

**Report on the Plan Year 2019 Recommendations  
For Network Adequacy Standards**

**Presented by:  
The Network Adequacy Advisory Council**

**To:  
Barbara Richardson  
Commissioner of Insurance  
Nevada Division of Insurance**

**Prepared by:  
Deborah Loesch-Griffin, Ph.D.  
NAAC Facilitator  
And  
Jennifer McClendon, Ph.D.  
Associate  
Turning Point, Inc.**

**September 13, 2017**

## **NAAC Recommendations for Network Adequacy for Standards for Plan Year 2019**

**Overview of the NAAC Recommendations Process.** This section includes a description of the:

- 1) Commencement of the 2017 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of 2017 NAAC meetings
- 3) Timeline and significant discussions made at each of the five meetings.

The NAAC is comprised of nine individuals representing consumers across Nevada, providers of health care services, and health insurance carriers. The Council met first on February 13, 2017 (by regulation R049-14 the first meeting of the NAAC must be held prior to June 15<sup>th</sup>). They continued to meet through September 11, 2017, to finalize the recommendations of network adequacy standards for Plan Year 2019. The Council recommends these standards to achieve network adequacy for individual and small employer group health benefit plans.

At the June 20, 2017, meeting, the Council revisited and refined its vision for what it hoped to achieve during the 2017 sessions NAAC meetings. The vision is:

- Standards are pragmatic, achievable and meaningful.

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

1. Maximized access for consumers with adequate workforce and providers cost containment.
2. Validated data about whether providers are available.
3. Access to care<sup>1</sup>.
4. Access to health 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;
  - b. Are informed; and
  - c. 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.

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<sup>1</sup> Access to care—consumer can utilize their health plan benefits; Access refers to clinical best practice.

The data that the Nevada Division of Insurance (DOI) was able to provide the Council assisted the Council to: 1) make some recommendations that aligned with its vision and 2) consider what the implications of such recommendations might be on the conditions it had established as requisites for achieving its vision. It should be noted that, as with their meetings in 2016, the DOI was unable to provide some of the data that was requested by the Council. This will be discussed more fully in the section following the recommended standards.

A total of five public meetings were conducted. The result of these meetings is contained in this Report that will be submitted to the Commissioner of Insurance on September 15, 2017.<sup>2</sup>

February 13<sup>th</sup>- At this meeting, the DOI reviewed the network adequacy standards for Plan Year 2018 and a schedule of meetings was introduced and approved by the Council. The May 2017 meeting was cancelled based on the fact that no new data would be available at that time for the Council to review and formulate initial recommendations for Plan Year 2019.

June 20<sup>th</sup> – At this meeting, the Council reviewed the vision and process for subsequent sessions, using a workshop format. The Council received an update of changes at the Federal and State level which impacted Nevada’s network adequacy standards for Plan Year 2017. The Council requested that specific data be reviewed at the July 21<sup>st</sup> meeting, including a comparison of the Plan Year 2017 and 2018 insurance markets for individual and small group plans. They also requested a review of the changes to the Essential Community Providers (ECPs) data since the Centers for Medicare and Medicaid Services (CMS) had lowered the percentage from 30% to 20% minimums.

July 21<sup>st</sup> –At this meeting, the Council reviewed the data requested at the June 20<sup>th</sup> meeting. The Council considered the impact of this information and made the decision to retain the Plan Year 2018 standards for Plan Year 2019, with the caveat that it specify that metrics listed in the chart be retained, regardless of any lowering of the standard by CMS. The recommendations included increasing the ECP to 30%. The Council deferred any final recommendations and justifications until additional data was reviewed at the August 17<sup>th</sup> meeting.

August 17<sup>th</sup> –At this meeting, the DOI presented the Council with additional findings from data analyses requested at the July 21<sup>st</sup> meeting. The Council reviewed, confirmed its decision related to the standards, and reviewed and revised the first draft of this Report. The Council also reaffirmed and, in

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<sup>2</sup> The video recordings of the meetings and supporting materials are available on the Division website at [http://doi.nv.gov/Insurers/Life\\_and\\_Health/Network\\_Adequacy\\_Advisory\\_Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/). Included in the Appendix of this Report are the minutes of each meeting.

some cases, expanded the ten recommendations from Plan Year 2018 for future considerations for inclusion in the final draft of this Report.

September 11<sup>th</sup> – At this meeting, the Council approved the final Report.

