

Commissioner's Network Adequacy Advisory Council Meeting Minutes for March 16, 2023

This Advisory Council conducted a public meeting on Thursday, March 16, 2023 at 10:00am.

Roll Call – The Following Council Members were present

Howard Baron
Joy Cleveland
Sarah Fox
Jack Kim
Cris Williams

The following Council Members were absent

Patrick Kelly
Brian Knudsen
Thomas McCoy

The following Staff Members were present

David Cassetty
Liz Martins
Maile Campbell
Mark Garratt
Todd Rich

1. Call to Order/Roll Call – The meeting was called to order at 10:05am. Mark Garratt proceeded with the roll call and a quorum was established.
2. Introductory Remarks – Mark Garratt reminded the Council and public of the Council's charge which establishes the scope of the Council's work and determines recommendations to the Commissioner as to what network adequacy requirements should be. He also reminded participants that Nevada's Open Meeting Law applies which means that the meeting will be recorded and minutes will be taken. This information will be made available to the public through the Division's website.

Mr. Garratt also announced that the Division is currently considering candidates to be appointed to the Council because of recent resignations.

3. Public Comment – Megan Marble commented on behalf of Nevada Speech Language Hearing Association and another on behalf of Desert Peak Therapies. A complete transcript of these comments is included as an attachment to these minutes. Amanda Casey and Kelsie Colombini voiced their agreement with these comments; requested the matter be included on a future agenda.
4. Approval of the Minutes from the September 8, 2022 meeting – Howard Baron made a motion to approve the minutes and was seconded by Jack Kim. None were opposed.
5. Review vision and agreements – Mr. Campbell opened this agenda item for discussion to determine if any action needs to be taken. No action was taken on this item.

6. Presentation by Division – Use of Telehealth to Satisfy Network Adequacy Standards
Mr. Campbell gave a presentation outlining several examples of the use of Telehealth and the described instances of resistance to the use of telemedicine. Nevada does not have provisions for considering Telehealth in network adequacy standards; to do so will require either the Legislature passing a new law or a new regulation would need to be enacted by the Commissioner. New regulation has been frozen per Executive Order 2023-003.
7. Presentation by Division – Legislative update on Items Affecting Network Adequacy
Mr. Campbell presented information on current legislation matters relevant to Network Adequacy. This included the following bills: SB267, SB204 and SB201 (requirements related to how services are provided); SB119 and AB276 (Telehealth) and SB146 (clarified as Other).
8. Presentation by Division – Patient Protection Commission: Introduction, Interim Activities and Overview of 2023 Bill Draft Requests
Mr. Campbell gave a presentation on Bills AB6, AB7 and AB11. The Governor’s office has requested that the Commission not move forward on AB6 and AB11. The Governor’s office has also requested that the PPC to discontinue the Peterson-Milbank Program for Sustainable Health Care Costs. Prescription Drug Affordability, Health Care Coverage Analysis and the collaboration with State Governmental Entities was also discussed.
9. Discussion, Deliberation and Potential Direction by Council regarding Network Adequacy Standards for Plan Year 2025.
Council members discussed potential topics including their concerns about inadequate network adequacy standards in Nevada and their desire to review those standards in future meetings. Howard Baron commented that this is the time of year that CMS makes public any changes in these standards and that they should be reviewed once complete information is available. Other possible topics may include work force data collection via the licensure process; how the federal no surprise billing impacts the network’s ability to contract with providers.
10. Discussion on Plan Year 2025 Meetings – the Meetings have been scheduled for June 15, 2023; July 20, 2023, August 10, 2023 and September 7, 2023.
11. Public Comment – There was no public comment.
12. Adjournment – The meeting was adjourned at 11:28am.

This Webex Meeting recording and all previous complete recordings of past Council meetings can be found on the Division’s website:

https://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/

Public Comments

Submitted on behalf of Desert Peak Therapies

Good morning, Councilmembers!

As a new private practice owner in Reno, I'd like to share some personal experiences to highlight our current struggles with network adequacy for this area.

I opened my practice in June of 2022 with great hopes to help fill some areas of need in this community. As a practicing speech-language pathologist in the private practice sector for 10 years, I am not unfamiliar with the process of contracting and credentialing. As a resident, I am not unfamiliar with the difficulty of finding in-network providers at times. What I don't understand is why becoming an in-network provider is completely off the table for willing providers. I understand that providers with a negligent background or multiple actions against their license might not be allowed in a network. I do NOT understand why willing providers are turned away in a single breath when they are in an already wildly underserved community.

During our first two months of business, we applied to several networks for local insurance carriers. When the calls started rolling in, we found ourselves looking up provider directories to help clients find in-network providers, and were absolutely appalled by what we found. Out of at least four directories we found, not one was up to date. And they weren't just off by a little - they were off by a LOT. We called every single provider on each directory and started keeping notes about where they were working, which insurances they took, what their specialties were, and developed our own local database so that we could refer families out when we didn't take their insurance. We sent back all of this information to each carrier that told us "we have enough providers of your specialty type." We did ALL their grunt work. Only one insurance provider agreed to reconsider us for their network. The others held a firm, "no"...or offered us pennies on the dollar (which is a whole separate issue). It took us two months after submitting this information to get a meeting for our reconsideration, another month, and a second appeal before they offered us a contract. After that, it was ANOTHER three months to finalize the contract to become an in-network provider. That's a total of SIX months to convince an insurance company they needed me, attempt to negotiate reasonable rates, and join their panel as in-network providers.

