

## DISCLAIMER

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**EXAMPLE OF CONTRACT W/  
APPROPRIATE/ INCLUDED FEE SCHEDULE.**

**STATION CASINOS, INC. EMPLOYEE HEALTH PLAN**  
**PARTICIPATING PROVIDER AGREEMENT**

**EXHIBIT "A"**  
**FEE SCHEDULE**

For medically necessary Covered Services provided by the PROVIDER to Insureds. PROVIDER shall be reimbursed fee for service according to the terms of this contract and shall receive the lesser of ninety percent (90%) of billed charges or the following fee schedule less any applicable Co-payments, Co-insurance or Deductibles. Nurse Practitioners and Physicians' Assistants will be reimbursed at 80% of the regular allowable, if billed under a Participating Provider's supervision and Tax ID number.

Except for carve out items, all conversion factors, which are expressed dollar amounts, are to be used in conjunction with the St. Anthony's conversion schedule. Carve outs are reimbursed according to the global rates listed. Anesthesia will be reimbursed based on the ASA relative value guide for codes 00001 through 09999.

|  |                 |                                  |                 |                   |                  |
|--|-----------------|----------------------------------|-----------------|-------------------|------------------|
| <b>MEDICINE</b>  |                 | \$4.30                           | Immunizations   | AWP + 5% + \$5.00 |                  |
| E&M Codes  |                 | \$4.45 for 99201 through 99215   | Injections      | AWP + 5% + \$5.00 |                  |
| Acupuncture  |                 | 97780: \$31.50    97781: \$49.00 |                 |                   |                  |
| <b>SURGERY</b>   |                 |                                  |                 |                   |                  |
| 10040-10180:   | \$52.00         | 20955-22855:                     | \$62.00         | 38100-38794:      | \$64.00          |
| 11000-11977:   | \$42.00         | 22900-23935:                     | \$72.00         | 39000-39545:      | \$71.00          |
| 12001-12057:   | \$52.00         | 24000-29750:                     | \$70.00         | 40490-43880:      | \$62.00          |
| 13100-15958:   | \$70.00         | 29800-29856:                     | \$65.00         | 44005-49905:      | \$60.00          |
| 16000-17360:   | \$54.00         | 29870-29898:                     | \$55.00         | 50010-55870:      | \$62.00          |
| 19000-19396:   | \$60.00         | 30000-36000:                     | \$64.00         | 56300-56363:      | \$52.00          |
| 20000-20950:   | \$72.00         | 36005-37790:                     | \$54.00         | 56405-58976:      | \$59.00          |
|  |                 |                                  |                 |                   |                  |
| Surgery  | 17010: \$65.00  | 20250: \$460.00                  | 43239: \$245.00 | 57454: \$120.00   | 59510: \$1700.00 |
| Carveouts  | 17104: \$91.00  | 20251: \$524.00                  | 50590: \$850.00 | 58740: \$610.00   | 64550: \$25.00   |
|  | 17105: \$48.00  | 33533: \$2575.00                 | 56302: \$470.00 | 59400: \$1500.00  | 66984: \$1025.00 |
|  | 20225: \$172.00 | 36000: \$16.00                   | 57452: \$76.00  | 59410: \$1000.00  | 69436: \$185.00  |
| Multiple Procedures: 2 <sup>nd</sup> procedure paid at 50% of allowable; 3 <sup>rd</sup> and subsequent procedures paid at 25% of allowable.<br>Procedures will be ordered as listed on the claim. |                 |                                  |                 |                   |                  |
| <b>RADIOLOGY</b> \$10.00 total component (\$6.00 technical / \$4.00 professional)  |                 |                                  |                 |                   |                  |
| MRI w/ Contrast  | \$475.00        | CT Scan w/ Contrast              | \$250.00        |                   |                  |
| MRI with & without Contrast  | \$350.00        | CT Scan with & without Contrast  | \$195.00        |                   |                  |
| <b>PATHOLOGY</b> \$7.00 total component (\$4.20 technical / \$2.80 professional)   |                 |                                  |                 |                   |                  |
| <b>ANESTHESIA</b> MD's & DO's - \$38.00 ; CRNA's - \$30.00   |                 |                                  |                 |                   |                  |
| For time that falls between exact fifteen minute increments the following shall apply: Seven (7) minutes or less round down to nearest unit; over seven (7) minutes round up to nearest unit.      |                 |                                  |                 |                   |                  |
| For those services not listed in a conversion schedule or those BR (by report procedures), the PROVIDER shall receive sixty-five percent (65%) of billed charges.                                  |                 |                                  |                 |                   |                  |

