

**PROPOSED REGULATION OF THE
COMMISSIONER OF INSURANCE**

LCB FILE NO. R002-18I

**The following document is the initial draft regulation proposed
by the agency submitted on 01/05/2018**

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December 20, 2017

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

AUTHORITY: 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; and providing other matters properly relating thereto.

Section 1. NAC 687B.768 is hereby amended to read as follows:

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:

<i>Type</i>	Specialty Area	Maximum Time and Distance Standards (Minutes/Miles)
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		Metro	Micro	Rural	Counties with Extreme Access Considerations (CEAC)
<i>Provider</i>	<i>Primary Care</i>	<i>15/10</i>	<i>30/20</i>	<i>40/30</i>	<i>70/60</i>
	<i>Endocrinology</i>	<i>60/40</i>	<i>100/75</i>	<i>110/90</i>	<i>145/130</i>
	<i>Infectious Diseases</i>	<i>60/40</i>	<i>100/75</i>	<i>110/90</i>	<i>145/130</i>
	<i>Mental Health</i>	<i>45/30</i>	<i>60/45</i>	<i>75/60</i>	<i>110/100</i>
	<i>Oncology - Medical/Surgical</i>	<i>45/30</i>	<i>60/45</i>	<i>75/60</i>	<i>110/100</i>
	<i>Oncology - Radiation/Radiology</i>	<i>60/40</i>	<i>100/75</i>	<i>110/90</i>	<i>145/130</i>
	Pediatrics	25/15	30/20	40/30	105/90
	<i>Rheumatology</i>	<i>60/40</i>	<i>100/75</i>	<i>110/90</i>	<i>145/130</i>
<i>Facility</i>	<i>Hospitals</i>	<i>45/30</i>	<i>80/60</i>	<i>75/60</i>	<i>110/100</i>
	<i>Outpatient Dialysis</i>	<i>45/30</i>	<i>80/60</i>	<i>90/75</i>	<i>125/110</i>

(c) Evidence that the network plan demonstrates satisfaction of the following criteria as it relates to all Essential Community Providers (“ECPs”):

- Contracts with at least 30 percent of available ECPs in each plan’s service area to participate in the plan’s provider network;*
- Offers contracts in good faith to all available Indian health care providers in the service area, to include the Indian Health Service (IHS), Indian Tribes, Tribal organizations, and urban Indian organizations, applying the special terms and conditions necessitated by Federal law and regulations as referenced in the recommended model QHP Addendum25 for Indian health care providers developed by CMS; and*

- *Offers contracts in good faith to at least one ECP in each ECP category included in the most recent Letter to Issuers in the Federally-facilitated Marketplaces in each county in the service area, where an ECP in that category is available and provides medical or dental services that are covered by the issuer plan type.*

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. 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, 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, 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, inclusive, of this regulation and give notice of that hearing in accordance with NRS 233B.060.

4. As used in this section, “maximum time and distance standards” has the meaning ascribed to it in the most recent Letter to Issuers in the Federally-facilitated Marketplaces.

5. As used in this section, Essential Community Providers (“ECPs”) has the meaning ascribed to it in the most recent Letter to Issuers in the Federally-facilitated Marketplaces.