

SENATE BILL NO. 529—COMMITTEE ON
HUMAN RESOURCES AND EDUCATION

(ON BEHALF OF THE DIVISION OF HEALTH
CARE FINANCING AND POLICY)

MARCH 26, 2007

Referred to Committee on Human Resources and Education

SUMMARY—Revises certain provisions relating to Medicaid.
(BDR 38-601)

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 Medicaid; revising certain provisions concerning the recovery from recipients or third parties of certain costs for Medicaid paid by the Department of Health and Human Services; revising certain provisions concerning assessments on nursing facilities; revising certain provisions concerning liability for the submission of a false claim to the State or a local government; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides that the Department of Health and Human Services is subrogated to the right of a recipient of Medicaid when the recipient incurs costs for medical services which are payable by the Department under circumstances which create legal liability for such costs in a third party. (NRS 422.293) **Sections 2-10** of this bill revise certain provisions concerning the recovery of such costs by the Department and impose liability for such costs on certain persons who do not comply with the procedures established to protect the right of the Department to recover benefits paid by Medicaid.

Existing law provides for the assessment of fees on nursing facilities to increase the quality of nursing care. (NRS 422.3755-422.379) **Sections 12 and 13** of this bill revise the determination of the amount of the fees to comply with federal law and to allow the recoupment of the fees and any administrative penalties from payments made pursuant to the Medicaid program.

The Federal Deficit Reduction Act of 2005, Public Law 109-171, enacted certain provisions concerning state plans for Medicaid. Section 6031 of the Federal Deficit Reduction Act provides financial incentives for states that enact laws



* S B 5 2 9 R 1 *

17 establishing liability for false or fraudulent claims made to the State Plan for
18 Medicaid. To be eligible for these financial incentives, the laws of a state must
19 contain provisions that are at least as effective at rewarding and facilitating qui tam
20 actions for false or fraudulent claims as those described in the Federal False Claims
21 Act, 31 U.S.C. §§ 3730-3732. **Sections 21-25** of this bill amend existing law
22 concerning the filing of false or fraudulent claims to comply with the provisions of
23 section 6031 of the Federal Deficit Reduction Act. (NRS 357.040, 357.070,
24 357.080, 357.110, 357.170)

25 **Sections 29-34** of this bill amend existing law to comply with the requirements
26 of section 6035 of the Federal Deficit Reduction Act concerning certain providers
27 of health insurance. **Sections 29-34** require providers of health insurance to provide
28 certain information concerning a person who is eligible for assistance under
29 Medicaid to the State upon request. **Sections 29-34** also require providers of health
30 insurance to respond to inquiries by the State concerning a claim for payment for
31 medical assistance not later than 3 years after the date of provision of the medical
32 services. **Sections 29-34** require providers of health insurance to agree not to deny
33 a claim submitted by the State solely on the basis of the date of submission of the
34 claim or the form of documentation submitted if the State submits the claim not
35 later than 3 years after the date of the provision of medical assistance and the State
36 commences any action to enforce its rights with respect to the claim not later than 6
37 years after submission of the claim. (NRS 689A.430, 689B.300, 695A.151,
38 695B.340, 695C.163, 695F.440)

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

1 **Section 1.** Chapter 422 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 9, inclusive, of this
3 act.

4 **Sec. 2.** *In any case where the Department is subrogated to*
5 *the rights of the recipient or his successors in interest as provided*
6 *in NRS 422.293, the Department has a lien upon the proceeds of*
7 *any recovery from the persons liable, whether the proceeds of the*
8 *recovery are by way of judgment, settlement or otherwise. Such a*
9 *lien must be satisfied in full:*

10 *1. Before any portion of the proceeds of any recovery or*
11 *settlement is disbursed to the recipient, his successors in interest*
12 *or his attorney; and*

13 *2. Not later than 30 days after the proceeds of any recovery or*
14 *settlement are distributed to or on behalf of the recipient, his*
15 *successors in interest or his attorney,*

16 *except that the date on which such a lien must be satisfied in*
17 *full may be changed by consent of the Department and the*
18 *recipient, his successors in interest or his attorney. The*
19 *Department shall not refuse to provide consent without good*
20 *cause.*

21 **Sec. 3.** *1. A recipient who asserts an action or claim to*
22 *which the Department is subrogated pursuant to NRS 422.293, his*



* S B 5 2 9 R 1 *

1 *successor in interest, his guardian or his attorney shall provide*
2 *written notice to the Department:*

3 (a) *Upon the filing of a claim against a third party;*

4 (b) *Upon entering into the negotiation of a settlement with a*
5 *third party or the third party's insurer;*

6 (c) *Upon intervention in or consolidation of any action against*
7 *a third party; and*

8 (d) *At least 30 days before the entry of any judgment, award,*
9 *settlement or release of liability in any action or claim to which the*
10 *Department is subrogated pursuant to NRS 422.293.*

11 2. *The notice provided pursuant to subsection 1 must include,*
12 *without limitation:*

13 (a) *The name of the recipient;*

14 (b) *The social security number of the recipient;*

15 (c) *The date of birth of the recipient;*

16 (d) *The name of the attorney of the recipient, if applicable;*

17 (e) *The name of any person against whom the recipient is*
18 *making a claim, if known;*

19 (f) *The name of any insurer of any person against whom the*
20 *recipient is making a claim, if known;*

21 (g) *The date of the incident giving rise to the claim; and*

22 (h) *A short statement identifying the nature of the recipient's*
23 *claim or the terms of any settlement, judgment or award.*

24 3. *Any statute of limitations applicable to any claim or action*
25 *by the Department is tolled until such time as the Department*
26 *receives the notice required by this section.*

27 **Sec. 4.** *Upon receiving the notice required pursuant to*
28 *section 3 of this act, the Department shall provide written notice to*
29 *the recipient, his successors in interest or his attorney and to the*
30 *third party. The written notice must include, without limitation,*
31 *the name of the recipient and the amount of the Department's*
32 *lien. No lien created pursuant to section 2 of this act is*
33 *enforceable unless written notice is first given to the person*
34 *against whom the lien is asserted.*

35 **Sec. 5.** 1. *The Department may bring an action in any*
36 *district court in this State to enforce its rights under NRS 422.293*
37 *and sections 2 to 9, inclusive, of this act not less than 30 days after*
38 *providing written notice to a person who is liable to the*
39 *Department pursuant to section 9 of this act.*

40 2. *The Department shall enforce its rights under NRS*
41 *422.293 and sections 2 to 9, inclusive, of this act and may enter*
42 *into a contract for the recovery of any claim or right of indemnity*
43 *pursuant to NRS 422.293 and sections 2 to 9, inclusive, of this act.*
44 *In enforcing its rights under this section, the Department may:*



(a) Allow the recipient, in conjunction with his own claim, to proceed on behalf of the Department in prosecuting the Department's claim for the unreimbursed value or cost of the medical services provided;

(b) Intervene or join in any claim or action brought by a recipient;

(c) Prosecute a claim or action on behalf of the Department or the recipient, alone or in conjunction with the recipient; or

(d) Compromise, settle or release any claim against a third party.