**AGREED AND ACCEPTED BY:**

**For PROVIDER:**

**By:**

(please type or print name)

**For STATION:**

**By:**

Valerie Murzl

**Title:**

VP of Human Resources

**Signature:**

**Signature:**

**Date:**

12/26/01

**Date:**

**ASSEMBLY COMMERCE & LABOR**

**DATE: 1/31/03 ROOM: 4100 EXHIBIT E**

**SUBMITTED BY: Robert McBeath, M.D.**

**STATION CASINOS, INC. EMPLOYEE HEALTH PLAN  
PARTICIPATING PROVIDER AGREEMENT**

**EXHIBIT "A"  
FEE SCHEDULE**

For medically necessary Covered Services provided by the PROVIDER to Insureds. PROVIDER shall be reimbursed fee for service according to the terms of this contract and shall receive the lessor of ninety percent (90%) of billed charges or the following fee schedule less any applicable Co-payments, Co-insurance or Deductibles.

Except for carveout items, all conversion factors, which are expressed dollar amounts, are to be used in conjunction with the St. Anthony's conversion schedule. Carveouts are reimbursed according to the global rates listed. Anesthesia will be reimbursed based on the ASA relative value guide for codes 00001 through 09999.

|   |   |                      |                        |                      |                  |
|---|---|----------------------|------------------------|----------------------|------------------|
| <b>MEDICINE</b>   | \$4.30                                  |                      | Immunizations          | AWP + 5% + \$5.00    |                  |
| E&M Codes   | \$4.45 for 99201 through 99215          |                      | Injections             | AWP + 5%             |                  |
| Acupuncture   | 97780: \$31.50    97781: \$49.00        |                      |                        |                      |                  |
| <b>SURGERY</b>  | 10040-10180: \$52.00                    | 20955-22855: \$62.00 | 38100-38794: \$64.00   | 59000-59870: \$52.00 |                  |
|   | 11000-11977: \$42.00                    | 22900-23935: \$72.00 | 39000-39545: \$71.00   | 60000-60605: \$61.00 |                  |
|   | 12001-12057: \$52.00                    | 24000-29750: \$70.00 | 40490-43880: \$62.00   | 61000-64907: \$56.00 |                  |
|   | 13100-15958: \$70.00                    | 29800-29856: \$65.00 | 44005-49905: \$60.00   | 65091-68850: \$52.00 |                  |
|   | 16000-17360: \$54.00                    | 29870-29898: \$55.00 | 50010-55870: \$62.00   | 69000-69970: \$55.00 |                  |
|   | 19000-19396: \$60.00                    | 30000-36000: \$64.00 | 56300-56363: \$52.00   |                      |                  |
|   | 20000-20950: \$72.00                    | 36005-37790: \$54.00 | 56405-58976: \$59.00   |                      |                  |
| Surgery   | 17010: \$65.00                          | 20250: \$460.00      | 43239: \$245.00        | 57454: \$120.00      | 59510: \$1450.00 |
| Carveouts   | 17104: \$91.00                          | 20251: \$524.00      | 50590: \$850.00        | 58740: \$610.00      | 64550: \$25.00   |
|   | 17105: \$48.00                          | 33533: \$2575.00     | 56302: \$470.00        | 59400: \$1300.00     | 66984: \$1025.00 |
|   | 20225: \$172.00                         | 36000: \$16.00       | 57452: \$76.00         | 59410: \$925.00      | 69436: \$185.00  |
| Multiple Procedures: 2nd procedure paid at 50% of allowable; 3rd and subsequent procedures paid at 25% of allowable.<br>Procedures will be ordered as listed on the claim.                    |   |                      |                        |                      |                  |
| <b>RADIOLOGY</b>  | \$11.25 total components                |                      |                        |                      |                  |
| MRI Carveout  | MRI w/ Contrast \$475.00                |                      | CT Scan w/ Contrast    | \$350.00             |                  |
| CT Scan Carveout  | MRI w/out Contrast \$350.00             |                      | CT Scan w/out Contrast | \$250.00             |                  |
| <b>PATHOLOGY</b>  | \$6.80 total components                 |                      |                        |                      |                  |
| <b>ANESTHESIA</b>   | MD's & DO's - \$40.00; CRNA's - \$32.00 |                      |                        |                      |                  |
| For time that falls between exact fifteen minute increments the following shall apply: Seven (7) minutes or less round down to nearest unit; over seven (7) minutes round up to nearest unit. |   |                      |                        |                      |                  |
| For those services not listed in a conversion schedule or those BR (by report procedures), the PROVIDER shall receive seventy percent (70%) of billed charges.                                |   |                      |                        |                      |                  |

