

## **COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL**

### **Minutes of Meeting Held**

The Commissioner's Network Adequacy Advisory Council held a public meeting on March 11, 2021 at 10:00 a.m. remotely via Webex. Notice of the meeting was posted in compliance with Nevada's Open Meeting Law. The recording of this meeting may be viewed on the Division's website, [http://doi.nv.gov/Insurers/Life\\_and\\_Health/Network\\_Adequacy\\_Advisory\\_Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/)

### **Roll Call of Members:**

**The following Council members were present:**

Thomas McCoy

Howard Baron

Jack Kim

Cris Williams

Bill Welch (joined later)

Jon Bilstein

Sarah Fox

Brian Knudsen

Joy Cleveland

**The following Council member joined later due to technical issues at 10:07 a.m.:**

Bill Welch

**Division of Insurance Staff in attendance:**

Jeremey Gladstone

Mark Garratt

David Hall

Laura Adair

### **1. Call to Order and Roll Call**

The meeting was called to order at 10:02 a.m.

Laura Adair proceeded with the roll call and Jeremy Gladstone confirmed that a quorum was established.

Mr. Gladstone welcomed new members Joy Cleveland, Regional VP for Provider Solutions at Anthem, as health insurance carrier representative, and Brian Knudsen, Las Vegas City Council Member of Ward 1, as consumer representative.

**2. Introductory Remarks:**

David Hall, Legal Counsel for the Division reminded members that the council charge is to make recommendations to the Commissioner for network adequacy standards which can be found in NAC 687B.750 and is subject to NV Open Meeting law pertaining to transparency and clarity for the record. Any deliberations must be done openly, must be available to the public with proper noticing and must be recorded and made available to the public by the Division of Insurance. Mr. Hall also advised that the Webex chat feature only be used in the event of technical difficulties or to confirm with moderator of participant status.

**3. Public comment**

Mr. Gladstone offered the opportunity for public comment and there was no public comment at this time.

**4. Approval of the Minutes from the August 13, 2020 Meeting**

A motion of approval of the minutes was made by Howard Baron and seconded by Jack Kim. None opposed; motion passed unanimously.

**5. Review Vision and Agreements**

Jack Kim requested a minor change from provided care to provide care on first page, bottom bullet point. Mr. Kim made a motion to approve the Vision and Agreements, seconded by Bill Welch. None opposed, motion carried.

**6. Presentation on Network Adequacy by Jeremy Gladstone, Assistant Chief Examiner Life and Health Section, NV Division of Insurance.**

Mr. Gladstone’s presentation can be found on the NV DOI website per link below;

[https://doi.nv.gov/uploadedFiles/doinvgov/\\_public-documents/Insurers/DOI\\_Data\\_Presentation\\_03.11.2021.pdf](https://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Insurers/DOI_Data_Presentation_03.11.2021.pdf)

Brian Knudsen asked how wait time data gets reported.

Mr. Gladstone responded that some data is obtained through contractors such as secret shoppers, however there is some complexity in that the answer could vary if it involves multiple carriers. In some states the carrier signs a document stating that they are

compliant with laws on wait times. Also Mr. Gladstone is working on requesting public use files and obtaining more specific demographic data and is hoping to review and put together an exhibit on this.

Mr. Gladstone responded that service area population is the primary consideration for determining that time and distance standards are adequately met for individual and small group plans.

Philip Ramirez asked since AB469 is specific to OCHA will there be any data from them regarding the arbitration cases over \$5,000.

Mr. Gladstone will reach out to DHHS/OCHA and see if he can obtain more information on this.

Mr. Kim commented regarding pending bill legislation, there is concern about the impact on the small group market due to employers being placed into the self-funded group market.

Mr. Gladstone responded that this has been discussed with the Commissioner and they have been directed to monitor the status on where the shift is occurring.

Also Mr. Kim asked if the DOI has considered a change in the statute for the provider denial letters to be required monthly. Mr. Kim also commented that there is a high number of denials due to credentialing issues, and it would be helpful to get a percentage of denials due to quality issues.

Mr. Gladstone stated currently the law must be adhered to as written, however it is possible in the future to implement monthly reporting to ease the burden and expense of submitting through SERFF and refine the process to get more specific information.

Howard Baron commented that it would also be helpful to get specific information as to whether the denial is due to inability to negotiate a contract, or for mutual fiscal/business reasons.

- 7. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2023.**
  - a. Identification of decisions around recommended changes to network adequacy criteria and/or recommendations for future consideration for Plan Year 2023.**
  - b. Confirmations and/or additions to assignments and timeline.**
  - c. Direction to Division staff concerning request for information.**
  - d. Other matters related to timely and relevant information and collection of specific data regarding network adequacy.**

Howard Baron stated that it would be helpful to get specific data on how many patients are seeking care outside of Nevada due to long wait times.

Mr. Gladstone responded that the proposed all-claims database would be helpful in tracking this information.

Mr. Kim stated that with some national networks attached to NV plans, it may be more convenient for members to choose to go to outside providers on their own.

Mr. Welch stated he has access to databases and tools that he will make available to Mr. Gladstone that can give some additional insight to better determine the reasons why some members go to out of network providers.

Mr. Welch also commented on the potential impact of AB469 and will continue to get OCHA data to determine if it will have a significant impact on contracting between providers and payers.

Mr. Kim commented on the complexities of the Federal surprise bill law that will be implemented in 2022, and that it will be important to understand and compare this with Nevada law and the impact it will have on reporting.

**8. Discussion on Plan Year 2023 meetings. (For possible action)**

- a. Scheduling of future meetings.**
- b. Scheduling of next meeting agenda items.**
- c. Other matters related to meetings for Plan Year 2023.**

Mr. Gladstone reminded the council that September 15, 2021 is the deadline for Plan Year 2023, and future meetings for 2021 were scheduled for the following dates from 10AM-Noon: 6/24, 7/22, 8/19, and 9/9.

**9. Public Comment.**

There was no public comment.

**10. Adjournment.**

Mr. Kim made a motion to adjourn and Mr. Knudsen seconded; none opposed and the meeting was adjourned at 11:33 a.m.

Respectfully submitted,  
Laura Adair

This Webex meeting recording and previous complete recordings of past Council meetings can be found on the Division’s website at <http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/>