



# Network Adequacy Advisory Council

July 21, 2017

Morning Council members. Since we last met there have been new developments in Nevada's individual and small group markets which I will go into more detail in later slides. Before we move on to the other topics I did want to discuss the annual insurer complaint report which was brought up during the last meeting. I have provided a copy of the reporting form which must be submitted by carriers. Currently the categories are too broad to use this information to provide meaningful information about network adequacy however the Division is considering whether this reporting form could be revised to include additional questions concerning network adequacy. The Division will keep the Council advised of any development that occurs regarding this form and any other changes we make to address the need for additional data.



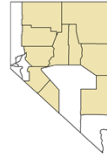
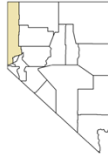
# Network Adequacy

## Market Snapshot



## Rating Areas

- Plans sold on the Silver State Health Exchange
  - 4 Distinct Rating Areas



Before I review the market snapshot I want to review with the Council how each of the rating areas are defined. Since the market information will be broken down by rating area.

- Rating Area
- 1: Clark and Nye County
  - 2: Washoe County
  - 3: The counties of Storey, Lyon, Carson City, and Douglas
  - 4: The remainder of Nevada

In regards to population distribution just under 90% of Nevada's population resides in rating areas 1 and 2. With the remaining 10% residing in areas 3 and 4.