Sec. 6. 1. If the Department receives notice pursuant to section 3 of this act, the Director or his designated representative may, in consideration of the legal services provided by an attorney to procure a recovery for the recipient, reduce the lien on the proceeds of any recovery.

2. The attorney of a recipient:

(a) Shall not condition the amount of attorney's fees or impose additional attorney's fees based on whether a reduction of the lien is authorized by the Director or his designated representative pursuant to subsection 1.

(b) Shall reduce the amount of the fees charged the recipient for services provided by the amount the attorney receives from the reduction of a lien authorized by the Director or his designated representative pursuant to subsection 1.

Sec. 7. 1. The Department's right to recover from any third party pursuant to NRS 422.293 and sections 2 to 9, inclusive, of this act is independent of any right of the recipient to recover. No release or satisfaction of any cause of action, suit, claim, counterclaim, demand, judgment, settlement, settlement agreement or compromise of any claim by the recipient is binding on the Department against a third party unless the Department joins in the release or satisfaction or executes a release of the lien. A release or satisfaction of any cause of action, suit, claim, counterclaim, demand, judgment, settlement, settlement agreement or compromise of any claim by the recipient without prior notification to and approval of the Department constitutes conclusive evidence of the liability of the third party in any claim by the Department against the third party. In prosecuting such a claim, the Department must establish only the amount and accuracy of its claim relating to the payment of medical services.

2. In any claim or action for the recovery of the costs of medical services paid to or on behalf of a recipient in which the Department is named to be a plaintiff, the Department may recover the full value of the Department's lien created pursuant to section 2 of this act.



* S B 5 2 9 R 1 *

1 **Sec. 8.** *An action or claim for personal injury brought by or*
2 *on behalf of a recipient, or on behalf of the estate of a recipient,*
3 *must include a claim for medical expenses incurred by the*
4 *Department. In any recovery in an action or claim for personal*
5 *injury brought by or on behalf of a recipient, or on behalf of the*
6 *estate of a recipient, not less than the first one-third portion of any*
7 *settlement, claim or judgment must be designated to be medical*
8 *expenses. The Department shall recover its claim from the portion*
9 *of the settlement, claim or judgment designated as medical*
10 *expenses. Except as otherwise provided in section 6 of this act, the*
11 *Department may recover the lesser of:*

- 12 1. *One-third of the entire settlement, claim or judgment; or*
- 13 2. *The full value of the Department's lien created pursuant to*
14 *section 2 of this act.*

15 **Sec. 9.** *Any person who fails to comply with the provisions of*
16 *NRS 422.293 and sections 2 to 9, inclusive, of this act is liable to*
17 *the Department for:*

- 18 1. *The total amount of the Department's lien created*
19 *pursuant to section 2 of this act;*
- 20 2. *A civil penalty equal to 10 percent of the amount of the*
21 *Department's lien; and*
- 22 3. *Any attorney's fees and litigation expenses incurred by the*
23 *Department in enforcing the Department's rights pursuant to NRS*
24 *422.293 and sections 2 to 9, inclusive, of this act.*

25 **Sec. 10.** NRS 422.293 is hereby amended to read as follows:
26 422.293 ~~4-1~~ When a recipient of Medicaid or a recipient of
27 insurance provided pursuant to the Children's Health Insurance
28 Program incurs an illness or injury for which medical services are
29 payable by the Department and which is incurred under
30 circumstances creating a legal liability in some person other than the
31 recipient or a division of the Department to pay all or part of the
32 costs of such services, the Department is subrogated to the right of
33 the recipient to the extent of all such costs . ~~and may join or~~
34 ~~intervene in any action by the recipient or his successors in interest~~
35 ~~to enforce such legal liability.~~

36 ~~2. If a recipient or his successors in interest fail or refuse to~~
37 ~~commence an action to enforce the legal liability, the Department~~
38 ~~may commence an independent action, after notice to the recipient~~
39 ~~or his successors in interest, to recover all costs to which it is~~
40 ~~entitled. In any such action by the Department, the recipient or his~~
41 ~~successors in interest may be joined as third party defendants.~~

42 ~~3. In any case where the Department is subrogated to the rights~~
43 ~~of the recipient or his successors in interest as provided in~~
44 ~~subsection 1, the Department has a lien upon the proceeds of any~~
45 ~~recovery from the persons liable, whether the proceeds of the~~



~~recovery are by way of judgment, settlement or otherwise. Such a lien must be satisfied in full, unless reduced pursuant to subsection 5, at such time as:-~~

~~—(a) The proceeds of any recovery or settlement are distributed to or on behalf of the recipient, his successors in interest or his attorney; and~~

~~—(b) A dismissal by any court of any action brought to enforce the legal liability established by subsection 1.~~

~~➔ No such lien is enforceable unless written notice is first given to the person against whom the lien is asserted.~~

~~4. The recipient or his successors in interest shall notify the Department in writing before entering any settlement agreement or commencing any action to enforce the legal liability referred to in subsection 1. Except if extraordinary circumstances exist, a person who fails to comply with the provisions of this subsection shall be deemed to have waived any consideration by the Director or his designated representative of a reduction of the amount of the lien pursuant to subsection 5 and shall pay to the Department all costs to which it is entitled and its court costs and attorney's fees.~~

~~5. If the Department receives notice pursuant to subsection 4, the Director or his designated representative may, in consideration of the legal services provided by an attorney to procure a recovery for the recipient, reduce the lien on the proceeds of any recovery.~~

~~6. The attorney of a recipient:~~

~~(a) Shall not condition the amount of attorney's fees or impose additional attorney's fees based on whether a reduction of the lien is authorized by the Director or his designated representative pursuant to subsection 5.~~

~~(b) Shall reduce the amount of the fees charged the recipient for services provided by the amount the attorney receives from the reduction of a lien authorized by the Director or his designated representative pursuant to subsection 5.]~~

Sec. 11. NRS 422.29306 is hereby amended to read as follows:

422.29306 1. The Department may, to the extent not prohibited by federal law, petition for the imposition of a lien pursuant to the provisions of NRS 108.850 against real or personal property of a recipient of Medicaid as follows:

(a) The Department may obtain a lien against a recipient's property, both real or personal, before or after his death in the amount of assistance paid or to be paid on his behalf if the court determines that assistance was incorrectly paid for the recipient.

(b) The Department may seek a lien against the real property of a recipient at any age before his death in the amount of assistance paid or to be paid for him if he is an inpatient in a nursing facility,



1 intermediate care facility for the mentally retarded or other medical
2 institution and the Department determines, after notice and
3 opportunity for a hearing in accordance with applicable regulations,
4 that the recipient cannot reasonably be expected to be discharged
5 and return home.

