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Network Adequacy Plan Year 2020



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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 3, 2019
 - Small Group Health Plans – July 15, 2019
- Required Documentation
 - CMS ECP/Network Adequacy Template
 - 2020 Nevada Declaration Document
 - Autism Provider Template
 - Network Adequacy Year Over Year Exhibit



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Network Adequacy Timeline

Individual Health Plans

- June 3rd Deadline for carrier submissions
- September 1st DOI makes final determinations

Small Group Plans

- July 15th Deadline for carrier submissions
- October 13th 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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2020 Network Adequacy Standards

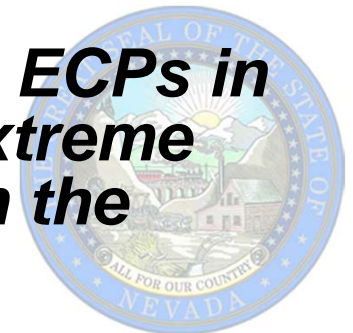
Type	Specialty	Metro		Micro		Rural		CEAC	
		Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)	Max Time (Mins)	Max Distance (Miles)
Provider	Primary Care	15	10	30	20	40	30	70	60
	Endocrinology	60	40	100	75	110	90	145	130
	Infectious Diseases	60	40	100	75	110	90	145	130
	<i>Psychiatrist</i>	45	30	60	45	75	60	110	100
	<i>Psychologist</i>	45	30	60	45	75	60	110	100
	<i>LCSW</i>	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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2020 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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2020 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 enrollees 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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Questions

