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NEVADA MEDICAL PROFESSIONAL LIABILITY

Nevada Revised Statute ("NRS") 690B.260 requires the Nevada Division of Insurance ("Division") to monitor and maintain records of all jury verdicts and settlements of cases, and claims relating to the liability of a practitioner licensed to practice medicine or osteopathic medicine pursuant to Chapter 630 or 633 of the NRS, including, but not limited to:

- The name and address of the claimant and the insured under the policy;
- A statement setting forth the circumstances of the case;
- Information indicating whether any payment was made on the claim and the amount of the payment, if any; and
- The information specified in subsection 2 of NRS 679B.144.

NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT

Insurers must use the NEVADA MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM REPORT ("Closed Claim Report"), Form Number NDOI-1102, revised October 1, 2002, to report the above-referenced information. All claims pertaining to the liability of a practitioner licensed to practice medicine or osteopathic medicine pursuant to Chapter 630 or 633 of the NRS must be reported to the Division within 45 days after the end of a calendar quarter, whether or not any payment was made to the claimant. In the event that there is a change or a correction to the information reported to the Division, the insurer must submit an updated report to the Division within 45 days after the end of the calendar quarter in which such change or correction was made.

OTHER REPORTING REQUIREMENTS

NRS 630.3067 and NRS 633.526 currently require insurers to report to the Board of Medical Examiners or the Board of Osteopathic Medicine, as applicable, any action filed or claim submitted to arbitration or mediation for malpractice or negligence against a physician. As a result of the 2011 Legislative Session, Senate Bill 273 became law, adding the requirement that insurers also report to the Board of Osteopathic Medicine any action filed or claim submitted to arbitration or mediation for malpractice or negligence against a physician's assistant. This report must be made within 45 days after the action was filed or the claim was submitted to arbitration or mediation. Another report must be made within 45 days after the disposition of the action or claim. Failure to comply may result in administrative fines up to $10,000 for each action or claim not reported. This new reporting requirement regarding physician assistants commences on October 1, 2011. There is no minimum claim size reporting threshold under NRS 630.3067 or NRS 633.526. Therefore, all claims must be reported, including claims with no indemnity payment.

Pursuant to NRS 690B.250, insurers covering the liability of a practitioner licensed pursuant to Chapters 630 to 640, inclusive, of the NRS for a breach of his professional duty toward a patient, shall also report to the Board which licensed the practitioner. This report shall be made within 45 days of each settlement or award made or judgment rendered by reason of a claim, if the settlement, award, or judgment is more than $5,000. The insurer must include in the report the name and address of the claimant and the practitioner, and the circumstances of the case.

Chapter	Professionals Licensed Pursuant to Chapter
NRS 630	Physician (MD) Physician's Assistant Practitioner of Respiratory Care (Respiratory Therapist)
NRS 630A	Advanced Practitioner of Homeopathy Homeopathic Physician Homeopathic Assistant
NRS 631	Dentist (DMD or DDS) Dental Hygienist
NRS 632	Advanced Practitioner of Nursing Certified Registered Nurse Anesthetist Licensed Practical Nurse Nursing Assistant Nursing Assistant Trainee Registered Nurse
NRS 633	Osteopathic Physician (DO) Osteopathic Physician's Assistant
NRS 634	Chiropractor or Chiropractic Physician Chiropractor's Assistant
NRS 634A	Physician of Oriental Medicine
NRS 635	Podiatrist or Podiatric Physician Podiatry Hygienist

Chapter	Professionals Licensed Pursuant to Chapter
NRS 636	Optometrist
NRS 637	Dispensing Optician Apprentice Dispensing Optician
NRS 637A	Hearing Aid Specialist Apprentice to a Hearing Aid Specialist
NRS 637B	Audiologist Speech Pathologist
NRS 638	Euthanasia Technician Veterinarian Veterinary Technician
NRS 639	Registered Pharmacist Pharmacist Intern Pharmacist Pharmaceutical Technician Pharmaceutical Technician in Training
NRS 640	Physical Therapist Physical Therapist's Assistant Physical Therapist's Technician

For any questions concerning reporting requirements, please contact the Property and Casualty Section of the Division at (775) 687-0700.

