

Network Adequacy Consumer Complaints

Background:

At the request of the Network Adequacy Advisory Council, Division staff pulled consumer complaints related to Network Adequacy. The consumer complaint portal currently does not specify a complaint reason specific to network adequacy so the Division pulled complaints where the reason was related to provider availability, access to care and provider listing dispute. The report was ran to include all complaints received between January 1, 2014 to May 26, 2017.

Findings:

The complaint query pulled 113 complaints. Of these complaints, 76% were related to issues outside of network adequacy, such as, claims, provider contracts, prior authorization, provider referrals, balance billing, and pharmacy benefits. Additionally, over 40% of the 113 complaints related to self-funded, large group, medicare/medicaid plans and other plans which are not required to comply with Nevada's Network Adequacy statutes. Accounting for these items, the query generated 20 complaints related to network adequacy. Half of these complaints were related to lack of access to a provider or specialist and the other half were related to complaints in which the provider directory available to members included inaccurate information concerning available providers. The table below provides a breakdown of these complaints by policy type.

		Complaint Categories		
Policy Type	Policy Type Detail	Network Adequacy	Provider Directory Errors	Grand Total
Group Policy	Not Specified	1	1	2
Individual Policy	On Exchange	4	5	9
	Off Exchange	1	1	2
	Not Specified	3	3	6
Unknown		1	0	1
Grand Total		10	10	20