

**Report on the Plan Year 2020 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
Turning Point, Inc. September 2018**

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NAAC Recommendations for Network Adequacy Standards for Plan Year 2020

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

- 1) Commencement of the Plan Year 2020 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of Plan Year 2020 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’s first meeting for Plan Year 2020 was held on February 27, 2018 (NAC 687B.770 subsection 4 requires that the first meeting of the NAAC must be held no later than June 15th). They continued to meet through September 2018, to finalize the recommendations of network adequacy standards for Plan Year 2020. The Council recommends these standards to achieve network adequacy for individual and small employer group health benefit plans.

At the June 26, 2018, meeting, the Council revisited and approved its vision for what it hoped to achieve during the Plan Year 2020 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 care¹.
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.

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. This year the presentations included participation and data from both DOI and other NAAC member agencies. It should be noted that, as with their meetings in 2017, the DOI was able to provide only some of the data that was requested by the Council. Other groups represented by NAAC members were able to

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

provide additional information. However, there remains a gap in the types of data requested and what is currently being collected and tracked by DOI or other partner agencies. The primary gap identified by NAAC members remains “wait times.” 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 the Report that will be submitted to the Commissioner of Insurance on September 15, 2018.²

February 27th- At this meeting, the DOI reviewed the network adequacy standards for Plan Year 2019 and the ten recommendations for future consideration. They also reviewed the schedule of meetings that was introduced and approved by the Council. The May 2018 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 2020. The council did not see the need and did not want to prioritize or change any of the recommendations, stating that they would like to carry them forward and that there was no need for change since no changes have taken place in the marketplace. They felt the standards are still relevant and until they had more data that these would suffice.

June 26th – At this meeting, the Council reviewed the vision and agreements for subsequent sessions and no changes were made to either. The Council received an update of changes at the Federal and State level that could potentially impact Nevada’s health insurance market. The Council requested that specific data be reviewed at the July 24th meeting, including a comparison of the Plan

² 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/. Included in the Appendix of this Report are the minutes of each meeting.

Year 2018 and 2019 insurance markets for individual and small group plans. They also requested a breakout of Mental Health Provider types, to look individually at psychiatrists, Licensed Clinical Social Workers, and psychologists as well as receive a brief orientation to a comparison between mental and behavioral health providers. Additional information was also requested on Medicaid methodologies and health plans and products that do not cover trauma services.

July 24th –At this meeting, the Council reviewed the data requested at the June 26th meeting. The Council considered the impact of this information and made the decision to retain the Plan Year 2019 standards for Plan Year 2020, with the exception that they make a final decision on whether to break out Licensed Clinical Social Workers from psychiatrists under Mental Health Provider types to determine if recommendations for Plan Year 2020 network adequacy criteria should be specified for individual Mental Health Provider types. The Council deferred any final recommendations and justifications until different methodologies data was reviewed at the August 21st meeting.

August 21st – At this meeting the Council reviewed data presented on Network Adequacy methodologies, mental health codes, and costs associated with conducting the network adequacy analysis and how these translated to assessed fees for all carriers across the state. The Council reviewed the final set of future considerations and voted to approve all but two future considerations in the draft report and accept the remainder with the changes they discussed. They discussed the recommendation to break out the mental health provider types as separate standards required for all carriers in the network to meet; they postponed a vote on the final recommendations until DOI could provide additional data that would support this recommendation being feasible without jeopardizing coverage for any of the service areas.

September 13th – To be determined: At this meeting, the Council approved the final Report.

Council's Recommendation for Plan Year 2020.

From the outset, as with Plan Year 2019, the Council expressed that any proposed changes to Plan Year 2020 standards must consider the ability of carriers to meet any changes to existing standards. The Council acknowledged that few if any changes had occurred in the market place to warrant significant changes or reconsideration of existing criteria and standards (see attached minutes for the February 2018 meeting). Generally, the same number of carriers are offering plans, although there have been a reduction in the health plans and products. They reaffirmed their decision from Plan Year 2019 to keep the Essential Community Provider (ECP) standard of 30% in place for Plan Year 2020.