6 2. No lien may be placed on a recipient's home pursuant to
7 paragraph (b) of subsection 1 for assistance correctly paid if:

8 (a) His spouse;

9 (b) His child who is under 21 years of age, blind or disabled as
10 determined in accordance with 42 U.S.C. § 1382c; or

11 (c) His brother or sister who is an owner or part owner of the
12 home and who was residing in the home for at least 1 year
13 immediately before the date the recipient was admitted to the
14 medical institution,

15 ➔ is lawfully residing in the home.

16 3. Upon the death of a recipient, the Department may seek a
17 lien upon the recipient's undivided estate as defined in
18 NRS 422.054.

19 4. *The amount of the lien recovery must be based on the*
20 *value of the real or personal property at the time of sale of the*
21 *property.*

22 5. The Director shall release a lien pursuant to this section:

23 (a) Upon notice by the recipient or his representative to the
24 Director that the recipient has been discharged from the medical
25 institution and has returned home;

26 (b) If the lien was incorrectly determined; or

27 (c) Upon satisfaction of the claim of the Department.

28 **Sec. 12.** NRS 422.3775 is hereby amended to read as follows:

29 422.3775 1. Each nursing facility that is licensed in this State
30 shall pay a fee assessed by the Division to increase the quality of
31 nursing care in this State.

32 2. To determine the amount of the fee to assess pursuant to this
33 section, the Division shall establish a ~~uniform~~ rate per non-
34 Medicare patient day that is equivalent to ~~6 percent~~ *a percentage*
35 of the total annual accrual basis gross revenue for services provided
36 to patients of all nursing facilities licensed in this State. *The*
37 *percentage used to establish the rate must not exceed that allowed*
38 *by federal law.* For the purposes of this subsection, total annual
39 accrual basis gross revenue does not include charitable contributions
40 received by a nursing facility.

41 3. The Division shall calculate the fee owed by each nursing
42 facility by multiplying the total number of days of care provided to
43 non-Medicare patients by the nursing facility, as provided to the
44 Division pursuant to NRS 422.378, by the ~~uniform~~ rate established
45 pursuant to subsection 2.



1 4. A fee assessed pursuant to this section is due 30 days after
2 the end of the month for which the fee was assessed.

3 5. The payment of a fee to the Division pursuant to NRS
4 422.3755 to 422.379, inclusive, is an allowable cost for Medicaid
5 reimbursement purposes.

6 **Sec. 13.** NRS 422.379 is hereby amended to read as follows:

7 422.379 1. The Division shall establish administrative
8 penalties for the late payment by a nursing facility of a fee assessed
9 pursuant to NRS 422.3755 to 422.379, inclusive.

10 2. *The Division may recoup any payments made to nursing*
11 *facilities providing services pursuant to the Medicaid program up*
12 *to the amount of the fees owed as determined pursuant to NRS*
13 *422.3775 and any administrative penalties owed pursuant to*
14 *subsection 1 if a nursing facility fails to remit the fees and*
15 *administrative penalties owed within 30 days after the date they*
16 *are due. Before recoupment of payments pursuant to this*
17 *subsection, the Division may allow a nursing facility that fails to*
18 *remit fees and administrative penalties owed an opportunity to*
19 *negotiate a repayment plan with the Division. The terms of the*
20 *repayment plan may be established at the discretion of the*
21 *Division.*

22 **Sec. 14.** NRS 425.360 is hereby amended to read as follows:

23 425.360 1. Any payment of public assistance pursuant to this
24 chapter creates a debt for support to the Division by the responsible
25 parent, whether or not the parent received prior notice that his child
26 was receiving public assistance.

27 2. The Division is entitled to the amount to which a dependent
28 child or a person having the care, custody and control of a
29 dependent child would have been entitled for support, to the extent
30 of the assignment of those rights to support pursuant to NRS
31 425.350, and may prosecute or maintain any action for support or
32 execute any administrative remedy existing under the laws of this
33 State to obtain reimbursement of money expended for public
34 assistance from any liable third party, including an insurer, group
35 health plan as defined in section 607(1) of the Employee Retirement
36 Income Security Act of 1974 , ~~§~~ 29 U.S.C.A. § 1167(1) , ~~§~~
37 service benefit plan, *self-insured plan* or health maintenance
38 organization. If a court enters judgment for an amount of support to
39 be paid by a responsible parent, the Division is entitled to the
40 amount of the debt created by that judgment to the extent of
41 the assignment of rights to support pursuant to NRS 425.350, and
42 the judgment awarded shall be deemed to be in favor of the Division
43 to that extent. This entitlement applies to, but is not limited to, a
44 temporary order for spousal support, a family maintenance order or
45 an alimony order, whether or not allocated to the benefit of the child



1 on the basis of providing necessities for the caretaker of the child,
2 up to the amount paid by the Division in public assistance to or for
3 the benefit of a dependent child. The Division may petition the
4 appropriate court for modification of its order on the same grounds
5 as a party to the action.

6 3. If there is no court order for support, or if the order provides
7 that no support is due but the facts on which the order was based
8 have changed, the amount due is the amount computed pursuant to
9 NRS 125B.070 and 125B.080, using the Nevada average wage,
10 determined by the Employment Security Division of the Department
11 of Employment, Training and Rehabilitation, if the gross income of
12 the responsible parent cannot be otherwise ascertained.

13 4. Debts for support may not be incurred by a parent or any
14 other person who is the recipient of public assistance for the benefit
15 of a dependent child for the period when the parent or other person
16 is a recipient.

17 *5. If a state agency is assigned any rights of a dependent*
18 *child or a person having the care, custody and control of a*
19 *dependent child who is eligible for medical assistance under*
20 *Medicaid, the person having the care, custody and control of the*
21 *dependent child shall, upon request of the state agency, provide to*
22 *the state agency information regarding the dependent child or a*
23 *person having the care, custody and control of a dependent child*
24 *to determine:*

25 *(a) Any period during which the dependent child or a person*
26 *having the care, custody and control of a dependent child may be*
27 *or may have been covered by an insurer; and*

28 *(b) The nature of any coverage that is or was provided by the*
29 *insurer, including, without limitation, the name and address of the*
30 *insured dependent child or a person having the care, custody and*
31 *control of a dependent child and the identifying number of the*
32 *policy, evidence of coverage or contract.*

33 **Sec. 15.** NRS 108.850 is hereby amended to read as follows:

34 108.850 1. A petition to the district court for the imposition
35 of a lien as described and limited in NRS 422.29306 to recover
36 money owed to the Department of Health and Human Services as a
37 result of payment of benefits for Medicaid must set forth:

38 (a) The facts concerning the giving of assistance;

39 (b) The name and address of the person who is receiving or who
40 received the benefits for Medicaid;

41 (c) A description of the property, sufficient for identification ; ~~and its estimated value;~~

42
43 (d) The names, ages, residences and relationship of all persons
44 who are claiming an interest in the property or who are listed as



* S B 5 2 9 R 1 *

1 having any interest in the property, so far as known to the petitioner;
2 and

3 (e) An itemized list of the amount owed to the Department of
4 Health and Human Services as a result of payment of benefits for
5 Medicaid.

