
ASSEMBLY BILL NO. 399—ASSEMBLYMEN GANSERT; GRADY,
HAMBRICK, HARDY, SETTELMEYER AND WOODBURY

MARCH 16, 2009

Referred to Committee on Commerce and Labor

SUMMARY—Requires certain entities to provide certain information concerning health care coverage to determine the eligibility of persons for Medicaid. (BDR 38-964)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

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

AN ACT relating to insurance; requiring certain entities to provide certain information relating to health care coverage to determine the eligibility of persons for Medicaid; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 This bill requires certain entities that provide or administer health care coverage
2 to provide on a monthly basis to the Division of Health Care Financing and Policy
3 of the Department of Health and Human Services or to its business associate
4 records which identify persons who receive such health care coverage to allow the
5 Division or its business associate to determine which persons are eligible to receive
6 Medicaid.

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

- 1 **Section 1.** (Deleted by amendment.)
2 **Sec. 2.** (Deleted by amendment.)
3 **Sec. 3.** (Deleted by amendment.)
4 **Sec. 4.** (Deleted by amendment.)
5 **Sec. 5.** (Deleted by amendment.)
6 **Sec. 6.** (Deleted by amendment.)



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1 **Sec. 7.** Chapter 422 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 *1. A third party shall provide on a monthly basis to the
4 Division or its business associate, if authorized by the Division,
5 records identifying all persons to whom health care coverage is
6 provided or administered by the third party to allow the Division or
7 its business associate to determine which persons are eligible to
8 receive Medicaid. The records must include, without limitation:*

9 *(a) With respect to the person with primary coverage:*

- 10 *(1) The person's first name, middle initial and last name;*
- 11 *(2) The person's date of birth;*
- 12 *(3) The person's gender;*
- 13 *(4) The person's social security number or policy number;*
- 14 *(5) The person's policy and group number;*
- 15 *(6) The name of the person's group or employer; and*
- 16 *(7) The beginning and ending dates of the person's
17 coverage;*

18 *(b) With respect to each dependent of the person with primary
19 coverage:*

- 20 *(1) The dependent's first name, middle initial and last
21 name;*
- 22 *(2) The dependent's date of birth;*
- 23 *(3) The dependent's gender; and*
- 24 *(4) The dependent's social security number;*

25 *(c) The types of coverage provided to each person with primary
26 coverage and each of his dependents; and*

27 *(d) Information regarding the pharmacy benefits of each
28 person with primary coverage and each of his dependents.*

29 *2. A third party shall provide, upon request of the Division or
30 its business associate, any additional information necessary to
31 confirm a person's eligibility to receive Medicaid. The Division
32 shall prescribe such additional information that its business
33 associate may request pursuant to this subsection.*

34 *3. As used in this section:*

35 *(a) "Business associate" has the meaning ascribed to it in 45
36 C.F.R. § 160.103.*

37 *(b) "Third party" means a health insurer, group health plan as
38 defined in section 607(1) of the Employee Retirement Income
39 Security Act of 1974, 29 U.S.C. § 1167(1), service benefit plan,
40 self-insured plan, health maintenance organization, pharmacy
41 benefits manager or other party that is, by statute, contract or
42 agreement, legally responsible for the payment of a claim for a
43 health care item or service, including, without limitation, a third-
44 party administrator.*

45 **Sec. 8.** (Deleted by amendment.)



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1 **Sec. 9.** (Deleted by amendment.)

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