Changes to Plan Year 2019 standards for the proposed Plan Year 2020 continue to be impacted by the absence of data, although some new data was considered for Mental Health provider types. The Council's ability to make decisions 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. As with their discussion and review during Plan Year 2019, the gaps in the data for wait time and time to first visit for urgent or primary care requests continue to be areas of interest and urgency.

With these caveats, the Council recommends the following:³

Option 1:

1. Retain the Plan Year 2019 Standards as originally recommended by the Council that included pediatrics.
2. All metrics noted in the Plan Year 2020 chart should be followed, regardless of any *reductions* in the minimums that CMS might make once the Plan Year 2020 Standards are adopted.

The Plan Year 2020 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

³ The Council voted x in favor of a total x present on September 13, 2018

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(psychiatrists, psychologists and Licensed Clinical Social Workers (LCSWs))	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								

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Option 2:

With these caveats, the Council recommends the following:⁴

1. Retain the Plan Year 2019 Standards as originally recommended by the Council which included pediatrics, with the following modifications in metrics:
 - Breakout Mental Health criteria for psychiatrists/**psychiatric mental health nurse practitioners**, psychologists and Licensed Clinical Social Workers (LCSWs), leaving the Time/Distance criteria the same for each
2. All metrics noted in the Plan Year 2020 chart should be followed, regardless of any *reductions* in the minimums that CMS might make once the Plan Year 2020 Standards are adopted.

⁴ The Council voted x in favor of a total x present on September 13, 2018

The Plan Year 2020 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

Network Adequacy Time/Distance Standards : Plan Year 2020 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
Psychiatrists/ Psychiatric Mental Health Nurse Practitioners	45	30	60	45	75	60	110	100
Psychologist	45	30	60	45	75	60	110	100
Licensed Clinical Social Workers (LCSW)	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
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Adequacy Requirement	90% of the population in a service area must have access to these specialties types with in the specified time or distance metrics.							
Plan Year 2020 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								

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

A review of the current Plan Year 2018 data revealed that the 30% minimum standard for Essential Community Providers was able to be met or exceeded by all of the carriers, therefore it was decided to retain that level. The data indicated that this was also true for the carrier data submitted for Plan Year 2019.

DOI clarified in the NAAC meetings held in 2018 (PY2020) that CMS will no longer review the adequacy of networks and has put this process back on states, leaving the decisions for standards for network adequacy to state councils, commissioners and legislatures.⁵ In PY 2019 the Council voted to recommend that the specified metrics in the standards chart be listed in regulation, which has been accomplished.

The recommendation to break out the Mental Health providers was **considered**/based on **(the basis of)**⁶the concurrence among most Council members that it didn't make sense to combine psychiatrists, psychologists and Licensed Clinical Social Workers (LCSWs) into one category given their services differed significantly and that an adequate Mental Health network ideally requires all three types. **[However, the evidence did not warrant putting this into the final recommendations at this time as it wasn't clear if the current workforce supply for each provider type would be adequate for carriers to meet the standards, particularly in rural, underserved areas.]**^{6]} Therefore, it was warranted that they be listed individually, as provider types that can meet the Mental Health standard.

Future Considerations. Throughout the meetings, the Council discussed numerous issues associated with the assessment of existing standards, including the absence of significant data, the sources of data collection, the manner in which data was collected, and the burden of requiring additional data collection by carriers. The primary concern with existing data remains: 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, was not deemed sufficiently robust nor accurate to warrant changes in network adequacy standards without the possibility of incurring unintended negative consequences. Much of the data is drawn from other state systems, such as Medicare Advantage, which drew some concerns from council members. DOI staff clarified that to achieve accuracy along the standards of interest to the council (i.e., wait time; provider ratios), the universe of all possible carriers and insurers in the state needs to be considered.

