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PROPOSED AMENDMENTS TO A.B. 79
DRAFT DATED APRIL 18, 2003

**CHANGES TO A.B. 79 BELOW IN RED TYPE RESOLVE CONFLICTS WITH THE
NEVADA MEDICAID DEFINITIONS AT 42 CFR 431.201, MEDICAID SERVICES
MANUAL CHAPTER 102.4 & 102.64, AND MEDICAID POLICY NEWS N500-02:**

Amend the bill by changing sec. 36 to read as follows:

"Sec. 36. NRS 422.273 is hereby amended to read as follows:

422.273 1. For any Medicaid managed care program established in the State of Nevada, the Department shall contract only with good faith with a federally-qualified health center to provide health care services for the health maintenance organization a health maintenance organization that has:

- (a) Negotiated in;
- (b) Negotiated in good faith with the University Medical Center of Southern Nevada to provide inpatient and ambulatory services to recipients of Medicaid; and
- (c) Negotiated in good faith with the University of Nevada School of Medicine to provide health care services to recipients of Medicaid.

Nothing in this section shall be construed as exempting a federally-qualified health center, the University Medical Center of Southern Nevada or the University of Nevada School of Medicine from the requirements for contracting with the health maintenance organization.

2. During the development and implementation of any Medicaid managed care program, the Department shall cooperate with the University of Nevada School of Medicine by assisting in the provision of an adequate and diverse group of patients upon which the school may base its educational programs.

3. The University of Nevada School of Medicine may establish a nonprofit organization to assist in any research necessary for the development of a Medicaid managed care program, receive and accept gifts, grants and donations to support such a program and assist in establishing educational services about the program for recipients of Medicaid.

4. For the purpose of contracting with a Medicaid managed care program pursuant to this section, a health maintenance organization is exempt from the provisions of NRS 695C.123.

5. The provisions of this section apply to any managed care organization, including a health maintenance organization, that provides health care services to recipients of Medicaid under the State Plan for Medicaid or the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Human Resources. Such a managed care organization or health maintenance organization is not required to establish a system for conducting external reviews of final adverse determinations in accordance with chapter 695B, 695C or 695G of NRS—, and the definitions of "medically necessary" and "adverse determination" in chapter 695G of NRS do not apply to such an organization, Nevada Medicaid or the State Children's Health Insurance Program. This subsection does not exempt such a managed care organization or health maintenance organization for services provided pursuant to any other contract.