

September 28, 2018

Mary E. Kosinski
Regulatory Legal Affairs Officer
State of Arizona
Department of Insurance
100 N. 15th Ave., Ste. 102
Phoenix, AZ 85007-2624

Sent via email: mkosinski@azinsurance.gov

Dear Ms. Kosinski:

On behalf of Obstetrix Medical Group of Phoenix, P.C. and Neonatal Specialists, Ltd., and our 420 employees based in Arizona, we submit our comments on the Arizona Department of Insurance (DOI) draft proposed rules to clarify the out-of-network billing dispute resolution process.

Your efforts along with DOI staff on this challenging issue are commendable. In addition to the thoughtful draft rules, we also appreciate the transparency and willingness of the DOI to work with all stakeholders to ensure each voice was heard. We would also like to personally thank you and Stephen Briggs for keeping us informed as the process unfolded.

As a national medical group, we have some similar experience in Texas and we look forward to working with you and staff to ensure the out-of-network billing dispute resolution process is fair, efficient, and complies with legislative intent. Below are our comments in corresponding order of Article 24.

R20-6-2401. Definitions

The proposed definition of cost sharing requirements under (2) should include "out-of-network" in the context of coinsurance, copayment and deductible requirements. This would ensure consistency with the statutory provisions under A.R.S. § 20-3111 (5).

R20-6-2402. Request for Arbitration

While section E (response time for DOI's request for additional information) is consistent with A.R.S. § 20-3115(C), we are concerned that the proposed fifteen (15) days does not provide enough time for providers to comply with the statute and proposed rule. Our recommendation here would be to extend the number of days to thirty (30) or even forty-five (45) to better enable providers to comply with these provisions. We would like to work with and encourage the department to amend this provision during

MD



the upcoming 2019 legislative session. Also, we believe that under (F)(2) "...billing company *fail* to respond..." should be edited to "...billing company *fails* to respond..."

R20-6-2403. Informal Settlement Teleconference

Under (C) the department may want to consider the consequences of what happens if there is a dispute regarding an enrollee's cost sharing requirements being inaccurate as submitted by the health insurer. Section (E) is inconsistent with A.R.S. §20-3114 (B). The statute provides that request for rescheduling be "within fourteen days after the first scheduled informal settlement teleconference." Section (E) under this proposed regulation requires rescheduling to occur "within 14 days of the original Informal Settlement Teleconference mailing date found on the Department's Notice of Informal Settlement Teleconference." Finally, under (H) we believe that "L" in reference to A.R.S. § 20-3102 should be deleted or changed.

R20-6-2405. Before the Arbitration

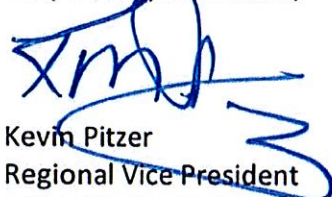
We believe that under (A) the department should specify what would happen if the enrollee failed to pay or make arrangements to pay the appropriate cost sharing requirements. This is not addressed in the statute and would be an excellent opportunity under rulemaking here to so specify.

R20-6-2406. The Arbitration

In (C) (2), we would specify that this amount does not include Medicaid and Medicare because they are addressed in (C) (3). Also under (E) of this proposed section the "L" in reference to A.R.S. §3102 should be deleted or changed (*see also reference under R20-6-2403 above*). Further we believe that (G)(2) should be more specific in terms of to whom disclosure may not be disclosed by adding "those outside of the arbitration" or similar language. Even further, (G)(3) should be combined with (G)(2) to read more consistent with A.R.S. §20-3115 (O) by including "other than to resolve the surprise out-of-network bill."

Thank you for the opportunity to provide these comments. We appreciate your consideration and look forward to working with you and the DOI staff.

Respectfully submitted,



Kevin Pitzer
Regional Vice President
MEDNAX Health Solutions Partner