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

The following checklist pertains to a **HEALTH MAINTENANCE ORGANIZATION** who wishes to continue to operate in the State of Nevada.

1. Every health maintenance organization shall file with the Commissioner on or before March 1 of each year a report showing its financial condition on the last day of the preceding calendar year. The report must be verified by at least two principal officers of the organization.

The report must be on forms prescribed by the Commissioner and must include:

* 1. A financial statement of the organization, including its balance sheet and receipts and disbursements for the preceding calendar year;
	2. Any material changes in the information submitted pursuant to [NRS 695C.070](https://www.leg.state.nv.us/nrs/NRS-695C.html#NRS695CSec070);
	3. The number of persons enrolled during the year, the number of enrollees as of the end of the year, the number of enrollments terminated during the year and, if requested by the Commissioner, a compilation of the reasons for such terminations;
	4. The number and amount of malpractice claims initiated against the health maintenance organization and any of the providers used by it during the year broken down into claims with and without form of legal process, and the disposition, if any, of each such claim, if requested by the Commissioner;
	5. A summary of information compiled pursuant to paragraph (c) of subsection 1 of [NRS 695C.080](https://www.leg.state.nv.us/nrs/NRS-695C.html#NRS695CSec080) in such form as required by the Commissioner; and
	6. Such other information relating to the performance of the health maintenance organization as is necessary to enable the Commissioner to carry out his or her duties pursuant to this chapter.
1. An audited financial statement of the organization prepared by an independent certified public accountant. The statement must cover the preceding 12-month period and must be filed with the Commissioner within 120 days after the end of the organization’s fiscal year.
2. Application renewal fees (pursuant to NRS 695C.230 (d) (e) (f) )
	1. Annual Renewal $2,450.00
	2. Annual Statement Filing Fee $25.00
	3. Fund for Administration & Enforcement $1300.00

The required documents may be submitted on CD or Flash Drive to Kathy Lamb’s attention and any questions may be emailed to her at Klamb@doi.nv.gov .

Renewal Invoices are emailed in January and due March 1st. You can also download a copy of your invoice by going to our website and using the *Company Invoice Service* once the invoices are generated.

Please refer any renewal fee questions or online portal questions to Alicia Barchus at abarchus@doi.nv.gov

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

* ACH - MUST submit [ACH Deposit Form](http://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Insurers/FundsNotificationFormB.pdf) at time of payment
* Check - Submit remittance advice with your check if paying an invoice; otherwise note “Renewal Fees” on the check. You must include on your check the Invoice ID# and the NAIC and/or License Number

**\*The Nevada Division of Insurance is required by Nevada State Law (**[**NRS 353.1467**](http://www.leg.state.nv.us/NRS/NRS-353.html#NRS353Sec1467)**) to receive all payments for amounts greater than $10,000 by electronic transfer of money. Payments under $10,000 can be made by means of paper check or electronic transfer of money.**