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Nevada Medical Professional Liability Closed-Claim Reporting Requirements

NRS 679B.144 requires the Commissioner of Insurance to collect information regarding closed claims for medical malpractice. NRS 690B.260 and NRS 690B.360 require the Division of Insurance (Division) to monitor and maintain records of all jury verdicts and settlements of cases and claims relating to the liability of certain licensed medical practitioners. All claims for such practitioners must be reported to the Division within 45 days after the end of a calendar quarter in which the claim is closed, whether or not any payment is made to the claimant. In the event that there is a change or correction to the information reported to the Division, the insurer shall submit an updated report to the Division within 45 days after the end of the calendar quarter in which such change or correction is made. Failure to comply as required is subject to administrative penalty.

New Medical Professional Liability Closed-Claim Reporting Template

The Division has updated its closed-claim reporting requirements to enable more efficient and convenient reporting. Effective immediately, all closed claims should be reported to the Division using E-form NDOI-1113, a template in Microsoft Excel. Users can download the template from the Division's web site at the following URL: http://doi.nv.gov/spc/docs/NDOI-1113.xls

Form NDOI-1102 (revised October 1, 2002) for reporting closed claims is now obsolete and, beginning on July 1, 2013, will no longer be accepted.

E-form NDOI-1113 enables the Division to collect requisite data to derive aggregate closed-claim statistics without the need to conduct an annual survey of closed-claim summary information. Insurers should adopt E-form NDOI-1113 as soon as possible. E-form NDOI-1113 may only be submitted electronically. No hard-copy submissions of E-

form NDOI-1113 will be accepted. Form NDOI-1113 (closed-claim reports) and related questions are to be submitted by e-mail to ClosedClaims@doi.nv.gov.

Other Reporting Requirements

NRS 630.3067 and NRS 633.526 require insurers to report any action filed or claim submitted to arbitration or mediation for malpractice or negligence against a physician, osteopathic physician, or osteopathic physician assistant to the Board of Medical Examiners or the Board of Osteopathic Medicine, as applicable. The 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 any and all actions or claims. Failure to comply may result in administrative fines up to $10,000 for each action or claim not reported.

Pursuant to NRS 690B.250, insurers covering the liability of a practitioner licensed pursuant to NRS chapters 630 to 640, inclusive, shall report to the board that licensed the practitioner any claim for a breach of the practitioner's professional duty toward a patient. 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 for more than $5,000. The insurer must report the name and address of the claimant and the practitioner, and the circumstances of the case. Failure to comply as required is subject to administrative penalty.

Bulletin 11-004 is hereby withdrawn.

SCOTT J. KIPPER
Commissioner of Insurance