

Report on the Plan Year 2025 Recommendations for Network Adequacy Standards

**Presented by:
The Network Adequacy Advisory Council**

**To: Scott Kipper
Commissioner of Insurance, Nevada Division of Insurance**

Prepared by: Jack Childress Division of Insurance

September 14, 2023

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NAAC Recommendations for Network Adequacy Standards for Plan Year 2025 Overview of

the NAAC Recommendations Process.

This section includes a description of the:

- 1) Commencement of the Plan Year 2025 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of Plan Year 2025 NAAC meetings
- 3) Timeline and significant discussions made at each of the five meetings.

The NAAC is comprised of nine individuals representing consumers across Nevada, providers of health care services, and health insurance carriers. The Council’s first meeting for Plan Year 2025 was held on March 16, 2023 (NAC 687B.770 subsection 4 requires that the first meeting of the NAAC must be held no later than June 15th). They continued to meet through August 10, 2023, to finalize the recommendations of network adequacy standards for Plan Year 2025. The Council recommends these standards to achieve network adequacy for individual and small employer group health benefit plans.

At the March 16, 2023, meeting, the Council revisited its vision for what it hoped to achieve during the Plan Year 2025 NAAC meetings; and there were no changes made. The vision is:

- Standards are pragmatic, achievable and meaningful.

In addition, the Council continues to be committed to creating conditions that ensure Nevada has:

1. Maximized access for consumers with adequate workforce and providers cost containment.
2. Validated data about whether providers are available.
3. Access to care¹.
4. Access to health insurance.
5. Maximized health and wellness.
6. Educate consumers so that, whether their health needs are emergent or non- emergent:
 - a. Consumers know how to use their network care;
 - b. Are informed; and
 - c. Access care appropriately.
7. Contribute to health literacy: transparent to consumer.
8. Provide care that is culturally and linguistically appropriate.
9. Influenced the other 93% of non-regulated plans.

The data that the Nevada Division of Insurance (Division) was able to provide assisted the Council to: 1) make some recommendations that aligned with its vision and 2) consider what the implications of such recommendations might be on the conditions it had established as requisites for achieving its vision. This year the presentations included participation from both Division and other relevant parties. It should be noted that the Council continues to seek data which would provide greater insights into patient access and network adequacy in Nevada.

¹ Access to care—consumers can utilize their health plan benefits; Access refers to clinical best practice.

A total of four public meetings were conducted. The result of these meetings is contained in this report that will be submitted to the Commissioner of Insurance on or before September 15, 2023.²

March 16th – Minutes from the September 8, 2022 meeting were approved. 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; and how the federal no surprise billing impacts the network's ability to contract with providers. Presentations were given by Maile Campbell, Lead Actuary in the Life & Health Section of the Division of Insurance, regarding the use of Telehealth to satisfy Network Adequacy Standards, legislative updates on items affecting Network Adequacy and the Patient Protection Commission ("Commission"). It was mentioned that the Governor's office had specifically requested that the Commission not move forward on AB 6 and AB 11; and that the Peterson-Millbank Program for Sustainable Health Care Costs be discontinued. It should be noted that neither of these bills were passed. Public comment was submitted in writing by Desert Peak Therapies and Nevada Speech Language Hearing Association regarding the difficulty of becoming an in-network provider and the shortage of providers. A complete copy of their written statements are included at the end of this report.

June 16th – Minutes from the March 16, 2023 meeting were approved. Dr. Vu Luu, MD, MBA Anesthesiologist, was introduced as a new member of the Council. Presentations were provided by Maile Campbell, Lead Actuary of the Life & Health Section of the Division of Insurance, regarding the Current Year Health Insurance Coverage Market Overview, legislative updates on items affecting Network Adequacy, the impacts of the No Surprises Act and Provider Directories. Jeremy Christensen, Insurance Actuarial Analyst III of the Division of Insurance, also provided a review of the CMS Notice of Benefit and Payment Parameters for the 2024 Plan Year. Council members previously asked questions regarding the No Surprises Act. They wanted to know how state law works in conjunction with federal law; and what impact the law might have on the ability or willingness of providers and carriers to contract with each other. These questions were addressed during the presentation.

