

# Division of Insurance

## 2019 Network Adequacy

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## Network Adequacy Regulation

- Applies to individual and small group health benefit plans
- Exemption for a carrier with fewer than 1,000 covered lives in the preceding calendar year or 1,250 lives anticipated in the next year
- Exemption for grandfathered plans

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## Network Adequacy Regulation

- Standards defined in CMS Letter to Issuers is default set of standards if no standards are released by the Commissioner
- Advisory Council recommends requirements and standards for network plans to the Commissioner by 9/15 of each year
- Commissioner releases requirements and standards for network plans by 10/15 of each year
- Commissioner revises requirements and standards for network plans if they do not at least satisfy the standards released in a future CMS Letter to Issuers

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## Network Adequacy Submission

- On-Exchange Carriers must submit network plan applications no later than June 8th
- Off-Exchange Carriers must submit network plan applications no later than July 13th
- Application consists of validated CMS ECP/Network Adequacy Template, 2019 Nevada Declaration Document within each risk pool binder, the Autism Provider Template, and the NA Year over Year Analysis Template

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## Network Adequacy Timeline QHP Health Plans

- June 8<sup>th</sup> Network Plan applications due
- June 22<sup>nd</sup> DOI sends first objection letter
- July 6<sup>th</sup> Carrier response due in SERFF
- July 20<sup>th</sup> DOI sends second objection letter
- August 6<sup>th</sup> Carrier response due in SERFF
- August 17<sup>th</sup> DOI makes final determinations

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## Network Adequacy Timeline Non- QHP Health Plans

- July 13<sup>th</sup> Network Plan applications due
- July 25<sup>th</sup> DOI sends first objection letter
- August 6<sup>th</sup> Carrier response due in SERFF
- August 20<sup>th</sup> DOI sends second objection letter
- September 3<sup>rd</sup> Carrier response due in SERFF
- September 17<sup>th</sup> DOI sends third objection letter
- October 1<sup>st</sup> Carrier response due in SERFF
- October 11<sup>th</sup> DOI makes final determinations

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## 2019 Network Adequacy Standards

Type	Specialty	Metro		Micro		Rural		CEAC	
		Max Time (Mins)	Max Distance (Miles)						
Provider	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
	Mental Health	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
	Facility	Hospitals	45	30	80	60	75	60	110
	Outpatient Dialysis	45	30	80	60	90	75	125	110

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## Nevada County Designations

County	Designation
Carson City	Metro
Clark	Metro
Washoe	Metro
Douglas	Micro
Lyon	Micro
Storey	Rural
Churchill	CEAC
Elko	CEAC
Nye	CEAC
Humboldt	CEAC
Mineral	CEAC
White Pine	CEAC
Pershing	CEAC
Lander	CEAC
Lincoln	CEAC
Eureka	CEAC
Esmeralda	CEAC

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## CMS ECP/Network Adequacy Template

Please note the following in preparing the Network Adequacy section:

- In classifying a facility as a hospital consider the definition of hospital under NRS 449.012 as well as the definition provided by the Centers for Medicare and Medicaid Services
- For any providers acting as a Distant site as defined by NRS 629.515 4.(a) please indicate by adding (T) after the provider's last name

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## Data Validation

All provider information should be verified and validated prior to submission

- Provider Addresses with no city, state, or zip code will not be counted. These fields are mandatory.
- The Street Address & Street Address 2 Columns
  - Primary street address must be inputted into the Street Address Column
  - Suite, Building Number, Office Suite, etc. must be inputted into the Street Address 2 Column
- Check for Typographical errors in provider names or street addresses.
- Network adequacy depends on the provider's physical location. Do not include providers with P.O. Boxes.
- ECP/Network Adequacy Templates with excessive amount of errors as described above will be **rejected** without review.

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## 2019 Essential Community Provider Standards

A carrier must:

- Contract with at least **30%** of available Essential Community Providers (ECP) in each plan's **service area**
- 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

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## Essential Community Provider (ECP) Categories

Major ECP Category	ECP Provider Types
Family Planning Providers	Title X Family Planning Clinics and Title X “Look-Alike” Family Planning Clinics
Federally Qualified Health Center (FQHC)	FQHC and FQHC “Look-Alike” Clinics, Outpatient health programs/facilities operated by Indian tribes, tribal organizations, programs operated by Urban Indian Organizations
Hospitals	Disproportionate Share Hospital (DSH) and DSH-eligible Hospitals, Children’s Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, Critical Access Hospitals
Indian Health Care Providers	Indian Health Service (IHS providers), Indian Tribes, Tribal organizations, and urban Indian Organizations
Ryan White Providers	Ryan White HIV/AIDS Program Providers
Other ECP Providers	STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics, Community Mental Health Centers, Rural Health Clinics, and other entities that serve predominantly low-income, medically underserved individuals

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## Nevada Declaration Document Changes

All carriers subject to the Network Adequacy requirements must submit a NV Declaration Document. The following are the significant changes which were implemented last year and will apply to plan year 2019 also.

### ➤ Autism Provider List

Please provide a list of all providers designated as providing autism services or autism applied behavioral analysis such as registered behavioral technician, behavior interventionists, board certified behavior analysts, or any other autism provider designation for each Network ID defined within the CMS Network ID template. Use the Autism Provider Template provided on the Division's website.

### ➤ Telehealth Providers

Provide a list of Telehealth services. For any providers acting as a Distant site as defined by NRS 629.515 4.(a) please indicate by adding (T) after the provider's last name on the CMS ECP/Network Adequacy template.

### ➤ Provider Directories

Provide a detailed description of the company's process and procedures for updating the provider directory to comply with Nevada regulations filed under LCB file number R049-14 which have not been codified. Include a detailed description of the company's process for responding to a consumer complaint concerning a directory that incorrectly indicates a provider is accepting new patients. Your response must include the average time required from the date of complaint to the date the provider directory is updated.

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## Network Adequacy Year Over Year Analysis

All carriers subject to the Network Adequacy requirements must submit the network adequacy comparative template which highlights the year over year changes in providers and facilities within the network. The template will be posted to the Division website and sent out to carriers when available.

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## Network Adequacy Review Process

- For each specialty and standard, issuer-submitted data will be reviewed to make sure that the plan provides access to at least one provider in each listed provider types for at least 90 percent of enrollees in the service area.
- Justification should describe any established patterns of care and the availability of providers in the specialty type related to the deficiency within the applicable geographic service area
- Access plan should be based upon established patterns of care