### **Council's Recommendation for Plan Year 2019.**

From the outset, as with Plan Year 2018, the Council expressed that Plan Year 2019 standards are largely requirements mandated by the Centers for Medicare & Medicaid Services (CMS). Any proposed changes to future standards must consider the ability of carriers to meet any changes to existing standards. The Council acknowledged that the current market was unstable, and that making any major changes would potentially have unintended consequences that might significantly reduce the conditions it had committed to create at its June 20<sup>th</sup> meeting (see above).

Changes to Plan Year 2018 standards for the proposed Plan Year 2019 continue to be impacted by the absence of data. The Council's ability to make decisions from the analysis and presentation provided by DOI staff and other presenters is hampered by the ongoing gaps in what and how data is collected by various outside entities, which restricts the Council's ability to accurately evaluate the impact of any proposed changes to network adequacy standards. Of particular note was the gaps in the data for the number of carriers and categories served by telemedicine, wait time, and time to first visit for urgent or primary care requests that is not currently required to be included on the Declaration Document.

With these caveats, the Council recommends the following:<sup>3</sup>

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 and keeping Pediatrics as a standalone requirement as it is for Plan Year 2018.

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<sup>3</sup> The recommendation was based on a Council vote with eight (all those present) in favor

The Plan Year 2019 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

<b>Network Adequacy Time/Distance Standards : Plan Year 2019 Recommendations</b>								
<b>Specialty</b>	<b>Metro</b>		<b>Micro</b>		<b>Rural</b>		<b>CEAC</b>	
	<b>Max Time (Mins)</b>	<b>Max Distance (Miles)</b>	<b>Max Time (Mins)</b>	<b>Max Distance (Miles)</b>	<b>Max Time (Mins)</b>	<b>Max Distance (Miles)</b>	<b>Max Time (Mins)</b>	<b>Max Distance (Miles)</b>
<b>Primary Care</b>	15	10	30	20	40	30	70	60
<b>Endocrinology</b>	60	40	100	75	110	90	145	130
<b>Infectious Diseases</b>	60	40	100	75	110	90	145	130
<b>Mental Health</b>	45	30	60	45	75	60	110	100
<b>Oncology - Medical/Surgical</b>	45	30	60	45	75	60	110	100
<b>Oncology - Radiation/Radiology</b>	60	40	100	75	110	90	145	130
<b>Pediatrics</b>	25	15	30	20	40	30	105	90
<b>Rheumatology</b>	60	40	100	75	110	90	145	130
<b>Hospitals</b>	45	30	80	60	75	60	110	100
<b>Outpatient Dialysis</b>	45	30	80	60	90	75	125	110
<b>Adequacy Requirement</b>	90% of the population in a service area must have access to these specialties types with in the specified time and distance metrics.							
<b>Plan Year 2019 Standards for ECPs:</b>								
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								

**Rationale and Criteria for Recommended Standards.** The recommendation above, based on extensive discussion by the Council, related to whether additional standards would have a positive impact on:

- Network adequacy
- Consumer access to high quality health services
- Affordability and the capacity of carriers to offer products to both individuals and small groups

County level data revealed that in many counties, network adequacy standards could not be met, based on the CMS floor for required provider categories and facilities. Further, the risk and reality of carriers dropping coverage for a particular county, or withdrawing products from consumers was too great at this time to warrant a county level criteria for network adequacy. Going forward, the Council agrees to maintain service areas as the geographic criteria for establishing network adequacy.

The rationale for including and retaining pediatric services in the Plan Year 2019 standards as a stand-alone category was based on state statute that requires insurance policies and plans to provide an option of coverage for screening and treatment of autism and the importance of pediatrics as a stand-alone category as an essential provider of primary care for children. The Council agreed that along with the recommendation to include it as a stand-alone category, it would also adjust the time/distance criteria to the level where networks in all four service areas could meet the requirement.

The Council made a decision to meet the 30% minimum standard for ECPs based on data indicating that the majority of carriers met or exceeded that level for Plan Year 2017. The data indicated that this was also true for the carrier data submitted for Plan Year 2018. Therefore, the Council voted to return to and maintain the 30% standard even though CMS had lowered the standard to 20% in its latest letter to issuers.

Finally, the Council voted to recommend that the specified metrics in the standards chart be listed in regulation, regardless of whether CMS reduced these standards, since the data it reviewed and that was the basis for its recommendations supported the proposed standards.