Howard Baron also asked if the new federal ECP requirements would be an increase from what the Council had previously approved. This would be a 5% increase; however, the Council did not think this would pose a problem. The Council did request that the Division provide more data on the next meeting to see if carriers were already meeting the new 35% ECP standard for Federally Qualified Health Centers and the 35% ECP standard for Family Planning Providers. There was also a brief discussion on wait times, but some of the Council members thought this was an administrative nightmare. Another concern was providing wait time standards that couldn't possibly be met due to the shortage of providers. Parick Kelly also wanted to hear more in depth information on the Silver State Health Exchange and the Public Option in future meetings. Patrick Kelly also mentioned that he was working on a Medicaid provider fee for hospitals which was passed through SB 435 during Nevada's 2023 Legislative Session. The bill mandates that 15% of the assessment goes to administration of the program and for Behavioral Health services. He would like to hear more information about this and where the money is going in future meetings next year. Additionally, Howard Baron mentioned that Dr. John Packham could speak to the Council regarding Work Force Analysis. Council members also requested a copy of last year's report to review before the next meeting. There was no public comment.

August 10th – Minutes from the June 16, 2023 meeting were approved. Jeremy Christensen,

Insurance Actuarial Analyst III of the Division of Insurance, presented information on the 35% ECP requirement for PY 2024. He stated that the lowest contracted rate was 57%, while several carriers were contracting with 100% of available ECP's. Mr. Christensen also discussed that the 2023 Notice of Benefit and Payment Parameters provided new, specific federal requirements for Qualified Health Plans to have a minimum contracting requirement of 35% with Federally Qualified Health Centers and 35% for Family Planning Providers. Currently, two carriers would be deficient in the Family Planning Provider requirement for PY 2024 if this was a state requirement. One carrier was only contracted with 25% of Family Planning Providers in Clark County and 0% in Nye County, while another carrier was contracted with 0% of available Family Planning Providers in Washoe County. Howard Baron asked what would happen to these two carriers if the specific ECP requirement was a state requirement, and Mr. Christensen stated that the carriers would have to follow the standard remediation program for carriers not in compliance. Patrick Kelly asked if there were a lot of providers in the state that did not have to comply with federal law, and Mr. Christensen stated that no carriers are required to comply with federal law since Nevada has a state exchange which isn't subject to federal law. The exchange defers to the Network Adequacy Council for network adequacy requirements.

At the request of Howard Baron at the last meeting, Dr. John Packham gave a presentation on Health Workforce Development Legislation in the 2023 Legislative Session. Dr. Packham also addressed health workforce shortages and mentioned that Medicaid is contemplating an increase in Medicaid reimbursement rates for facilities that are hosting graduate medical education programs.

The Council also discussed that they wanted the new, specific federal 35% ECP requirement for Federally Qualified Health Centers and Family Planning Providers to be a new state requirement. The motion was passed unanimously by all members present. There was no public comment.

September 7th - The Council convened this meeting to continue discussion on the Plan Year 2025 network adequacy recommendations and to determine if the Council's recommendation would stand or if there would be further discussion or possible adjustment. After Jack Childress discussed the final Network Adequacy report, Jack Kim wanted clarification if the new 35% ECP standard applied to the total number of Federally Qualified Health Centers and Family Planning Providers combined or separately. Jack Childress stated that the 35% ECP requirement applied separately. Jack Kim suggested to clarify this in the final report. Jack Childress stated that he would make the suggested changes and send everyone the final report prior to giving the report to the Commissioner. The Council moved forward with the recommendations as previously approved and unanimously approved the draft report for submission to the Commissioner³.

²The video recordings of the meetings and supporting materials are available on the Division website at [Nevada Division of Insurance \(nv.gov\)](https://www.nv.gov/division-of-insurance). Included in the Appendix of this Report are the minutes of each meeting.

³The Council vote was unanimous for all members present at the September 7, 2023, meeting for the plan year 2025 Report.

Council's Recommendation for Plan Year 2025.

The Council's discussion with regards to the recommendation for plan year 2025 included greater funding for workforce development and graduate medical education, and Nevada's network adequacy standards in comparison to federal standards.

With these considerations in mind, the Council recommends maintaining the current network adequacy regulations as adopted by the state in regulation R067-19 except for the Essential Community Provider (ECP) requirements. The Council recommends that the Nevada's ECP standards be updated to align with the CMS Plan Year 2024 ECP standards related to ECPs. Specifically, the Council recommends the following:⁴

⁴The Council vote was unanimous for all members present at the August 10, 2023, meeting for the plan year 2025 recommendations.

