

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

**PROPOSED REGULATION CONCERNING
HMO GEOGRAPHIC AREA OF SERVICE**

EXPLANATION – Matter in italics is new; matter in brackets ~~fomitted-material~~ is material to be omitted.

AUTHORITY: NRS 679B.130 and NRS 695C.130.

A REGULATION relating to the geographic area of service for a health maintenance organization (HMO).

Section 1. NAC 695C.160 is hereby amended to read as follows:

Sec. 2. NAC 695C.160 Geographic area of service: Definition. (NRS 679B.130, 695C.275)
An organization shall clearly define the geographic area it intends to serve, which:

1. In a county having a population of ~~{30,000}~~ *100,000* or more, must have a radius of not more than 25 miles between the subscriber or individual enrollee and a primary physician and the hospital used by the organization. *This provision does not apply to Medicaid contracts.*

2. In any other county, must be defined by the organization under a plan for the provision of health care services if the organization receives the written approval of the Division for such a geographic area by:

(a) Demonstrating the availability and accessibility of services to its enrollees, including reasonable access to primary physicians, a hospital and to medically necessary services or services in an emergency; and

(b) Submitting a statement concerning the standards within that community regarding the availability and accessibility of other health care services and demonstrating that the organization will meet the community's standards for such services.