1. **Who is Nutex?**

Nutex Health is a management company consortium of licensed, 24/7 Freestanding Medical Centers and Micro-hospitals founded by ER doctors.

Tulsa ER & Hospital and Oklahoma ER & Hospital are part of the Nutex Health consortium and independently owned by the physicians who work at the facility and three managing partners: Dr. Tom Vo, Dr. Mark Blubaugh and Dr. Christion Rice.

1. **Why did ER doctors create their own ERs and micro-hospitals?**

* We're experts in emergency care. This is our calling. We wanted to bring a new vision forward—without bureaucracy and obtuse metrics.
* As physicians, the partners at Tulsa ER & Hospital are dedicated to the practice of medicine and helping as many patients in the community as possible.
* The partners at Tulsa ER & Hospital believe that physician managed healthcare allows for a patient-centered approach to the emergency room and hospital-based services that is not possible in traditional healthcare systems.
* Tulsa ER & Hospital was designed so that the working partners at the facility are empowered through self-management to provide the best patient care and service possible.
* The facility is able to focus on the services that are most important to our patients.
* The management of Tulsa ER & Hospital operation is lean and efficient, allowing Tulsa ER & Hospital to make timely and efficient changes based on the physician partners' real-time experience.
* As a focused partnership of community physicians, Tulsa ER & Hospital can concentrate resources on the emergency room experience so that all patients receive the care they deserve.

1. **What are micro-hospitals, and what do they offer?**

* Micro-hospitals are facilities that are licensed as general medical-surgical hospitals in the state in which they operate. A micro-hospital has all the functions of a normal hospital in a smaller footprint. (Most micro-hospitals are between 20,000 and 50,000 sqft. Most hospitals are above 100,000 sqft.)
* Oklahoma ER & Hospital and Tulsa ER & Hospital are licensed through the State of Oklahoma as general medical-surgical hospitals. Both facilities have a full range of diagnostic and test equipment in its facilities, including ultrasound, X-ray, CT scanners, MRI, and on-site lab testing capabilities for most patient cases.
* Our facilities are able to offer emergency room services; inpatient services where a patient may be treated by a hospitalist; and outpatient diagnostic services.
* Freestanding Emergency Rooms, for example, are limited to emergency room services only.
* Oklahoma ER & Hospital and Tulsa ER & Hospital maintain hospital transfer agreements if a patient needs to be transferred for consultation of a specialist, surgery, and other higher acuity cases.

1. **Who are your patients?**

* Our typical patients are working-age adults and their family members in the surrounding community who seek timely and efficient care in the best setting possible for their unanticipated medical needs.
* Some patients choose the Tulsa ER & Hospital facility because of its proximity to their job or home. Other patients travel to our facility because of the reputation of excellence in the community and with our existing patients. A majority of the patients that utilize Tulsa ER & Hospital reside within a 5-mile radius.
* We offer 24/7 outpatient services with competitive cash prices that are available on our webpage.
* Over 20% of our patients are uninsured or choose to utilize our services without their commercial insurance coverage.
* We receive many referrals from direct primary care physicians and free-market-oriented entities in the medical community.
* Tulsa ER & Hospital and Oklahoma ER & Hospital directly contract with multiple employers in the nearby regions for emergency room, hospital services, and outpatient services.

1. **There are reports, including about your company, of exorbitant billing. How does your company bill?**

* Tulsa ER & Hospital and Oklahoma ER & Hospital, along with all emergency rooms in America, are required by the U.S. Emergency Medical Treatment and Active Labor Act (EMTALA) to provide a medical screening exam (MSE) on patients to determine if an emergency medical condition exists. If a condition is determined to exist, we are also required to treat and stabilize the patient. The MSE, treatment, and stabilization are provided regardless of a patient's financial ability to pay. When a patient has insurance, Tulsa ER & Hospital and Oklahoma ER & Hospital are legally required to bill the visit as an emergency room visit, and insurance companies are required to pay, at a minimum, the in-network rate.
* Emergency room care is expensive. There is a gap between what is billed to the insurance company and the final adjusted price determined by the insurance policy across all of healthcare.
* Emergency Rooms, not affiliated with a hospital system, are typically out-of-network emergency providers.
* Tulsa ER & Hospital and Oklahoma ER & Hospital do not balance bill – meaning we will not bill the patient for charges above the adjusted rates set by insurance policies.
* Currently, the largest payers, provides payment directly to patients for care in our independent, physician-owned ERs and micro-hospitals. We would prefer a dynamic where we negotiate directly with insurance providers, to take the burden off the patient.