6 2. No defect of form or in the statement of facts actually
7 existing voids the petition for the lien.

8 **Sec. 16.** NRS 132.185 is hereby amended to read as follows:

9 132.185 "Interested person" includes , *without limitation*, an
10 heir, devisee, child, spouse, creditor, beneficiary and any other
11 person having a property right in or claim against a trust estate or
12 the estate of a decedent ~~§~~ , *including, without limitation, the*
13 *Director of the Department of Health and Human Services in any*
14 *case in which money is owed to the Department of Health and*
15 *Human Services as a result of the payment of benefits for*
16 *Medicaid.* The term includes a person having priority for
17 appointment as a personal representative and other fiduciaries
18 representing interested persons. The meaning as it relates to
19 particular persons must be determined according to the particular
20 purposes of, and matter involved in, a proceeding.

21 **Sec. 17.** NRS 159.113 is hereby amended to read as follows:

22 159.113 1. Before taking any of the following actions, the
23 guardian shall petition the court for an order authorizing the
24 guardian to:

25 (a) Invest the property of the ward.

26 (b) Continue the business of the ward.

27 (c) Borrow money for the ward.

28 (d) Except as otherwise provided in NRS 159.079, enter into
29 contracts for the ward or complete the performance of contracts of
30 the ward.

31 (e) Make gifts from the ward's estate or make expenditures for
32 the ward's relatives.

33 (f) Sell, lease, place into any type of trust or surrender any
34 property of the ward.

35 (g) Exchange or partition the ward's property.

36 (h) Obtain advice, instructions and approval of any other
37 proposed act of the guardian relating to the ward's property.

38 (i) Release the power of the ward as trustee, personal
39 representative, custodian for a minor or guardian.

40 (j) Exercise or release the power of the ward as a donee of a
41 power of appointment.

42 (k) Change the state of residence or domicile of the ward.

43 (l) Exercise the right of the ward to take under or against a will.

44 (m) Transfer to a trust created by the ward any property
45 unintentionally omitted from the trust.



- 1 (n) Submit a revocable trust to the jurisdiction of the court if:
2 (1) The ward or the spouse of the ward, or both, are the
3 grantors and sole beneficiaries of the income of the trust; or
4 (2) The trust was created by the court.
5 (o) *Pay any claim by the Department of Health and Human*
6 *Services to recover benefits for Medicaid correctly paid to or on*
7 *behalf of the ward.*
8 (p) Take any other action which the guardian deems would be in
9 the best interests of the ward.
10 2. The petition must be signed by the guardian and contain:
11 (a) The name, age, residence and address of the ward.
12 (b) A concise statement as to the condition of the ward's estate.
13 (c) A concise statement as to the advantage to the ward of or the
14 necessity for the proposed action.
15 (d) The terms and conditions of any proposed sale, lease,
16 partition, trust, exchange or investment, and a specific description of
17 any property involved.
18 3. Any of the matters set forth in subsection 1 may be
19 consolidated in one petition, and the court may enter one order
20 authorizing or directing the guardian to do one or more of those acts.
21 4. A petition filed pursuant to paragraphs (b) and (d) of
22 subsection 1 may be consolidated in and filed with the petition for
23 the appointment of the guardian, and if the guardian is appointed,
24 the court may enter additional orders authorizing the guardian to
25 continue the business of the ward, enter contracts for the ward, or to
26 complete contracts of the ward.
27 **Sec. 18.** NRS 159.115 is hereby amended to read as follows:
28 159.115 1. Upon the filing of any petition under NRS
29 159.078 or 159.113, or any account, notice must be given:
30 (a) At least 10 days before the date set for the hearing, by
31 mailing a copy of the notice by regular mail to the residence, office
32 or post office address of each person required to be notified pursuant
33 to subsection 3;
34 (b) At least 10 days before the date set for the hearing, by
35 personal service;
36 (c) If the address or identity of the person is not known and
37 cannot be ascertained with reasonable diligence, by publishing a
38 copy of the notice in a newspaper of general circulation in the
39 county where the hearing is to be held, the last publication of which
40 must be published at least 10 days before the date set for the
41 hearing; or
42 (d) In any other manner ordered by the court, for good cause
43 shown.
44 2. The notice must:
45 (a) Give the name of the ward.



* S B 5 2 9 R 1 *

- 1 (b) Give the name of the petitioner.
- 2 (c) Give the date, time and place of the hearing.
- 3 (d) State the nature of the petition.
- 4 (e) Refer to the petition for further particulars, and notify all
- 5 persons interested to appear at the time and place mentioned in the
- 6 notice and show cause why the court order should not be made.

7 3. At least 10 days before the date set for the hearing, the
8 petitioner shall cause a copy of the notice to be mailed to the
9 following:

10 (a) Any minor ward who is 14 years of age or older or the parent
11 or legal guardian of any minor ward who is less than 14 years of
12 age.

13 (b) The spouse of the ward and other heirs of the ward who are
14 related within the second degree of consanguinity so far as known to
15 the petitioner.

16 (c) The guardian of the person of the ward, if the guardian is not
17 the petitioner.

18 (d) Any person or care provider having the care, custody or
19 control of the ward.

20 (e) Any office of the Department of Veterans Affairs in this
21 State if the ward is receiving any payments or benefits through the
22 Department of Veterans Affairs.

23 (f) *The Director of the Department of Health and Human*
24 *Services if the ward has received or is receiving any benefits from*
25 *Medicaid.*

26 (g) Any other interested person or his attorney who has filed a
27 request for notice in the guardianship proceeding and served a copy
28 of the request upon the guardian. The request for notice must state
29 the interest of the person filing the request, and his name and
30 address, or that of his attorney. If the notice so requests, copies of all
31 petitions and accounts must be mailed to the interested person or his
32 attorney.

33 4. An interested person who is entitled to notice pursuant to
34 subsection 3 may, in writing, waive notice of the hearing of a
35 petition.

36 5. Proof of giving notice must be:

37 (a) Made on or before the date set for the hearing; and

38 (b) Filed in the guardianship proceeding.

39 **Sec. 19.** NRS 239A.070 is hereby amended to read as follows:

40 239A.070 This chapter does not apply to any subpoena issued
41 pursuant to title 14 or chapters 616A to 617, inclusive, of NRS or
42 prohibit:

43 1. Dissemination of any financial information which is not
44 identified with or identifiable as being derived from the financial
45 records of a particular customer.