The Plan Year 2025 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

Network Adequacy Time/Distance Standards : Plan Year 2025 Recommendations								
Specialty	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)
Primary Care	15	10	30	20	40	30	70	60
Endocrinology	60	40	100	75	110	90	145	130
Infectious Diseases	60	40	100	75	110	90	145	130
Psychiatrists	45	30	60	45	75	60	110	100
Psychologist	45	30	60	45	75	60	110	100
Licensed Clinical Social Workers (LCSW)	45	30	60	45	75	60	110	100
Oncology - Medical/Surgical	45	30	60	45	75	60	110	100
Oncology - Radiation/Radiology	60	40	100	75	110	90	145	130
Pediatrics	25	15	30	20	40	30	105	90
Rheumatology	60	40	100	75	110	90	145	130
Hospitals	45	30	80	60	75	60	110	100
Outpatient Dialysis	45	30	80	60	90	75	125	110
Adequacy Requirement	90% of the population in a service area must have access to these specialty types within the specified time or distance metrics.							
Plan Year 2025 Standards for ECPs:								
Contract with at least 35% of available Essential Community Providers (ECP) in each plan's service area; including 35% of Federally Qualified Health Centers and 35% of Family Planning Providers.								
Offer contracts in good faith to all available Indian health care providers in the service area								
Offer contracts in good faith to at least one ECP in each category in each county in the service area								
Offer contracts in good faith to all available ECPs in all counties designated as Counties with Extreme Access Considerations (CEAC)								

Rationale and Criteria for Recommended Standards.

The recommendation above, based on extensive discussion by the Council, related to whether additional standards would have a positive impact on:

- Network adequacy
- Consumer access to high quality health services
- Affordability and the capacity of carriers to offer products to both individuals and small groups

Future Considerations.

Considerations for future action were discussed to prepare the Council with a better understanding of what additional standards might be added for Plan Year 2025 and beyond. The Council maintains the stance that data collection and standards should not impose burdens that might compromise the adequacy of current networks. The following considerations were put forth:

- 1) Examine whether telehealth/virtual visits can be used to meet network adequacy requirements.
- 2) Identify opportunities for providers and licensing agencies to systematically report on data useful to the Council.
- 3) Improve Workforce data to support the work and decisions of the Network Adequacy Advisory Council (e.g., Provider FTEs for patient care within network). Potential sources of data:
 - a. NV Bureau of Health Care and Quality Compliance (Facilities Data)
 - b. NV State Board of Medical Examiners, NV State Board of Nursing, and other NV State Boards of licensing for various providers
- 4) Work on building a communication channel with Governor's Patient Protection Commission ("Commission") and other similar task forces to allow for collaboration and to ensure consistency in data and to minimize duplication of efforts.
- 5) Review and consider other metrics for the determination of network adequacy e.g. appointments wait times, provider enrollee ratios, etc.
 - a. Continue reviewing existing network adequacy models used by other state agencies and federal agencies.
 - b. If feasible, research the metrics and standards currently required by carriers when contracting with providers.
 - c. Consider a new standard that takes into account population growth and density.
- 6) Support efforts to expand the development of the health workforce in critical provider categories required for network adequacy.
- 7) Examine the impact of network adequacy regulations on the insurance marketplace (i.e., # of carriers, # of products and consumer costs) for Plan Year 2025 and beyond.
- 8) Improve data on provider availability on open/closed panels.

Appendix:
Minutes from NAAC Meetings:
March 16th, June 15th, August 10th and
September 7th

**COMMISSIONER’S NETWORK ADEQUACY ADVISORY
COUNCIL**

**NOTICE OF NETWORK ADEQUACY ADVISORY COUNCIL
MEETING & AGENDA**

The Commissioner’s Network Adequacy Advisory Council will conduct a public meeting on Thursday, March 16, 2023, at 10:00 a.m. PT. Notice of the meeting was posted in compliance with Nevada’s Open Meeting Law. The recording of this meeting may be viewed on the Division’s website,

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

Roll Call of Members:

The following Council members were present:

Joy Cleveland
Sarah Fox
Jack Kim
Cris Williams(Carmona)

The following Council members were absent:

Patrick Kelly
Brian Knudsen
Thomas McCoy

Division of Insurance Staff in attendance:

David Cassetty
Liz Martins
Maile Campbell
Mark Garratt
Todd Rich

1. Call to Order/Roll Call

The meeting was called to order at 10:05 a.m.

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 Desert Peak Therapies and Kim Reddig commented on behalf of Nevada Speech Language Hearing Association. 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 on possible changes and 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 (For possible action)

The Council discussed future meeting dates and tentatively set the following dates for future meetings: June 15, 2023, July 20, 2023, August 10, 2023 and September 7, 2023.

11. Public Comment (May include general announcements by Council Members)

There was no additional public comment.

12. Adjournment.

The Meeting adjourned at 11:28 a.m.