**Future Considerations.** Throughout the meetings, the Council identified numerous data and definitional issues associated with the assessment of existing standards, not to mention proposed changes to those standards. The primary concern with existing data is that it does not provide support for the Council to look at standards beyond time and distance for network adequacy. Currently the data gathered and presented to the Council, per its requests, does not adequately calculate the true impact of the Council's decisions to improve network adequacy and not have unintended negative consequences. It was suggested that, although presentations of

data from various entities was informative, none were entirely complete. The Council suggested that it might benefit from having a joint panel of representatives from each entity that has presented data during their 2017 meetings come together for a conversation with NAAC members during the next series of meetings for Plan Year 2020, and then 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. Considerations for future action were discussed to prepare the Council with a better understanding of what additional standards might be added for Plan Year 2020 and beyond. The Council maintains the stance that data collection and standards should not impose burdens that might compromise the adequacy of current networks. The following considerations were put forth:

- 1) 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:
  - a. Wait time (to first appointment and in office time)
  - b. Provider/enrollee ratios (determining what provider categories in addition to primary care would be a meaningful addition)
  - c. Utilization of telehealth/telemedicine for delivery of urgent, primary care, and specialized services, particularly in rural areas.
- 2) Identify and operationalize opportunities for providers to systematically report on data useful to the Council.
- 3) 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.
- 4) Advocate for workforce development in critical provider categories required for network adequacy.
- 5) Examine the impact of network adequacy regulations on the insurance market place for Plan Year 2019 and beyond.
- 6) 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.
- 7) Improve data on provider availability on open/closed panels.
- 8) Further explore network adequacy as it pertains to ECPs.
- 9) 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.
- 10) 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.

Appendix:  
Draft Minutes from NAAC Meetings:  
February 13<sup>th</sup>, June 20<sup>th</sup>, July 21<sup>st</sup>, August 17<sup>th</sup> and September 11<sup>th</sup>

## COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

### Minutes of Meeting Held February 13, 2017

The Commissioner's Network Adequacy Advisory Council held a public meeting on Monday, February 13, 2017, at 10:00 a.m. at the Nevada Division of Insurance Hearing Room, 1818 East College Parkway, Carson City, Nevada, which was simultaneously video-conferenced to Las Vegas at the Bradley Building, Division of Insurance Conference Room, Third Floor, 2501 East Sahara Avenue, Las Vegas, Nevada. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The video recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life\\_and\\_Health/Network\\_Adequacy\\_Advisory\\_Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/).

#### **Roll Call of Members:**

##### **The following Council members were present:**

Dr. Howard Baron (LV)  
Dr. Tracey Green (LV)  
Nancy Hook (CC)  
Jack Kim (LV)  
Todd Lefkowitz (LV)  
John Packham (CC)  
Pete Sabal (LV)  
Treavor Rice (CC)

##### **The following Council members not present:**

Bill Welch—Olivia Myer, on Mr. Welsh's behalf, was available by telephone for scheduling purposes

#### **Division of Insurance Staff in attendance:**

Kim Everett (CC)  
Jack Childress (CC)  
Alexia Emmermann (CC)  
Richard Yien (CC)  
Jeremey Gladstone (CC)  
Nanci Hoffman (CC)

### **1. Call to Order and Roll Call**

The meeting was called to order at 10:00 a.m. Ms. Hoffman took roll call. Eight members were counted as present. One member was absent, but had a representative by phone for the limited purpose of scheduling future NAAC meetings.

**2. Introductory Remarks**

Kim Everett welcomed the Network Adequacy Advisory Council (NAAC) members back for the discussion of plan year 2019. Ms. Everett advised the Council that the temporary regulation for network adequacy had been sent to the Secretary of State for plan year 2018. Ms. Everett introduced Deborah Loesch-Griffin who will be the facilitator for meetings regarding network adequacy for plan year 2019. Ms. Loesch-Griffin will start on March 1, 2017.

Commissioner Barbara D. Richardson thanked the council members for their continued service. Commissioner Richardson offered if there was anything the Division could do to assist them in their endeavors, to please let us know.

Alexia Emmermann reviewed the public open meeting laws, and advised the council that staff would interrupt if there was any violation of the Open Meeting Law.

**3. Public Comment.**

There was no public comment from Carson City or Las Vegas.

Ms. Everett stated that the Division received written public comment on behalf of the Council from the Nevada Society of Pathologist. The Nevada Society of Pathologist letter requests the Council to consider an agenda item be added for discussion at the next Council meeting. A copy of the letter was shared with the Council.

