

Nevada Division of Insurance

PY26 Network Adequacy Declaration Document

1. Carrier affirms that:
 - a. it will comply with Nevada's Network Adequacy laws and regulations.
☐ Yes ☐ No
 - b. any Qualified Health Plans (QHPs) offered will comply with 45 CFR § 156.230.
☐ Yes ☐ No
 - c. it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay. This includes providers that specialize in mental health and substance related disorder services for all plans except dental plans.
☐ Yes ☐ No
 - d. the providers listed in the annual submission are practicing within the specialty indicated.
☐ Yes ☐ No
 - e. the providers listed in the annual submission have an open panel.
☐ Yes ☐ No
 - f. it will provide the internal appointment wait time standards and provider to enrollee ratio standards as requested by the Division.
☐ Yes ☐ No
 - g. network data provided is representative of contracts expected to be in place 01/01/2026 and that all data submitted is accurate and current as of the date of filing.
☐ Yes ☐ No
 - h. it will maintain current provider directory links.
☐ Yes ☐ No

If any response is "No", a justification must be provided. Justifications will be reviewed by the Nevada Division of Insurance on a case-by-case basis.

2. Please provide a detailed description of the company's process for updating it's provider directory to comply with NAC 687B.778.
3. Pursuant to NRS 629.510, please attach a separate Excel exhibit displaying telehealth utilization by specialty and county for membership for Plan Year 2024. The exhibit must include utilization based on total membership by county, specialty type and the total number of visits by office visit and telehealth for Plan Year 2024 as of March 31, 2025.

EXAMPLE

<i>Carrier</i>	<i>County</i>	<i>Specialty</i>	<i>Membership</i>	<i>#OV</i>	<i>#Tel</i>
XYZ	Nye	Primary	500	38	19
XYZ	Nye	MH/SUD	500	50	100
XYZ	Nye	Ped	500	100	50

Date

Signature/Title