Considerations for future action were discussed to prepare the Council with a better understanding of what additional standards might be added for Plan Year 2021 and beyond. The Council maintains the

⁵ For those states that are not doing network adequacy review the carriers are required to have their networks accredited through an organization approved by CMS. See CMS Letter to Issuers PY 2019 pg 13.

⁶ If option 1 is selected over option 2 in final recommendations. These highlighted areas will be removed only if Option 2 is selected; if Option 1 is selected, the text will change to reflect what was is currently in the narrative.

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) Utilize the DOI work program or another fiscal strategy to conduct a feasibility study in this fiscal year that investigates the methodologies used by two to three other states, comparable to Nevada, to establish their wait-time standards, the associated cost of these methodologies and the impact they have had on individual and small group options. Data should be made available for presentation to NAAC members by June 30, 2019.
- 2) Explore other network adequacy methodologies currently used by other state agencies, such as Medicaid/Medicare/fully insured non- Affordable Care Act products, that might be possibilities for:
 - 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, such as mental health providers)
 - c. Utilization of telehealth/telemedicine for delivery of urgent, primary care, and specialized services, particularly in rural areas.
- 3) Identify opportunities for providers to systematically report on data useful to the Council.
- 4) Support efforts to expand the development of the health workforce in critical provider categories required for network adequacy.
- 5) Examine the impact of network adequacy regulations on the insurance market place (i.e., # of carriers, # of products and consumer costs) for Plan Year 2019 and beyond.
- 6) Improve Workforce data to support the work and decisions of the Network Adequacy Advisory Council (e.g., Provider FTEs for patient care within network).
- 7) Improve data on provider availability on open/closed panels.

Appendix:

Draft Minutes from NAAC Meetings:

February 27th, June 26th, July 24th, August 21st and September 13th

8/21 and 9/13 TO BE INSERTED AFTER SEPTEMBER 13th MEETING

COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on February 27, 2018 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%20and%20Health/Network%20Adequacy%20Advisory%20Council/).

Roll Call of Members:

The following Council members were present:

Dr. Howard Baron (LV) Jack Kim (LV)
Jon Hager (CC) John Packham (CC) Trevor Rice (CC) Pete Sabal (LV)

The following Council members were not present:

Bill Welch Janise Wiggins

Division of Insurance Staff in attendance:

Kim Everett (CC) Jeremey Gladstone (CC) David Hall- (CC)
Nanci Hoffman (CC)

Meeting Facilitator:

Richelle O'Driscoll (CC)

2. Call to Order and Roll Call

The meeting was called to order at 10:00 a.m.

Richelle O’Driscoll (facilitator) proceeded with the roll call. Initially there was not a quorum present however, Trevor Rice and Jack Kim arrived late and a quorum was met with six members present and two members absent.

3. 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.

4. Public comment

There was no public comment at this time.

5. Approval of the Minutes from the September 11, 2017 Meeting.

At the time for voting on the approval of the minutes there was not a quorum, so this agenda item was tabled to be addressed once a quorum was present. After there was a quorum the voting on the minutes proceeded. Ms. O’Driscoll asked for review and approval of the August 17, 2017 minutes. Jon Hager asked that the spelling of his name be corrected. Pete Sabal made a motion to approve the minutes as amended and seconded by Howard Baron. Motion carried.

4. Introductory remarks.

David Hall (Legal Counsel for the Division of Insurance), reviewed the Council’s charge as well as open meeting law.

5. Review vision, future considerations from Plan Year 2019, and set goals for plan year 2020 (For possible action)

The Facilitator reviewed with the Council the NAAC “Vision” along with an overview of the standards, Council responsibilities, recommendations for NAAC, for future considerations for 2020.

6. Presentations: Network Adequacy Overview and Data Presentation; Presented by Division of Insurance, Jeremey Gladstone, Actuarial Analyst II

Mr. Gladstone presented an overview of network adequacy. The presentation included a review of plan year 2019 network adequacy proposed standards, available data sources, and a review of mental health data to include mental health providers by location.