Six months may sound short objectively, but for an autistic child who is without services for that amount of time or a stroke survivor trying to capture the most critical recovery period, it is too long. Six months is how long one of our families waited for us to be in-network with this company. Four months for another. You would assume they would just find another provider. But there were no in-network providers with availability. Couldn't they see us out of network then? No. Because another barrier lurks for residents who have dual coverage. Many of our younger children with high needs for services have Medicaid as a secondary insurance through the Katie Beckett program, which is a godsend for families...usually! But if the providers are out-of-network with their primary insurance, it's a nightmare. We were able to get on with Medicaid fairly quickly, but couldn't see any of the clients who had it as a secondary. This duality has created such an issue for this population, and it's not fair. Those who are in with the primary, but not Medicaid? No go. Those in with Medicaid but unable to contract with primary? Also no go. So where do they go?

We are still fighting for services for another of our families, who has been waiting about five months now us to become in-network providers. We applied with their carrier six months ago. When their previous

clinic closed rather suddenly, there were no openings for them anywhere. We informed them that we were out of network, but trying to get in and they were thrilled we could accommodate all of their scheduling needs. We were able to get network adequacy exceptions for OT, as those providers are even rarer in this area, but their insurance continues to refuse to grant the same exceptions for speech. We have appealed their decisions, provided current in-network availability with attached call logs, held peer-to-peer calls to explain the situation, and helped the family submit formal appeals. To-date, we have only received one response out of five – still denied. On top of this, the company has still not responded to our application to be in-network. It seems all too likely they'll say their panel is "already adequate" anyway. This family has called multiple times to find in-network services, but there is still no availability, yet their insurance company claims there is. With average waitlists at least six months long, and only a few providers who accept this insurance locally, how are they supposed to access services when the doors are locked from both sides?

Thank you for hearing our concerns today; we look forward to collaborating with the council to find a better solution moving forward!

Sincerely,
Megan Marble, M.S., CCC-SLP
Speech-Language Pathologist

Submitted on behalf of Nevada Speech Language Hearing Association

Dear Nevada Department of Insurance Network Adequacy Advisory Council:

On behalf of the Nevada Speech Language Hearing Association, we would like to make a statement regarding our observations and challenges with the current network adequacy requirements for providers and respectfully request that you consider a new approach for deciding network adequacy.

Residents of the state of Nevada are being woefully underserved by current network adequacy standards. The current network adequacy calculation relies on distance rather than population density. Considering Reno is growing at almost five times the National rate (Nevada REA project), the shortfalls of a distance approach will be exacerbated, and cause further harm to those in need. The American Speech, Language, Hearing Association (ASHA) reports that up to 8% of individuals may have a communication or swallowing disorder. Let's use Washoe county as an example. Currently, it is estimated that the population in Washoe County is 493,392. It can then be estimated that more than 39,471 people in this area currently have a communication or swallowing disorder, and this number does not take into consideration the surrounding rural towns that Speech-Language Pathologists within Reno provide services for. Under the current network adequacy standards, it would take the required single provider about 17 years to see all of these clients for one single hour each. In order to provide services for all 39,471 individuals once per week, (though patients are often seen more than once a week), Reno and the surrounding areas would need about 877 Speech-Language Pathologists seeing 45 clients per week to meet this need. The most generous estimate of 150 providers within the Speech-Language Pathology specialty currently practicing in the private sector in Washoe County, falls dramatically short of the minimum 877 needed. Even without allowing for growth expectancy, the need for more providers becomes glaringly obvious when faced with these facts. Yet, new providers face pushback from insurance companies who claim their "provider network

is adequate for this specialty” and they have “no need” for more providers at this time - leaving patients with little access or options for care.

In addition to the general network adequacy calculation’s impact on the availability of private services, it should be noted that Child Find also has a wait list of over a year-and-a-half, which translates to over 1,000 children in Washoe County alone who are unable to receive medically necessary services. With the lack of services available through this state-funded program, the private sector is largely responsible for serving these families, yet we cannot get paneled! School sectors are also overwhelmed, resulting in more private services being sought. Our local residents are currently on waitlists that can be over a year long, especially when insurance companies continue to deny coverage for out-of-network services and insist that their members utilize in-network providers. Many providers are trying to become in-network providers, but the first barrier we hit is network adequacy. If - and only if - we can convince the insurance carrier that they do, in fact, need a larger network, credentialing often takes upwards of six months to join these networks. The longer clients have to wait for services, the higher the cost to families and insurance companies alike as children require services for longer periods of time while they continue to fall behind as they wait for necessary services.

To help mitigate the crippling underservice of Nevadans, we recommend that a new standard be developed that would take into consideration our population growth and density at the very least. As providers we hope for the opportunity to collaborate with the advisory council to find an equitable solution for all parties. We recommend that providers across all disciplines be polled to contribute additional information and data relevant to include in future network adequacy standards.

We thank you for your time and consideration of this request as we work together to improve the services available to Nevadans.

Sincerely,

The Nevada Speech Language Hearing Association

Kim Reddig, M.S., CCC-SLP, NSHA President, and the NSHA Private Practice Committee