**4. Presentations: Network Adequacy Overview; Presented by Division of Insurance Jeremy Gladstone, Actuarial Analyst II**

Mr. Gladstone reviewed the network adequacy standards for plan year 2018, and provided a PowerPoint presentation regarding plan year 2019.

Mr. Gladstone’s presentation went over the following:

- Nevada Statutes & Regulations
- Federally Facilitated Market Place
- CMS ECP/Network Adequacy Standards
- CMS ECP/ Network Adequacy Template
- Service Areas
- Silver State Health Exchange
- Nevada Declaration Document for the Autism Provider list
- Telehealth Providers

Mr. Gladstone explained that all meetings are recorded and made available on the DOI website within five business days after each meeting. He also advised that last year’s meetings have been archived and are available for review on the Division website.

**5. Discuss Plan Year 2019**

A timeline was shared with the Council for plan year 2019. The Division advised that the availability of data for the Council to formulate a recommendation for plan year 2019 would be subject to availability of data submitted to the Division for plan year 2018. Division staff provided an overview of the carrier data submission time for plan year 2018.

**6. Scheduling of future meetings:**

The Council went over the scheduling of the next five meetings; this was discussed in depth according to the Council members’ schedules. The finalized days are listed below.

May 18, 2017	Time: 10:00 am to 12:00 pm
June 20, 2017	Time 1:00 pm to 3:00 pm
July 21, 2017	Time: 10:00 am to 12:00 pm
August 17, 2017	Time 10:00 am to 12:00 pm
September 11, 2017	Time 10:00 am to 12:00 pm

**7. Scheduling of next meeting agenda items**

The Council discussed possible agenda items for the next meeting. Jack Kim requested that the Division add the two new health exchange carriers to the Network Adequacy Advisory Council meeting distribution list. Dr. Howard Baron requested a list of network adequacy consumer complaints the Division has received. The Division agreed to compile a list of related complaints for discussion at the next meeting and asked the Council to submit additional agenda items to the Division for the next meeting.

**8. Public Comments**

There was no public comment.

**9. Adjournment**

Meeting adjourned at 10:53 a.m.

Respectfully submitted,

Nanci Hoffman

## COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

### Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on Monday, June 20, 2017, at 1:00 p.m. at the Nevada Division of Insurance Hearing Room, 1818 East College Parkway, Carson City, Nevada, which was video-conferenced to Las Vegas at the Nevada State Business Center, 3300 W. Sahara Avenue, Tahoe Room, Suite 430 Las Vegas, Nevada. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The video recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/).

### Roll Call of Members:

**The following Council members were present:**

Bill Welch (CC)  
Dr. Howard Baron (LV)  
Jack Kim (LV)  
Janise Wiggins (LV)  
Jon Hager (CC)  
John Packham (CC)  
Trevor Rice (CC)

**The following Council members were not present:**

Nancy Hook  
Pete Sabal

**Division of Insurance Staff in attendance:**

Kim Everett (CC)  
Jack Childress (CC)  
Jeremey Gladstone (CC)  
Alexia Emmermann (CC)  
Nanci Hoffman (CC)

Meeting Facilitator:  
Deborah Loesch-Griffin

### 1. Call to Order and Roll Call

The meeting was called to order at 1:05 p.m. Deborah Loesch-Griffin introduced the two new members, Janise Wiggins and Jon Hager and then she proceeded with the roll call. Seven members were counted as present. Two members were absent.

**2. Public comment**

There was no public comment from Carson City or Las Vegas.

**3. Review and approve minutes from September 12, 2016, and February 13, 2017, meeting (\*for possible action).**

Ms. Everett asked for review and approval of the September 12, 2016 and February 13, 2017, meetings.

Dr. Howard Baron made a motion to approve and seconded by Bill Welch of the September 12, 2016. Motion carried.

A correction was requested to the February 13, 2017 minutes to correct the spelling of Bill Welch’s name on the first page. Dr. Baron made a motion to approve the February 13, 2017, and seconded by Trevor Rice to approve as amended.

**4. Introductory remarks.**

Alexia Emmermann went over the Open Meeting Law and discussed the Council’s charge. She advised the Council that staff would interrupted if there was any violation of the “Open Meeting Law” during this meeting.

**5. Re-establish Council’s vision and agreements (for possible action): Review Council’s previously established vision and agreements for arriving at network adequacy standards; determine whether Council would like to change its vision and agreement’s.**

Deborah Loesch-Griffin reviewed with the Council vision on the Expectations and Agreements:

The Council discussed and reviewed any changes in each category that it would like to have changed and reconstructed for clarification.

