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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**OFFICE FOR CONSUMER HEALTH ASSISTANCE**  
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June 18, 2020  
OCHA's Revised Draft of Proposed Regulations  
LCB File No. R101-19

**Section 1.** Chapter 439B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 6, inclusive, of this regulation.

**Sec. 2.** *1. To request a list of randomly selected arbitrators pursuant to subsection 3 of NRS 439B.754 to arbitrate a dispute over a claim of less than \$5,000, an out-of-network provider must submit a request to the Department. If the out-of-network provider submits the request because the third party has refused or failed to pay the additional amount requested by the out-of-network-provider pursuant to subsection 2 of NRS 439B.754, the out-of-network provider must submit the request by:*

*(a) If the third party refused to pay the additional amount, not later than 30 business days after the date on which the third party notifies the out-of-network provider of the refusal.*

*(b) If the third party failed to pay the additional amount for 30 ~~business calendar~~ days after receiving a request for the additional amount, not later than 30 business days after that date.*

*2. A request submitted pursuant to subsection 1 must be in the form prescribed by the*

*Department and include, without limitation:*

*(a) The date on which the medically necessary emergency services to which the complaint pertains were provided and the type of medically necessary emergency services provided;*

*(b) The contact information for and location of the out-of-network provider that provided the medically necessary emergency services;*

*(c) The type and specialty of each health care practitioner who provided the medically necessary emergency services;*

*(d) The type of third party that provides coverage for the covered person to whom the medically necessary emergency medical services were rendered and contact information for that third party; and*

*(e) Documentation of:*

*(1) The date on which the out-of-network provider received payment from the third party pursuant to subsection 2 of NRS 439B.748 or paragraph (c) of subsection 1 or subsection 2 of NRS 439B.751, as applicable, and the amount of payment received;*

*(2) The date on which the out-of-network provider requested additional payment from the third party pursuant to subsection 2 of NRS 439B.754, and the additional amount requested; and*

*(3) The date the third party refused to pay the additional amount or failed to pay the additional amount. ~~A representative sample of at least three payments received by the out-of-network provider as compensation for the same medically necessary emergency services provided in the same region of this State from third parties with which the out-of-network provider has not entered into a provider contract.~~*

3. *If the Department does not receive a request pursuant to subsection 1 within the prescribed time, the out-of-network provider shall be deemed to have accepted the payment received from the third party pursuant to subsection 2 of NRS 439B.748 or paragraph (c) of subsection 1 or subsection 2 of NRS 439B.751, as applicable, as payment in full for the medically necessary emergency services.*

*(a) Not later than ~~5~~ 10 business days after receiving a request pursuant to subsection 1, the Department shall notify the out-of-network provider in writing of the receipt of the request. Not later than ~~15~~ 20 business days after the written notification of the receipt of the request, the Department shall review the request and verify the information contained therein; and*

*(b) Notify the out-of-network provider in writing of any additional information necessary to complete or clarify the request.*

4. *The Department will approve a request not later than 5 business days after determining that the request is complete and clear. A complete and clear request includes the documentation pursuant to subsection 2 of section 2 of this regulation. Not later than 5 business days after approving a request, the Department shall:*

*(a) Notify the out-of-network provider and the third party in writing of the approval; and*

*(b) Provide the out-of-network provider and third party with a written list of five randomly selected employees of the Office for Consumer Health Assistance of the Department who are qualified to arbitrate the dispute.*

**Sec. 3. 1.** *Not later than 10 business days from the date the written ~~after receiving a~~*

*list of arbitrators is provided by the Department pursuant to subsection 5 of section 2 of this regulation, the out-of-network provider and third party shall strike arbitrators from the list in the manner required by subsection 4 of NRS 439B.754 and provide the ~~name or~~ names of ~~any the remaining-arbitrator~~ arbitrators on the list in writing to the Department.*

*2. Not later than ~~5~~ 10 business days after receiving the ~~name~~-names of ~~any the remaining arbitrator~~ arbitrators on the list pursuant to subsection 1, the Department shall:*

*(a) If one arbitrator remains, notify the out-of-network provider and the third party in writing of the name of that arbitrator.*

*(b) If more than one arbitrator remains, randomly select an arbitrator from the remaining arbitrators as required by subsection 4 of NRS 439B.754 and notify the out-of-network provider and the third party in writing of the name of that arbitrator.*