* S B 5 2 9 R 1 *

2. The Attorney General, district attorney, Department of Taxation, *Director of the Department of Health and Human Services*, public administrator, sheriff or a police department from requesting of a financial institution, and the institution from responding to the request, as to whether a person has an account or accounts with that financial institution and, if so, any identifying numbers of the account or accounts.

3. A financial institution, in its discretion, from initiating contact with and thereafter communicating with and disclosing the financial records of a customer to appropriate governmental agencies concerning a suspected violation of any law.

4. Disclosure of the financial records of a customer incidental to a transaction in the normal course of business of the financial institution if the director, officer, employee or agent of the financial institution who makes or authorizes the disclosure has no reasonable cause to believe that such records will be used by a governmental agency in connection with an investigation of the customer.

5. A financial institution from notifying a customer of the receipt of a subpoena or a search warrant to obtain his financial records, except when ordered by a court to withhold such notification.

6. The examination by or disclosure to any governmental regulatory agency of financial records which relate solely to the exercise of its regulatory function if the agency is specifically authorized by law to examine, audit or require reports of financial records of financial institutions.

7. The disclosure to any governmental agency of any financial information or records whose disclosure to that particular agency is required by the tax laws of this State.

8. The disclosure of any information pursuant to NRS 425.393, 425.400 or 425.460.

9. A governmental agency from obtaining a credit report or consumer credit report from anyone other than a financial institution.

Sec. 20. NRS 239A.075 is hereby amended to read as follows:

239A.075 Upon presentation of a death certificate, affidavit of death or other proof of death, a financial institution shall provide *the Director of the Department of Health and Human Services* or a public administrator with a statement which sets forth the identifying number and account balance of any accounts on which only the name of the deceased person appears. A financial institution may charge a reasonable fee, not to exceed \$2, to provide a public administrator with a statement pursuant to the provisions of this section.



Sec. 21. NRS 357.040 is hereby amended to read as follows:

357.040 1. Except as otherwise provided in NRS 357.050, a person who, with or without specific intent to defraud, does any of the following listed acts is liable to the State or a political subdivision, whichever is affected, for three times the amount of damages sustained by the State or political subdivision because of the act of that person, for the costs of a civil action brought to recover those damages and for a civil penalty of not less than ~~[\$2,000]~~ **\$5,000** or more than \$10,000 for each act:

(a) Knowingly presents or causes to be presented a false claim for payment or approval.

(b) Knowingly makes or uses, or causes to be made or used, a false record or statement to obtain payment or approval of a false claim.

(c) Conspires to defraud by obtaining allowance or payment of a false claim.

(d) Has possession, custody or control of public property or money and knowingly delivers or causes to be delivered to the State or a political subdivision less money or property than the amount for which he receives a receipt.

(e) Is authorized to prepare or deliver a receipt for money or property to be used by the State or a political subdivision and knowingly prepares or delivers a receipt that falsely represents the money or property.

(f) Knowingly buys, or receives as security for an obligation, public property from a person who is not authorized to sell or pledge the property.

(g) Knowingly makes or uses, or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the State or a political subdivision.

(h) Is a beneficiary of an inadvertent submission of a false claim and, after discovering the falsity of the claim, fails to disclose the falsity to the State or political subdivision within a reasonable time.

2. As used in this section, a person acts "knowingly" with respect to information if he:

(a) Has knowledge of the information;

(b) Acts in deliberate ignorance of whether the information is true or false; or

(c) Acts in reckless disregard of the truth or falsity of the information.

Sec. 22. NRS 357.070 is hereby amended to read as follows:

357.070 The Attorney General ~~may~~ **shall** investigate any alleged liability pursuant to this chapter and may bring a civil action pursuant to this chapter against the person liable.



* S B 5 2 9 R 1 *

1 **Sec. 23.** NRS 357.080 is hereby amended to read as follows:

2 357.080 1. Except as otherwise provided in this section and
3 NRS 357.090 and 357.100, a private plaintiff may maintain an
4 action pursuant to this chapter on his own account and that of the
5 State if money, property or services provided by the State are
6 involved, or on his own account and that of a political subdivision if
7 money, property or services provided by the political subdivision
8 are involved, or on his own account and that of both the State and a
9 political subdivision if both are involved. After such an action is
10 commenced, it may be dismissed only with leave of the court, taking
11 into account the public purposes of this chapter and the best interests
12 of the parties.

13 2. If a private plaintiff brings an action pursuant to this chapter,
14 no other person may bring another action pursuant to this chapter
15 based on the same facts.

16 3. An action may not be maintained by a private plaintiff
17 pursuant to this chapter:

18 (a) Against a member of the Legislature or the Judiciary, an
19 elected officer of the Executive Department of the State
20 Government, or a member of the governing body of a political
21 subdivision, if the action is based upon evidence or information
22 known to the State or political subdivision at the time the action was
23 brought.

24 (b) If the action is based upon allegations or transactions that are
25 the subject of a civil action or an administrative proceeding for a
26 monetary penalty to which the State or political subdivision is
27 already a party.

28 4. A complaint filed pursuant to this section must be placed
29 under seal and so remain *for at least 60 days or* until the Attorney
30 General has elected whether to intervene. No service may be made
31 upon the defendant until the complaint is unsealed.

32 5. On the date the private plaintiff files his complaint, he shall
33 send a copy of the complaint to the Attorney General by mail with
34 return receipt requested. He shall send with each copy of the
35 complaint a written disclosure of substantially all material evidence
36 and information he possesses.

37 6. *An action pursuant to this chapter may be brought in any*
38 *judicial district in this State in which the defendant can be found,*
39 *resides, transacts business or in which any of the alleged*
40 *fraudulent activities occurred.*

41 **Sec. 24.** NRS 357.110 is hereby amended to read as follows:

42 357.110 1. Within ~~[120]~~ 60 days after receiving a complaint
43 and disclosure, the Attorney General may intervene and proceed
44 with the action or he may, for good cause shown, move the court to



1 extend the time for his election whether to proceed. The motion may
2 be supported by affidavits or other submissions in chambers.

3 2. If the Attorney General elects to intervene, the complaint
4 must be unsealed. If the Attorney General elects not to intervene, the
5 private plaintiff may proceed and the complaint must be unsealed.

6 **Sec. 25.** NRS 357.170 is hereby amended to read as follows:

7 357.170 1. An action pursuant to this chapter may not be
8 commenced more than 3 years after the date ~~of discovery of the~~
9 ~~fraudulent activity by~~ *on which* the Attorney General *discovers, or*
10 *reasonably should have discovered, the fraudulent activity* or more
11 than ~~[5]~~ 6 years after the fraudulent activity occurred, ~~[whichever is~~
12 ~~earlier.]~~ *but in no event more than 10 years after the fraudulent*
13 *activity occurred.* Within those limits, an action may be based upon
14 fraudulent activity that occurred before ~~[October 1, 1999.]~~ *July 1,*
15 *2007.*

16 2. In an action pursuant to this chapter, the standard of proof is
17 a preponderance of the evidence. A finding of guilt in a criminal
18 proceeding charging false statement or fraud, whether upon a
19 verdict of guilty or a plea of guilty or nolo contendere, estops the
20 person found guilty from denying an essential element of that
21 offense in an action pursuant to this chapter based upon the same
22 transaction as the criminal proceeding.

