

Report on the Plan Year 2027 Recommendations for Network Adequacy Standards

**Presented by:
The Network Adequacy Advisory Council (NAAC)**

**To: Ned Gaines
Acting Commissioner of Insurance, Nevada Division of Insurance**

Prepared by: Reida Wagner

Division of Insurance

September 15, 2025

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NAAC Recommendations for Network Adequacy Standards for Plan Year 2027

Overview of the NAAC Recommendations Process

This section includes a description of the:

- 1) Commencement of the Plan Year 2027 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of Plan Year 2027 NAAC meetings
- 3) Timeline and significant discussions made at each of the three 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 2027 was held on July 10, 2025. They continued to meet through September 11, 2025, 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 July 10, 2025, meeting, the Council revisited its vision for what it hoped to achieve during the Plan Year 2026 NAAC meetings; and there were no changes made. 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 three 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, 2025. The video recordings of the meetings and supporting materials are available on the Division website at Nevada Division of Insurance (doi.nv.gov). Included in the Appendix of this Report are the minutes of each meeting.

July 10th Meeting

Minutes from the final Plan Year 2026 meeting were approved and posted to the Division website. At the request of Dr. Baron, all Council members introduced themselves to the other members. The Council was reminded that their recommendations for the PY26 QHP standards would be discussed in a yet to be scheduled workshop and hearing for adoption into Title 57.

Sarah Fox asked about incorporating telehealth into the standards in order for the carrier's to meet the requirements. A lively discussion ensued among the Council regarding how this could be implemented and tracked. The proposal was to have carriers include physical addresses in CEACs but only after consulting with Jack Childress regarding how to accommodate, i.e., via the Division annual filing guidance or through law/regulation.

Pat Kelly expressed concern with access to care in the CEACs as a result of the "Big Beautiful Bill" and stated he wanted a comment about this concern in the final report to the Commissioner, i.e., accessibility to care in all areas but particularly the CEACs. He recommended a statement to the effect of "The Council recognizes that there is nothing in the near term horizon that is going to create more providers in the rural areas and that we want to encourage innovation and the use of technology in addressing the healthcare needs of people in these rural communities."

August 14th Meeting

Minutes from July 10, 2025 meeting could not be approved as a quorum was not met.

Reida Wagner updated the Council on recent telehealth oversight discussions with Jack Childress and Acting Commissioner Gaines. While NRS 687B.490(7) addresses telemedicine, it lacks specific guidance for tracking outcomes or identifying applicable services. As a result, the Division will defer implementation of telehealth tracking until federal standards are released via HHS.

Reida Wagner presented a network adequacy chart illustrating carrier performance by service area. State standards generally met time and distance requirements, whereas federal standards—particularly in Service Area 4 (rural counties)—often did not. Heidi Sterner raised concerns about inconsistent reporting and recommended more granular data to better identify underserved areas. Reida Wagner clarified that carriers define their own service areas using CMS templates, and the Division cannot mandate regional breakdowns.

Patrick Kelly inquired whether federal telehealth guidance is actively in development. Reida Wagner confirmed that the Division has been awaiting meaningful direction since the 2022 Notice of Benefit and Payment Parameters (NBPP), and leadership supports postponing state-level changes until federal standards are issued. In the meantime, carriers must justify unmet standards,

particularly in non-statewide submissions. Reida Wagner noted that provider shortages in rural areas, such as Esmeralda County, continue to impact access.

Reida Wagner reviewed Nevada's time and distance standards:

- Individual Plans: All carriers met standards except Carrier 5, which reported 89.9% adequacy for primary care pediatrics—just below the 90% threshold.
- Small Group Plans: All carriers met the required standards.

Dr. Baron asked for confirmation that Nevada's standards are as stringent or more stringent than federal benchmarks, which Reida Wagner affirmed. He also questioned whether the Council should consider adding new provider categories. However, he noted that no additions have been made in the past seven to eight years, and current conditions may not support expansion.

Reida Wagner confirmed the following:

- The telehealth utilization data request was rescinded due to the lack of actionable federal guidance.
- The final standards were sent to the Council on July 10.
- The Commissioner's report will be submitted to the Patient Protection Committee following NAAC recommendations.

September 11th Meeting

Minutes from the July 10 and August 14, 2025 meeting were approved. There was a public comment from Lea Cartwright regarding access and appropriate payment to Speech Therapy providers in Nevada. She was advised that this modality was not one of those to which the non-QHP standards applies and, therefore, not under consideration by the NAAC. However, she was advised that it pertains, as of PY26, to the QHP standards and to pursue contacting the Division for further discussion. Additionally, the Council vote was unanimous, for all members present, at the September 11, 2025 to approve the "Plan Year 2027 Report" to the Commissioner.

Council's Recommendation for Plan Year 2027

The Council recognizes that there is nothing in the near term horizon that is going to create more providers in the rural areas and that the NAAC wants to encourage innovation and the use of technology in addressing the healthcare needs of people in these rural communities.