Respectfully submitted,
Maile Campbell

This Webex meeting recording and previous complete recordings of past Council meetings can be found on the Division's website

[http://doi.nv.gov/Insurers/Life_and_Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/)

Public Comments

Submitted on behalf of Desert Peak Therapies

Good morning, Council members!

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

COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

NOTICE OF NETWORK ADEQUACY ADVISORY COUNCIL MEETING & AGENDA

The Commissioner's Network Adequacy Advisory Council will conduct a public meeting on Thursday, June 15, 2023, at 10:00 a.m. PT. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The recording of this meeting may be viewed on the Division's website, http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/

Roll Call of Members:

The following Council members were present:

Howard Baron
Sarah Fox
Patrick Kelly
Jack Kim
Vu Luu
Thomas McCoy
Joy Thomas
Cris Williams(Carmona)

The following Council members were absent:

Brian Knudsen

Division of Insurance Staff in attendance:

Mark Garratt
Todd Rich
David Cassetty
Maile Campbell
Jack Childress
Elizabeth Martins

1. Call to Order/Roll Call

The meeting was called to order at 10:03 a.m.

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.

3. New Council Member Welcome

Vu Luu, MD, MBA Anesthesiologist with US Anesthesia Partners – Nevada

4. Public Comment

No action may be taken upon a matter raised under public comment unless the matter itself has been specifically included on an agenda as an action item. Public comment is limited to three minutes per person. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Council, but no action may be taken. This matter may be placed on a future agenda for action.

5. Presentation by Division – Current Year Health Insurance Coverage Market Overview

Mr. Campbell presented a general overview of the health insurance market. Although the numbers in the report are from 2021, preliminary versions for 2022 are similar.

6. Presentation By Division – Review of CMS Notice of Benefit & Payment Parameters for 2024

Jeremy Christensen reviewed the 2024 benefit payment parameters for network adequacy.

7. Presentation by Division – Legislative Update on Items Affecting Network Adequacy

Mr. Campbell presented information on current legislation matters relevant to Network Adequacy. The Bills were not discussed in great detail. Mr. Campbell explained how each category of Legislation, if passed, would impact Nevada.

8. Presentation by Division – Update on Impacts of the No Surprises Act

The No Surprises Act protects consumers with most types of private health insurance coverage against certain surprise medical bills. The law guarantees that consumers’ costs are limited to in-network cost sharing and bans providers from sending patients a balance bill for any amounts beyond that cost sharing.

9. Presentation by Division - Provider Directories

This presentation outlined the sources of information available to the Division regarding inaccurate provider directories

10. Public Comment (May include general announcements by Council Members)

There was no public comment.

11. Adjournment.

The Meeting adjourned at 11:49 a.m.

Respectfully submitted,
Patti Flash

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

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

**COMMISSIONER'S NETWORK ADEQUACY ADVISORY
COUNCIL**

**NOTICE OF NETWORK ADEQUACY ADVISORY COUNCIL
MEETING & AGENDA**

The Commissioner's Network Adequacy Advisory Council will conduct a public meeting on Thursday, August 10, 2023, at 10:00 a.m. PT. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/)

Roll Call of Members:

The following Council members were present:

Patrick Kelly
Tom McCoy
Sarah Fox
Amanda Brazeau
Howard Baron
Cris Williams (Carmona)
Jack Kim
Vu Luu

The following Council members were absent:

Brian
Knudsen
Joy
Thomas

Division of Insurance Staff in attendance:

Mark Garratt
Jeremy Christensen
Maile Campbell
Liz Martins

1. Call to Order/Roll Call

The meeting was called to order at 10:05 a.m.

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.

3. Public Comment

There was no public comment at this time however, AG office made a note to be sure to read out loud the phone number and access code moving forward.

4. Approval of the Minutes from the June 15, 2023, Meeting

Jack Kim made a motion to approve meeting minutes; seconded by Howard Baron. None were opposed, motion carried unanimously.

5. Presentation by Nevada Division of Insurance – Review of Plan Year 2024 Carrier Compliance with Essential Community Provider Requirements

Jermey Christensen followed up on a question that was asked during the last network adequacy meeting on whether the carriers are meeting the current 35% ECP requirement for PY 2024. Mr. Christensen stated all carriers meet the general 35% ECP requirement for PY 2024. The lowest contracting rate was 57% for one carrier; however, several carriers are contracting with 100% of available ECP's.

