PROPOSED REGULATION OF THE COMMISSIONER OF INSURANCE

LCB FILE NO. R129-24I

The following document is the initial draft regulation proposed

by the agency submitted on 06/17/2024

PROPOSED REGULATION OF

THE COMMISSIONER OF

INSURANCE LCB File No. R-

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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.

- A REGULATION relating to insurance; revising the requirements that a network plan made available for sale in this State must satisfy in order for the Commissioner of Insurance to determine that the network plan is adequate; and providing other matters properly relating thereto.
 - **Section 1.** NAC 687B.768, as amended by section 1 of LCB File No. R024-23, 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) 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 or distance standards in the following table:

Specialty Area	Maximum Time or Distance Standards (Minutes/Miles)

				Counties with
	Metro Micro	Rural	Extreme Access	
	Metro	IVIICIO	Kurar	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	45/30	60/45	75/60	110/100
Medical/Surgery	13/30	00/12	73700	110/100
Oncology -	60/40	100/75	110/90	145/130
Radiation/Radiology				
Psychiatrist	45/30	60/45	75/60	110/100
Psychologist	45/30	60/45	75/60	110/100
Licensed Clinical				
Social Workers	45/30	60/45	75/60	110/100
(LCSW)				
Pediatrics 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

Maximum Time and Distance Standards (Minutes/Miles)

				Counties with
				Extreme Access
				Considerations
Specialty Area	Metro	Micro	Rural	(CEAC)
Allergy and Immunology	45/30	80/60	90/75	125/110
Cardiology	30/20	50/35	75/60	95/85
Cardiothoracic Surgery	60/40	100/75	110/90	145/30
Chiropractor	45/30	80/60	90/75	125/110
Dermatology	45/30	60/45	75/60	110/100
Emergency Medicine	45/30	80/60	75/60	110/100
Endocrinology	60/40	100/75	110/90	145/130
ENT/Otolaryngology	45/30	80/60	90/75	125/110
Gastroenterology	45/30	60/45	75/60	110/100
General Surgery	30/20	50/35	75/60	95/85
Gynecology, OB/GYN	15/10	30/20	40/30	70/60
Infectious Diseases	60/40	100/75	110/90	145/130
Nephrology	45/30	80/60	90/75	125/110
Neurology	45/30	60/45	75/60	110/100
Neurosurgery	60/40	100/75	110/90	145/130
Occupational Therapy	45/30	80/60	75/60	110/100
Oncology – Medical/Surgical	45/30	60/45	75/60	110/100
Oncology – Radiation	60/40	100/75	110/90	145/130
<i>Ophthalmology</i>	30/20	50/35	75/60	95/85
Orthopedic Surgery	30/20	50/35	75/60	95/85
Outpatient Clinical Behavioral Health (Licensed, accredited, or		20.723		
certified professionals)	15/10	30/20	40/30	70/60
Physical Medicine and Rehabilitation	45/30	80/60	90/75	125/110

Physical Therapy	45/30	80/60	75/60	110/100
Plastic Surgery	60/40	100/75	110/90	145/130
Podiatry	45/30	60/45	75/60	110/100
Primary Care	15/10	30/20	40/30	70/60
Psychiatry	45/30	60/45	75/60	110/100
Pulmonology	45/30	60/45	75/60	110/100
Rheumatology	60/40	100/75	110/90	145/130
Speech Therapy	45/30	80/60	75/60	110/100
Urology	45/30	60/45	75/60	110/100
Vascular Surgery	60/40	100/75	110/90	145/130
Acute Inpatient Hospitals (Must have Emergency services available 24/7)	45/30	80/60	75/60	110/100
Cardiac Catheterization Services	60/40	160/120	145/120	155/140
Cardiac Surgery Program	60/40	160/120	145/120	155/140
Critical Care Services – Intensive Care Units (ICU)	45/30	160/120	145/120	155/140
Diagnostic Radiology (Free- standing; hospital outpatient; umbulatory health facilities with Diagnostic Radiology)	45/30	80/60	75/60	110/100
Inpatient or Residential Behavioral Health Facility				
Services	70/45	100/75	90/75	155/140
Mammography	45/30	80/60	75/60	110/100
Outpatient Infusion/Chemotherapy	45/30	80/60	75/60	110/100
Outpatient Dialysis	45/30	80/60	75/60	125/110
Skilled Nursing Facilities	45/30	80/60	75/60	95/85
Surgical Services (Outpatient or ASC)	45/30	80/60	75/60	110/100
Urgent Care	45/30	80/60	75/60	110/100

⁽b) Evidence that the network plan, in a Metro county, will be required to ensure that

enrollees seeking an appointment are able to schedule an appointment within the time frames below at least 90% of the time:

Specialty Area	Appointments Must be Available Within	
Behavioral Health	10 Business Days	
Primary Care (Routine)	15 Business Days	

(c) (b) For a stand-alone dental plan, 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 or distance standards in the following table:

