



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



## Meeting Minutes

### **Public Workshop**

**NAC 439A / Senate Bill 379**

**R060-22RP1**

**Date/Time of Public Workshop:** September 22, 2022; 11:00 am

**Name of Organization:** State of Nevada, Department of Health and Human Services,  
Division of Health Care Financing and Policy

**Place of Meeting:** Teleconference/Microsoft TEAMS

### Agenda

- Introduction of workshop process
- Presentation on proposed amendments to NAC 439A
- Public comments
  - Sarah Hunt, Nevada Hospital Association
    - Suggested including the time period in the introduction of the regulation for the data being collected. Example – the percentage of patients the provider saw who were covered by Medicaid. For what time period?
  - John Packham, University of Nevada Reno
    - Based upon Sarah Hunts feedback on the time period, may want to say currently covered by Nevada Medicaid and let it be a good faith estimate because some providers will have that data at their fingertips, and some may have to look in a filing cabinet. If you put a timeframe on the data, it doesn't leave it open, and you might get a lot of non-responses. We want the most current data. The data could be six months old and could be the providers newest data. The point is just trying to collect this information. Sarah Hunt liked this suggestion.
    - We acknowledge that the data could be guestimates and that it's a moving target.
  - Joan Hall, Nevada Rural Hospital Partners
    - Members say this information may not be readily available to the providers themselves. Physicians don't have access to this part of an Electronic Health Record. The hospitals in rural Nevada would be the one's pulling the data. Is this for a two-year period? Physician licenses are every two years. Therefore, the time period as Sarah Hunt pointed out, is an important part to have clarified. Not sur this tells the whole story, but HPSA designations are very important to rural health care. Accurate data is important. When it isn't mandated, you're not going to get accurate data. Erin Lynch replied - The HPSA Survey would have a set of instructions. Maybe the instructions could be very clear about the timeframe instead of adding it to the regulations. Same something to the effect of "within the last 12 months." Joan Hall liked this suggestion.
  - Joan Hall, Nevada Rural Hospital Partners
    - Providers won't have access to this information, the rural hospitals will be collecting this data for the providers.

- Steve Messinger, Nevada Primary Care Association
  - When the HPSA survey was last conducted, the script that was written didn't have any language on the timeframe. Maybe create sub-regulatory language explaining that you know this is on a timeframe that is flexible and that may allow the hospitals to run a quarterly report that their providers can use. Point in time with a 12 month look back. Based on previous HPSA survey's the timeframe isn't specified.
- Erin Lynch, Division of Health Care Financing and Policy
  - These are just the regulations, whereas the actual survey itself, we can give instructions and descriptions. We can describe it more in the survey instructions compared to the regulations. Joan Hall states this will be helpful.
- Steve Messinger, Nevada Primary Care Association
  - The most recent data we have for our health centers is from 2021 and acceptable to use this. It's acceptable to have averages across facilities.
- Joan Hall, Nevada Rural Hospital Partners
  - Agrees to have the timeframe in the instructions instead of the regulations. Sarah Hunt agrees. Estimates of what the survey is seeking is good.
- Erin Lynch, Division of Health Care Financing and Policy
  - Create letter to the hospitals in advance so they can get their system set-up and prepared for all their providers that may be seeking the data from the hospital. Could include group practices, FQHCs, RHCs, etc.
- Dr. Antonina Capurro, Division of Health Care Financing and Policy
  - We want to keep the regulations broad. Create specific instructions. Survey will have options for "not applicable" or "don't have this information" as an answer. Understand the burden this may place on providers and try not to be a burden.
- Erin Lynch, Division of Health Care Financing and Policy
  - Presenting on the regulation data points. This is the type of data to be collected, not the actual survey questions themselves.
- Dr. John Packham, University of Nevada Reno
  - On the survey, give everyone the option of an answer of "I don't know."
- Laura Hale, Social Entrepreneurs
  - HPSA data comes from HRSA. Best to put details in the instructions.
- Sarah Hunt, Nevada Hospital Association
  - Providers will have a difficult time identifying #3c and d (homeless and migrant farm workers). Like John Packham's idea that answers may be an estimate.
- Steve Messinger, Nevada Primary Care Association
  - Homeless and migrant farm worker. If not an FQHC, provider may not have this information. Could add to instructions.
- Joan Hall, Nevada Rural Hospital Partners
  - #5 and #6. Average number of patient the provider sees in a week / Average number of outpatient visits may to the provider per year. Does this include hospitals, long term care, ER, clinic, home health? What is the definition. What is the differentiation? Why two questions for #5 and #6? Erin Lynch replied - We can describe in the survey instructions. We can research this to make sure we didn't write it two different ways. Joan Hall - #8 would be a guestimate. Need further instructions on #8 – waiting room or exam room? Receptionist might know.
- Erin Lynch, Division of Health Care Financing and Policy
  - Explained that there is no disciplinary action if provider does not complete survey.
- Laura Hale, Social Entrepreneurs
  - Laura Hale explains the HPSA data points.

- Public comment regarding any other issue
  - No comments received
- Adjournment at 12:04pm