

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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



Suzanne Bierman,
JD MPH
Administrator

May 3, 2022

Dear Nevada health care providers:

The Nevada Division of Health Care Financing and Policy (DHCFP / Nevada Medicaid) is developing regulations in NAC Chapter 439A (Planning for the Provision of Health Care) as allowed in [Senate Bill \(SB\) 379](#) from the 81st legislative session. SB 379 requires the Department of Health and Human Services (DHHS) to establish and maintain a database of information, collected via an optional survey, from health care applicants during the renewal of a license, certificate, or registration as a provider of health care. Furthermore, SB 379 allows DHHS to collect additional information from health care providers on this optional survey, but must be approved through the regulation process. The additional information being proposed in NAC 439A regulation is for the annual health professional shortage area designations.

Part of the regulation process is to determine whether the proposed regulation is likely to impose a direct and significant economic burden upon a small business or directly restrict the formation operation or expansion of a small business. Small business is defined as fewer than 150 full-time or part-time employees. This impact is determined via a Small Business Impact Questionnaire. This Small Business Impact Questionnaire is also optional but allows the DHCFP to gather feedback from small businesses.

Enclosed is the Small Business Impact Questionnaire and the proposed regulations for NAC 439A. For health care providers with a business with fewer than 150 full-time or part-time employees, the DHCFP is kindly asking for input regarding the impact of this proposed regulation.

Electronic copies of SB 379, the Small Business Impact Questionnaire, and the proposed NAC 439A regulations are posted online at <https://dhcfp.nv.gov/Public/Home/>.

Questionnaire responses are due back by May 9, 2022 and can be submitted via email to nvpco@health.nv.gov.

Questions can also be submitted to nvpco@health.nv.gov or (775) 350-0786.

Sincerely,

A handwritten signature in blue ink that reads "Erin Lynch".

Erin Lynch, MPH
Chief, Medical Programs Unit, Primary Care Office

Links:

[NAC 439A Small Business Impact Questionnaire](#)

[NAC 439A Draft Regulations](#)

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Proposed Regulations & Small Business Impact Questionnaire

Proposed draft regulations for NAC 439A

Adding Data Requests for Applicants for Renewal of a License, Certificate or Registration as a Provider of Health Care

The following questions pertain to how the changes in the Nevada Administrative Code (NAC) Chapter 439A, presented in the enclosure will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business; or directly restrict the formation, operation or expansion of a small business; then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,
2. Consider methods to reduce the impact of the proposed regulation, and
3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

To review the proposed NAC 439A regulations, please go the following website: <https://dhcfp.nv.gov/Public/Home/> or see attached document. Any questions, please call Erin Lynch at (775) 350-0786.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. **Email your completed form on or prior to May 9, 2022** to nvpc@health.nv.gov.

Your Name _____

Organization _____

Date _____

NRS 233B.0382 "Small Business defined." "Small business" means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business? _____ If more than 150, you will not need to answer the rest of the questions, but you may provide feedback on how the proposed regulations may impact you by emailing: nvpc@health.nv.gov.

If less than 150, please continue with the remaining questions. Please email completed questionnaire to the above address.

1. Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

Yes _____ No _____ Explain: Please list each regulation and explain the impact.

2. Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

Yes _____ No _____

Explain:

3. Do you anticipate any indirect adverse effects upon your business?

Yes _____ No _____

Explain:

4. Do you anticipate any indirect beneficial effects upon your business?

Yes _____ No _____

Explain:

PROPOSED REGULATION
OF THE DEPARTMENT OF HEALTH
AND HUMAN SERVICES
LCB File No.
2022

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

AUTHORITY: §1, NRS 439A.081 as amended by section 5 of Senate Bill No. 379

A REGULATION relating to the Department of Health and Human Services; setting forth various requirements related to establishing and maintaining a database of information collected from applicants for the renewal of a license, certificate or registration as a provider of health care. The information collected must include the following items, which may be estimated: percentage of patients with Medicaid coverage; percentage of patients using the sliding fee scale; percentage of patients who are Homeless, American Indian, Migrant FW, or Seasonal MFW; if physician is accepting new patients; average number of patients seen in a week; average number of outpatient visits per year; average wait time (days) for routine/non-urgent appointment; average wait time (minutes) once patients arrive in the office; if physician status includes National Health Service Corp; J-1 Visa Waiver Holder; H-1B Visa Holder; Locum Tenens, Hospitalist, Resident/Intern, Federal Provider, State Loan Repayment, Restricted License, or Instructor.

Section 1. Chapter 439A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to #, inclusive, of this regulation.

Sec. 2. *For the purposes of section 5 of Senate Bill No. 379, chapter 439A, Statutes of Nevada 2021, at page #### (NRS 439A.####), an applicant for renewal of license, certificate or registration as a provider of health care shall report the following:*

- 1. *percentage of patients with Medicaid coverage;***
- 2. *percentage of patients using the sliding fee scale;***
- 3. *percentage of patients who are Homeless, American Indian, Migrant Farm Worker (defined as a migratory agricultural worker, generally defined as an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months, who establishes for the purposes of such employment a temporary adobe.), or Seasonal Migrant Farm Worker;***
- 4. *whether physician is accepting new patients;***
- 5. *average number of patients seen in a week;***

6. *average number of outpatient visits per year;*
7. *average wait time (days) for routine/non-urgent appointment;*
8. *average wait time (minutes) once patients arrive in the office;*
9. *whether physician status includes National Health Service Corp; J-1 Visa Waiver Holder; H-1B Visa Holder; Locum Tenens, Hospitalist, Resident/Intern, Federal Provider, State Loan Repayment, Restricted License, or Instructor.*
10. *if the applicant is renewing a license for the practice of dentistry pursuant to Nevada Revised Statutes Chapter 631, the number of Auxiliaries the provider has (Common dental auxiliaries include receptionist, dental assistant, dental hygienist, and dental lab technician.);*
11. *Whether the provider's status or location will change, within the next year and the reason for the change, indicating as follows:*
 - a. *Retiring;*
 - b. *Decreasing Hours;*
 - c. *Increasing Hours;*
 - d. *Moving to different practice;*
 - e. *Moving out of state; or*
 - f. *Other*