



December 17, 2019

Carrie Embree, LSW

Governor's Consumer Health Advocate
Nevada Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Bldg. D #132 | Carson City, NV 89706

RE: LCB File No. R101-191

Dear Ms. Embree:

On behalf of the hundreds of physicians in Nevada who are members of Physicians for Fair Coverage (PFC), I want to thank you for the opportunity to provide input on LCB File No. R101-191.

PFC is a non-profit, non-partisan, multi-specialty alliance of physicians dedicated to improving patient protections, promoting transparency, and ensuring access to care for patients in Nevada and nationwide. Our national membership of tens of thousands of physicians care for millions of patients each year in thousands of facilities throughout the country. In Nevada, we have worked closely with our partners in state medical associations, including the Nevada State Medical Association and the Nevada Hospital Association, to pass legislation to end surprise medical billing and provide strong protections for our patients. Now we are pleased to offer comments on the proposed regulations.

At Section 17, Subsection 2(a), the regulation proposes the provider submit the request for arbitration "no later than 10 business days." As payments are complicated and require extensive time to process, we would respectfully request an extension to 90 days.

At Section 17, Subsection (h)(4)(e), you request the provider document a "representative sample of at least 3 fees...." In lieu of this Section of the regulation, in order to ensure transparency and to reduce the administrative burden, we strongly suggest the State subscribe – as other states have -- for a small fee to access FAIR Health data. This data, which can be sorted by geographic area, is encompassed in a simple tool that holds all parties accountable. FAIR Health is an independent nonprofit that collects data for and manages the nation's largest database of privately billed health insurance claims and is entrusted with similar data from Medicare, as well as state Medicaid programs. FAIR Health also has a consumer portal aimed at helping Americans better understand healthcare costs. <https://www.fairhealthconsumer.org/>

At Section 17, Subsection 6(a), we would recommend you review New York's guidelines pertaining to out of network billing arbitration. They have fine tuned their system over time and have one of the more consumer friendly and effective solutions in the country. More information can be found at:

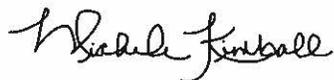
https://www.dfs.ny.gov/insurance/health/OON_guidance.htm

At Section 18.1, regarding third party election, we continue to be concerned about how the medical community will be aware of which plans have or have not elected to participate in the provisions of AB469. During the Legislative Session, PFC recommended a notation on the insured's insurance card or in their electronic health record. We continue to believe this will help all involved in the care process to know who is in and who is out. Additionally, we would suggest that any plan opting-in be required to do so for the period of a full plan year to avoid greater confusion for beneficiaries and the physicians who care for them.

Finally, with regard to the actual process of arbitration, we believe this can be done most efficiently, effectively and at lower cost when it is done on-line as other states have done with similar arbitration processes.

Thank you, again, for the opportunity to comment. We stand ready to work with you throughout the regulatory process.

Sincerely,

A handwritten signature in black ink, appearing to read "Michele Kimball". The signature is written in a cursive, flowing style.

Michele Kimball
President and CEO
Physicians for Fair Coverage