

September 26, 2018

Arizona Department of Insurance
Mary E. Kosinski
100 N. 15th Avenue Suite 102
Phoenix, AZ 85007-2624



1870 W. Rio Salado Parkway
Suite 2A
Tempe, AZ 85281

Regarding: Out-of-Network Billing Dispute Resolution Comment Submission

Dear Mary Kosinski:

Please find below comments for consideration related to the out-of-network billing dispute resolution proposed rule:

- According to SB1064 Section 5, 20 -3115(A)(C1 and 3) (E) (F) (G), Conduct of arbitration proceedings, Department will notify parties during stages of the Arbitration process. Please advise the methodology the Department will utilize to issue notification to Issuers for all stages of Arbitration.
- We find that clarity is needed in regards to Section 20-3113 A2 (non-ER scenarios) and 20-3113 A3 (non-ER scenarios and enrollee refused to sign disclosure) and whether or not these requirements apply to HMO and/ or EPO products and plans. If the requirements do apply to HMO/ EPO products, what type of health plans does "20-3112 Applicability #4" apply to?
- SB1064, Section 4, 20-3114 A3, Dispute resolution; settlement teleconference; arbitration; surprise out-of-network bills, states amount of out-of-network bill enrollee is responsible is for all related health care services provided by a health care provider whether contained in one or multiple bills. Please explain what is included in all related health care services. Is the date span of an inpatient stay for services rendered by the same provider considered all related health care services? Is all related health care services solely limited to (1) date of service and not a span of dates?

Thank you for your review and consideration.

Sincerely,

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