Specialty Area	Maximum Time or Distance Standards (Minutes/Miles)			
				Counties with
	Metro	Micro	Rural	Extreme Access
	2,200	2,2,020	Rufui	Considerations
				(CEAC)
General Dentist	45/45	60/60	120/100	120/100
Periodontist	45/45	60/60	120/100	120/100
Oral Surgeon	4 5/45	60/60	120/100	120/100
Orthodontist	45/45	60/60	120/100	120/100

	Maximum Time and Distance Standards (Minutes/Miles)			
Specialty Area	Metro	Micro	Rural	Counties with Extreme Access Considerations (CEAC)
General Dentist	45/30	80/60	90/75	125/110
Oral Surgeon	45/30	80/60	90/75	125/110
Orthodontist	45/30	80/60	90/75	125/110
Periodontist	45/30	80/60	90/75	125/110

- (d) (e) Evidence that the network plan:
- (1) Contracts with at least 35 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.
 - (2) Offers contracts in good faith to *Federally Qualified Health Centers (FQHCs)*, *Rural Health Clinics*, *and* all available Indian health care providers in the

service area of the network plan, including, without limitation, the Indian Health Service established pursuant to 25 U.S.C. § 1661, 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 all available essential community providers in all counties in the service area of the network plan that are designated pursuant to subsection 3 as Counties with Extreme Access Considerations.
- (4) Offers contracts in good faith to at least one essential community provider in each category of essential community provider in the following table, 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:

Major ECP Category	ECP Provider Types
Family Planning Providers	Title X Family Planning Clinics and Title X
	"Look-Alike" Family Planning Clinics
Federally Qualified Health Centers	Federally Qualified Health Centers and
(FQHCs)	Federally Qualified Health Center "Look-
	Alike" Clinics, Outpatient health-
	programs/facilities operated by Indian tribes,
	tribal organizations, programs operated by
	Urban Indian Organizations
Hospitals	Disproportionate Share Hospitals (DSH) and
	DSH-eligible Hospitals, Children's Hospitals,
	Rural Referral Centers, Sole Community
	Hospital, Freestanding Cancer Centers, Critical
	Access Hospitals

Indian Health Care Providers	Indian Health Service providers, Indian Tribes,
	Tribal organizations, and urban Indian
	Organizations
Ryan White Providers	Ryan White HIV/AIDS Program Providers
Other ECP Providers	Substance Use Disorder Treatment
	Centers, Health Centers Providing Dental
	Services, Rural Emergency Hospitals,
	STD Clinics, TB Clinics, Hemophilia
	Treatment Centers, Black Lung Clinics,
	Community Mental Health Centers, Rural
	Health Clinics, and other entities that serve
	predominantly low-income, medically
	underserved individuals

- (e) (d) Evidence that the network plan contracts with at least 35% of Federally Qualified Health Centers and 35% of Family Planning Providers.
- 2. 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 Commissioner requests to verify compliance with this policy.
 - 3. For the purposes of this section, the area designations for the maximum time or

distance standards are based upon the population size and density parameters of individual counties within the plan's service area. The population and density parameters applied to determine county type designations are listed in the following table:

County Type	Population	Density
Metro	≥ 1,000,000	10 - 999.9/mi ²
	500,000 - 999,999	10 - 1,499.9/mi ²
	200,000 - 499,999	10 - 4,999.9/mi ²
	50,000 - 199,999	100 - 4,999.9/mi ²
	10,000 - 49,999	1,000 - 4,999.9/mi ²
Micro	50,000 - 199,999	10 - 49.9/mi ²
	10,000 - 49,999	50 - 999.9/mi ²
Rural	10,000 - 49,999	10 - 49.9/mi ²
	< 10,000	10 - 4,999.9/mi ²
Counties with Extreme Access	Any	< 10/mi ²
Considerations or CEAC		

- 4. As used in this section:
- (a) "Essential community provider" or "ECP" means a provider of healthcare that serves predominantly low-income, medically underserved individuals. The term includes, without limitation:
- (1) Health care providers described in section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. § 256b(a)(4), as amended;
 - (2) Entities described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act, 42 U.S.C.

§ 1396r-8(c)(1)(D)(i)(IV), as amended, including, without limitation, state-owned family planning service sites, governmental family planning service sites or not-for-profit family planning service sites that do not receive funding that qualifies the service for the drug pricing program established pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, as amended, without limitation, funding pursuant to Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq., as amended; or

- (3) Indian health care providers,
- ⇒ unless any of the providers or entities listed in subparagraphs (1), (2) and (3) has lost its status as a provider described in section 340B(a)(4) of the Public Health Service Act, 42 U.S.C. § 256(b)(a)(4), as amended, or as an entity described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act, 42 U.S.C. § 1396r-8(c)(1)(D)(i)(IV), as amended, as a result of violating Federal law.
- (b) "Maximum time or distance standards" means the maximum time or distance an individual should have to travel to see a provider of health care based on the area designation determined pursuant to subsection 3.
- (c) "Stand-alone dental plan" means a network plan that provides coverage only for dental care, as defined in NRS 695D.030.
 - **Sec. 2.** This regulation becomes effective on January 1, 2026.