Mr. Christensen also reminded the Council that the 2023 Notice of Benefit and Payment Parameters provided new, specific federal requirements in addition to the 35% general ECP contracting rate. The new requirements state that Qualified Health Plans are required to have a minimum contracting requirement of 35% for Federally Qualified Health Centers and Family Planning Providers. Mr. Christensen stated that two carriers would be deficient in one of these requirements for PY 2024. Howard Baron asked how close the two carriers were to meeting the 35% requirement. After doing some research, Mr. Christensen reported later in the meeting that one carrier had a 25% contracting rate in Clark County and 0% in Nye County, while the other carrier had a 0% contracting rate in Washoe County for the Family Planning Provider requirement. Howard Baron asked what would happen to these two carriers if the specific ECP requirement was a state requirement, and Mr. Christensen stated that the carriers would have to follow the standard remediation program for carriers not in compliance. Patrick Kelly asked if there were a lot of providers in the state that did not have to comply with federal law, and Mr. Christensen stated that no carriers are required to comply with federal law since Nevada has a state exchange which isn't subject to federal law. The exchange defers to the Network Adequacy Council for network adequacy requirements.

6. Presentation by John Packham, PhD, University of Nevada-Reno – Health Workforce Development Legislation in the 2023 Legislative Session

At the request of Howard Baron at the last meeting, Dr. John Packham gave a presentation on Health Workforce Development Legislation in the 2023 Legislative Session. Dr. Packham also addressed health workforce shortages and mentioned that Medicaid is contemplating an increase in Medicaid reimbursement rates for facilities that are hosting graduate medical education programs.

7. Discussion, Deliberation and Potential Direction by Council Regarding Network Adequacy Standards for PY2025

The Council discussed the following Network Adequacy Standards:

- a. Legislation relating to Network Adequacy.
- b. Health workforce development.
- c. CMS adding wait-time standards.
- d. Provider directory issues.
- e. Use of telehealth to satisfy Network Adequacy standards.
- f. ECP Provider standards.

A Motion was made by Howard Baron to adopt the 35% ECP requirements for Federally Qualified Health Centers and Family Planning Providers. The motion passed with no opposition. Dr. Packham also wanted to mention more funding for GME and greater funding for workforce development.

8. Discussion on PY 2025 Meetings

The Council discussed the timeline and the finalization of the Council’s report which must be submitted by the September 15, 2023.

9. Public Comment (May include general announcements by Council Members)

There was no public comment.

10. Adjournment.

The Meeting adjourned at 11:15 a.m.

Respectfully submitted,
Shanna Wallace

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

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

Commissioner's Network Adequacy Advisory Council

Notice of network Adequacy Advisory Council Meeting & Agenda

The Commissioner's Network Adequacy Advisory Council will conduct a public meeting on Thursday September 7th 2023, at 10:06am PT. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/)

Roll Call of Members:

The following Council Members were present:

Cris Williams (Carmona)
Jack Kim
Joy Thomas
Sarah Fox
Howard Baron
Vu Luu
Amanda Brazeau

The following Council members were absent:

Brian Knudsen
Thomas McCoy
Patrick Kelly

Division of Insurance Staff in attendance:

Jack Childress
Michael Ponce
David Cassetty
Reida Wagner
Todd Rich
Maile Campbell

1. Call to Order/Roll Call: 10:06am

2. Introductory Remarks:

Maile Campbell 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. Jack Childress introduced our new team member Reida Wagner

3. Public Comment:

No public Comment at this meeting.

4. Approval of the Minutes from the August 10, 2023 meeting:

Motion made by Howard Baron to approve and second by Jack Kim. None were opposed, motion carried unanimously.

5. Presentation by Nevada Division of Insurance-Review of Plan Year 2025 Carrier Compliance with Essential Community Provider Requirements:

No topic for discussion at this time.

6. Review, Revise and Approve final report plan year 2025 recommendations Standards:

Presentation by Jack Childress on the final report to include 35% of Federally Qualified Health Centers and Family Planning Providers & Consider a new standard that takes into account population growth and density. Howard Baron asked for clarification on Patrick Kelly's recommendations. It was to state that SB 435 was to Mandate 15% of the assessment goes to administration of the program and for Behavioral Health Services. Jack Kim wanted clarification on the 35% of HQHC if it was 35% total or 35% each, Jack clarified with each. Jack Childress will make the change to the report on page 7 to include that language. *(Including 35% of FQHC and 35% of Family Planning Providers.)* Howard Baron made a motion to Approve the Report with the changes, Jack Kim second the motion.

None were opposed, motion carried unanimously.

7. Public Comment (May include general announcements by Council Members):

No public comment at this time.

8. Adjournment:

Meeting was adjourned at 10:23am

Respectfully submitted,
Shanna Wallace

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