APPROVED REGULATION OF

THE COMMISSIONER OF INSURANCE

LCB File No. R002-18

Effective January 1, 2019

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§1 and 2, NRS 679B.130 and 687B.490, as amended by section 88 of Assembly Bill No. 83, chapter 376, Statutes of Nevada 2017, at page 2355.

A REGULATION relating to insurance; requiring a network plan to satisfy certain requirements before the Commissioner of Insurance can determine that such a network plan is adequate for sale in this State; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the Commissioner of Insurance to adopt reasonable regulations for the administration of the Nevada Insurance Code and as required to ensure compliance with federal law relating to insurance. (NRS 679B.130) Existing law also requires: (1) a carrier that offers coverage in the small employer group or individual market to demonstrate the capacity to deliver services adequately before making any network plan available for sale in this State; and (2) the Commissioner to promulgate regulations concerning the organizational arrangements of the network plan and the procedure established for the network plan to develop, compile, evaluate and report statistics relating to its operations and services. (NRS 687B.490, as amended by section 88 of Assembly Bill No. 83, chapter 376, Statutes of Nevada 2017, at page 2355)

In 2017, the Commissioner required a network plan to contain: (1) the most recent version of the standards prescribed by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and (2) evidence that the network plan provides reasonable access to at least one provider who practices in the specialty area of pediatrics by complying with the area designations for the maximum time and distance standards. (NAC 687B.768, as amended by section 1 of LCB File No. R025-17)

In order for the Commissioner to determine that a network plan made available for sale in this State is adequate, **section 1** of this regulation requires a network plan to contain evidence that the network plan: (1) provides reasonable access to at least one provider who practices in certain specialty areas by complying with the area designations for the maximum time and distance standards; and (2) contracts with at least 30 percent of certain essential community providers and offers contracts in good faith to available Indian health care providers and to certain categories of essential community providers. **Section 1** also defines "essential community providers" by reference to mean a provider that serves predominantly low-income and medically underserved individuals.

Section 1. NAC 687B.768, as amended by section 1 of LCB File No. R025-17, is hereby amended to read as follows:

687B.768 1. In order for the Commissioner to determine that a network plan made available for sale in this State is adequate, the network plan must contain, at a minimum:

(a) The standards contained in the most recent Letter to Issuers in the Federally-facilitated Marketplaces issued by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. A copy of the letter may be obtained free of charge at the Internet address **https://www.cms.gov/CCIIO/resources/regulations-and-guidance/**.

(b) Evidence that the network plan provides reasonable access to at least one provider in the specialty area listed in the following table for at least 90 percent of enrollees by complying with the area designations for the maximum time and distance standards in the following table:

Specialty Area	Maximum Time and Distance Standards (Minutes/Miles)			
	Metro	Micro	Rural	Counties with Extreme Access Considerations (CEAC)
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***
Oncology - Medical/Surgery	***45/30***	***60/45***	***75/60***	***110/100***
Oncology - Radiation/Radiology	***60/40***	***100/75***	***110/90***	***145/130***

Mental Health (Including Substance Use Disorder Treatment)	***45/30***	***60/45***	***75/60***	***110/100***
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***

(c) Evidence that the network plan:

(1) Contracts with at least 30 percent of the essential community providers in the service area of the network plan that are available to participate in the provider network of the network plan, as calculated using the methodology contained in the most recent Letter to Issuers in the Federally-facilitated Marketplaces.

(2) Offers contracts in good faith to all available Indian health care providers in the service area of the network plan, including, without limitation, the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations, as defined in 25 U.S.C. § 1603, which apply the special terms and conditions necessitated by federal statutes and regulations as referenced in the Model Qualified Health Plan Addendum for Indian Health Care Providers. A copy of the Model Qualified Health Plan Addendum for Indian Health Care Providers may be obtained free of charge at the Internet address https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy.

(3) Offers contracts in good faith to at least one essential community provider in each category of essential community provider, as contained in the most recent Letter to Issuers in the Federally-facilitated Marketplaces, in each county in the service area of the network plan, where an essential community provider in that category is available and provides medical or dental services that are covered by the network plan.

2. If the area designations for the maximum time and distance standards required pursuant to paragraph (b) of subsection 1 are changed by the most recent Letter to Issuers in the Federally-facilitated Marketplaces, the Commissioner will post on the Internet website maintained by the Division notice of such changes.

3. ***To offer a contract in good faith pursuant to paragraph (c) of subsection 1, a network plan must offer contract terms comparable to the terms that a carrier or other person or entity which issues a network plan would offer to a similarly situated provider which is not an essential community provider, except for terms that would not be applicable to an essential community provider, including, without limitation, because of the type of services that an essential community provider provides. A network plan must be able to provide verification of such offers if the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services requests to verify compliance with this policy.***

4. Upon the issuance of a new Letter to Issuers in the Federally-facilitated Marketplaces, the Commissioner will determine whether the requirements of ~~[sections 2 to 18,]~~ ***NAC 687B.750 to 687B.784,*** inclusive, ~~[of this regulation,]~~ including, without limitation, the standards required pursuant to subsection 1, conform with any similar standards prescribed in the new Letter to Issuers in the Federally-facilitated Marketplaces. If the Commissioner determines that the requirements of ~~[sections 2 to 18,]~~ ***NAC 687B.750 to 687B.784,*** inclusive, ~~[of this regulation]~~ do

not conform with any similar standards prescribed in the new Letter to Issuers in the Federally-facilitated Marketplaces, the Commissioner will hold a public hearing concerning possible amendments to ~~[sections 2 to 18,]~~ ***NAC 687B.750 to 687B.784,*** inclusive, ~~[of this regulation]~~ and give notice of that hearing in accordance with NRS 233B.060.

~~[4.]~~ ***5.*** As used in this section ~~[, "maximum]~~ ***:***

(a) "Essential community provider" has the meaning ascribed to it in the most recent Letter to Issuers in the Federally-facilitated Marketplaces.

(b) "Maximum time and distance standards" has the meaning ascribed to it in the most recent Letter to Issuers in the Federally-facilitated Marketplaces.

Sec. 2. This regulation becomes effective on January 1, 2019.