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Network Adequacy Plan Year 2023



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Network Adequacy Regulation

- Applies to individual and small group health benefit plans
- Exemption for a carrier with fewer than 1,000 covered lives in the preceding calendar year or 1,250 lives anticipated in the next year
- Exemption for grandfathered plans



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Network Adequacy Submission

- Carriers must submit network plan documentation within plan binders
 - Individual Health Plans – June 1, 2022
 - Small Group Health Plans – July 13, 2022
- Required Documentation
 - CMS ECP/Network Adequacy Template
 - 2023 Nevada Declaration Document
 - Autism Provider Template
 - Network Adequacy Year Over Year Exhibit
 - Network Adequacy Filing Checklist



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Network Adequacy Timeline

Individual Health Plans

- June 1st Deadline for carrier submissions
- August 30th DOI makes final determinations

Small Group Plans

- July 13th Deadline for carrier submissions
- September 30th DOI makes final determinations

Objections/Responses

- The DOI anticipates no more than a two-week turn around after a submission
- Under normal circumstances the carriers will have two weeks to respond to any objections



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Network Adequacy Standards

Type	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)
Provider	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
	Psychiatrist	45	30	60	45	75	60	110	100
	Psychologist	45	30	60	45	75	60	110	100
	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
Facility	Hospitals	45	30	80	60	75	60	110	100
	Outpatient Dialysis	45	30	80	60	90	75	125	110

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Essential Community Provider Standards

A carrier must:

- Contract with at least 30% 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) included in the plan's service area



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ECP Write-ins

A carrier may write in any provider that submitted a timely ECP petition and:

- Is currently eligible to participate in the 340B Drug Program described in section 340B of the PHS Act; or
- Is a not-for-profit or State-owned provider that would be an entity described in section 340B of the PHS Act but did not receive Federal funding under the relevant section of law referred to in section 340B of the PHS Act
 - Such providers include not-for-profit or governmental family planning service sites that do not receive a grant under Title X of the PHS Act



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Network Adequacy Review Process

- For each specialty and standard, issuer-submitted data will be reviewed to make sure that the plan provides access to at least one provider in each listed provider types for at least 90 percent of the population sample in the service area.
- Justification should describe any established patterns of care and the availability of providers in the specialty type related to the deficiency within the applicable geographic service area
- Access plan should be based upon established patterns of care



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Network Adequacy Review Process

Please note the following in preparing the Network Adequacy section:

- In classifying a facility as a hospital consider the definition of hospital under NRS 449.012 as well as the definition provided by the Centers for Medicare and Medicaid Services

Templates submitted with urgent care facilities classified as hospitals will be objected to and be required to submit a corrected template

- Check data for error
 - Addresses with no city, state, or zip codes
 - Typographical errors in provider names or street addresses
 - Misclassification of a provider specialty or facility specialty



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Access for Individuals with High-Cost Illnesses

Identifying Market Outliers in Network Access for High-Cost Illness

- Using time or distance standards analysis
- The following illnesses will be studied
 - Cancer, diabetes mellitus, epilepsy, heart disease, HIV, multiple sclerosis, rheumatoid arthritis and severe mental illness
- Each disease has been paired to providers based on customary patterns of care
- Outliers will be investigated further to determine if discrimination for a particular disease exists due to network design
- 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.



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Access for Individuals with High-Cost Illness

Disease	Specialty
Cancer	021 Medical Oncology and Surgical Oncology
	022 Radiation Oncology
	047 Diagnostic Radiology
Diabetes Mellitus	012 Endocrinology
	015 General Surgery
	023 Ophthalmology
	028 Podiatry
Epilepsy	019 Neurology
	047 Diagnostic Radiology
Heart Disease	008 Cardiovascular Disease
	035 Cardiothoracic Surgery
	041 Cardiac Surgery Program
	042 Cardiac Catheterization Services

Disease	Specialty
Hepatitis C	014 Gastroenterology
	015 General Surgery
	017 Infectious Diseases
HIV	017 Infectious Diseases
Multiple Sclerosis	019 Neurology
	049 Physical Therapy
Rheumatoid Arthritis	015 General Surgery
	031 Rheumatology
	049 Physical Therapy
Severe Mental Illness	029 Psychiatry
	040 General Acute Care Hospital
	052 Inpatient Psychiatry
	103 Psychology

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Last Year's Issues

- Triple check submissions before final approval.
- Don't reuse terminated HIOS plan ID's
- Rates exist for all service areas listed for the plan in the PBT.



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Network Adequacy Stand Alone Dental Plans

A carrier must:

- Have at least one general dentist, one periodontist, one oral surgeon, and one orthodontist in county within the service area with the following time or distance standards:
 - Urban Counties (Carson City, Clark, Washoe): 45 miles or 45 Minutes
 - Rural Counties (Douglas, Lyon, Storey): 60 miles or 1 hour
 - Remainder of State: 100 miles or 2 hours
- Contract with at least 20% of available ECPs in each plan's service area
- Offer contracts in good faith to all available Indian health care providers in the service area.



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DOI Contact Information

Network Adequacy

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Questions