*(c) Pursuant to NRS 232.461, ensure the selected arbitrator does not have a conflict of interest that would adversely impact the arbitrator's impartiality in rendering a decision.*

*(d) The out-of-network provider or third party may provide the arbitrator with any relevant information to assist the arbitrator in making a determination, not later than 10 business days from the date the Department notifies the out-of-network provider and the third party in writing of the name of the arbitrator.*

*3. An arbitrator selected pursuant to subsection 2 ~~shall~~ may request from the third party and the out-of-network provider any information the arbitrator deems necessary to assist in making a determination. The out-of-network provider and third party shall provide such information to the arbitrator not later than 10 business days from the date of ~~after receiving~~ the request. If either party fails to provide information requested by the arbitrator within that*

*time, the arbitrator may proceed and make a determination based on the evidence available to the arbitrator.*

*4. Not later than 30 45 business days after the expiration of the period for submission of the information ~~receiving information~~ pursuant to subsection 2, paragraph (d), or subsection 3, as applicable ~~or, if the information is not provided, not later than 30 days after the expiration of the period for submission of the information, as applicable~~, the arbitrator shall make a determination as provided in subsection 6 of NRS 439B.754 and notify the parties of that determination.*

*Sec. 4. An out-of-network provider that wishes to request a list of randomly selected arbitrators pursuant to subsection 3 of NRS 439B.754 to arbitrate a dispute over a claim of \$5,000 or more must request a list of five randomly selected arbitrators from:*

- 1. The American Arbitration Association or its successor organization; or*
- 2. JAMS or its successor organization.*

*Sec. 5. 1. To elect to have the provisions of NRS 439B.700 to 439B.760, inclusive, apply to an entity or organization that is not otherwise subject to those provisions as authorized pursuant to NRS 439B.757, the entity or organization must apply to the Department in the form prescribed by the Department. The application must include, without limitation:*

- (a) The name of and contact information of the entity or organization;*
- (b) A description of the type of entity or organization, as applicable, that it is; and*
- (c) ~~The date on which the entity or organization requests the election to become effective.~~*

*2. Applications received between the 1st and the 14th of the month will be effective the 1<sup>st</sup> of the following month. Applications received between the 15<sup>th</sup> through the end of the month*

*will be effective the 15<sup>th</sup> of the following month. Dates of service that fall on or after the third party participation effective date are eligible for arbitration.*

*3. Any entity or organization may withdraw its election to have the provisions of NRS 439B.700 to 439B.760, inclusive, apply to the entity or organization by submitting an application to the Department in the form prescribed by the Department not less than ~~30~~ 120 business days before the date on which the withdrawal is requested to become effective. The application must include, without limitation:*

- (a) The name of and contact information for the entity or organization;*
- (b) A description of the type of entity or organization, as applicable, that it is;*
- (c) The date on which the entity or organization requests the withdrawal to become effective; and*
- (d) The reason for requesting to withdraw the election.*

*Sec. 6. 1. On or before December 31 of each year, each provider of medically necessary emergency services in this State shall submit requested information for the immediately preceding 12 months to the Department in the form prescribed by the Department:*

- (a) The name of and contact information for the provider;*
- (b) A description of the type of provider that it is;*
- (c) Whether there was an increase in the number of new third party contracts entered into by the provider of medically necessary emergency services and the percentage of the increase from the immediately preceding year and the types of third parties with whom third party contracts were entered into; and*
- (d) Whether there was a decrease in the number of third party contracts between*

*the provider of medically necessary emergency services and the third party and the percentage of the decrease from the immediately preceding year.*

*2. On or before December 31 of each year, each third party that provides coverage to residents of this State shall submit requested information for the immediately preceding 12 months to the Department in the form prescribed by the Department:*

*(a) 1.—The name of and contact information for the third party;*

*(b) 2.—A description of the type of third party that it is;*

*~~3.—The number of disputed payments for medically necessary emergency services provided by out-of-network providers that were settled without arbitration during the immediately preceding year and, for each such payment, the type of out-of-network provider and the amount of the payment;~~*

*(c) Whether there was an increase in the number of new provider contracts entered into by the third party with providers of medically necessary emergency services and the percentage of the increase from the immediately preceding year and the types of providers with whom provider contracts were entered into; and*

*(d) Whether there was a decrease in the number of provider contracts between the third party and providers of medically necessary emergency services and the percentage of the decrease from ~~that were terminated during the immediately preceding year and the reasons~~ for each termination.*