



NEVADA DIVISION OF INSURANCE  
STATE SPECIFIC REQUIREMENTS  
HEALTH MAINTENANCE ORGANIZATION APPLICATION CHECKLIST  
CERTIFICATE OF AUTHORITY NRS 695C

Date:  
Name of Applicant:  
NV ID:  
FEIN:  
Email Address:

The following checklist pertains to a HEALTH MAINTENANCE ORGANIZATION who wishes to operate in Nevada. The Nevada Division of Insurance ("Division") requires the following items in order to process your application. Failure to provide any of the items listed below will delay the review of your application. Please note, until all of the items listed below have been received and reviewed by the Division, you may not operate, solicit or otherwise transact insurance in Nevada. Upon completion of our review, you will receive written notice, along with a Certificate of Authority, allowing you to transact business in Nevada.

1. A copy of Articles of Incorporation and any amendments.
2. A copy of Bylaws and any amendments.
3. Biographical affidavits of the persons who will be responsible for the conduct of the affairs of the applicant, including all members of the board of directors, board of trustees, executive committee and other governing board or committee, the officers in the case of a corporation, and the partners or members in the case of a partnership or association.
4. A copy of any contract made or to be made between any providers or persons listed in item 3 and the applicant.
5. A statement generally describing the HMO, its health care plans, the location of facilities at which health care services will be regularly available to enrollees and the type of health care personnel who will provide the health care services.
6. A copy of the form of evidence of coverage to be issued to the enrollees.
7. A copy of the form of the group contract, if any, which is to be issued to employers, unions, trustees or other organizations.
8. Certified financial statements showing the applicant's assets, liabilities and sources of financial support. Net worth must not be less than \$1,500,000. Financial statements must be certified by an independent CPA.
9. A copy of the proposed plan of operation for the first 3 years of operation based on projected total income and projected total expenses. The amounts stated for the cost of medical services and the use of them in the proposed plan must be certified by a qualified actuary. The plan must project income and expected costs allocated to:
  - (a) Coverage for emergencies or medically necessary services rendered outside of the specified **geographic area of service** of the organization;
  - (b) Per capita payments to primary physicians;
  - (c) Fees to other providers of health care;
  - (d) Supplemental benefits;
  - (e) A contract of stop-loss insurance;
  - (f) Expenses of administration; and
  - (g) Amortization of necessary costs for the establishment of the organization.
10. Power of attorney, executed by the applicant, appointing the Commissioner and the authorized deputies of the Commissioner as the true and lawful attorney of such applicant in and for Nevada upon whom all lawful process in any legal action or proceeding against the HMO on a cause of action arising in Nevada may be served.
11. Statement describing the geographic area to be served.
12. Description of the procedures for resolving complaints and procedures for external reviews to be used as required under NRS 695C.260.

13. Description of the procedures and programs to be implemented to meet the quality of health care requirements in NRS 695C.080.
14. Description of the mechanism by which enrollees will be afforded an opportunity to participate in matters of program content under subsection 2 of NRS 695C.110.
15. Surety bond or deposit of cash or securities to secure the debts of the HMO and for the protection of the enrollees in the amount of \$250,000 or more which is deposited with the Commissioner. The bond must include a provision preventing cancellation except after written notice to the Commissioner of not less than 90 days.
16. Blanket fidelity coverage issued by an authorized insurer in an amount of not less than \$1,000,000 in the aggregate to cover every director, officer, partner and employee of the health maintenance organization who may receive, collect, disburse or invest funds in connection with the activities of the health maintenance organization.
18. Such other information as the Commissioner may require
19. Application fees (NRS 680B.010, NRS 680B.010, 680C.110 Fees)

a) Application Fee	\$2,450	Annual Renewal	\$2,450
b) Initial Certificate Fee	\$250		
c) Annual Statement Filing Fee	\$25	Annual Renewal	\$25
d) Service of Process	\$5		
e) Fund for Insurance Admin & Enforcement	\$1,000	Annual Renewal	\$1,000

NRS 695C.210 Annual filing requirements to continue doing business in Nevada. Invoices will be mailed in January.

Please refer any questions to [Finances@doi.nv.gov](mailto:Finances@doi.nv.gov).

Submit the above information via PDF documents through [Finances@doi.nv.gov](mailto:Finances@doi.nv.gov).

Send payment to the Nevada Division of Insurance via ACH or Check.

- ACH - MUST submit [ACH Deposit Form](#) at time of payment
- Check - Submit remittance advice with your check if paying an invoice; otherwise note "Application Fees" on the check