

September 27, 2019

Dena Schmidt  
Nevada Aging and Disability Services Division  
3427 Goni Road, Suite 104  
Carson City, NV 89706

**Re: Regulations for AB 469 from the 2019 Nevada State Legislative Session**

Dear Ms. Schmidt:

On behalf of our three larger community hospitals, four neighborhood hospitals, primary care physician group and wellness centers in Nevada, Dignity Health-St. Rose Dominican appreciates the opportunity to submit comments on the proposed regulations on arbitration for out-of-network (OON) claims under \$5,000, the opt-in process for ERISA plans and other pieces of AB 469. Dignity Health is a part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. With operations in 21 states and more than 140 hospitals, we are committed to creating healthier communities, delivering exceptional patient care and ensuring every person has access to quality health care. We appreciate the opportunity to submit comments on this important measure.

St. Rose has been a part of the decades-long debate on this very important issue and are very happy to place the patient out of the middle of these difficult balance billing situations. In the midst of figuring out the operationalization of this new law come January 1, CommonSpirit Health would like to make the following comments and questions:

- **Overall Arbitration Process:** St. Rose is well aware of the overall arbitration process in sections 15-18 of the bill, but believe there still needs some regulatory specificity. CommonSpirit Health suggests that chosen arbitrators have current working knowledge and understanding of medical billing and payer contracting, and that a regulated set of procedures is in place to maintain confidentiality.
- **Opt-In Process for ERISA Plans:** St. Rose believes there needs to be a regulated timeline on when ERISA plans can opt-in or -out of participating in the provisions of AB 469. CommonSpirit Health suggests that an annual timeline is best for both patients enrolled in these plans and our staff who will manage which plans are participating at any given time.
- **Arbitration Process for Claims Under \$5,000:** St. Rose believes the majority of claims we'll see coming from this law will be under the \$5,000 cap, and due to their low price point, understand that the cost and efficiency related to this type of arbitration will be very important. And given that contracts between payers and providers can fluctuate, we also understand that volume could dramatically increase if one provider

and payer fall out of contract. CommonSpirit Health suggests that providers have the ability to submit for arbitration these smaller claims in bulk.

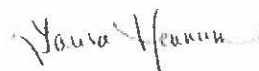
- **State-Purchased Health Insurance Policies:** Section 13.2 indicates that this bill does not cover policies sold outside of the State of Nevada. Hospitals do not have the ability to know when a patient comes in if the policy was sold within the state or not. For example, you could have a Nevada employer whose policy was sold in another state where their corporate headquarters are, and our emergency department staff would not know that from simply looking at the card. CommonSpirit Health suggests that along with ERISA plans that have opted-in to participate, state-purchased plans are also listed. This information will need to be easily accessed by our admitting staff in our emergency departments, not just for billing purposes, but in order to provide accurate patient estimates and contact the pertinent payer once the patient has reached stabilization.
- **Questions - Transfers Post-Stabilization and Medical Necessity:** In section 14.2.a, an OON facility shall, when possible, notify the payer within eight hours that their member presented at their facility for medically-necessary emergency services. Further, in section 14.2.b, the OON emergency facility shall notify the payer that the patient has stabilized and can be transferred within 24 hours. Questions:
  - What happens with payment if the physician isn't willing to transfer the patient to another in-network facility because of continuity of care?
  - What happens with payment if we give the payer 24 hours notice and the payer isn't able to move the patient within that timeframe?
  - What happens if the patient refuses to transfer?
  - What happens if the payer at a later date determines the visit was not medically-necessary?
  - What happens if the contracted provider refuses the transfer?
- **Question - Prompt Pay Discount:**
  - If a provider has a 'prompt pay' discount with an OON payer, how is this handled under this law?

Again, Dignity Health-St. Rose Dominican appreciates the opportunity to respond to these proposed regulations and hope our input is helpful as this matter proceeds. If you have any questions, please feel free to contact Katie Ryan, System Director of Nevada Government Relations at (702) 616-4847 or at [katie.ryan@dignityhealth.org](mailto:katie.ryan@dignityhealth.org).

Very Truly Yours,



Lawrence Barnard  
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