We would refer you to Daniel Chepkauskas, for more information on the specific agenda we are advocating for at the Oklahoma legislative level.

Daniel Chepkauskas

Legislative Director

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1. **What about claims surrounding price gouging related to COVID-19 testing?** 
   * Tulsa ER & Hospital and Oklahoma ER & Hospital are not COVID-19 testing-specific sites or urgent cares, nor do we market our services as such.

* + As an emergency room, we are legally required to bill patient visits as an emergency room visit, and insurance companies are required to pay, at a minimum, the in-network rate, per the Patient Protection and Affordable Care Act).
  + In terms of pricing, according to FairHealth, the most widely available database of claim data for commercial insurance, our average charge for the COVID-19 test was below the median price in the region throughout the pandemic. We work hard to ensure best practices and align as quickly as possible to the shifting testing landscape to avoid overcharging patients.
* We encourage our patients to utilize outpatient services, with a referring physician order, for their diagnostic needs when possible to help minimize their charges, including COVID-19 tests. We offer these services 24/7 without scheduling.
* However, when a patient requests COVID-19 through the emergency room, Tulsa ER & Hospital notifies each person before service that COVID testing performed through the emergency room will include charges for physician services, COVID lab test, and general evaluation and management fees for services provided through the emergency room. (
* We post this statement and the actual charges throughout our facility to help avoid confusion. We require a release form to be signed by the patient. Evaluating and managing a patient through the emergency room for COVID-related complaints is a vastly different process than merely providing a COVID-19 laboratory service.)
* COVID-19 remains dangerous. On-site, ER testing capabilities have allowed us to diagnose patients with the disease or rule it out as a factor. As we all know, COVID-19 is life-threatening to people with certain pre-existing conditions, and patients have varying degrees of severity of symptoms. There are many tragic stories of COVID-19 resulting in life-threatening and deadly outcomes. We strongly urge those who are diagnosed with COVID-19, or suspect they have COVID-19, and start to experience worsening symptoms, such as prolonged fever and difficulty breathing, to seek immediate care—and emergency care if they are deteriorating.
* It's more cost-effective for patients or payers when the patient exhibits mild symptoms to get a doctor's referral and go through our lab versus the ER – but, as a doctor, this is also about people's lives. If symptoms are worsening or severe with COVID-19 or suspected COVID-19, then patients should utilize the ER. Lives are saved in ERs every single day across the U.S.

One of many tragic examples - <https://www.nbcnews.com/news/us-news/college-student-found-dead-her-dorm-after-testing-positive-coronavirus-n1246376>

* + Healthcare billing is complex, and errors do occur. Rapidly emerging situations like COVID-19 are particularly difficult as new diagnostic tests, treatments, billing codes, and standards for patient care change frequently as physicians, scientists, and regulators learn how best to care and respond to patients and the community at large.
  + Tyvan Billing, a subsidiary of Nutex Health Management, performs internal auditing and adjustments to ensure we catch anomalous charges. All COVID-19 billing or pricing issues are continuously reviewed and resolved.

**7. What is the political climate in Tulsa?**

* Tulsa ER & Hospital Emergency strongly supports patient choice and timely access to emergency room care in the region.
* We believe that market competition and independent providers encourage providers to improve their service and lower the region's cost of care.
* Emergency room services are considered an essential medical service in the United States and are protected by federal law.
* Patients should not have the burden of worrying about the network status of a provider when they need care in an emergency.
* We would like to see a process similar to that of other states where there are provisions to negotiate payment directly with large insurance providers in the region in order to further reduce the patient burden. We continue, through our advocacy efforts, to find ways to collaborate with the Oklahoma Department of Insurance.
* This pandemic has brought forward many things – including how limited our existing healthcare systems are when a population faces a fast-moving, highly contagious virus. Physician-owned ERs and micro-hospitals can provide relief to a health system that can and does become overburdened. We want to bring our communities another resource for emergency care.
* We have been scrutinized and reviewed by various governmental organizations. We feel many of the instances have been unwarranted, but we remain committed to our community. We are providing excellence in care and alignment with best practices – For specific regulatory shifts we are advocating for, please speak with Daniel Chepkauskas, Legislative Director, Patient Choice Coalition.