



State of Nevada
DEPARTMENT OF BUSINESS AND INDUSTRY

Division of Insurance
Network Adequacy Advisory Council

Webinar: 04/16/2024 10:00 am Pacific

Plan Year 2026

Scott J. Kipper, Commissioner of Insurance

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

Network Adequacy CY2024 Timeline

April 16th	First meeting of the NAAC to consider standards for PY2026
June 3rd	Proposed PY2025 individual networks submitted to DOI
July 15th	Proposed PY2025 small employer networks submitted to DOI
August 12th	Individual networks approved for PY2025
Sept 13th	NAAC recommends PY2026 network adequacy standards to DOI
Sept 26th	Small employer networks approved for PY2025
Nov 1st	DOI accepts or modifies NAAC recommendations for PY2026

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

PY2025 Network Adequacy Standards

Type	Specialty (Code)	Metro		Micro		Rural		CEAC	
		Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)
Provider	Primary Care (001-006)	15	10	30	20	40	30	70	60
	Endocrinology (012)	60	40	100	75	110	90	145	130
	Infectious Disease (017)	60	40	100	75	110	90	145	130
	Psychiatrist (029)	45	30	60	45	75	60	110	100
	Psychologist (103)	45	30	60	45	75	60	110	100
	LCSW (102)	45	30	60	45	75	60	110	100
	Oncology – Medical/Surgical (021)	45	30	60	45	75	60	110	100
	Oncology – Radiation/Radiology (022)	60	40	100	75	110	90	145	130
	Pediatrics (101)	25	15	30	20	40	30	105	90
	Rheumatology (031)	60	40	100	75	110	90	145	130
Facility	Hospitals (040 & 043)	45	30	80	60	75	60	110	100
	Outpatient Dialysis (044)	45	30	80	60	90	75	125	110

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

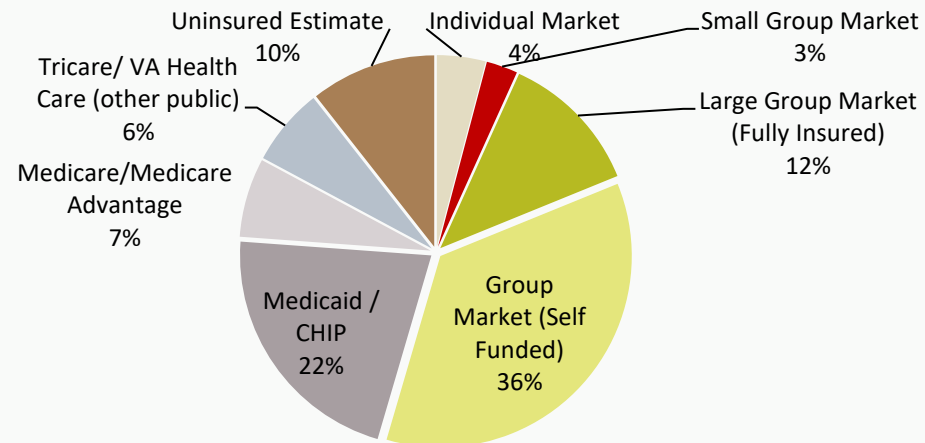
Network Adequacy Review by Division

The Division utilizes the CMS ECP/Network Adequacy templates provided by the carriers, as well as a Nevada-specific population census sample, to determine if the carrier meets the Nevada Network Adequacy standards, i.e., does 90% or more of the Nevada population have access to at least 1 provider in each of the designated categories.