Future Considerations

- 1) Pending release of future Federal guidance.

Appendix - Minutes from NAAC Meetings:

July 10, 2025 - APPROVED

August 14, 2025 - APPROVED

September 11, 2025 – PENDING

Commissioner's Network Adequacy Advisory Council Meeting Minutes for July 10, 2025

This Council conducted a public meeting on July 10, 2025, at 10:00 am.

The Council members present were:

- Dr. Howard Baron
- Mr. Patrick Kelly
- Ms. Shae Herbert
- Ms. Heidi Sterner
- Mr. Thomas McCoy
- Ms. Sarah Fox
- Mr. Daniel Rogoff
- Ms. Ashley DeLanis

The Council members absent were:

- Dr. Vu Luu

The following Division of Insurance members were present:

- Maile Campbell
- Kaysa Knight

1. Call to Order/Roll Call

The meeting was called to order. Reida Wagner called the roll, and everyone was present except for Dr. Vu Luu.

2. Introductory Remarks

Reida Wagner 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. She 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.

3. Public Comment

No public comment at this time.

4. Minutes from the September 11, 2024 meeting were unanimously approved, with no changes.
5. Discussion of the 2027 Notice of Benefit and Payment Parameters was minimal, just a reminder to the Council.
6. The vision of the Council, specific to network adequacy, for individual and small group health plans was reiterated for the members' edification. Dr. Baron interjected that, due to the turnover of the Council members in the past few years, a two minute introduction of each would be beneficial and, subsequently, each Council member introduced themselves.

Reida circled back to the vision of the Council and also reminded the members that their recommendations for the PY26 QHP standards would be discussed in a yet to be scheduled

workshop and hearing for adoption into Title 57. Pat Kelly asked if there were any additional changes know at this time and Reida demurred but stated the newly enacted QHP time and distance standards were a challenge to most if not all carriers, particularly for the counties with extreme access considerations (CEAC).

Sarah Fox asked about incorporating telehealth into the standards in order for the carrier's to meet the requirements. A lively discussion ensued among the Council regarding how this could be implemented and tracked. The proposal was to have carriers include physical addresses in CEACs but only after consulting with Jack Childress regarding how to accommodate, i.e., via the Division annual filing guidance or through law/regulation.

Dr. Baron expressed concern whether or not this proposal would be addressing network adequacy on paper or in reality. Reida elaborated on the Division administration of current network standards for the edification of the Council for their consideration of modifying the standards. Reida noted that current network standards addressed proximity, rather than access, to a provider and perhaps the Council should consider new types of standards (e.g., provider to enrollee ratio, tracking time and distance standards for physical office visits and appointment wait time for telehealth). Reida requested information from the carrier representatives regarding telehealth metrics.

Pat Kelly expressed concern with access to care in the CEACs as a result of the "Big Beautiful Bill" and stated he wanted a comment about this concern in the final report to the Commissioner, i.e., accessibility to care in all areas but particularly the CEACs. He recommended a statement to the effect of "The Council recognizes that there is nothing in the near term horizon that is going to create more providers in the rural areas and that we want to encourage innovation and the use of technology in addressing the healthcare needs of people in these rural communities."

Heidi Sterner requested that the report be sent to the Patient Protection Commission (PPC).

Dr. Baron requested that the Division supply the current network standards, Federal and Nevada specific, to the Council members.

ACTION ITEM: Reida to report on discussion with Jack at next meeting.

ACTION ITEM: Carrier representatives to provide by July 24, 2025.

ACTION ITEM: Reida to send final report to PPC.

ACTION ITEM: Reida to standards to Council. COMPLETED 07/10/25

7. Discuss schedule for 2025 meetings

Reminder that the next meeting is August 14, 2025 and the final meeting is September 11, 2025"

8. Public Comment

No public comment at this time.

9. Adjournment

The meeting was adjourned at 10:55 a.m.

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/

Commissioner's Network Adequacy Advisory Council Meeting Minutes for August 14, 2025

1. Call to Order/Roll Call

The meeting was called to order at 10:03 am by Reida Wagner who noted that only 4 of the 9 council members were present. The members in attendance agreed to proceed with the meeting despite the voting limitation.

2. Introductory Remarks

Reida Wagner stated that the Council's formation and scope are governed by regulation under *Nevada Administrative Code (NAC) Chapter 687B*. Pursuant to this regulation, the Council is charged with providing formal recommendations to the Commissioner of Insurance regarding network adequacy standards.

These recommendations are submitted annually in the form of a written report to the Commissioner. The most recent report is available on the Division's website. These recommendations are advisory only—monitoring and enforcement are outside the Council's scope. All meetings are subject to Nevada's Open Meeting Law. Proceedings must be public, properly noticed, and recorded.

