BRIAN SANDOVAL
Governor

TERRY JOHNSON
Director

STATE OF NEVADA

BRETT J. BARRATT
Commissioner of Insurance

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.state.nv.us

Bulletin 11-001 **January 7, 2011**

REQUIREMENT TO PROVIDE INFORMATION TO THE POLICYHOLDER ABOUT CLAIMS PAID ON BEHALF OF POLICYHOLDER

Nevada Revised Statute ("NRS") 687B.355 requires health carriers to provide information regarding claims paid on behalf of a policyholder, within 30 working days of a request for such information by the policyholder. The Nevada Division of Insurance ("Division") has received complaints that some health carriers may not be complying with this statutory mandate.

NRS 687B.355 allows a policyholder to obtain relevant information from his or her health carrier that may impact the cost of future policies. Knowledge and documentation of claims paid by the health carrier on the policyholder's behalf permits the policyholder to acquire more accurate price quotes and better compare the cost of other products.

Pursuant to NRS 687B.355, once a policyholder requests information regarding claims paid on the policyholder's behalf, the health carrier must provide the requested information within 30 working days. Health carriers "may charge the policyholder a *reasonable* fee for the information." The Division strongly suggests that health carriers make certain that its staff is appropriately trained to timely respond to such policyholder inquires and, further, that adequate systems are in place to assist its staff in meeting this statutory requirement. The health carrier shall provide the information to the policyholder in the manner set forth by this bulletin.

For groups 2 to 100, the report shall, at a minimum, include:

- Carrier name
- Employer/company name
- Date of the report
- Current policy period to include dates *(policy period is the current plan year for the employer)*
- Prior policy period to include dates *(if applicable)*
- Aggregate number of members/subscribers
- Aggregate claims paid *(aggregate claims paid is the total claims paid for the referenced time period)*

For groups above 100, the report shall, at a minimum, include:

- Carrier name
- Employer/company name
- Date of the report
- Current policy period to include dates *(policy period is the current plan year for the employer)*
- Prior policy period to include dates *(if applicable)*
- Number of subscribers/members by month
- Aggregate claims paid *(aggregate claims paid is the total claims paid for the referenced time period)*
- A large claims data report *(a large claims data report is high cost claims over $25,000 for the referenced time period)*

Please direct any questions to the Division's Life and Health Section in Carson City, Nevada, at (775) 687-0700, or by using the Division's toll free number, at (800) 992-0900.

This bulletin becomes effective February 1, 2011.

BRETT J. BARRATT
Commissioner of Insurance