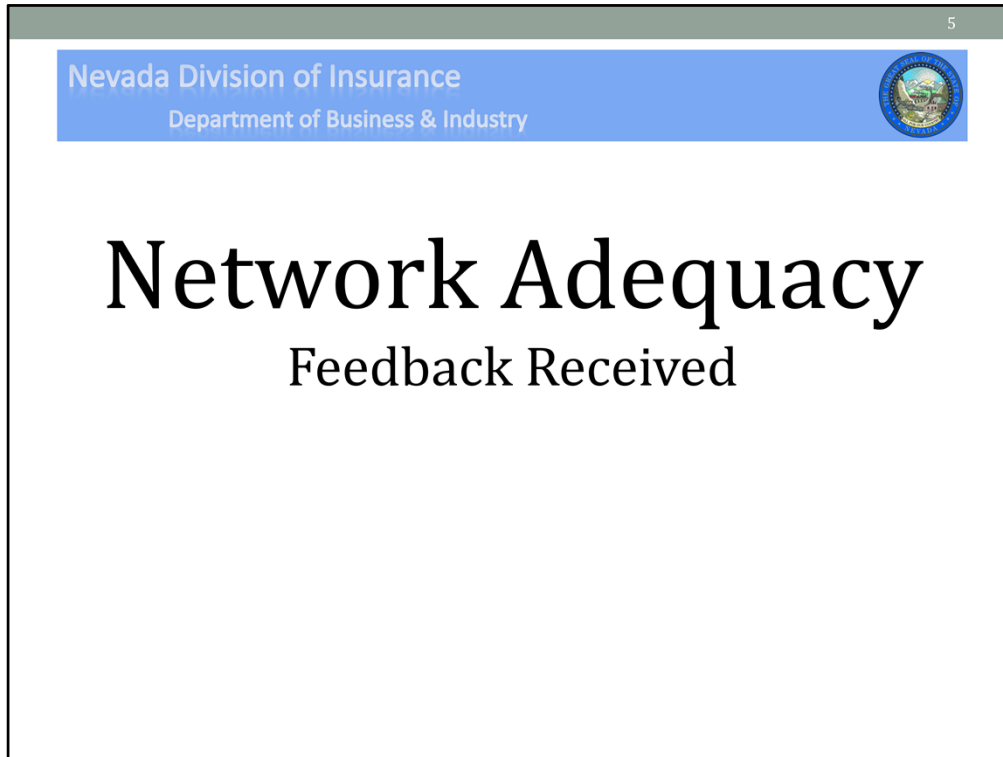
## Individual & Small Group Snapshot

	Plan Year 2017								Plan Year 2018							
	Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4	
	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange
<b>Individual</b>																
HMO	26	29	28	44	18	31	12	12	17	15	17	37	0	24	0	1
PPO	0	31	9	54	9	54	9	35	0	25	0	24	0	24	0	1
EPO	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0
<b>Individual Total</b>	<b>26</b>	<b>60</b>	<b>37</b>	<b>98</b>	<b>27</b>	<b>85</b>	<b>21</b>	<b>47</b>	<b>17</b>	<b>51</b>	<b>17</b>	<b>61</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>2</b>
<b>Small Group</b>																
HMO	3	125	3	123	3	102	3	48	0	74	0	102	0	79	0	19
PPO	0	117	0	135	0	135	0	117	0	114	0	113	0	113	0	113
EPO	0	0	0	0	0	0	0	0	0	29	0	29	0	29	0	29
<b>Small Group Total</b>	<b>3</b>	<b>242</b>	<b>3</b>	<b>258</b>	<b>3</b>	<b>237</b>	<b>3</b>	<b>165</b>	<b>0</b>	<b>217</b>	<b>0</b>	<b>244</b>	<b>0</b>	<b>221</b>	<b>0</b>	<b>161</b>

The chart represents a snapshot of what the market looked like as of January 1, 2017 compared to what is proposed for plan year 2018 in the rate filings submitted July 17, 2017. It is important to note that this is just a snapshot for a given point in time and the actual plans offered could change. The big news that many of you are probably aware of is that in the individual group there are no on-exchange plans being offered in rating area 3 and 4. The Division along with other state agencies are working diligently to try and address this issue but this is how the market looks as of today.

Items to note from this chart:

- Overall the amount of available plans has decreased in all rating areas for both on and off exchange.
- There has been a greater decrease in plans offered on the exchange compared to plans offered off the exchange.
- As already stated with rating area 3 & 4 having no on exchange plans that will leave 14 counties in NV without an on exchange option
- For 2018 there is no on exchange small group plans being offered.
- There were no EPO's being offered in plan year 2017 and plan year 2018 has 11 EPO plans offered in the individual market and 29 plans being offered in each rating area in the small group.
- HMO – Health Maintenance Organization
- PPO – Preferred Provider Organization
- EPO – Exclusive Provider Organization



**Agenda Item 6.a.2** - Review concerns and feedback regarding network adequacy requirements

(a) Public comment provided at the plan year 2018 network adequacy regulation workshop and hearing

(b) Plan year 2018 Nevada Declaration Document

The Division of Insurance received one comment during the regulation process for T007-16 which was received from the Nevada Society of Pathologist on September 20, 2016. The comments received requested technical clarification of Nevada's network adequacy rule for plan year 2017. The Division response to these comments was provided to the Council and public during the February 13, 2017 meeting. The Nevada Society of Pathologist also provided a written public comment which was presented to the Council during the first public comment session in the Council's February 13, 2017 meeting. A copy of the written comment was provided to the Council and the public at this meeting and a copy is available on the Network Adequacy Advisory Council's webpage on the Division's website. The Division has included with in today's Council documents and made available to the public a copy of the comment letter dated September 20, 2016 and the Division response as well as a copy of the letter submitted to the Council for public comment for the February 13, 2017 meeting.

A review of the declaration documents received for plan year 2018 as well as correspondence received from carriers did not include any specific feedback concerning the network adequacy standards implemented for plan year 2018.



# Network Adequacy

## Plan Year 2018 Certification Update

**Agenda Item 6.a.3** - Plan year 2018 Network Adequacy Certification update

On June 12, 2017, the Division of Insurance began receiving binder submissions from carriers for plan year 2018. As of July 14, 2017 the Division has received 21 binders from 12 carriers. From these binders the Division is reviewing 20 unique networks for network adequacy. The Division has completed the majority of the time and distance review on these plans for plan year 2018 and as of July 14<sup>th</sup> there was two networks which did not meet the standards and 2 networks which are still under review.