23 **Sec. 26.** NRS 361.585 is hereby amended to read as follows:

24 361.585 1. When the time allowed by law for the redemption
25 of a property described in a certificate has expired, and no
26 redemption has been made, the tax receiver who issued the
27 certificate, or his successor in office, shall execute and deliver to the
28 county treasurer a deed of the property in trust for the use and
29 benefit of the State and county and any officers having fees due
30 them.

31 2. The county treasurer and his successors in office, upon
32 obtaining a deed of any property in trust under the provisions of this
33 chapter, shall hold that property in trust until it is sold or otherwise
34 disposed of pursuant to the provisions of this chapter.

35 3. Notwithstanding the provisions of NRS 361.595 or 361.603,
36 at any time during the 90-day period specified in NRS 361.603, or
37 before the public notice of sale by a county treasurer, pursuant to
38 NRS 361.595, of any property held in trust by him by virtue of any
39 deed made pursuant to the provisions of this chapter, any person
40 specified in subsection 4 is entitled to have the property reconveyed
41 upon payment to the county treasurer of an amount equal to the
42 taxes accrued, together with any costs, penalties and interest legally
43 chargeable against the property. A reconveyance may not be made
44 after expiration of the 90-day period specified in NRS 361.603 or



1 after commencement of posting or publication of public notice
2 pursuant to NRS 361.595.

3 4. Property may be reconveyed pursuant to subsection 3 to one
4 or more of the persons specified in the following categories, or to
5 one or more persons within a particular category, as their interests
6 may appear of record:

7 (a) The owner.

8 (b) The beneficiary under a deed of trust.

9 (c) The mortgagee under a mortgage.

10 (d) The person to whom the property was assessed.

11 (e) The person holding a contract to purchase the property
12 before its conveyance to the county treasurer.

13 (f) *The Director of the Department of Health and Human*
14 *Services if the owner has received or is receiving any benefits from*
15 *Medicaid.*

16 (g) The successor in interest of any person specified in this
17 subsection.

18 5. Any agreement to locate, deliver, recover or assist in the
19 recovery of any property held in trust by a county treasurer by virtue
20 of any deed made pursuant to the provisions of this chapter:

21 (a) Must:

22 (1) Be in writing.

23 (2) Be signed by one or more of the persons identified in
24 subsection 4.

25 (3) Include a description of the property.

26 (4) Include the value of the property.

27 (b) Must not impose a fee that is more than 10 percent of the
28 total value of the property.

29 6. The provisions of this section apply to land held in trust by a
30 county treasurer on or after April 17, 1971.

31 **Sec. 27.** NRS 439B.360 is hereby amended to read as follows:

32 439B.360 1. The Director shall evaluate the effectiveness of
33 the program established pursuant to NRS 439B.350 annually. The
34 evaluation must include, without limitation ~~[-~~

35 ~~—(a) Determining the total number of children under the age of 13~~
36 ~~years who reside in this State and the number of such children who~~
37 ~~have received health care services through a federal, state or local~~
38 ~~governmental program during the previous year; and~~

39 ~~—(b) Measuring~~ *, measuring* the effectiveness of the content,
40 form and method of dissemination of information through the
41 program.

42 2. The Director shall make any necessary recommendations to
43 improve the program based upon his evaluation.

44 3. On or before December 31 of each year, the Director shall
45 provide a written report to the Interim Finance Committee



1 concerning the results of the evaluation and any recommendations
2 made to improve the program.

3 **Sec. 28.** NRS 449.188 is hereby amended to read as follows:

4 449.188 1. In addition to the grounds listed in NRS 449.160,
5 the Health Division may deny a license to operate a facility for
6 intermediate care, facility for skilled nursing or residential facility
7 for groups to an applicant or may suspend or revoke the license of a
8 licensee to operate such a facility if:

9 (a) The applicant or licensee has been convicted of:

10 (1) Murder, voluntary manslaughter or mayhem;

11 (2) Assault with intent to kill or to commit sexual assault or
12 mayhem;

13 (3) Sexual assault, statutory sexual seduction, incest,
14 lewdness, indecent exposure or any other sexually related crime;

15 (4) Abuse or neglect of a child or contributory delinquency;

16 (5) A violation of any federal or state law regulating the
17 possession, distribution or use of any controlled substance or any
18 dangerous drug as defined in chapter 454 of NRS, within the past 7
19 years;

20 (6) A violation of any provision of NRS 200.50955 or
21 200.5099;

22 (7) *A violation of any provision of NRS 422.450 to 422.590,*
23 *inclusive;*

24 (8) Any offense involving fraud, theft, embezzlement,
25 burglary, robbery, fraudulent conversion or misappropriation of
26 property, within the immediately preceding 7 years; or

27 ~~[(8)]~~ (9) Any other felony involving the use of a firearm or
28 other deadly weapon, within the immediately preceding 7 years; or

29 (b) The licensee has continued to employ a person who has been
30 convicted of a crime listed in paragraph (a).

31 2. In addition to the grounds listed in NRS 449.160, the Health
32 Division may deny a license to operate an agency to provide
33 personal care services in the home or an agency to provide nursing
34 in the home to an applicant or may suspend or revoke the license of
35 a licensee to operate such an agency if the licensee has continued to
36 employ a person who has been convicted of a crime listed in
37 paragraph (a) of subsection 1.

38 **Sec. 29.** NRS 689A.430 is hereby amended to read as follows:

39 689A.430 1. An insurer shall not, when considering
40 eligibility for coverage or making payments under a policy of health
41 insurance, consider the availability of, or eligibility of a person for,
42 medical assistance under Medicaid.

43 2. To the extent that payment has been made by Medicaid for
44 health care, an insurer, *self-insured plan*, group health plan as
45 defined in section 607(1) of the Employee Retirement Income



* S B 5 2 9 R 1 *

1 Security Act of 1974 , ~~§~~ 29 U.S.C.A. § 1167(1) , ~~§~~ service
2 benefit plan ~~[, health maintenance organization]~~ or other
3 organization that has issued a policy of health insurance:

4 (a) Shall treat Medicaid as having a valid and enforceable
5 assignment of an insured's benefits regardless of any exclusion of
6 Medicaid or the absence of a written assignment; and

7 (b) May, as otherwise allowed by the policy, evidence of
8 coverage or contract and applicable law or regulation concerning
9 subrogation, seek to enforce any right of a recipient of Medicaid to
10 reimbursement against any other liable party if:

11 (1) It is so authorized pursuant to a contract with Medicaid
12 for managed care; or

13 (2) It has reimbursed Medicaid in full for the health care
14 provided by Medicaid to its insured.