**AGREED AND ACCEPTED BY:**

**For PROVIDER:**

**For STATION:**

By: \_\_\_\_\_  
(please type or print name)

By: Valerie Murzl

Title: Physician/President

Title: VP of Human Resources

Signature: \_\_\_\_\_

Signature: Valerie Murzl

Date: 3/18/99

Date: 3/31/99

# EXAMPLE OF DECEPTIVE CONTRACT FEE SCHEDULE

## All Payor Appendix Fee Maximum

### APPLICABILITY

Unless another Appendix to this Agreement applies specifically to certain Enrollees, the provisions of this Appendix apply to Health Services rendered by Physician to Enrollees covered by Benefit Contracts sponsored, issued or administered by all Payors.

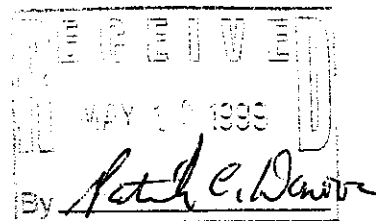
### SECTION 1 Definitions

\* **Fee Maximums:** The maximum fees for Health Services rendered by Participating Providers, as determined from time to time by Plan. The Fee Maximums for the same Health Service rendered pursuant to different Benefit Contracts may vary. Samples of the most recent Fee Maximums are available to Physician upon request.

### SECTION 2 Payment

Payor shall pay Physician for Health Services rendered to an Enrollee the lesser of (1) Physician's Customary Charge, less any applicable Enrollee Expenses, or (2) the Fee Maximum for such Health Services, less any applicable Enrollee Expenses.

UNITED HEALTHCARE OF NEVADA, INC.  
PHYSICIAN PARTICIPATION AGREEMENT



THIS AGREEMENT, effective on the date specified at the signature portion of this Agreement ("Effective Date"), is between United HealthCare of Nevada, Inc. ("Plan") and \_\_\_\_\_ ("Physician") and sets forth the terms and conditions under which Physician shall participate in one or more networks of providers developed by Plan to render health care services to Enrollees, as defined in this Agreement. On the Effective Date, this Agreement supersedes and replaces any existing agreements between the parties related to the provision of health care services to Enrollees. This Agreement also supersedes and replaces any existing agreements between Physician and the following entities to the extent such agreements relate to the provision of health care services to Enrollees, and to the extent such entities sponsor, issue or administer a Benefit Contract, as defined in this Agreement: The MetraHealth Insurance Company (MHIC), The Travelers Insurance Company, Metropolitan Life Insurance Company, and United Health and Life Insurance Company.

**SECTION 1**  
**Definitions**

**Benefit Contract:** A benefit plan that includes health care coverage, is sponsored, issued or administered by Payor and contains the terms and conditions of an Enrollee's coverage.

**Customary Charge:** The fee for health care services charged by Physician that does not exceed the fee Physician would charge any other person regardless of whether the person is an Enrollee.

**Enrollee:** An individual who is properly covered under a Benefit Contract.

**Enrollee Expenses:** Any amounts that are the Enrollee's responsibility to pay Physician in accordance with the Enrollee's Benefit Contract, including copayments, coinsurance and deductibles.

**Health Services:** The health care services and supplies covered by the Enrollee's Benefit Contract.

**Participating Provider:** A health care professional or facility, including Physician, that has a written participation agreement in effect with Plan, directly or through another entity, to provide Health Services to selected groups of Enrollees.