**a. Basic Rules are:**

- Deliberations
- Agenda and Council discussions

**b. Additional Process Agreements are:**

- Think outside restrictions, Pragmatic
- Understanding consequences
- What to do at the beginning of meetings
- One person at a time speaks
- Respectfully listening

- Everyone’s voice and opinions matters, and agree to disagree.

**c. Standards are pragmatic, achievable and meaningful. This was broken down into eight bullet points:**

- Maximize, validate
- Access to care/insurance
- Maximize health/wellness
- Education
- CMS ECP/NETWORK
- Adequacy Template for consumers
- Network Care
- Contribution to health Literacy, and provided care.

**6. Presentations: by Division of Insurance Staff (For possible action): Discussion and potential impact to network adequacy.**

Jeremy Gladstone went over the components that impact or dictate how network adequacy is defined in the State of Nevada and reviewed the plan year 2018 network adequacy standards. Additionally, Mr. Gladstone reviewed changes at the Federal and State level which impact Nevada’s network adequacy standards. He concluded his presentation with a review of complaints received by the Division’s Consumer Services section related to network adequacy. Council members asked questions throughout the presentation related to the topics covered.

**7. Update, discussion, and potential direction by Council regarding network adequacy Standards for plan year 2019 (For possible action).**

Deborah Loesch-Griffin asked the Council “what stood out to them within the presentation.” The council wanted to know what was being done to help consumers.

**a. Assignments, timeline, and goal setting.**

To get more data in preparation for plan year 2020, review existing data, understand what Council can get in the form of data and what can be requested. Compare recommendations from plan year 2017 against network adequacy data for plan year 2018 and see where Council wants to make changes.

**b. Direction to Division staff concerning assignments.**

- 1) Comparison of Nevada’s Exchange and off-Exchange insurance markets for individual and small group plans: Plan year 2017 versus plan year 2018
- 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
- 3) Plan year 2018 Network Adequacy Certification update
- 4) Plan year 2018 Essential Community Provider analysis

- 5) Potential impact of telemedicine on network adequacy
- 6) Review Network Adequacy Declaration Document for plan year 2018

**c. Other matters related to timely and relevant information and data collection regarding network adequacy.**

- Get more data in preparation for the plan year 2020 review with the existing data.
- Understand what the Council can get in the form of data and what can be requested.
- Compare recommendations from plan year 2018 against data and see where Council wants to make changes.

**8. Scheduling of next meeting agenda items: Identify agenda items for scheduled Council meetings.**

Council reviewed the topics for the next agenda items to be finalized for the July 21, 2017 meeting.

**9. Public Comments**

There was no public comment from the Carson City or Las Vegas office.

**10. Adjournment**

Meeting adjourned at 3:23 p.m.

Respectfully submitted,

Nanci Hoffman

## COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

### Minutes of Meeting Held

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### Roll Call of Members:

#### The following Council members were present:

Bill Welch (CC)  
Dr. Howard Baron (LV)  
Jack Kim (LV)  
Janise Wiggins (LV)  
Jon Hager (CC)  
John Packham (CC)  
Nancy Hook (CC)  
Trevor Rice (CC)

#### The following Council members were not present:

Pete Sabal

#### Division of Insurance Staff in attendance:

Kim Everett (CC)  
Jeremey Gladstone (CC)  
Alexia Emmermann (CC)  
Nanci Hoffman (CC)

Meeting Facilitator:  
Deborah Loesch-Griffin

### 1. Call to Order and Roll Call

The meeting was called to order at 10:04 a.m. Deborah Loesch-Griffin proceeded with the roll call. Eight members were counted as present and one member was absent.

### 2. Public comment

There was no public comment from Carson City or Las Vegas.

3. Approval of the Minutes from the June 20, 2017, Meeting. **(For possible action)**  
Ms. Everett asked for review and approval of the June 20, 2017 minutes. Jon Hager made a motion to approve and seconded by Trevor Rice of the June 20, 2017. Motion carried.

4. **Introductory remarks.**

Alexia Emmermann went over the Open Meeting Law and discussed the Council’s charge. She advised the Council that staff would interrupt if there was any violation of the “Open Meeting Law” during this meeting.