15 3. If a state agency is assigned any rights of a person who is:

16 (a) Eligible for medical assistance under Medicaid; and

17 (b) Covered by a policy of health insurance,

18 ➡ the insurer that issued the policy shall not impose any
19 requirements upon the state agency except requirements it imposes
20 upon the agents or assignees of other persons covered by the policy.

21 4. *If a state agency is assigned any rights of an insured who*
22 *is eligible for medical assistance under Medicaid, an insurer shall:*

23 (a) *Upon request of the state agency, provide to the state*
24 *agency information regarding the insured to determine:*

25 (1) *Any period during which the insured, his spouse or*
26 *dependent may be or may have been covered by the insurer; and*

27 (2) *The nature of the coverage that is or was provided by*
28 *the insurer, including, without limitation, the name and address of*
29 *the insured and the identifying number of the policy, evidence of*
30 *coverage or contract;*

31 (b) *Respond to any inquiry by the state agency regarding a*
32 *claim for payment for the provision of any medical item or service*
33 *not later than 3 years after the date of the provision of the medical*
34 *item or service; and*

35 (c) *Agree not to deny a claim submitted by the state agency*
36 *solely on the basis of the date of submission of the claim, the type*
37 *or format of the claim form or failure to present proper*
38 *documentation at the point of sale that is the basis for the claim if:*

39 (1) *The claim is submitted by the state agency not later than*
40 *3 years after the date of the provision of the medical item or*
41 *service; and*

42 (2) *Any action by the state agency to enforce its rights with*
43 *respect to such claim is commenced not later than 6 years after the*
44 *submission of the claim.*



Sec. 30. NRS 689B.300 is hereby amended to read as follows:

689B.300 1. An insurer shall not, when considering eligibility for coverage or making payments under a group health policy, consider the availability of, or eligibility of a person for, medical assistance under Medicaid.

2. To the extent that payment has been made by Medicaid for health care, an insurer, *self-insured plan*, group health plan as defined in section 607(1) of the Employee Retirement Income Security Act of 1974 , ~~§~~ 29 U.S.C.A. § 1167(1) , ~~[, health maintenance organization]~~ or other organization that has issued a group health policy:

(a) Shall treat Medicaid as having a valid and enforceable assignment of an insured's benefits regardless of any exclusion of Medicaid or the absence of a written assignment; and

(b) May, as otherwise allowed by the policy, evidence of coverage or contract and applicable law or regulation concerning subrogation, seek to enforce any rights of a recipient of Medicaid to reimbursement against any other liable party if:

(1) It is so authorized pursuant to a contract with Medicaid for managed care; or

(2) It has reimbursed Medicaid in full for the health care provided by Medicaid to its insured.

3. If a state agency is assigned any rights of a person who is:

(a) Eligible for medical assistance under Medicaid; and

(b) Covered by a group health policy,

↳ the insurer that issued the policy shall not impose any requirements upon the state agency except requirements it imposes upon the agents or assignees of other persons covered by the policy.

4. If a state agency is assigned any rights of an insured who is eligible for medical assistance under Medicaid, an insurer shall:

(a) Upon request of the state agency, provide to the state agency information regarding the insured to determine:

(1) Any period during which the insured, his spouse or dependent may be or may have been covered by the insurer; and

(2) The nature of the coverage that is or was provided by the insurer, including, without limitation, the name and address of the insured and the identifying number of the policy;

(b) Respond to any inquiry by the state agency regarding a claim for payment for the provision of any medical item or service not later than 3 years after the date of the provision of the medical item or service; and

(c) Agree not to deny a claim submitted by the state agency solely on the basis of the date of submission of the claim, the type or format of the claim form or failure to present proper documentation at the point of sale that is the basis for the claim if:



* S B 5 2 9 R 1 *

(1) The claim is submitted by the state agency not later than 3 years after the date of the provision of the medical item or service; and

(2) Any action by the state agency to enforce its rights with respect to such claim is commenced not later than 6 years after the submission of the claim.

Sec. 31. NRS 695A.151 is hereby amended to read as follows:

695A.151 1. A society shall not, when considering eligibility for coverage or making payments under a certificate for health benefits, consider the availability of, or eligibility of a person for, medical assistance under Medicaid.

2. To the extent that payment has been made by Medicaid for health care, a society:

(a) Shall treat Medicaid as having a valid and enforceable assignment of an insured's benefits regardless of any exclusion of Medicaid or the absence of a written assignment; and

(b) May, as otherwise allowed by its certificate for health benefits, evidence of coverage or contract and applicable law or regulation concerning subrogation, seek to enforce any reimbursement rights of a recipient of Medicaid against any other liable party if:

(1) It is so authorized pursuant to a contract with Medicaid for managed care; or

(2) It has reimbursed Medicaid in full for the health care provided by Medicaid to its insured.

3. If a state agency is assigned any rights of a person who is:

(a) Eligible for medical assistance under Medicaid; and

(b) Covered by a certificate for health benefits,

➔ the society that issued the health policy shall not impose any requirements upon the state agency except requirements it imposes upon the agents or assignees of other persons covered by the certificate.

4. If a state agency is assigned any rights of an insured who is eligible for medical assistance under Medicaid, a society that issues a certificate for health benefits, evidence of coverage or contract shall:

(a) Upon request of the state agency, provide to the state agency information regarding the insured to determine:

(1) Any period during which the insured, his spouse or dependent may be or may have been covered by the society; and

(2) The nature of the coverage that is or was provided by the society, including, without limitation, the name and address of the insured and the identifying number of the certificate for health benefits, evidence of coverage or contract;



(b) Respond to any inquiry by the state agency regarding a claim for payment for the provision of any medical item or service not later than 3 years after the date of the provision of the medical item or service; and

(c) Agree not to deny a claim submitted by the state agency solely on the basis of the date of submission of the claim, the type or format of the claim form or failure to present proper documentation at the point of sale that is the basis for the claim if:

(1) The claim is submitted by the state agency not later than 3 years after the date of the provision of the medical item or service; and

(2) Any action by the state agency to enforce its rights with respect to such claim is commenced not later than 6 years after the submission of the claim.

Sec. 32. NRS 695B.340 is hereby amended to read as follows:

695B.340 1. A corporation shall not, when considering eligibility for coverage or making payments under a contract, consider the availability of, or any eligibility of a person for, medical assistance under Medicaid.

2. To the extent that payment has been made by Medicaid for health care, a corporation:

(a) Shall treat Medicaid as having a valid and enforceable assignment of benefits of a subscriber or policyholder or claimant under him regardless of any exclusion of Medicaid or the absence of a written assignment; and

(b) May, as otherwise allowed by the policy, evidence of coverage or contract and applicable law or regulation concerning subrogation, seek to enforce any rights of a recipient of Medicaid against any other liable party if:

(1) It is so authorized pursuant to a contract with Medicaid for managed care; or

(2) It has reimbursed Medicaid in full for the health care provided by Medicaid to its subscriber or policyholder.

