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BARBARA D. RICHARDSON
Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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Bulletin 20-001

January 13, 2020

Health Carrier Provider Denial Letter

Senate Bill No. 234 (2019) requires the Commissioner of Insurance to develop, prescribe, and make available a form letter that a health carrier must use to notify a provider of health care¹ of the denial of the application to be included in the carrier's network of providers. Carriers should use the following guidance to comply with SB 234 section 26 subsection 2.

1. **Carriers must use the provider denial letter developed by the Commissioner of Insurance, which is available on the Division of Insurance website.** The form letter is available at <http://doi.nv.gov/Insurers/Life-Health/Required-Industry-Reports/>. The provider denial letter may be updated to include the carrier's letterhead. Adjustments may be made to accommodate provider groups, but must include the following information at minimum:
 - a) The name of each individual provider and the corresponding National Provider Identifier (NPI)
 - b) The specialty or specialties of each provider
 - c) The specific reason(s) for the denial
 - d) Contact information for appeals and/or the provider relations department
 - e) The provider's appeals status, e.g. appeal available, appeals exhausted, etc.
2. **Carriers must submit copies of the provider denial letters to the Commissioner via the System for Electronic Rate and Form Filing (SERFF).**

Section 26, subsection 2 of SB 234 states "a health carrier shall submit to the Commissioner a copy of each form letter sent to a provider of health care pursuant to subsection 1 at the same time the letter is sent to the provider of health care." The copies must be submitted to the Commissioner through SERFF under the Type of Insurance (TOI) – *Required Industry Reports - Insurers* and the Sub-TOI *Provider of Health Care Denial Letter*. A copy of the denial letter should be submitted under the supporting document tab in SERFF.

¹ "Provider of health care" is defined in NRS 687B.660, NRS 695G.070, and NRS 686A.2825.

3. Entities required to comply with the provisions in SB 234, section 26, subsection 2.

Any carrier that offers a network plan as defined by NRS 689B.570 must comply with the provisions of the bill. These provisions do not apply to pharmacy benefit managers (PBMs), independent physician associations (IPAs), and third-party administrators that maintain a private network.

4. Timeliness of Submission of Denial Letters.

The bill requires a carrier to submit a copy of the denial letter to the Commissioner at the same time the letter is sent to the provider of health care. Therefore, a carrier must submit the initial denial letter, in addition to a final denial letter issued if the matter is appealed.

Questions concerning the bill or this bulletin can be directed to Jeremy Gladstone, Assistant Chief of the Life and Health section, at (775) 687-0729 or jgladstone@doi.nv.gov.



BARBARA D. RICHARDSON
Commissioner of Insurance

[Carrier's Name]

[Carrier's Street Address]

[Carrier's City, State, Zip code]

[Carrier's NAIC Company Code]

[Date]

[Provider's Name]

[Provider's Company Name]

[Provider's Street Address]

[Provider's City, State, Zip code]

[Provider's National Provider Identification Number]

Re: Denial of Application for Inclusion in Provider Network

Dear [Provider's Name],

We are writing to acknowledge your application for inclusion in the provider network for [Carrier's Name] as a [Provider Specialty] submitted [Date of Submission]. After completing a careful review of your application and supporting credentials, our company has concluded that we are unable to include you in the provider network. Based on our review, the application was denied for the following reasons:

[Specific enumerated reason(s) for denial].

A copy of this letter is being sent to the Commissioner of Insurance pursuant to SB 234 of the 2019 Nevada Legislative Session. The contents of this letter will be de-identified and aggregated as part of an annual report compiled by the Commissioner. Beyond the aggregated data required under subsection 3 of section 26 of SB 234, the Commissioner will keep the contents of this letter confidential.

If you have questions concerning the denial of your application, please contact our network provider service department at 888.555.1212.

Sincerely,

[Carrier Representative]

Provider Relations Department

CC: Commissioner Richardson, NV Division of Insurance