**Nevada Division of Insurance**

**Network Adequacy Declaration Document**

**Plan Year 2018**

1. Carrier affirms that it will comply with Nevada’s Network Adequacy laws and regulations.

*If response is* ***No,*** *a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

1. Carrier affirms that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay. This includes providers that specialize in mental health and substance abuse services for all plans except dental plans.

*If response is* ***No,*** *a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

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| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

1. Carrier affirms that network data provided is representative of contracts expected to be in place January 1st, 2018 and that all data submitted is accurate and current as of the date of filing.

*If response is* ***No****, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

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| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

1. Carrier affirms that it will maintain current directory links (i.e. provider and drug formulary) and inform the Division of any changes in the URL within 72 hours.

*If response is* ***No****, a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis in review of this form.*

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| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

1. Provide a detailed description of the company’s process and procedures for updating the provider directory to comply with Nevada regulations filed under LCB file number R049-14 which have not been codified. Include a detailed description of the company’s process for responding to a consumer complaint concerning a directory that incorrectly indicates a provider is accepting new patients. Your response must include the average time required from the date of complaint to the date the provider directory is updated.
2. Provide a list of Telehealth services. For any providers acting as a Distant site as defined by NRS 629.515 4.(a) please indicate by adding (T) after the provider’s last name on the CMS ECP/Network Adequacy template.
3. Provide a list of all providers designated as providing autism services or autism applied behavioral analysis such as registered behavioral technician, behavior interventionists, board certified behavior analysts, or any other autism provider designation for each Network ID defined within the CMS Network ID Template. Use the Autism Provider Template provided on the Division’s website.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Print Name |  | Title/Position |