

Report on the Plan Year 2023 Recommendations for Network Adequacy Standards

**Presented by:
The Network Adequacy Advisory Council**

**To: Barbara Richardson
Commissioner of Insurance, Nevada Division of Insurance**

**Prepared by: Jeremey Gladstone
Division of Insurance**

August 23, 2021

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NAAC Recommendations for Network Adequacy Standards for Plan Year 2023

Overview of the NAAC Recommendations Process.

This section includes a description of the:

- 1) Commencement of the Plan Year 2023 meetings of the Network Adequacy Advisory Council (hereinafter referred to as “Council” or “NAAC”)
- 2) Process of Plan Year 2023 NAAC meetings
- 3) Timeline and significant discussions made at each of the five 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 2023 was held on March 11, 2021 (NAC 687B.770 subsection 4 requires that the first meeting of the NAAC must be held no later than June 15th). They continued to meet through August 19, 2021, to finalize the recommendations of network adequacy standards for Plan Year 2023. The Council recommends these standards to achieve network adequacy for individual and small employer group health benefit plans.

At the March 11, 2021, meeting, the Council revisited its vision for what it hoped to achieve during the Plan Year 2023 NAAC meetings. 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. Educated 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. Contributed to health literacy: transparent to consumer.
8. Provided 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 and data 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 four public meetings were planned. The result of these meetings is contained in this report that will be submitted to the Commissioner of Insurance on or before September 15, 2021.²

March 11th – The Council reviewed and confirmed their vision and future considerations from last year’s meetings. The Division reviewed the network adequacy standards for Plan Year 2022 and provided data related to insurance coverage in Nevada, plan offerings in the individual and small group markets, Division complaints, as well as data available in reports required by SB234, AB469, and AB170 of the 2019 Legislative Session. The Council discussed possible standards for plan year 2023 and brainstormed metrics and data that they would like to review in considering potential standards. The discussion included: telehealth as an option to address provider shortages, geographic criteria and adequacy of other specialties in the network adequacy template, and coordination with the Patient Protection Commission. The Council discussed additional information they would like to see before putting forth any recommendations.

June 24th – The Council had originally scheduled a meeting to take place on June 24, 2021, however, due to technical issues, the meeting had to be cancelled.

July 22nd – At this meeting, Jeremy Gladstone from the Division of Insurance presented information on demographic data for plans sold on the Silver State Health Exchange using data from the Public Use File distributed by CMS. The presentation also included information on legislation which passed during the Nevada 2021 Legislative Session. The council had discussion on the presentation as well as the possible recommendation for plan year 2023. The Council passed a motion to recommend to the Commissioner of Insurance to maintain the existing standards for plan year 2023, with the stipulation that this would be revisited at the August 19, 2021, meeting if any additional information or data was brought forth indicating that additional standards are needed. The motion was passed unanimously by all members present.³ The Council talked further on items to address in future meetings and looked at the timeline for submission of the report to the Commissioner.

August 19th – The Council convened this meeting to continue discussion on the Plan Year 2023 network adequacy recommendations and to determine if the Council’s recommendation would stand or if it would need to be adjusted based on the data requested during the July 22, 2021, meeting. A presentation was given by the Division of Insurance on the Council’s requests and discussion was had related to the presentation and the availability of data to aid the Council in their process. The Council moved forward with the recommendations as previously approved and unanimously approved the draft report for submission to the Commissioner⁴.

² The video recordings of the meetings and supporting materials are available on the Division website at [http://doi.nv.gov/Insurers/Life and Health/Network Adequacy Advisory Council/](http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/). Included in the Appendix of this Report are the minutes of each meeting.

³ The Council vote was unanimous for all members present at the July 22, 2021, meeting for the plan year 2023 recommendations. Council members Brian Knudsen and Jon Bilstein were not present at the meeting.

⁴ The Council vote was unanimous for all members present at the August 19, 2021, meeting for the plan year 2023 Report. Council members Jack Kim and Thomas McCoy were not present at the meeting.

Council's Recommendation for Plan Year 2023.

The Council's discussion with regards to the recommendation for plan year 2023 included concerns over the current healthcare market caused by the COVID-19 pandemic. Additional discussion was had as to whether complaints, data, or any other information indicated a specific concern which could be addressed by recommending additional adequacy requirements.

With these considerations in mind, the Council recommends maintaining the current network adequacy regulations as adopted by the state in regulation R067-19. Specifically, the Council recommends the following:

The Plan Year 2023 Recommendations are noted below in the Network Adequacy Time/Distance Standards Chart.

Network Adequacy Time/Distance Standards: Plan Year 2023 Recommendations								
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)
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
Psychiatrists	45	30	60	45	75	60	110	100
Psychologist	45	30	60	45	75	60	110	100
Licensed Clinical Social Workers (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
Hospitals	45	30	80	60	75	60	110	100
Outpatient Dialysis	45	30	80	60	90	75	125	110
Adequacy Requirement	90% of the population in a service area must have access to these specialties types with in the specified time or distance metrics.							
Plan Year 2023 Standards for ECPs:								
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)								

Rationale and Criteria for Recommended Standards.

The recommendation above, based on extensive discussion by the Council, related to whether additional standards would have a positive impact on:

- Network adequacy
- Consumer access to high quality health services
- Affordability and the capacity of carriers to offer products to both individuals and small groups

Future Considerations.

Considerations for future action were discussed to prepare the Council with a better understanding of what additional standards might be added for Plan Year 2023 and beyond. The Council maintains the stance that data collection and standards should not impose burdens that might compromise the adequacy of current networks. The following considerations were put forth:

- 1) Identify opportunities for providers and licensing agencies to systematically report on data useful to the Council.
- 2) Improve Workforce data to support the work and decisions of the Network Adequacy Advisory Council (e.g., Provider FTEs for patient care within network). Potential sources of data:
 - a. NV Bureau of Health Care and Quality Compliance (Facilities Data)
 - b. NV State Board of Medical Examiners, NV State Board of Nursing, and other NV State Boards of licensing for various providers
- 3) Work on building a communication channel with Governor’s Patient Protection Commission (“Commission”) and other similar task forces to allow for collaboration and to ensure consistency in data and to minimize duplication of efforts.
- 4) Review and consider other metrics for the determination of network adequacy e.g. appointments wait times, provider enrollee ratios, etc.
 - a. Continue reviewing existing network adequacy models used by other state agencies and federal agencies
 - b. If feasible research the metrics and standards currently required by carriers when contracting with providers
- 5) Support efforts to expand the development of the health workforce in critical provider categories required for network adequacy.
- 6) Examine the impact of network adequacy regulations on the insurance marketplace (i.e., # of carriers, # of products and consumer costs) for Plan Year 2022 and beyond.
- 7) Improve data on provider availability on open/closed panels.

Appendix:
Minutes from NAAC Meetings:
March 11th, July 22nd, and August 19th

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/

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

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

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COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on July 22, 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/

Roll Call of Members:

The following Council members were present:

Thomas McCoy
Jack Kim
Cris Williams
Bill Welch
Jon Bilstein
Sarah Fox
Joy Cleveland (joined late)
Howard Baron (joined late)

The following Council member was absent:

Brian Knudsen

Division of Insurance Staff/Legal Counsel in attendance:

Jeremey Gladstone
Mark Garratt
Laura Adair
Henna Rasul, Senior Deputy Attorney General, NV Office of the Attorney General

1. Call to Order and Roll Call

The meeting was called to order at 10:00 a.m.

Jeremey Gladstone proceeded with the roll call and a quorum was established.

2. Introductory Remarks

Mr. Gladstone reminded the Council and public of the Council's charge per Nevada Administrative Code Chapter 687B.750 which establishes the scope of the council's work and determines recommendations to the Commissioner as to what network adequacy requirements should be; monitoring and enforcement do not fall within the council's control.

He also reminded participants that Nevada Open meeting law does apply which means that everything the council does must be done openly, must be available to the public and must be properly noticed and recorded. Meetings are recorded and available to the public and participants were asked to identify themselves for the record prior to speaking by stating their name or confirming via the Webex chat box.

3. Public Comment.

There was no public comment at this time.

4. Approval of the Minutes from the March 11, 2021, Meeting.

Jon Bilstein entertained motion to pass meeting minutes; seconded by Cris Williams. None were opposed, motion carried.

5. Review vision and agreements.

Mr. Gladstone opened this agenda item for discussion on possible changes. There were no comments regarding this agenda item.

6. Presentation of Data, Presented by Division of Insurance, Jeremy Gladstone, Assistant Chief Examiner, Life and Health Section.

This presentation can be found on the NV DOI website per below;
[PowerPoint Presentation \(nv.gov\)](#)

In addition to the 2021 legislative bills noted in the presentation, Bill Welch requested that SB 329 pertaining to the relationship between providers and payers and its impact be added. Mr. Welch stated that the provider community has concerns that it may create difficulties with contract resolution, possibly resulting in more out of network providers. Mr. Gladstone will make available a summary of the overall provisions of the bill for the next meeting.

Mr. Kim suggested that the provisions of telehealth be discussed further at the next meeting. Mr. Gladstone will put together some guidance for discussion at the next meeting.

Per the request of council member Brian Knudsen at the last meeting, Mr. Gladstone provided Silver State Health Insurance Exchange/Centers for Medicare & Medicaid public demographic data.

Mr. Kim asked Mr. Gladstone to clarify if this data was gathered prior to the American Rescue Plan special enrollment period.

Mr. Gladstone responded that the data was pulled prior to this during the end of open enrollment period of January of 2021 and will try to get more up to date information for the next meeting if it is available.

Dr. Baron asked what the total enrollment numbers are for this plan year and is interested to know if this number has changed. Mr. Gladstone did not think this has changed significantly but will verify and provide this information at the next meeting.

Mr. Welch inquired as to a statistic which was brought up during the legislative discussions surrounding SB420 which indicated that 50% of Nevada's uninsured population would be eligible for Medicaid or for subsidies through the Silver State Health Insurance Exchange (SSHIX). Mr. Welch would like information presented at either the next Network Adequacy Council or at the Commissioner's Advisory Committee on Health Care and Insurance (CACHCI) on the outreach efforts of both agencies.

Dr. Baron commented that he believes SB420 would have an impact on network access and would like to have further discussion regarding this.

Mr. Kim and Dr. Baron would like to see more specific demographic analysis on other factors including where and who the insured are.

Mr. Gladstone will try to get feedback from the upcoming CACHCI and SSHIX meetings and will also try to obtain more information from the SB420 bill analysis.

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.

Mr. Gladstone addressed the council to ask if members have any specific concerns or recommendations for PY2023 standards.

Dr. Baron asked if there have been any changes in mental health access as a result of the previous guideline changes that separated out mental health providers.

Mr. Gladstone will put together an exhibit that will highlight this.

Also Dr. Baron asked if there was a pattern with consumer complaints regarding network adequacy, or in a particular category with consumer complaints.

Mr. Gladstone will reach out to the Nevada Division of Insurance Consumer Services section and the Nevada Office of Consumer Health Assistance to see if there is more information on this.

Mr. Kim asked for an update in the number of carriers and products being offered through the SSHIX, and if there are any new carriers.

Mr. Gladstone said that the 2022 data will not be confirmed until the final rates are posted in October, however he can give a snapshot for the August meeting. He referred to the presentation from the last meeting in March, showing plan offerings in the individual market increasing from 2018.

Dr. Baron asked Mr. Gladstone to confirm that the number of plans on the exchange does not necessarily mean the number of insurance companies that are providing those plans, and if a carrier decides to withdraw, all plans are withdrawn.

Mr. Gladstone confirmed that that if a carrier withdraws it is usually the entire service area. To address this, he will provide a total breakdown of carriers and plans by service area for the next meeting.

Dr. Baron asked if the Division of Insurance has had to take any corrective action regarding network adequacy.

There have been some complaints with inadequate provider directories and issues regarding network contractual changes however there have not been any specific complaints with network adequacy.

Mr. Welch stated he supports the current standards. However, with COVID-19 continuing to be a challenge, the council needs to look at trauma and other high-end services with limited availability. In considering the availability, the Council need to be mindful to not create an unbalanced environment for contract negotiations, but at the same time ensure a patient has access.

Dr. Baron asked Mr. Welch how the 2019 balance billing legislation has affected this issue with single trauma center.

Mr. Welch responded that fortunately this issue has been resolved since it went into effect and has not seen any issues since.

Mr. Gladstone added that the Division is currently researching recent surprise billing legislation on how state and federal laws will work together and will update and advise the council as it is finalized.

Dr. Baron made a motion to recommend that the council maintain the current standards for network adequacy Plan Year 2023, pending any significant issues that result from data to be presented in August. Mr. Kim seconded the motion, none were opposed.

This motion was approved by the following members below and passed;

- Bill Welch
- Cris Williams
- Howard Baron
- Jack Kim
- Joy Cleveland
- Sarah Fox
- Tom McCoy

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

Mr. Gladstone will send out the approved recommendations in the new report, for the council to review and add any specific areas and return no later than August 9, 2021 prior to next meeting scheduled for August 19, 2021. This will then be posted on the NV DOI website.

9. Public Comment.

There was no public comment.

10. Adjournment.

The Meeting adjourned at 11:19 a.m.

Respectfully submitted,
Laura Adair

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http://doi.nv.gov/Insurers/Life_and_Health/Network_Adequacy_Advisory_Council/

COMMISSIONER'S NETWORK ADEQUACY ADVISORY COUNCIL

Minutes of Meeting Held

The Commissioner's Network Adequacy Advisory Council held a public meeting on August 19, 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/

Roll Call of Members:

The following Council members were present:

Cris Williams
Bill Welch
Jon Bilstein
Sarah Fox
Joy Cleveland
Howard Baron
Brian Knudsen

The following Council members were absent:

Jack Kim
Thomas McCoy

Division of Insurance Staff/Legal Counsel in attendance:

Jeremy Gladstone
Mark Garratt
Laura Adair

1. Call to Order and Roll Call

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

Jeremy Gladstone proceeded with the roll call and a quorum was established.

2. Introductory Remarks

Mr. Gladstone 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; monitoring and enforcement do not fall within the council's control. Regulations are available per Nevada Administrative Code Chapter 687B.750.

He also reminded participants that Nevada Open meeting law does apply which means that everything the council does must be done openly, must be available to the public and must be properly noticed and recorded. Meetings are recorded and available to the public and participants were asked to identify themselves for the record prior to speaking by stating their name or confirming via the Webex chat box. The Division is currently working on making available a permanent member of the NV Deputy Attorney General's office to answer any questions that may come up.

3. Public Comment.

There was no public comment at this time.

Bill Welch introduced Patrick Kelly, who has taken over the role as President of the Nevada Hospital Association. Mr. Welch will continue in his position throughout the end of the year and will work with Mr. Kelly to see if he is interested in serving on the council as his replacement. Mr. Gladstone will discuss the vacancy with the Commissioner.

4. Approval of the Minutes from the July 22, 2021, Meeting.

Howard Baron made a motion to pass meeting minutes; seconded by Mr. Welch. None were opposed, motion carried unanimously.

5. Review of Vision and Agreements.

Mr. Gladstone opened this agenda item for discussion on possible changes and determine if any action needs to be taken.

There were no comments regarding this agenda item.

6. Presentation of Data, Presented by Division of Insurance, Jeremey Gladstone, Assistant Chief Examiner, Life and Health Section.

This presentation can be found on the NV DOI website per below;

https://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Insurers/DOI_Data_Presentation_08.19.2021.pdf

Jon Bilstein asked how a complaint is submitted and how specialty is determined for the report produced for the Office of Consumer Assistance.

Mr. Gladstone responded this is required Health Carrier Annual Reporting Form per NRS 687B.675(1)(b) ([NRS 687b.675 Health Carrier Annual Reporting Form \(nv.gov\)](#)) for carriers to submit through the NV DHHS Office of Consumer Health Assistance (OCHA) website. Mr. Gladstone stated this complaint data is very broad, would like to see more details on provider-specific issues and will continue to report on these complaints and report for future meetings.

Dr. Baron asked if the Division receives any reports regarding internal complaints, and if it would be possible get more specific information on providers that would assist the council with making decisions and establishing guidelines.

Mr. Gladstone responded that the Division does receive an annual complaint report related to complaints in general but that this is very basic. He will revisit this report to confirm if there is anything that could be beneficial. The last session did introduce some new required reports including the Provider Denial, All Claims Payer Database and Provider Demographic License Renewal reports that are still in the development stages but may benefit the council in the future.

7. Discussion, Deliberation, and Potential Direction by Council Regarding Network Adequacy Standards for Plan Year 2023.

- a. Confirmations and/or additions to assignments and timeline.
- b. Direction to Division staff concerning request for information.

- c. Other matters related to timely and relevant information and collection of specific data regarding network adequacy.

There were no additional comments regarding this agenda item.

8. Review, revise, and approve final Report Plan Year 2023 recommendations.

- a. Review any changes submitted by Council members.
- b. Revise report based on agreed upon decisions related to network adequacy criteria and/or recommendations for future consideration for Plan Year 2023.
- c. Voting and approval of Report.

Dr. Baron moved to approve the current draft of the report for Plan Year 2023, with the addition of today's summary and meeting minutes which will be added by Mr. Gladstone. Mr. Bilstein seconded the motion. All were in favor, none were opposed, and the motion passed unanimously by members in attendance.

Mr. Gladstone will submit the above to the Commissioner as the official recommendation for Plan Year 2023.

9. Discussion of future meetings.

- a. Scheduling of future meetings.
- b. Scheduling of next meeting agenda items.
- c. Other matters related to meetings for Plan Year 2023.
- d. Discuss goals for Plan Year 2023 and beyond.
- e. Assignment of tasks for Division staff or Council Members.

The decision was made to cancel the next NAAC meeting scheduled for September 9, 2021. Laura Adair will facilitate scheduling the next meetings in February or March of 2022 for Plan Year 2024.

Mr. Welch thanked the Division and council members for the opportunity to serve for a number of years. He suggested the following future agenda items/topics for discussion in order to further ensure that the council has appropriate standards in place for network access regulation;

- Clarification of the Prudent Laysperson Definition for consistency purposes.
- Request a presentation from NV DHHS Director Richard Whitley regarding SB420, the public option, which could have an impact on availability of insurance.
- Further review and analysis of the impact of SB329 on contracts between payers and providers and its effect on network access.

Dr. Baron also suggested future discussion of SB379 (The John Packham Bill), the health workforce data collection bill that addresses the health professional shortage. Mr. Gladstone will review the most recent legislative bills, specifically at the provider data collected under this bill. Also Mr. Gladstone suggested a future presentation on the provider credentialing process.

10. Public Comment.

There was no public comment at this time.

11. Adjournment.

The Meeting adjourned at 10:39 a.m.

Respectfully submitted,
Laura Adair

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DRAFT