



Brian Sandoval
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State of Nevada

Department of Health and Human Services

Network Adequacy – Balance Billing/Out-of-Network
Office for Consumer Health Assistance
Bureau for Hospital Patients
Janise Wiggins, Governor’s Consumer Health Advocate
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Mission

- To allow all Nevadans access to the information they need regarding their health care concerns. To assist consumers and injured employees in understanding their rights and responsibilities under various health care plans and policies of industrial insurance and to advocate on their behalf when necessary.

OCHA Programs

- Consumer Health Assistance (CAP)
- Bureau for Hospital Patients (BHP)
- Medicare/Medicaid Assistance
- Workers' Compensation (WC)
- Independent External Appeals
 - assigned to External Review Organizations (ERO) licensed by the Nevada Division of Insurance

Intake – Referrals begin with OCHA’s intake unit (702) 486-3587 or 1-888-333-1597. Referral also received via fax, email, walk-in.

Forms – Request for Assistance, HIPAA Consent, Appointment of GovCHA as Authorized Representative

Case Assignment – Cases are generally assigned daily by Ombudsman specialty. Initial response within 7-10 business days

Documentation – Consumers are made aware to provide OCHA with copies of documents pertinent to their case: bills, EOBs, medical records, determination letters, any other correspondence.

Case Duration – Every attempt is made to resolve and close cases within 60 days but, may take longer because of complexity of consumer’s issues.

TYPES OF CASES REFERRED TO OCHA

- **Access to Care**
 - Uninsured and Underinsured, Affordable Care Act Enrollment
- **Appeals and Grievances**
 - Benefit Denials, Termination of Benefits
 - Quality of Care concerns
- **Hospital and Ancillary medical billing disputes**
 - Affordability, Accuracy, Adequacy, Balance Billing (OON-Out of Network)
- **Prescription Drugs**
 - Access, Benefits, Cost issue, Formulary issue

Explanation of Out-of-Network Claims “Balance Bills or Surprise Bills”

- Out-of-Network claims occur when services are performed by a non-participating provider on a consumer’s health insurance plan (insurer).
- A frequent example in Nevada is when a non-participating (out-of-network) doctor at a participating hospital or ambulatory surgical center provides services, or when a participating doctor refers a patient to a non-participating provider.
- This type of situation also occurs when consumers access emergency services or have specimens sent to an out-of-network laboratory.

Explanation of Out-of-Network Claims “Balance Bills or Surprise Bills” (Continued)

- Out-of-Network claims can also be prompted when a consumer schedules (elects knowingly or unknowingly) to receive medical services from a non-participating provider on a consumer’s health insurance plan (insurer).
- * Participating means there is a contract between a provider of care and an insurer
- * Non-participating means there is no contract in place

Examples of Out-of-Network Claims reviewed by OCHA

Case: Consumer admitted through the emergency room to an Out-of-Network (OON) hospital. Insurer paid rate at in-network benefit level - hospital balance billed over \$100,000.

Resolution: OCHA sent request to Insurer asking for intervention on members behalf due to ER admit to a OON hospital who was holding member liable for the entire balance. Insurer reprocessed claim and paid entire balance leaving member only due \$1,000 co-pay.

Case: Consumer admitted through the emergency room to an Out-of-Network (OON) hospital. Insurer paid rate at in-network benefit level - hospital balance billed over \$68,000.

Resolution: OCHA submitted Level 1 and 2 appeals to Insurer, both were upheld as paid per policy for OON Hospital. Hospital agreed to reduce bill by 30%. Consumer still owes \$47,600.

Examples of Out-of-Network Claims reviewed by OCHA

Case: Consumer in a motor vehicle accident in rural Nevada and was transported by Air Ambulance to hospital. Air Ambulance provider was OON for consumer's plan. Air ambulance billed \$54,000 to insurer. Insurer paid in-network benefit of \$9,400. Air ambulance balance billed consumer over \$44,600.

Resolution: OCHA sent request to Insurer asking for intervention. Insurer upheld claim processing. Air ambulance provider denied financial hardship discounts due to consumer's income and assets.

Case: Consumer provided specimen at doctor's office. Provider sent specimen to OON laboratory. Claim denied as OON, insurer paid \$0. Laboratory billed consumer total amount of \$1,250.

Resolution: OCHA submitted appeals to insurer, which were upheld as paid per plan for OON. Lab agreed to 50% discount. Consumer paid \$625 to prevent bill from going on credit report.

FY 18 – OCHA Out of Network Cases

| Provider Type | Estimated # of Cases |
|----------------------------|-----------------------------|
| Total Out of Network Cases | 462 |
| ER Physicians | 387 |
| Hospital or Facility | 274 |
| Laboratory/Radiology | 153 |
| Air Ambulance | 17 |



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