5. **Approval of the June 20, 2017, Changes to the Council’s Established Vision and Agreements. (For possible action)**

Deborah Loesch-Griffin asked the members to review the changes made to “The Council’s Vision” at the June 20, 2017 meeting. Jack Kim made a motion to accept the modifications to the Council’s Established Vision and Agreements. A second was made by Bill Welch. Motion carried.

6. **Presentations of Data. (For possible action)**

Presentations of data and information requested by the Council at the June 20, 2017 meeting. Discussion, consideration, and deliberation of data, as well as the potential impact to network adequacy standards.

a. **Division of Insurance Staff**

Jeremy Gladstone presented on the following topics:

- Market snapshot: Comparison of Nevada’s On and Off Exchange plans for 2017 versus 2018.
- Review of concerns and feedback received related to the network adequacy requirements for plan year 2018.
- Network Adequacy Certification update for plan year 2018.
- Potential impact of telemedicine on network adequacy
- Review Network Adequacy Declaration Document for plan year 2018

b. **Consumer Assessment of Healthcare Providers and Systems (“CAHPS”) Survey Review and Summary Report**

- 1) Chris Bosse from Renown Health spoke to the Council about Medicaid and discussed requirements which exist between facilities and carriers under Medicaid contracts such as wait times for various services and situations.

- 2) Jon Hager, Council Member, spoke on the exchange program for carriers to report a Consumer Assessment of Healthcare Providers and Systems (“CAHPS”) Survey Review and Summary Report, and who uses CAHPS. Mr. Hager gave information on the survey and information collected.
  - c. Consumer Health Assistance (“CHA”) Consumer Complaint Preliminary Data for Fiscal Year 2016
    - 1) Janise Wiggins, Council Member  
  
Janise Wiggins reported the Governor’s Consumer Health Advocate’s (“GovCHA”) experience with network adequacy complaints. Ms. Wiggins provided data on fiscal year 2016 related to network adequacy complaints.
- 7. Comparative Review of Network Adequacy Standards for Plan Years 2018 and 2019. (For possible action) Review of the plan year 2018 network adequacy requirements and discussion of plan year 2019 recommendations with chart provided by Division Staff; Consider whether certain data should be collected through regulation and, if so, identify specific data that should be collected through regulation.**

The Council discussed the standards for plan year 2018 and what changes they would like to see for their proposed recommendations for plan year 2019. The Council indicated that the recommendation for plan year 2019 should be equal to the requirements outlined in the CMS letter for plan year 2018 with the exception of the Essential Community Providers (ECPs) which they indicated should be set at 30% of the available ECPs in a service area.

A motion by Jack Kim was made to maintain the 2018 standards and to include the specific metrics in the recommendation rather than reference the CMS letter to issuers and increase the ECP requirement to 30% and seconded by Bill Welch. All agreed.

- 8. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2019. (For possible action)**

The Council asked if it would be possible to have someone from Medicaid present to the Council at the next meeting. The Council was asked to have their “wish list” for the next meeting to further help make a determination on the assignments, timeline and goal setting. The DOI staff was asked to create a questionnaire to send out to the Council requesting information on the data they would like and what their vision of network adequacy would be for the future.

- 9. Scheduling of Next Meeting Agenda Items. Identify agenda items for scheduled Council meetings, to include consideration of public comments.**

The Council discussed and proposed a draft version of the agenda for the August 17, 2017 meeting.

**10. Public Comment. (May include general announcements by Council Members)**

There was no public comment from the Las Vegas office and one public comment received in Carson City from Jeannette Belz, representing the psychiatric association. Jeanette Belz asked the Council to please keep the topic of mental health on their radar. Ms. Belz believes that the subject matter has drifted a little bit. The psychiatric association had asked at the “end of the last round” for more detail as to the data that supports the network adequacy of mental health. Ms. Belz understands that she may not ask for an item to be included on an agenda, but would like to see detail provided for the backup data that supports the new sheet that was received that it is met. Ms. Belz also asked for clarification on distance determination for mental health specifically when the distance measured is close to another state. Ms. Belz would like to know if the other state data is included or not in the measurement.

**11. Adjournment.**

Meeting adjourned at 12.30 p.m.

Respectfully submitted,

Nanci Hoffman

## COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

### Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on Thursday, August 17, 2017 at 10:00 a.m. at the Nevada Division of Insurance Hearing Room, 1818 East College Parkway, Carson City, Nevada, which was video-conferenced to Las Vegas at the Nevada State Business Center Tahoe Room, 3300 W. Sahara Avenue, Suite 430 Las Vegas, Nevada. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The video recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life\\_and\\_Health/Network\\_Adequacy\\_Advisory\\_Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/).

