LCB File No. R132-98

PROPOSED REGULATION OF THE DIVISION OF INSURANCE

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

REGULATION CONCERNING MANAGED CARE

Authority: NRS 679B.130

Section 1. NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this regulation as a new chapter (chapter 695G).

Sec. 2. "Complaint" means a verbal or written expression of dissatisfaction regarding the payment or reimbursement for covered health care services, availability, delivery or quality of covered health care services including, without limitation, an adverse determination made pursuant to utilization review or terms and conditions of a health care plan.

Sec. 3. "Inquiry" means the seeking of information, the clarification of a misunderstanding or miscommunication that can be resolved within twenty-four hours.

Sec. 4. "Appeal" means a written request to change a decision relating to a complaint, to include the use of the review board as outlined in NRS 695G.210.

Sec. 5. "Division" means Division of Insurance.

Sec. 6. "Commissioner" means the Commissioner of Insurance.

Sec. 7. "State Board of Health" means the Nevada State Board of Health as described in chapter 439 of the NRS.

Sec. 8. 1. Managed care organizations shall submit to the commissioner and the state board of health the annual report required pursuant to NRS 695G.220 on the Managed Care Organization Complaint Report Form as prescribed by the commissioner. This form is available from the division and is located on the division's website at: www.state.nv.us/b&i/id/

2. The first annual report is due on or before March 1, 1999. Thereafter reports are due on or before June 1 of every successive year starting with June 1, 2000.

3. Complaints received in the preceding calendar year shall be included in the report.

Sec. 9. NAC 695C.020 is amended to read as follows:

"Complaint" [means any grievance of an enrollee against an organization or provider arising out of the performance of health care services, when the grievance has been reduced to writing and filed with the organization in accordance with the system required to be established under NRS 695C.260, and is not yet the cause or subject of a suit filed by the enrollee] has the meaning ascribed to it in section 2 of this regulation.

Sec. 10. NAC 695C.230 is amended to read as follows:

1. To obtain approval of its system to resolve complaints, an organization must submit to the division:

(a) The name and title of the employee responsible for the system;

(b) A description of the procedure used to notify an enrollee of the decision regarding his complaint; and

(c) A copy of the explanation of rights and procedures for an appeal which is to be given to an enrollee.

2. Each organization shall maintain a summary of the complaints received by it, including those complaints which do not result in any action by the organization. The summary must be retained for 3 years or until the next examination conducted by the division and may be transferred to microfilm or otherwise maintained electronically.

3. Each organization, on or before March 1, 1999 and each year thereafter on or before June 1 starting with June 1, 2000 [of each year], shall submit to the:

(a) Division; and

(b) State board of health,

a copy of the report required in subsection 2 of NRS 695C.260 for the complaints received during the preceding calendar year.