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

NEVADA DIVISION OF INSURANCE				
HIGH-LEVEL OVERVIEW OF HEALTH INSURANCE COVERAGE BY SOURCE OF COVERAGE IN NEVADA				
Population / Coverage Category	Estimated Member Count	Member Count as a Percentage of Total State Population	Data Description	Data Source
Total Estimated Population in Nevada	3,145,184	100%	Certified 07/01/2020 Population Estimates	Nevada Dept. of Taxation
Individual Market	129,350	4.1%	Membership Effective 12/31/2021	NAIC I-Site
Small Group Market	83,340	2.6%	Membership Effective 12/31/2021	NAIC I-Site
Large Group Market (Fully Insured)	379,981	12.1%	Membership Effective 12/31/2021	NAIC I-Site
Group Market (Self Funded)	1,122,684	35.7%	Estimate based on Kaiser Foundation Report	Kaiser Foundation
Medicaid / CHIP	679,846	21.6%	Medicaid/CHIP Enrollment 12/2020	Medicaid.gov
Medicare/Medicare Advantage	210,063	6.7%	2020 Medicare and Medicare Advantage Enrollment	CMS.gov/2021 NV Med Sup Guide
Tricare/ VA Health Care (other public)	206,530	6.6%	Tricare Members 2020 + Table HI-05_ACS	Military Health System
Uninsured Estimate	333,390	10.6%	Estimate based on accessible data above	
Total Covered Population	2,811,794	89.4%	Estimate based on accessible data above	



DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

Mental Health Parity and Addiction Equity

DOI MHPAEA analysis related to network adequacy (behavioral health/substance use disorder vs medical/surgical):

- **Network development**
- **In-network reimbursement**
- **Out-of-network reimbursement**
- **Credentialing**
- **Network access and availability standards**

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

CMS Revisions for CY2025 Affecting Network Adequacy

- ❑ **QHPs on FFE** must meet appointment wait time standards at least 90% of the time as follows:
 - Behavioral Health, 10 business days
 - Primary Care (Routine), 15 business days
 - Specialty Care (Non-urgent), 30 business days

- ❖ **Secret Shopper Surveys**
 - ✓ Applies to medical QHPs on FFE
 - ✓ Issuers must contract with third-party entity to administer surveys
 - ✓ Applies to Primary Care and Behavioral Health for PY25, Specialty TBD
 - ✓ Surveys begin 1/1 and conclude 5/31 of each Plan Year
 - ✓ Additional CMS guidance is forthcoming

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

CMS Revisions for CY2026

- ❑ States must establish and impose standards for QHPs at least as stringent as federal QHP standards for the Federally Facilitated Exchange (FFE):
 - Specialty provider list includes at least the same specialties
 - Time and distance standards at least as short

- ❑ States must conduct QHP network reviews consistent with the FFE

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

TABLE 10: Individual Provider Specialty List for Time and Distance Standards

Individual Specialty Types
Allergy and Immunology
Cardiology
Cardiothoracic Surgery
Chiropractor
Dental
Dermatology
Emergency Medicine
Endocrinology
ENT/Otolaryngology
Gastroenterology
General Surgery
Gynecology, OB/GYN
Infectious Diseases
Nephrology
Neurology
Neurosurgery
Occupational Therapy
Oncology – Medical, Surgical
Oncology – Radiation
Ophthalmology
Orthopedic Surgery
Outpatient Clinical Behavioral Health (Licensed, accredited, or certified professionals)
Physical Medicine and Rehabilitation
Physical Therapy
Plastic Surgery
Podiatry
Primary Care – Adult
Primary Care – Pediatric
Psychiatry
Pulmonology
Rheumatology
Speech Therapy
Urology
Vascular Surgery

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

TABLE 11: Facility Specialty List for Time and Distance Standards

Facility Specialty Types
Acute Inpatient Hospitals (Must have Emergency services available 24/7)
Cardiac Catheterization Services
Cardiac Surgery Program
Critical Care Services – Intensive Care Units (ICU)
Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Diagnostic Radiology)
Inpatient or Residential Behavioral Health Facility Services
Mammography
Outpatient Infusion/Chemotherapy
Skilled Nursing Facilities
Surgical Services (Outpatient or ASC)
Urgent Care

DIVISION OF INSURANCE

Protect Consumers, Ensure Solvency

CMS Final NBPP Standards vs. Nevada - Overview

❑ Provider type counts and accessibility

Individual Providers – 36 total

26 unique to CMS

10 shared between NV and CMS*

Facilities – 12 total

10 unique to CMS

1 unique to NV (Outpatient Dialysis)

1 shared between NV and CMS

**(NV Pediatric PCP access for Metro and CEAC does not meet CMS requirements)*

❑ Nevada conducts QHP network reviews consistent with the FFE