## PY 2018 Network Adequacy by County (Marketwide)

COUNTY	Specialty Description	Maximum Miles	Maximum Time	Percent With Access Distance	Percent With Access Time	Percent Without Access Distance	Percent Without Access Time	Distance	Time	Overall
ELKO	Oncology - Medical & Surgical	100	110	0.0	23.4	100.0	76.6	FAILED	FAILED	FAILED
ELKO	Rheumatology	130	145	0.0	0.0	100.0	100.0	FAILED	FAILED	FAILED
ESMERALDA	Infectious Diseases	130	145	0.0	66.7	100.0	33.3	FAILED	FAILED	FAILED
ESMERALDA	Oncology - Medical & Surgical	100	110	0.0	0.0	100.0	100.0	FAILED	FAILED	FAILED
ESMERALDA	Oncology (Radiation/Radiology)	130	145	0.0	66.7	100.0	33.3	FAILED	FAILED	FAILED
ESMERALDA	Outpatient Dialysis	110	125	0.0	33.3	100.0	66.7	FAILED	FAILED	FAILED
ESMERALDA	Pediatrics	90	105	0.0	0.0	100.0	100.0	FAILED	FAILED	FAILED
ESMERALDA	Primary Care	60	70	0.0	33.3	100.0	66.7	FAILED	FAILED	FAILED
ESMERALDA	Rheumatology	130	145	0.0	66.7	100.0	33.3	FAILED	FAILED	FAILED
EUREKA	Oncology - Medical & Surgical	100	110	35.3	35.3	64.7	64.7	FAILED	FAILED	FAILED
EUREKA	Rheumatology	130	145	0.0	0.0	100.0	100.0	FAILED	FAILED	FAILED
HUMBOLDT	Oncology - Medical & Surgical	100	110	0.0	26.1	100.0	73.9	FAILED	FAILED	FAILED
HUMBOLDT	Rheumatology	130	145	0.0	84.2	100.0	15.8	FAILED	FAILED	FAILED
LANDER	Oncology - Medical & Surgical	100	110	7.6	7.6	92.4	92.4	FAILED	FAILED	FAILED
LANDER	Rheumatology	130	145	0.0	7.6	100.0	92.4	FAILED	FAILED	FAILED
WHITE PINE	Rheumatology	130	145	0.0	0.0	100.0	100.0	FAILED	FAILED	FAILED

As the Division did in past years we compiled the market wide network adequacy using the ECP/Network Adequacy templates. The following table shows a breakdown of those areas which did not meet the adequacy requirements. The findings are similar to the prior year data in that the majority of deficiencies exist in the rural areas where the population density is low. Rheumatology and Medical & Surgical Oncology were deficient in Elko, Esmeralda, Eureka, and Humboldt counties. Esmeralda county had several additional deficiencies to note and White Pine county also was not adequate for Rheumatology. This analysis takes into account all networks regardless of whether they are on-exchange or off-exchange. Please keep in mind that for on-exchange individuals there are 14 counties which currently do not have on-exchange plans available to them at all.