3. If a state agency is assigned any rights of a person who is:

(a) Eligible for medical assistance under Medicaid; and

(b) Covered by a contract,

the corporation that issued the contract shall not impose any requirements upon the state agency except requirements it imposes upon the agents or assignees of other persons covered by the same contract.

4. If a state agency is assigned any rights of a subscriber or policyholder who is eligible for medical assistance under Medicaid, a corporation shall:



* S B 5 2 9 R 1 *

1 (a) *Upon request of the state agency, provide to the state*
2 *agency information regarding the subscriber or policyholder to*
3 *determine:*

4 (1) *Any period during which the subscriber or policyholder,*
5 *his spouse or dependent may be or may have been covered by a*
6 *contract; and*

7 (2) *The nature of the coverage that is or was provided by*
8 *the corporation, including, without limitation, the name and*
9 *address of the subscriber or policyholder and the identifying*
10 *number of the contract;*

11 (b) *Respond to any inquiry by the state agency regarding a*
12 *claim for payment for the provision of any medical item or service*
13 *not later than 3 years after the date of the provision of the medical*
14 *item or service; and*

15 (c) *Agree not to deny a claim submitted by the state agency*
16 *solely on the basis of the date of submission of the claim, the type*
17 *or format of the claim form or failure to present proper*
18 *documentation at the point of sale that is the basis for the claim if:*

19 (1) *The claim is submitted by the state agency not later than*
20 *3 years after the date of the provision of the medical item or*
21 *service; and*

22 (2) *Any action by the state agency to enforce its rights with*
23 *respect to such claim is commenced not later than 6 years after the*
24 *submission of the claim.*

25 **Sec. 33.** NRS 695C.163 is hereby amended to read as follows:

26 695C.163 1. A health maintenance organization shall not,
27 when considering eligibility for coverage or making payments under
28 a health care plan, consider the availability of, or eligibility of a
29 person for, medical assistance under Medicaid.

30 2. To the extent that payment has been made by Medicaid for
31 health care, a health maintenance organization:

32 (a) Shall treat Medicaid as having a valid and enforceable
33 assignment of benefits due an enrollee or claimant under him
34 regardless of any exclusion of Medicaid or the absence of a written
35 assignment; and

36 (b) May, as otherwise allowed by its plan, evidence of coverage
37 or contract and applicable law or regulation concerning subrogation,
38 seek to enforce any rights of a recipient of Medicaid to
39 reimbursement against any other liable party if:

40 (1) It is so authorized pursuant to a contract with Medicaid
41 for managed care; or

42 (2) It has reimbursed Medicaid in full for the health care
43 provided by Medicaid to its enrollee.

44 3. If a state agency is assigned any rights of a person who is:

45 (a) Eligible for medical assistance under Medicaid; and



* S B 5 2 9 R 1 *

(b) Covered by a health care plan,
→ the organization responsible for the health care plan shall not impose any requirements upon the state agency except requirements it imposes upon the agents or assignees of other persons covered by the same plan.

4. If a state agency is assigned any rights of an enrollee who is eligible for medical assistance under Medicaid, a health maintenance organization shall:

(a) Upon request of the state agency, provide to the state agency information regarding the enrollee to determine:

(1) Any period during which the enrollee, his spouse or dependent may be or may have been covered by the health care plan; and

(2) The nature of the coverage that is or was provided by the organization, including, without limitation, the name and address of the enrollee and the identifying number of the health care plan;

(b) Respond to any inquiry by the state agency regarding a claim for payment for the provision of any medical item or service not later than 3 years after the date of the provision of the medical item or service; and

(c) Agree not to deny a claim submitted by the state agency solely on the basis of the date of submission of the claim, the type or format of the claim form or failure to present proper documentation at the point of sale that is the basis for the claim if:

(1) The claim is submitted by the state agency not later than 3 years after the date of the provision of the medical item or service; and

(2) Any action by the state agency to enforce its rights with respect to such claim is commenced not later than 6 years after the submission of the claim.

Sec. 34. NRS 695F.440 is hereby amended to read as follows:

695F.440 1. An organization shall not, when considering eligibility for coverage or making payments under any evidence of coverage, consider the availability of, or eligibility of a person for, medical assistance under Medicaid.

2. To the extent that payment has been made by Medicaid for health care, a prepaid limited health service organization:

(a) Shall treat Medicaid as having a valid and enforceable assignment of benefits due a subscriber or claimant under him regardless of any exclusion of Medicaid or the absence of a written assignment; and

(b) May, as otherwise allowed by its evidence of coverage or contract and applicable law or regulation concerning subrogation,



1 seek to enforce any rights of a recipient of Medicaid against any
2 other liable party if:

3 (1) It is so authorized pursuant to a contract with Medicaid
4 for managed care; or

5 (2) It has reimbursed Medicaid in full for the health care
6 provided by Medicaid to its subscriber.

7 3. If a state agency is assigned any rights of a person who is:

8 (a) Eligible for medical assistance under Medicaid; and

9 (b) Covered by any evidence of coverage,

10 ➔ the prepaid limited health service organization that issued the
11 evidence of coverage shall not impose any requirements upon the
12 state agency except requirements it imposes upon the agents or
13 assignees of other persons covered by any evidence of coverage.

14 *4. If a state agency is assigned any rights of a subscriber who*
15 *is eligible for medical assistance under Medicaid, a prepaid limited*
16 *health service organization shall:*

17 *(a) Upon request of the state agency, provide to the state*
18 *agency information regarding the subscriber to determine:*

19 *(1) Any period during which the subscriber, his spouse or*
20 *dependent may be or may have been covered by the organization;*
21 *and*

22 *(2) The nature of the coverage that is or was provided by*
23 *the organization, including, without limitation, the name and*
24 *address of the subscriber and the identifying number of the*
25 *evidence of coverage;*

26 *(b) Respond to any inquiry by the state agency regarding a*
27 *claim for payment for the provision of any medical item or service*
28 *not later than 3 years after the date of the provision of the medical*
29 *item or service; and*

30 *(c) Agree not to deny a claim submitted by the state agency*
31 *solely on the basis of the date of submission of the claim, the type*
32 *or format of the claim form or failure to present proper*
33 *documentation at the point of sale that is the basis for the claim if:*

34 *(1) The claim is submitted by the state agency not later than*
35 *3 years after the date of the provision of the medical item or*
36 *service; and*

37 *(2) Any action by the state agency to enforce its rights with*
38 *respect to such claim is commenced not later than 6 years after the*
39 *submission of the claim.*

40 **Sec. 35.** This act becomes effective on July 1, 2007.