7. Discussion on Plan Year 2020 meetings

Minutes – Commissioner’s Network Adequacy Advisory Council

The Council discussed the possibility of a working meeting to formulate a long term plan for network adequacy in Nevada. The Council ultimately decided against having a working meeting and to continue with the format they used for plan year 2019. The Council also reviewed the recommendations and future considerations which were previously established and after review and discussion decided they were still relevant and should remain unchanged.

8. Schedule of future meetings

The Council decided on the following future meeting dates:

June 12, 2018, July 24, 2018, August 21, 2018, and September 13, 2018.

9. Schedule of next meeting agenda items

The Council collaborated on what they would like for the next agenda items to be discussed.

- Presentation on the pending State and Federal regulations and the potential impact they might have on the population impacted by network adequacy.
- The Nevada market and the number of members subject to the regulation.
- Look at other metrics for network adequacy such as patient appointment wait times.

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

Jeanette B Belz from the Nevada Psychiatric Association gave a public comment on three items:

- The mental health data provided by the Division.
- The Medical Board Licensee Location data
- Report about the Medicaid Managed Care and network adequacy for Medicaid

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 June, 26, 2018 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) Devin Brooks (LV) Jack Kim (CC)
Jon Hager (CC) Trevor Rice (CC) Janise Wiggins (CC) Bill Welch (CC)**

The following Council members were not present:

John Packham (CC) Pete Sabal (LV)

Division of Insurance Staff in attendance:

**Kim Everett (CC) Jeremey Gladstone (CC) Alexia Emmermann (CC) Nanci Hoffman (CC)
Meeting Facilitator:**

Deborah Loesch-Griffin (CC)

1. Call to Order and Roll Call

The meeting was called to order at 10:01 a.m.

Deborah Loesch-Griffin (facilitator) proceeded with the roll call. There were five members present and four members absent at the time of roll call. Trevor Rice and Devin Brooks arrived shortly after roll call. Upon Devin’s arrival, Jeremy Gladstone welcomed Devin Brooks to the Council.

2. Introductory Remarks

Alexia Emmermann, Legal Counsel for the Division of Insurance, reviewed the Council’s charge, along with other reminders and general information that may be relevant to the Council’s deliberations.

3. Public comment

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

4. Approval of the Minutes from the February 27, 2018 Meeting.

Jon Hager asked that the spelling of his last name be corrected. Jon Hager made a motion to approve the minutes as amended and Jack Kim seconded the motion. Motion carried.

5. Review vision and agreements.

The Council members were asked to review and discuss among themselves to see if they would like to make any changes to the vision and agreements. The members agreed to maintain the current vision and agreements.

6. Presentations of Data, Presented by Division of Insurance, Jeremy Gladstone, Actuarial Analyst II.

Mr. Gladstone presented on a variety of topics related to inquiries made during the February 27, 2018 meeting. The presentation included a review of the makeup of Nevada’s Insurance Market, current or proposed regulations that could affect network adequacy, Division complaints related to network adequacy, Medicaid’s secret shopper survey, and other topics related to other Council inquiries.

7. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2020. (For possible action)

Deborah Losesh-Griffin addressed the Council to see what they would like to focus on for plan year 2020. The discussion included take away from the Division’s presentation and a consideration of what they would like to look closer at in preparation for drafting

the recommendation report for the Commissioner. The Council members discussed in length what they would like to see have done and what information they need to better address each concern for Plan Year 2020.

9. Scheduling of Next Meeting Agenda Items

The Council discussed what they would like for the next agenda and requested the following information to be presented.

- A breakdown of mental health providers by specialty**
- A look at other network adequacy methodologies**
- Review plan benefit design concerning hospitals**
- Review GovCHA consumer complaints**

10. Public Comment.

There was a public comment from Sara Hunt, from the University of Nevada Las Vegas (UNLV) Behavioral Health Sciences. She stated that there are barriers to mental health which includes shortage of mental health, but was told that the panels are full and expressed her concerns.