3. Public Comments & Discussion

Reida Wagner stated that Members of the public were invited to provide comments during the designated period. Comments are limited to three minutes per speaker. No action may be taken on matters raised unless specifically listed on the agenda as actionable items. Comments may be made on a matter not on today's agenda, but no action may be taken, and the matter may be placed on a future agenda.

No public comments were recorded at this time.

4. Approval of Minutes from September 11, 2024, Council Meeting

Reida Wagner informed the council that, due to the absence of a quorum, the July 14, 2025, meeting minutes could not be formally approved. However, she asked the members present to confirm receipt of the draft minutes and invited them to share any corrections or revisions in advance of the next scheduled meeting.

5. Discuss Action Items from 07/10/25 Meeting - Telehealth tracking for PY27, i.e., new regulation vs. guidance

Reida Wagner updated the Council on recent telehealth oversight discussions with Jack Childress and Acting Commissioner Gaines. While NRS 687B.490(7) addresses telemedicine, it lacks specific guidance for tracking outcomes or identifying applicable services. As a result, the Division will defer implementation of telehealth tracking until federal standards are released via HHS.

Reida Wagner presented a network adequacy chart illustrating carrier performance by service area. State standards generally met time and distance requirements, whereas federal standards—particularly in Service Area 4 (rural counties)—often did not. Heidi Sterner raised concerns about inconsistent reporting and recommended more granular data to better identify

underserved areas. Reida Wagner clarified that carriers define their own service areas using CMS templates, and the Division cannot mandate regional breakdowns.

Patrick Kelly inquired whether federal telehealth guidance is actively in development. Reida Wagner confirmed that the Division has been awaiting meaningful direction since the 2022 Notice of Benefit and Payment Parameters (NBPP), and leadership supports postponing state-level changes until federal standards are issued. In the meantime, carriers must justify unmet standards, particularly in non-statewide submissions. Reida Wagner noted that provider shortages in rural areas, such as Esmeralda County, continue to impact access.

Reida Wagner reviewed Nevada's time and distance standards:

- Individual Plans: All carriers met standards except Carrier 5, which reported 89.9% adequacy for primary care pediatrics—just below the 90% threshold.
- Small Group Plans: All carriers met the required standards.

Dr. Baron asked for confirmation that Nevada's standards are as stringent or more stringent than federal benchmarks, which Reida Wagner affirmed. He also questioned whether the Council should consider adding new provider categories. However, he noted that no additions have been made in the past seven to eight years, and current conditions may not support expansion. Reida offered to re-share the April 2024 comparison report, available on the Division's website, which outlines differences between federal and state standards. Outpatient dialysis is the only Nevada-specific provider type not included in federal benchmarks.

Reida Wagner also confirmed the following:

- The telehealth utilization data request was rescinded due to the lack of actionable federal guidance.
- The final standards were sent to the Council on July 10.
- The Commissioner's report will be submitted to the Patient Protection Committee following NAAC recommendations.
- Heidi Sterner was added to the distribution list.

No further questions were raised regarding Agenda Item 5.

6. Public Comments & Discussion

Reida Wagner opened the floor for public comments. Members of the public were invited to provide remarks either by phone or via Microsoft Teams, with each speaker limited to three minutes. Participants were reminded that comments may address items not listed on the agenda or relate to specific agenda items. While the Council may discuss public comments, no action may be taken unless the item has been formally included on the agenda. Topics raised during public comment may be considered for inclusion on a future agenda.

No public comments were received at this time.

7. Adjournment.

The meeting was adjourned at 10:24 AM

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

Commissioner's Network Adequacy Advisory Council Meeting Minutes for September 11, 2025

This Council conducted a public meeting on September 11, 2025, at 10:00 am.

The Council members present were:

- Mr. Patrick Kelly
- Ms. Heidi Sterner
- Mr. Thomas McCoy
- Mr. Daniel Rogoff
- Ms. Ashley DeLanis

The Council members absent were:

- Dr. Vu Luu
- Dr. Howard Baron
- Ms. Shae Herbert
- Ms. Sarah Fox

1. Call to Order/Roll Call

The meeting was called to order. Reida Wagner called the roll.

2. Introductory Remarks

Reida Wagner 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. She 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.

3. Public Comment

Lea Cartwright commented regarding the scarcity of providers of speech therapy services and incorrect CPT codes for said services through Medicaid. She was advised, by Reida Wagner, that there are no network standards for this modality for non-QHPs. As of Plan Year 26, this standard is addressed for QHP as the NAAC recommended adopting the Federal provider standards. Ms. Cartwright was advised by Ms. Heidi Sterner to formally contact the Division site and submit her concerns formally.

4. Minutes from the July 10th and August 14th, 2025 meetings were unanimously approved, with no changes.

5. Approval of NAAC Report to the Commissioner was passed unanimously.

6. Public Comment

No public comment at this time.

7. Adjournment

Reida Wagner thanked the members of the NAAC for their time and efforts for the this year's meetings and advised invitation to the 2026 meetings would be sent out, via email, in Q425. The meeting was adjourned at 10:15 a.m.

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