BULLETIN 07-001 IS HEREBY WITHDRAWN.

BRETT J. BARRATT
Commissioner of Insurance

Nevada Medical Professional Liability Closed Claim Report

I. Background

1. Name of Insurer		2. Insurer Claim No.
3. Injury Date (Date of Loss)	4. Report Date	5. Closure Date
6. Policy Type (choose a, b, or c) a) ___ **O**ccurrence b) ___ **C**laims made c) ___ **T**ail/Reporting Endorsement		
7. Policy Limits (Per Claim/Aggregate) $_____ /$_____		8. Date This Closed Claim Report Submitted
9. Type of Report (choose a or b) a) ___ **I**nitial Report b) ___ **U**pdated Report		

II. Defendant & Co-Defendants

1. Defendant's Name	Last	First	M.I.	Credentials (e.g. MD, DO, DMD, DDS)
2. License Number	3. Specialty Description _____ ISO Code _____			4. Co-Defendant(s)? __ **Y**es __ **N**o __ **U**nknown
5. Number of Co-Defendant(s): ___ or ___ **U**nknown				
6. Name, License Number and Insurer of Each Co-Defendant, if known:				

III. Injured & Injury

1. Injured Party's Name	Last	First	M.I.	2. Sex: __ Male __ Female
3. Age	4. Date of Birth (MM/DD/YY)	5. Malpractice code (per Appendix 1):		6. Injury Code (per appendix 2):
7. Description of Alleged Malpractice and Injuries (Attach Additional Sheet(s) if Necessary.)				
8. City Where Injury Occurred	9. Name of Institution (If Injury Occurred in Institution)			

IV. Medical/Dental Screening Panel (Hereafter, Panel)

1. Case Filed with Panel? __Yes, ___ No, ___Unknown (IF YES, ANSWER QUESTIONS 2 AND 3)
2. Panel Case Number
3. Panel Decision: Is there Reasonable Probability of Malpractice? a)__ Yes b) __ No c) __ Unable to Decide d) __ Case Dismissed e) ___ Other [case settled/withdrawn before panel met]
4. Court Case Filed After Panel Decision ___ Yes ___ No ___ Unknown

V. Court Case

1. Court Case Filed? __Yes, ___ No, ___Unknown (IF YES, ANSWER QUESTIONS 2 - 7)		
2. Court Case Number	3. Court Name	4. Court Department Number
5. Date Court Case Was Filed	6. Date Verdict Was Filed, if Applicable	7. Date Settlement Offer Accepted, if Applicable

VI. Reserves (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Reserves	Initial $	Highest $	Last $

VII. Claim Disposition (Attributed to this Defendant Only)

1. Claim Disposition (check one)	a) ___ Decided By Trial in Favor of Plaintiff	b) ___ Decided By Trial in Favor of Defendant	c)___ Decided by Arbitrator in Favor of Plaintiff	d)___ Decided by Arbitrator in Favor of Defendant
e) ___ Settled w/o Court or Prior to Trial	f)___ Claim Denied	g) ___ Claim Inactive	h) ___ Claim Withdrawn	i) ___ Other
2. If Claim Disposition is e, f, g, h or i, Please Explain				

Name of Insurer	Insurer Claim No.
Defendant's Name (Last, First, M.I.)	Date This Closed Claim Report Submitted

VIII. Verdict Information (Attributed to All Defendants in Case)

1. Verdict Awarded $ or ___ N/A

IX. Claim Information (Amounts Attributed to this Defendant Only, If Multiple Defendants)

1. Verdict or Settlement Awarded $ or ___ N/A	2. Verdict or Settlement Paid $ or ___ N/A		
3. Reasons for Amount Awarded (1) Not Being Equal to Amount Paid (2), if Applicable (Check More than One, if Applicable) a) ___ Post Verdict Settlement b) ___ Award Reduced to Present Value c) ___ Interest Awarded d) ___ Court Costs Awarded e) ___ Non-economic damages limited by Judge to $350,000 f) ___ Award Capped by Judge at Policy Limit g) ___ Other (Explain)			
4. How Will/Did Plaintiff Receive Payments ?	a) ___ Lump Sum	b) ___ Periodic Payments	c) ____ N/A
5. If Periodic Payments, What is the Present Value (as of Date of Award) of the Payments? $			
6. Sources of Award Payments	a) Company $	b) Defendant $	c) Other (describe) $
7. Allocated Loss Adjustment Expenses	Total $	Attorney's Fees $	Other $

