

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:

1. maximized access for consumers with adequate workforce and providers cost containment.
2. validated data about whether providers are available.
3. Access* to care
4. Access to insurance.
5. Maximized health and wellness.
6. Educated consumers so that, whether their health needs are emergent or non-emergent:
 - a. Consumers know how to use their network care, are informed and access care appropriately.
7. Contributed to health literacy: transparent to consumer.
8. Provided care that is culturally and linguistically appropriate.
9. Influenced the other 80% of non-regulated plans.

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

Expectations and Process Agreements

- Think outside restrictions- Freely w/o judgement.
- Pragmatic asks consider consumer regardless of perspective as well as providers.
- Understand consequences of our decisions and recommendations.* (recs.)
- 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.

Basic Rules

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

2019 Plan Year Recommendations

With these caveats, the Council recommends the following:¹

1. Retain the Plan Year 2018 Standards as originally recommended by the Council which included pediatrics, with no further modifications in metrics, other than noted in 2 below;
2. Return to the standard of 30% (the original CMS minimum standard for Plan Year 2018) for ECPs, in order to maintain consistency with the decision of the Council in September 2017 which accepted the CMS 30% minimum standard as acceptable and feasible.
3. All metrics noted in the Plan Year 2019 chart should be followed, regardless of any *reductions* in the minimums that CMS might make once the Plan Year 2019 Standards are adopted.

The current NAAC recommendation for Plan Year 2019 would be equivalent to the requirements outlined in the CMS Letter to Issuers for Plan Year 2018, with the exception of returning to a 30% standard for ECPs. .

¹ The recommendation was based on a Council vote with eight (all those present) in favor

Network Adequacy Time/Distance Standards : Plan Year 2019 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
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
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 specialties types with in the specified time and distance metrics.							
Plan Year 2019 Standards for ECPs:								
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								

Additional Feedback or Considerations for 2020 Recommendations: AS A HAND-OUT IN PACKET- turn to the person next to you and take about 5-10 minutes to review the existing Plan Year 2019 Standards and recommendations and consider if you want to make changes to existing criteria or add any additional criteria for either Providers or ECPs, or add additional Provider/ECP types. Decide whether you're recommending that the council reduce, add or maintain the Plan Year 2019 standards and recommendations. We'll share out what your team came up with and discuss this.

Provider - Current Criteria Applied	Additional Providers Types	ECP-Current Criteria Applied	Essential Community Providers (ECP)- Others
Time/Distance:		30% availability	
Service Areas: Metro/Micro/Rural/CEAC		<ul style="list-style-type: none"> ▪ Contracts offered to at least one ECP in each category ▪ Contracts offered to all available Indian Health providers in service area 	
Additional Criteria Options		Additional Criteria Options	
___Capacity (Provider/Enrollee ratios)		___Capacity (Provider/Enrollee ratios)	

Current vote on Standards/Recommendations:

_____ **Recommend to reduce**

_____ **Recommend to add**

_____ **Recommend to stay with 2019**

Goal:

Plan Year 2020 NAAC Workplan:

Date of Meeting	Topic/Objective for meeting	Data Requests or Presentations	DOI or NAAC Member
July 24			
August 21			
September 13	Finalize Report		

