

PROPOSED REGULATION OF THE COMMISSIONER OF INSURANCE

LCB File No. R040-14

February 5, 2014

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

AUTHORITY: NRS 679B.130, 689B.061

A REGULATION relating to group and blanket health insurance. Amending certain regulations to comply with state and federal law and repealing other regulations which are unnecessary under state and federal law.

Section 1. NAC 689B.120 is hereby amended to read as follows:

A policy of group health insurance issued pursuant to NRS 689B.061:

1. Must include a definition for preferred providers of health care and providers of health care who are not preferred.
2. Must include an explanation of the amount of disincentives to be paid for using the services of providers of health care who are not preferred.
3. Must include in the schedule of benefits the amounts for deductibles and coinsurance payable for preferred providers of health care and providers of health care who are not preferred.
4. Must include a description of the type of plan used for preferred providers of health care and whether it is limited to specific services only, such as services obtained from a physician or hospital or for prescription drugs.
5. Must provide that the services covered, if provided by preferred providers of health care, are the same for providers of health care who are not preferred.
6. Must include a statement that the insured should verify whether a provider of health care is a preferred provider of health care.
7. Must provide that, if the insured is confined in a facility which is a preferred provider of health care at a time when the facility terminates its agreement with the insurer, coverage will be provided for the period of confinement at the rate negotiated for that facility before it terminated its agreement and at no additional cost to the insured.
8. Must provide that, if the insured obtains prior authorization for health care services to be rendered by a preferred provider of health care and the provider subsequently terminates his agreement with the insurer, coverage will be provided for those services at the rate negotiated for that provider before he terminated his agreement and at no additional cost to the insured.
9. ~~May not require that the payments to a provider of health care who is not preferred be based upon the fee schedule or arrangements for preferred providers of health care.~~
10. May not provide for more than a 50 percent difference or reduction in any payment of otherwise eligible expenses for not complying with any procedures requiring the prior authorization of care or notification that treatment was received for an emergency.

Sec. 2. NAC 689B.150 is hereby amended to read as follows:

An insurer offering a policy of group health insurance pursuant to NRS 689B.061 shall include with its health disclosure form *issued pursuant to NRS 689B.027*:

1. ~~†~~ A list of its preferred providers of health care and a description of any geographic limitation to the availability of services; *or*
2. *The address of the Internet web site on which a list of preferred providers of health care and a description of any geographic limitation to the availability of services may be found.*

Sec. 3. NAC 689B.195 is hereby amended to read as follows:

A policy of group health insurance issued pursuant to chapter 689B of NRS:

1. Must not, for the determination of benefits payable for the coordination of benefits, provide for the consideration of any benefits payable pursuant to any ~~individual health insurance,~~ health insurance under a franchise plan, no-fault automobile insurance or automobile medical insurance.
2. Must provide for the payment of benefits without regard to any benefits payable pursuant to any ~~individual health insurance,~~ health insurance under a franchise plan, no-fault automobile insurance or automobile medical insurance.

Sec. 4. NAC 689B.050, 689B.060, 689B.080, 689B.230, 689B.260 and 689B.310 are hereby repealed.