

**Network Adequacy Completeness
Check Plan Year 2024**

Binder Section	Template/ Documentation	Division of Insurance Comments	Submitted	Notes/ Justification
<i>Templates</i>	ECP/Network Adequacy Template	A completed version of the template should be included. Carrier should verify that the data, including provider addresses, has been reviewed for accuracy and any errors or duplicates have been removed. Confirm the issuer HIOS ID matches with the HIOS ID in the template.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Service Area Template		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Network Template		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Plans and Benefits Template		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Supporting Documentation</i>	Essential Community Provider Supplemental Response	A supplemental exhibit <u>must</u> be included if the network(s) does not comply with the Essential Community Provider (ECP) requirements. Note: Supporting documentation <u>must</u> include support showing a good faith effort was made to contract with required ECPs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Network Adequacy - Access Plan	A supplemental exhibit <u>must</u> be included if the network does not meet the required time and distance standards. Note: Supporting documentation <u>must</u> include a justification describing any established patterns of care and the availability of providers related to the deficiency within the applicable service area. The access plan should be based upon established patterns of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Supporting Documentation	NV Network Adequacy Declaration Document	All questions <u>must</u> be completed, and the required exhibits attached. If a question does not apply to the carrier's submission, indicate not applicable for that question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Telehealth Utilization Exhibit	A separate exhibit displaying the telehealth utilization by specialty and county for your membership for plan year 2022. Utilization must provide a monthly breakdown for the entire year and reflect claim data received as of March 31, 2023. The exhibit must include utilization based on percentage of membership and the total number of visits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High-Cost Illness Narrative	Each carrier will submit a narrative including established patterns of care for treatment, highlighting the accessibility of the providers included in the treatment of these illnesses based on the health plan network used for each plan being offered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Network Adequacy Year Over Year Exhibit	Use the Division specific template to provide year over year changes to the network.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Network Adequacy filing information and the required templates can be found at https://doi.nv.gov/Insurers/Life_and_Health/ACA_Plans/Network_Adequacy/