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August 17, 2017

Commissioner Barbara Richardson
Nevada Division of Insurance
1818 East College Parkway, Suite 103
Carson City, NV 89706

RE: Draft Network Adequacy Report – Plan Year 2017

Dear Madam Commissioner:

DaVita appreciates the opportunity to comment on the Network Adequacy Council's Draft Report for Plan Year 2019.

By way of background, DaVita serves Nevada through two divisions: (1) Kidney Care and (2) HealthCare Partners Nevada, a DaVita Medical Group. DaVita Kidney Care has the privilege of serving 2,652 patients at 26 clinics statewide, serving both urban and rural areas of the state. HealthCare Partners Nevada (HCPNV), a DaVita Medical Group, is a network of more than 300 providers and more than 1,700 specialists.

Through our total care model, HealthCare Partners provides patient-centered comprehensive primary care, specialty care, urgent care, and hospice services. With medical clinics and specialty care affiliates throughout Pahrump, Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City, HealthCare Partners Nevada (HCPNV) is committed to delivering the highest quality of care to all of our patients.

Ensuring network adequacy, and thereby promoting access to care for our patients is of critical importance to DaVita, and for that reason we offer the following comments.

- **We thank the Council for continuing to support a time/distance standard for outpatient dialysis.**

With respect to kidney care, those with end-stage renal disease, also known as kidney failure, cannot live without dialysis—plain and simple. This blood-cleansing, life-sustaining treatment must be provided a minimum of three times a week for 3-4 hours at a time. Each treatment causes patient fatigue and makes it dangerous to operate a vehicle at long distances. Accordingly, most dialysis patients either rely on a friend or loved one for transportation to/from their clinic or utilize public transportation. Requiring a patient to drive a great distance for treatment is simply not viable for these patients. A patient who misses a scheduled treatment can often end up in the emergency room with broader medical concerns. This is why DaVita HCP has participated in network adequacy discussions in Nevada before the Silver State Health Insurance Exchange and before the Division for many years.

We commend the Council for their continued support for a time/distance standard for Nevada and for your effort to ensure that this standard stays in place as a matter of state policy for Plan Year 2019, regardless of any reductions in minimum standards which may occur at the federal level once this plan is adopted. We will continue to participate in this effort and support the work of the Council in this regard.

- **Telehealth standards must be clear, and telehealth alone cannot be used as the alternative to care to establish network adequacy. The Division should tread cautiously in this developing area of care delivery. Telehealth is best used when it promotes patient access as PART of the continuum of care.**

We appreciate the realities of the provider landscape in Nevada, and that telehealth may be a way to increase access to critical care for patients, when used to supplement a network. While the 2015 telehealth bill (AB 292) states that telehealth must be considered by the Commissioner in determining adequacy, it also states that an insurer cannot require a service to be provided by telehealth alone. We support the Council's efforts to gather data on the scope of services being provided today by telehealth and continued data collection efforts on this issue, as well as other areas such as wait time and time to first visit for urgent and primary care requests.

Sincerely,

Kimberly Martin

/s/ Kimberly Martin

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