

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB File No. R008-02

February 7, 2002

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

AUTHORITY: §1, NRS 679B.130.

Section 1. Chapter 287 of NAC is hereby amended by adding thereto a new section to read as follows:

If the board of the public employees' benefits program provides health insurance through a plan of self-insurance:

1. To obtain approval of a system for resolving complaints of insureds under the plan of self-insurance from the commissioner of insurance as required pursuant to NRS 287.04335 and 695G.200, the board must submit to the division of insurance of the department of business and industry:

- (a) The name and title of the employee responsible for the system for resolving complaints;*
- (b) A description of the procedure used to notify an insured of the decision regarding his complaint; and*
- (c) A copy of the explanation of rights and procedures that will be provided to insureds.*

2. The board shall submit its annual report regarding its system for resolving complaints to the commissioner of insurance as required pursuant to NRS 287.04335 and 695G.220 on or before February 1 of each year. The board shall retain a copy of the annual report for at least 3 years or until the next examination conducted by the division, whichever is longer.

3. The board is not required to include in the annual report information concerning an oral inquiry by an insured relating to a misunderstanding or miscommunication if the misunderstanding or miscommunication was resolved within 24 hours after the inquiry was made. If the misunderstanding or miscommunication was not resolved within 24 hours, the board shall report the misunderstanding or miscommunication as a complaint in the annual report.