

Commissioner's Network Adequacy Advisory Council Meeting Minutes for April 16, 2024

This Council conducted a public meeting on Tuesday, April 16, 2024, at 10:00am.

Roll Call – The following Council members were present:

Jack Kim
Vu Luu
Tom McCoy
Patrick Kelly

The following Council members were absent:

Chris Williams
Sarah Fox
Joy Thomas
Howard Baron
Brian Knudsen

The following Division of Insurance members were present:

Todd Rich
Jack Childress
Reida Wagner

1. Call to Order/Roll Call – The meeting was called to order. Glenn Shippey proceeded with the roll call and a quorum was not established.
2. Introductory Remarks – Glenn Shippey reminded the Council and public of the Council's charge which establishes the scope of the Council's work and determines recommendations to the Commissioner as to what network adequacy requirements should be. He also reminded participants that Nevada's Open Meeting Law applies which means that the meeting will be recorded, and minutes will be taken. This information will be made available to the public through the Division's website. Todd Rich made opening remarks.
3. Public Comment: No public comment at this time.
4. Without a quorum Minutes from the September 7, 2023 could not be approved.
5. Overview:

Glenn Shippey reminded the Council that it must recommend network adequacy standards to the Commissioner of Insurance for Plan Year 2026 no later than September 15th. Reida Wagner presented standards recommended by the Council last year that are applicable to Plan Year 2025 which will soon be adopted by regulation.

6. Health Insurance Coverage in Nevada:

Glenn Shippey presented commercial market health insurance coverage in Nevada and emphasized that the work of the Council affects more than 200,000 Nevadans covered in the individual and small employer markets. Jack Kim asked whether the Division is seeing a shift by small employers to self-

funded plans. Glenn Shippey replied that about 28,000 Nevadans who obtain their health insurance through small employers are covered under fully insured Association Health Plans, and the Division will try to provide an estimate of the number of Nevadans covered under self-funded small employer plans during the Council's next meeting. Nate Osborne from the Silver State Health Insurance Exchange presented current enrollment in qualified health plans sold through Nevada Health Link. Approximately 97,000 Nevadans are currently enrolled in QHPs.

7. Access Considerations:

Glenn Shippey informed the Council that the Division is currently analyzing carrier compliance with the Mental Health Parity and Addiction Equity Act. Areas of interest include network development, in and out of network provider reimbursement, and credentialing. Jack Kim pointed out that there are significant provider shortages particularly in rural areas. Reida Wagner presented CMS network adequacy standards for the federal exchange for Plan Year 2025 which include wait time requirements and verification by secret shoppers. Reida Wagner then informed the Council that CMS will be requiring state-based exchanges to evaluate the adequacy of provider networks using standards and processes that are at least as stringent as those on the federal exchange for Plan Year 2026. This will require the Council to recommend time and distance standards for provider types that are not currently evaluated in Nevada. Jack Kim asked whether the Division has identified provider shortages within the additional types that will need to be evaluated for Plan Year 2026. Glenn Shippey replied that there is a justification process available for carriers that are not able to meet a standard due to a shortage of providers available or willing to contract. Patrick Kelly asked how telehealth is considered when evaluating the adequacy of provider networks. Glenn Shippey replied that neither the Division nor CMS currently considers access to a provider via telehealth as satisfying time and distance standards. The Council was also informed that Battle Born State Plans (BBSP) will also be introduced for Plan Year 2026 and providers who participate in a PEBP or Medicaid MCO network or receive payments under Chapter 616 or 617 of NRS will be required to participate in at least one of these BBSP networks. Tom McCoy asked about legislative changes affecting telehealth and Glenn Shippey agreed to update the Council during its next meeting.

8. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for PY26:

There was no discussion under this agenda item by Council members.

9. Public Comment: No public comment at this time.

10. Adjournment – The meeting was adjourned at 11:00am

This recording and all recordings of past Council meetings can be found on the Division's website:

https://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/