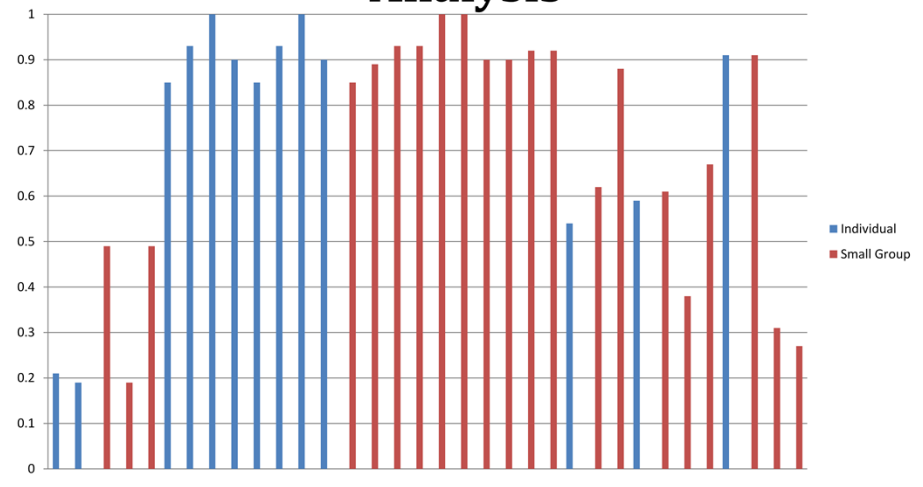
# Network Adequacy

## Essential Community Provider (ECP) Analysis





# Essential Community Provider Analysis



**Agenda Item 6.a.4 - Plan year 2018 Essential Community Provider analysis**  
The Council requested the Division take a look at how the plan year 2018 health care plans for individual and small group are meeting the 20% Essential Community Provider standard and how those plans would fair if the standard was at 30%. The chart below provides a breakdown of the available health plans as of July 14, 2017 and the corresponding ECP percentages for the plans' service area. From the analysis done all but two plans in the individual and small group were above 20% and only two plans were between 20% and 30%. The average percentage of ECP's contracted in a plan's service area is 73%.



# Network Adequacy

## Impact of Telehealth Services



## Telehealth Services

### Providers flagged as Distant sites for Telehealth services:

- 002 Family Medicine
- 003 Internal Medicine
- 007 Allergy and Immunology
- 008 Cardiovascular Disease
- 012 Endocrinology
- 014 Gastroenterology
- 019 Neurology
- 020 Neurological Surgery
- 021 Medical & Surgical Oncology
- 025 Orthopedic Surgery
- 026 Physical Medicine & Rehabilitation
- 029 Psychiatry
- 030 Pulmonology
- 101 Pediatrics
- 102 Licensed Clinical Social Workers

### Common items addressed through Telehealth services:

- Allergies
- Basic Dermatological Issues
- (Episodic) Behavioral Health needs
- Bronchitis
- Cough
- Ear Infection
- Flu
- Nasal Congestion
- Pink Eye
- Sinus Problems
- Urinary Tract Infection
- Upper Respiratory Infection

**Agenda Item 6.a.5** – Potential impact of telemedicine on network adequacy NRS 689B.0463 (Individual Health Insurance) and NRS 689B.0369 (Group Health Insurance) requires an insurer to provide Telehealth services as part of the coverage provided under health insurance. The question posed by the Council was what impact Telehealth services have on the adequacy of a network plan. The telehealth services offerings are collected through the NV Declaration document. The Division had several carriers indicate that they use a Telehealth vendor to provide these services while other carriers indicated that they will cover Telehealth services at the same rate as an on-site appointment. The Division did have three carriers which marked the ECP/Network Adequacy Template to indicate providers which were acting as Distant sites for Telehealth services. A Distant site is defined by NRS 629.515 4.(a) and means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site. In reviewing the submitted templates there were 33 unique provider locations which were acting as Distant sites. The table shown here provides a breakdown of the provider specialties acting as Distant sites for Telehealth Services based on the carrier submissions. In addition to these providers the responses received also include common items which are address through telehealth services.

Currently the Division does not require the carriers to report on the utilization of Telehealth services so it is difficult to measure the impact these services are having on network adequacy. From the information we have for plan year 2018 does show that there are providers which are utilizing these services to provide care and that these services can be used to address a variety of issues. As we move forward the Division is considering

requiring more utilization data related to Telehealth services to better understand how Telehealth services are being used and what areas of the state are benefitting from these services.



# Network Adequacy NV Declaration Document

**Agenda Item 6.a.6** – Review Network Adequacy Declaration Document for plan year 2018  
The NV Declaration document for plan year 2018 consists of 7 questions. Questions 1 through 4 requires the carrier to affirm that they will comply with network adequacy laws and regulations, that they will maintain an adequate network, that the network data provided is representative of the contracts that will be in place at the beginning of the plan year, and that they will maintain the current directory links. The remaining questions address state requirements related to provider directories, telehealth services, and autism providers. A copy of the NV Declaration document for PY 2018 has been provided for review.



# Questions