X. Claim Information (Amounts Attributed to Other Defendants)

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown	6. Verdict or Settlement Awarded $ or ___ N/A			

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown	6. Verdict or Settlement Awarded $ or ___ N/A			

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown	6. Verdict or Settlement Awarded $ or ___ N/A			

1. Co-Defendant's Name	Last	First	M.I.	Credentials (e.g. M.D., D.O)
2. License Number	3. Specialty Description _____ ISO Code _____		4. Verdict Awarded a) ___ Yes b) ___ No c) ___ Unknown	
5. Settlement Made a) ___ Yes b) ___ No c) ___ Unknown	6. Verdict or Settlement Awarded $ or ___ N/A			

(Attach Additional Sheet(s) if Necessary.)

XI. Closed Claim Report Information

1. Contact Person's Name (Last, First)
2. Contact Person's Phone Number {(999) 999-9999}
3. Contact Person's Address

Name of Person Responsible for Report (Last, First)
Signature of Person Responsible for Report

Appendix 1

Cause of loss for Question III. 5.

Code	Description
Procedure Related Causes	
MP	Mistake in Performance, Improperly Performed
DP	Delayed
NP	Not Performed
WP	Wrong Procedure, Procedure Not Indicated
BP	Better Alternative Available
OP	Other Procedural Errors, Including Misprescription of Medication
Diagnosis Related Causes	
FD	Failure to Diagnose
DD	Delayed Diagnosis
WD	Wrong Diagnosis
OD	Other Diagnostic Errors
Other Causes	
IO	Failure to Inform, Lack of Informed Consent
SO	Lack of Supervision
PO	Failure to Prevent Harm
OO	Other Cause(s) not Listed Above

Appendix 2

Injury Codes for Question III.6. (if multiple injuries, select code most applicable to primary injury)

Code	Description
Death	
DTH	Death (e.g., fetal death, death of patient)
Non-Physical/Emotional Injury	
NPh	Non-Physical (e.g., abandonment, breach of contract, deposition, emotional distress, defamation, negligent referral, subrogation, loss of consortium, sexual misconduct)
Physical Injury without Death	
BnD	Bone Damage (e.g., fracture)
Bth	Birth Injury (e.g., complications, brain damage to new born, abortion problems)
Crc	Circulatory Injury (e.g., heart failure, hemorrhage)
Dis	Disease (e.g., AIDS, cancer)
DLE	Diminished Life Expectancy (e.g., usually from a failure to diagnose)
Dsf	Disfigurement (e.g., scars)
Drm	Dermal Injury (e.g., burns)
Dnt	Dental Injury (e.g., broken tooth)
DLU	Diminished Use/Loss of Use (e.g., disablement of a limb, but not loss of the limb)
FnB	Foreign Body (e.g., left after surgery)
Inf	Infection (e.g., usually resulting from surgery)
LLO	Loss of Limb/Organ (e.g., amputation, removal)
MLI	Muscular/Limb Injury (e.g. atrophy)
Nrv	Nervous System (e.g., paralysis, nerve damage)
Org	Organ Injury (e.g., perforation, rupture)
Opt	Optical/Sensory Injury (e.g., vision, hearing)
Pan	Pain
Prl	Prolonged (e.g., additional care, delayed recovery)
Rpr	Reproductive System (e.g., infertility)
SdE	Side Effects (e.g., reactions)
Wrg	Wrong Organ Removed, Injury Caused by Unnecessary Treatment
Note:	**If Other Injury, select one of the above codes that has the closest match**