#### Roll Call of Members:

##### The following Council members were present:

Bill Welch (CC)  
Dr. Howard Baron (LV)  
Jack Kim (CC)  
Jon Hager (CC)  
Pete Sabal (LV)  
Nancy Hook (CC)  
Trevor Rice (CC)

##### The following Council members were not present:

Janise Wiggins  
John Packham

#### Division of Insurance Staff in attendance:

Kim Everett (CC)  
Jeremey Gladstone (CC)  
Jack Childress (CC)  
Alexia Emmermann (CC)  
Nanci Hoffman (CC)

#### Meeting Facilitator:

Deborah Loesch-Griffin

### 1. Call to Order and Roll Call

The meeting was called to order at 10:00 a.m. Deborah Loesch-Griffin proceeded with the roll call. Quorum was met with eight members present and one member absent.

### 2. Public comment

There was one public comment from Las Vegas and no public comment from Carson City.

Brandi Planet, from Ferrari Public Affairs spoke on behalf of “DaVita Dialysis Centers”. She expressed to the Council how much that Ferrari appreciates the Council’s continued support. She asked the Council to keep in mind the issues that dialysis patients face relating to the time distance to a dialysis facility. She also spoke on the use of Telehealth Services to meet network adequacy standards. She indicated in her comments that she would submit to the Division of Insurance DaVita’s comments in a letter to the Council for review.

3. Approval of the Minutes from the July 21, 2017, Meeting. **(For possible action)**  
Ms. Everett asked for review and approval of the July 21, 2017 minutes. Jon Hager asked for two revision’s to be corrected, item 6 (b) (2) and item 7.

Bill Welch made a motion to approve the minutes as amended and seconded by Jon Hager. Motion carried.

4. **Introductory remarks.**

Alexia Emmermann went over the Open Meeting Law and discussed the Council’s charge.

5. Presentations of Data by Division of Insurance Staff. **(For possible action)**  
Presentations of data and information requested by the Council at the July 21, 2017, meeting. Discussion, consideration, and deliberation of data, as well as the potential impact to network adequacy standards.

Jeremy Gladstone presented a slide show of the Council’s data and information requests from the July 21, 2017 meeting. Jeremy went over each subject and explained in depth where the analysis of Medicaid information came from. He reviewed the network adequacy standards of other states and what metrics are involved, such as wait times, enrollee ratios and time and distance standards. His presentation included telehealth data provided by Chris Bosse with Renown.

6. Presentation by Scott Jones of Nevada’s Primary Care Office

- a. Introduction and general overview of the data his office collects.

Scott Jones, Manager of the Primary Care Office, provided information to the Council relating to the services provided by Primary Care Office. During his presentation he highlighted the data his office collects. The data collected is used to identify Health Professional Shortage areas in Nevada.

The Council discussed the data collected and services that the Primary Care Office provides.

8. Review, discuss, and revise draft report of the Plan Year 2019 recommendations. **(For possible action)**

Agenda item 8 was taken out of order.

- a. Council Member’s Network Adequacy wish list

The members discussed their individual wish list and how they would like the collection of data to be gathered. The Council discussed what type of data they would like to see in the future to assist them in their charge. They also discussed potential sources for obtaining this data. The Council also discussed how they envisioned network adequacy looking in the future and how they might move towards that goal.

b. Review Council’s future considerations

The Council discussed adding additional metrics for determining the adequacy of a network as well as a discussion relating to Essential Community Providers. The Council agreed that the future considerations in the draft report encompassed all of the items raised and discussed so there was no need to change the report. Bill Welch requested that the minutes reflect the discussions the Council had about researching the different data opportunities and reports they wanted.

The following highlights the topics discussed related to data opportunities and reports:

1. Get the raw data that is submitted to the Division from the health carriers during the annual network adequacy certification to assist in the collection of data. Provider counts driven by full time equivalents (“FTE”) and not provider contracts. In addition looking at this data might allow the Council to identify areas of weakness which could be shared with other agencies and interested parties to help address those weaknesses.
2. Determine if it would be possible to collect information on how many consumers have to go out of network to get their health care.
3. Data showing how long it takes a consumer to get the care. The amount of time it takes to get in to the doctor. Looking at adding attestation related to required appointment wait times and exploring the possibility of conducting secret shopper surveys to verify wait times.
4. Determine what data might be available from the various professional boards e.g. Medical Examiner, Psychological Examiners, Nursing, etc.
5. Identify all sources of data among the various entities in order to cross reference the data sets and integrate it into one report.

7. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2019. **(For possible action)**

- a. Assignments, timeline, and goal setting  
Ways to collect data and time and distance.
- b. Direction to Division staff concerning assignments
- c. Other matters related to timely and relevant information and collection of specific data regarding network adequacy

The Council discussed the upcoming timelines and tasks for drafting the Council’s recommendations and report to the Commissioner of Insurance by September 15, 2017.

9. Scheduling of Next Meeting Agenda Items.  
Identify agenda items for scheduled Council meetings, to include consideration of public comments.

The Council discussed the agenda items for the September 11, 2017 meeting.

10. Public Comment. (**May include general announcements by Council Members**)

There was no public comment from Las Vegas or Carson City.

11. Adjournment.

The meeting adjourned at 12:31 p.m.

Respectfully submitted,

Nanci Hoffman

## COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

### Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on September, 11, 2017 at 10:00 a.m. at the Nevada Division of Insurance Hearing Room, 1818 East College Parkway, Carson City, Nevada, which was video-conferenced to Las Vegas at the Nevada State Business Center, 3300 W. Sahara Avenue, Tahoe Room, Suite 430 Las Vegas, Nevada. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The video recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/).

#### Roll Call of Members:

**The following Council members were present:**

Dr. Howard Baron (LV)  
Jack Kim (LV)  
Janise Wiggins (LV)  
Jon Hager (CC)  
John Packham (CC)  
Pete Sabal (CC)  
Nancy Hook (CC)

**The following Council members were not present:**

Bill Welch  
Trevor Rice

#### Division of Insurance Staff in attendance:

Kim Everett (CC)  
Jeremey Gladstone (CC)  
Alexia Emmermann (CC)  
Nanci Hoffman (CC)

Meeting Facilitator:

Jennifer McClendon

### 1. Call to Order and Roll Call

The meeting was called to order at 10:15 a.m. Jennifer McClendon proceeded with the roll call. Quorum was met with seven members present and two members absent.

### 2. Public comment

There was no public comment at this time.

3. Approval of the Minutes from the August 17, 2017, Meeting. **(For possible action)**  
Ms. Everett asked for review and approval of the August 17, 2017 minutes. Jeremy Gladstone asked for two revisions to member’s names to be put into the correct category of the roll call section of the August 17, 2017 minutes to show they were absent or present.

Pete Sabal made a motion to approve the minutes as amended and seconded by Janise Wiggins.

Motion carried.

4. **Introductory remarks.**

Presentation by the Division reminding the Council and public of the Council’s charge, along with other reminders and general information that may be relevant to the Council’s deliberations.

5. **Review, revise, and approve final Report (for Possible action)**

The members had no revisions to make to the final report.

Jon Hagar motioned to approve the final Report with no revisions and seconded by Howard Baron, motion carried.

6. **Discussion, Deliberation, and Potential Direction by Council Regarding Plan Year 2020.**

- a. **Discuss potential calendar of meetings**

- b. **Schedule first meeting and agenda items**

The Council scheduled February 27, 2018 from 10:00 a.m. to 12 p.m. to be the first meeting for the plan year 2020. The Council discussed having four meetings for plan year 2020 with additional meetings if needed.

For the first meeting of plan year 2020 the Council requested the following topics be discussed or presented:

- The most recent CMS Letter to Issuers and any changes in network adequacy requirements
- An update on any changes to Federal regulations related to network adequacy
- A review of the data that is available from the various board of examiners
- Mental health provider counts broken out by provider type and location
- An update on enrollment numbers for the Exchange Plans

- c. **Discuss goals for PY 2020 and beyond**

The Council discussed the goals for plan year 2020 which are to examine the information available and make changes which are meaningful, manageable, and will not impede patient access. The Council will continue to investigate and capture new sources of data to assist them with their task.

**7. Public Comment. (May include general announcements by Council Members)**

Jeanette Belz from the Nevada Psychiatric Association noted that mental health provider counts were presented at the Network Adequacy Advisory Council meeting in August of last year which was based on the master provider list and she has still not been able to get a copy of this list so it could be analyzed.

**8. Adjournment**

The meeting adjourned 10:40 a.m.

Respectfully submitted,

Nanci Hoffman

DRAFT