

Report on the Plan Year 2024 Recommendations for Network Adequacy Standards

**Presented by:
The Network Adequacy Advisory Council**

**To: Barbara Richardson
Commissioner of Insurance, Nevada Division of Insurance**

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Table of Contents

- NAAC Recommendations for Network Adequacy Standards for Plan Year 2024..... 3
 - Overview of the NAAC Recommendations Process. 3
 - Council’s Recommendation for Plan Year 2024. 5
 - Rationale and Criteria for Recommended Standards..... 7
 - Future Considerations..... 7
- Minutes from NAAC Meetings:..... 8

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NAAC Recommendations for Network Adequacy Standards for Plan Year 2024

Overview of the NAAC Recommendations Process.

This section includes a description of the:

- 1) Commencement of the Plan Year 2024 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of Plan Year 2024 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 2024 was held on March 8, 2022 (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 August 11, 2022, to finalize the recommendations of network adequacy standards for Plan Year 2024. The Council recommends these standards to achieve network adequacy for individual and small employer group health benefit plans.

At the March 11, 2021, meeting, the Council revisited its vision for what it hoped to achieve during the Plan Year 2024 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. Educate 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. Contribute to health literacy: transparent to consumer.
8. Provide care that is culturally and linguistically appropriate.
9. Influenced the other 93% of non-regulated plans.

The data that the Nevada Division of Insurance (Division) was able to provide 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 from both Division and other relevant parties. It should be noted that the Council continues to seek data which would provide greater insights into patient access and network adequacy in Nevada.

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

A total of four public meetings were conducted. The result of these meetings is contained in this report that will be submitted to the Commissioner of Insurance on or before September 15, 2022.²

March 8th – The Council reviewed and confirmed their vision and future considerations from last year’s meetings. Presentations were given by Ryan High, the Silver State Health Exchange, Charles Quintana, NV Department of Health and Human Services, Office for Consumer Assistance, M. Tabor Griswold, Health Workforce Research, University of Nevada, Reno School of Medicine, and Jeremy Gladstone, NV Division of Insurance. The presentations covered exchange data, NV arbitration process under AB469, data collected under AB179, work force supply and demand, as well as factors impacting the workforce, and NV’s current network adequacy standards and information related to provider denial letters reported under the requirements of SB 234. The Council members discussed potential concerns related to access and network adequacy. Some of the topics of discussion were Behavioral Health hospitals, licensing/credentialing, and the difficulty of setting 2024 standards when 2023 standards have not been finalized. The Council discussed additional information they would like to see before putting forth any recommendations.

June 16th – The Council heard information from Corie Nieto, Director of Telehealth Services, Nevada Health Centers related to the telehealth services offered by Nevada Health Centers and data was presented on historical utilization of telehealth services. Corie also discussed how telehealth is being administered within her organization and other related activities being conducted. Jeremy Gladstone, NV Division of Insurance, shared data on the uninsured population in Nevada and Plan Year 2023 Network Adequacy Standards with a comparison between Nevada Network Adequacy Standards and CMS Network Adequacy Standards. The Council’s discussion included wait times, along with time and distance by county, adding specialties to 2024 Network Adequacy, having an adequate amount of emergency rooms that are in network to prevent consumers getting out of network bills, narrowing down what is considered a stand-alone emergency room/hospital to determine if we have an adequate amount of in network emergency rooms, and tracking access to care concerning provider work force. The Council requested additional data and information that they would like presented at the next meeting to further their discussion on possible recommendations.

July 21st – At this meeting, Janel Davis, Chief Operations Officer for the Silver State Health Exchange (SSHIX) presented information on the ARPA subsidy expansion, as well as, the efforts being made by SSHIX to conduct outreach and inform Medicaid recipients who may lose their eligibility with the end of the Federal Public Health Emergency. The council had discussion on the presentations as well as the possible recommendation for plan year 2024. The Council passed a motion to recommend to the Commissioner of Insurance to maintain the existing standards for plan year 2024, except for the Essential Community Provider requirement. The Council recommended changing the current standard from 30% to 35%. The motion was passed unanimously by all members present. The Council talked further on items to address in future meetings and looked at the timeline for submission of the report

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.

to the Commissioner.

August 11th –

Council’s Recommendation for Plan Year 2024.

The Council’s discussion with regards to the recommendation for plan year 2024 included work force shortages, provider access for both adults and children in Nevada, Nevada’s network adequacy standards in comparison to federal standards, and emerging technologies and the role they play in accessing care. Regarding the data on the expanded federal network adequacy standards, the members considered recommending the expansion of Nevada’s standards to align more with the federal standards but ultimately decided that the access and provider shortages impacting Nevadans should be addressed through work force improvement and did not feel that recommending additional adequacy standards would appropriately address these issues. As it is not the Council’s charge to address workforce issues, the Council’s recommendation strongly encourages the responsible state agencies and government entities to put forth an action plan to strengthen the health care workforce to address the shortages Nevada faces both in the urban and rural areas. These efforts should also include work force shortages related to nurses in the state.

With these considerations in mind, the Council recommends maintaining the current network adequacy regulations as adopted by the state in regulation R067-19 except for the Essential Community Provider (ECP) requirements. The Council recommends that the Nevada’s ECP standards be updated to align with the CMS Plan Year 2023 ECP standards related to ECPs. Specifically, the Council recommends the following:³

³ The Council vote was unanimous for all members present at the July 21, 2022 meeting for the plan year 2024 recommendations. Council members Joy Cleveland and Thomas McCoy were not present at the meeting.

The Plan Year 2024 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

Network Adequacy Time/Distance Standards : Plan Year 2024 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	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
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 or distance metrics.							
Plan Year 2024 Standards for ECPs:								
Contract with at least 35% 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								
Offer contracts in good faith to all available ECPs in all counties designated as Counties with Extreme Access Considerations (CEAC)								

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

Future Considerations.

Considerations for future action were discussed to prepare the Council with a better understanding of what additional standards might be added for Plan Year 2024 and beyond. The Council maintains the 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) Identify opportunities for providers and licensing agencies to systematically report on data useful to the Council.
- 2) Improve Workforce data to support the work and decisions of the Network Adequacy Advisory Council (e.g., Provider FTEs for patient care within network). Potential sources of data:
 - a. NV Bureau of Health Care and Quality Compliance (Facilities Data)
 - b. NV State Board of Medical Examiners, NV State Board of Nursing, and other NV State Boards of licensing for various providers
- 3) Work on building a communication channel with Governor’s Patient Protection Commission (“Commission”) and other similar task forces to allow for collaboration and to ensure consistency in data and to minimize duplication of efforts.
- 4) Review and consider other metrics for the determination of network adequacy e.g. appointments wait times, provider enrollee ratios, etc.
 - a. Continue reviewing existing network adequacy models used by other state agencies and federal agencies
 - b. If feasible research the metrics and standards currently required by carriers when contracting with providers
- 5) Support efforts to expand the development of the health workforce in critical provider categories required for network adequacy.
- 6) Examine the impact of network adequacy regulations on the insurance market place (i.e., # of carriers, # of products and consumer costs) for Plan Year 2022 and beyond.
- 7) Improve data on provider availability on open/closed panels.

Appendix:
Minutes from NAAC Meetings:
March 8th, July 21st, and August 11th