Jeanette Belz from Nevada Psychiatric Association expressed how she is pleased the council is looking deeper at metal health. Ms. Belz also discussed a Medicaid report in her public comment.

11. Adjournment.

The meeting adjourned at 11:50 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 July 24, 2018 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%20and%20Health/Network%20Adequacy%20Advisory%20Council/).

Roll Call of Members:

The following Council members were present:

Dr. Howard Baron

(LV) Devin Brooks

(LV) Jack Kim (CC)

Jon Hager (CC)

John Packham (CC)

Trevor Rice (CC)

Janise Wiggins (LV)

Bill Welch (CC)

The following Council members were not present:

Pete Sabal (LV)

Division of Insurance Staff in attendance:

Jeremey Gladstone (CC)

Alexia Emmermann (CC)

Nanci Hoffman (CC)

Meeting Facilitator:

Deborah Loesch-Griffi

1. Call to Order and Roll Call

The meeting was called to order at 10:02 a.m.

Deborah Loesch-Griffin (facilitator) proceeded with the roll call. There were seven members present and one absent at the time of roll call. John Packham arrived shortly after roll call.

2. Introductory Remarks

Alexia Emmermann, Legal Counsel for the Division of Insurance, reviewed the Council’s charge, along with other reminders and general information that may be relevant to the Council’s deliberations.

Jeremey Gladstone, Actuarial Analyst II for the Division of Insurance, gave brief remarks concerning the Legislative Health Care Committee meeting that was held on Tuesday, July 17, 2018. He gave the brief summary of the information that was presented at the meeting and expressed some of the concerns that were brought up by the Committee.

3. Public comment

There was one public comment from Las Vegas and no comments from Carson City at this time.

Amber Federizo from Hemostasis and Thrombosis Center of Nevada commented on the subject of “Access to care for Bleeding Disorder of Patients in Nevada” to make the Council aware of Nevadans with bleeding disorders and how they deserve expert care. Ms. Federizo provided her white paper to the Council for further review.

4. Approval of the Minutes from the June 26, 2018 Meeting

Bill Welch indicated that his name was not included in the minutes as attending or absent and requested the minutes be updated to reflect his attendance. A motion to approve the minutes as amended was made by Trevor Rice and seconded by Jon Hager. Motion carried.

5. Review vision and agreements

Deborah Losesh- Griffin reviewed with the Council members their vision and agreements that were discussed in depth at the last meeting.

6. Presentations of Data

Mr. Gladstone presented to the Council information related to mental health provider data, plan offerings by county, and other information based on the Council’s inquiries

from the June 26, 2018 meeting. Mr. Gladstone’s presentation was followed by a question and answer session.

Council member, Janice Wiggins, presented a general overview of the services provided by GOVCHA, discussed the process for how complaints are handled, and provided data on complaints received by her office related to network adequacy.

7. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2020. (For possible action)

Deborah Loesch-Griffin reviewed with the council previous discussions on recommendations and future considerations. The Council discussed possible recommendations including changes to the mental health standards. The Council also discussed other items related to network adequacy such as Essential Community Providers, how to study and look at wait times, the impact and cost of network adequacy, the issue of provider shortages, and other network methodologies. .

8. Scheduling of Next Meeting Agenda Items

Identify agenda items for scheduled Council meetings, to include consideration of public comments. The Council agenda items for August 21, 2018 that will be discussed are;

- Network Adequacy Methodologies to review
- Available Mental Health Codes in CMS ECP/Network Adequacy Template
- Feedback on Network Adequacy Costs
- Other requests from the Council

9. Public Comment.

Amber Federizo from Hemostasis and Thrombosis Center of Nevada re-enforced the importance of “Access to care for Bleeding Disorder of Patients in Nevada” and stressing how important this matter is and would like for the Council to take this into consideration.

10. Adjournment.

The meeting adjourned at 12:02

Respectfully submitted,

Nanci Hoffman