Nevada Division of Insurance: NAAC 2018

February 27, 2018

Facilitation provided by Turning Point, Inc.

NAAC Vision

- Standards are pragmatic, achievable and meaningful.

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

- Maximized access for consumers with adequate workforce and providers cost containment.
- Validated data about whether providers are available.
- Access to care.
- Access to health 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 appropriate.
- Influenced the other 80% of non-regulated plans.
- Access to care—consumer can utilize their health plan benefits; Access refers to clinical best practice.

What you accomplished last year:

- When the Feds stepped back from requiring standards, the NAAC held firm to network adequacy standards.

- Those standards are now in Nevada statute and regulations.

- NAAC maintained the 30% requirement for Essential Community Providers in every service area

Recommendations for NAAC Future Considerations 2019

- Create a panel of representatives from each entity that presented data during the 2019 Plan Year.

- Have them come together for a conversation with NAAC members during the next series of meetings for Plan Year 2020

- Work collectively to cross-reference and integrate their data and findings to determine whether it is possible to create a more coherent and complete picture of the data requested.

Ten Recommendations for Future Considerations 2019

- Explore whether data can be collected from other state agencies or sources or added as categories of information to existing carrier network submission forms for understanding what access/adequacy issues are at stake:
  - Wait time (to first appointment and in office time)
  - Provider/enrollee ratios (determining what provider categories in addition to primary care would be a meaningful addition)
  - Utilization of telehealth/telemedicine for delivery of urgent, primary care, and specialized services, particularly in rural areas.
- Identify and operationalize opportunities for providers to systematically report on data useful to the Council.
- Look at existing provider network adequacy requirements imposed by different regulatory bodies (i.e., Medicaid/Medicare/ fully insured non-Affordable Care Act products) across the state.
- Advocate for workforce development in critical provider categories required for network adequacy.

Recommendations for Future Considerations 2019

- Examine the impact of network adequacy regulations on the insurance market place for Plan Year 2019 and beyond.

- Work toward a data collection system that better represents provider counts based on the Full-Time Equivalent (FTE) of employed staff or providers' actual availability at a given site; currently the count is one provider per site regardless of how available they are to that site and its consumer base (FTE or days/week). Possible options for *exploration* in collecting this data were noted: a state-developed, separate template for carriers to report on provider FTEs; a request to state licensing boards to share annual data on new and current health professionals.

- Improve data on provider availability on open/closed panels.

- Further explore network adequacy as it pertains to ECPs.

- Explore further network adequacy of mental health and the necessity of separating out psychiatrists from other mental health professionals, given that psychiatrists are the only mental health professionals able to prescribe medication.

- Request that the DOI provide a description of the existing data collected, related definitions, and how data is validated, if at all. Present this information at the first Council meeting of the 2020 plan year.

What else is important to you?

Issues of Importance for Plan Year 2020 and beyond

Goals for Plan Year 2020

Timeline Options for Plan Year 2020

- Final Recommendations to Commissioner no later than September 15, 2018
- Working Meeting option May 2018
- Monthly Meetings June-August, 2018
- Finalize and approve final report of recommendations by September 14, 2018

Creating Agendas for meetings

Items 5-9

- If May is a workshop, this is the content for 5-9
- If June is next meeting:
- Review of Goals for Plan Year 2020
- Presentations:
    - DOI
    - Member Shares/Presentation: (Discussions, Actions, Strategies, and/or Data from Member's Network/Organization/Constituent

Agenda for Next Meeting

- Review of Goals for Plan Year 2020

- Presentations:
  - DOI

  - Member Shares/Presentation: