

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**

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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 [REDACTED], 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. Educate 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. Contribute to health literacy: transparent to consumer.
8. Provide 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 conducted. The result of these meetings is contained in this report that will be submitted to the Commissioner of Insurance on or before September 15, 2019.²

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 22th – At this meeting, Jeremey 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. 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 –

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

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/. Included in the Appendix of this Report are the minutes of each meeting.

adequacy regulations as adopted by the state in regulation R067-19. Specifically, the Council recommends the following:³

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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.

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 market place (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