding fiscal year.

2. The report prepared pursuant to subsection 1 must include:

(a) Copies of all *reports*, summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive, together with such facts, suggestions and policy recommendations as the Director deems necessary;

(b) A summary of the trends of the audits of hospitals in this State that the Department required or performed during the previous year;

(c) An analysis of the trends in the costs, expenses and profits of hospitals in this State;

(d) An analysis of the corporate home office allocation ~~methodologies~~ of hospitals in this State ~~;~~ , *including, without limitation, the amounts allocated and the methodologies used to determine those allocations and the taxes paid in other states which are attributable to allocations by hospitals in this State;*

(e) An examination and analysis of the manner in which hospitals are reporting the information that is required to be filed pursuant to NRS 449.490, including, without limitation, an examination and analysis of whether that information is being reported in a standard and consistent manner, which fairly reflect the operations of each hospital;



(f) A review and comparison of the policies and procedures used by hospitals in this State to provide discounted services to, and to reduce charges for services provided to, persons without health insurance;

(g) A review and comparison of the policies and procedures used by hospitals in this State to collect unpaid charges for services provided by the hospitals; and

(h) A summary of the status of the programs established pursuant to NRS 439A.220 and 439A.240 to increase public awareness of health care information concerning the hospitals and surgical centers for ambulatory patients in this State, including, without limitation, the information that was posted in the preceding fiscal year on the Internet website maintained for those programs pursuant to NRS 439A.270.

3. The Legislative Committee on Health Care shall develop a comprehensive plan concerning the provision of health care in this State which includes, without limitation:

(a) A review of the health care needs in this State as identified by state agencies, local governments, providers of health care and the general public; ~~and~~

(b) A review of the capital improvement reports submitted by hospitals pursuant to subsection 2 of NRS 449.490 ~~and~~; and

*(c) A review of the reports submitted by hospitals in this State pursuant to subsection 3 of NRS 449.490 concerning the corporate home office allocations and the taxes paid in other states which are attributable to allocations paid by hospitals in this State.*

**Sec. 4.** 1. During the 2011-2013 interim, the Legislative Committee on Health Care shall review reports submitted by hospitals in this State pursuant to subsection 3 of NRS 449.490, as amended by section 2 of this act, concerning the corporate home office allocations of those hospitals and the taxes paid in other states which are attributable to corporate home office allocations paid by hospitals in this State.

2. On or before February 1, 2013, the Legislative Committee on Health Care shall prepare a report of the results of its review pursuant to subsection 1 and may, as a result of the review, recommend to the 77th Session of the Nevada Legislature a system for collecting a tax from hospitals in this State and a plan for using the revenue resulting from that tax.

