

## VISION for NEVADA's NETWORK ADEQUACY ADVISORY COUNCIL (NAAC)

What would be possible what would be different about how Nevada's Healthcare network operates for Nevada's communities and people--if the Council was 100% successful in getting Network Adequacy to its highest potential?

*Standards are pragmatic, achievable and meaningful.*

*We have:*

- maximized access for consumers with adequate workforce and providers cost containment.
- validated data about whether providers are available.
- Access\* to care /access to insurance.
- Maximized health and wellness.
- Educated consumers so that, whether their health needs are emergent or non-emergent:
  - Consumers know how to use their network care, are informed and access care appropriately.
- Contributed to health literacy: transparent to consumer.
- Provided care that is culturally and linguistically appropriately influence other 80% of plans.

\* Access to care—consumer can utilize their health plan benefits; Access refers to clinical best practice.

## Favorable Conditions for NEVADA's NETWORK ADEQUACY COUNCIL

### To Consider and Create through Standards

What will it take to make this happen? What favorable conditions need to be in place for providers, carriers/insurers and consumers?

The Network Adequacy Council Members identified many areas where the "need to know" preceded their ability to create favorable conditions for success. Here are the main conditions they identified:

- Knowing and setting a reasonable timeframe within which patient can access provider.
- Appropriate utilization
- There is a public education component educating all insured!
- Consumers understand an entity- what is insured.
- We have accurate follow-up/information from provider.
- Cultural/linguistic competencies of providers
- We know, based on business models what "availability actually means: those for whom they are dedicated to a specific plan/ carrier
- Each network actually meets standards.
- True access: reconciliation of practices with multiple plans that they aren't over committed.
- Providers have an understanding of what constitutes over extended.
- Standards don't eliminate Nevadans from getting insurance because they can't be met.
- Increase workforce to meet Nevada's needs.
- Capacity to monitor and enforce standards.
- Pediatrics is covered under the specialties for the standards.
- Mid-levels are counted and improve access for consumers.

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## Nevada Network Adequacy Advisory Council Expectations and Agreements

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In addition to the basic rules and agreements below, NAAC Members agree to comply with Nevada's Open Meeting Law.

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### Basic Rules

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- Deliberations will be conducted openly: Maintain Transparency
- Agenda must be clear and complete- any potential action/decision must be marked as such: "for possible action".
- Council discussions must stick to the agenda.

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### Additional Process Agreements

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- Think outside restrictions- Freely without judgment.
- Pragmatic asks consider consumer regardless of perspective as well as providers.
- Understand consequences of our decisions and recommendations.
- At the beginning of the meetings reviews objectives and how we make decisions.
- One person speaks at a time.
- Respectfully listen and give each speaker our attention.
- Everyone's voice and opinion matters and is necessary to informed discussion and decisions.
- Agree to disagree, respectfully.

## Nevada Adequacy Advisory Council Meeting Schedule

Meetings	Date	Deliverable
Meeting 1:	6/15/16	Vision; Agreements; <u>Data Analysis Requests</u>
Meeting 2:	7/22/16	Process for Decision-Making Finalize Decisions on: <ul style="list-style-type: none"> <li>• Adding providers to standards: (Pediatrics?)</li> <li>• Decide whether hospital definition is sufficient.</li> <li>• Whether CMS time/ distance criteria needs to be adjusted (county / 240 K data.</li> <li>• Adding metrics.</li> <li>• Whether utilization of Essential Community Providers and along with the number of ECP adjusted.</li> </ul>
Meeting 3:	8/1/16	Ongoing work on Recommendations for Standards: Action Items for the Template
No Meeting	8/3/16	Initial Draft of Recommendations posted on line
No Meeting	8/3-10/16	Review and Public Input/Posts
Meeting 3:	8/17/16	Review, Revise and Approve Final Set of Recs
Optional Meeting	9/12/16	Review final recommendations for 9/15/16 submission.
Submission	9/15/16	Facilitator makes final revisions and submits the NAC Recommendations

\*Should Council Members gather constituent input to present at any meeting and if input is in written format, it must be submitted to DOI staff prior to posting of agenda or it cannot be acted upon at the meeting presented.

Nevada Network Adequacy Council  
Data Analysis Requests for the Division of Insurance

Data Request	Capacity of DOI to Provide Immediate Analysis:			Expected Date for Presentation to NAC	Source of Data if other than DOI	Expected Date for Presentation to NAC (if Not Available prior to 9/15 please indicate N/A)
	Yes	No	Maybe			
NV Network Adequacy Declaration Document	X			7/22/16		
List of ECP's by County	X			7/22/16		
Autism Provider List	X			7/22/16		
On/Off Exchange Distribution of current enrollees	X			7/22/16		
On/Off Exchange Distribution of current enrollees by age	X			7/22/16		
NV Utilization data		X				
Count of DOI Complaints related to network access			X			
CMS Specialty Code Definitions			X			
Provider Count by county and specialty	X			7/22/16		
Adequate Provider Count by county and specialty type	X			7/22/16		
Network Adequacy by county	X			7/22/16		
Wait times		X				
Physician licensure specialty plus		X		7/22/16	UNSOM	John Packham will have the data

county roll-up for all health professionals. For Nurse Practitioners and Physician's Assistant.						by July 22, 2016 NAC meeting
Demographics and linguistic competencies of providers		X				With the exception of nursing, demographic data is not collected on providers in Nevada
Current and Growth Prediction for Work-Force for providers in standards		X		7/22/16	UNSOM	John Packham can get data on available workforce
Consumer concerns and perceptions about access to health care		X			Secret Shopper Survey	This falls outside the scope of DOI staff; the Council may make recommendations to the Commissioner to request this of other state entities.
Open Enrollment trends for October-November 2015		X		7/22/16	UNSOM	John Packham will collect
Health Plan practices and procedures to insure access for its members			X			Need to revisit
Utilization of telehealth/composition of providers		X				DOI ensures this is available but does not track utilization or composition; the Council may make recommendations to the Commissioner to request this of DOI or other state entities.
How mid-level providers get counted		X				
Other Data Requests:		X				