

Department of Health and Human Services

Office for Consumer Health Assistance

Provision of Information to the Office for Consumer Health Assistance 2020 Annual Report



**Department of Health and Human Services  
Office for Consumer Health Assistance  
Provision of Information to the Office for Consumer Health  
Assistance 2020 Annual Report**

## Introduction:

In the Nevada 2019 Legislature, Assembly Bill No. 170 (AB170) was passed. AB170 is an act relating to insurance to provide certain information relating to accessing health care services to the Office for Consumer Health Assistance; requiring the Governor’s Consumer Health Advocate to submit a report of such information to the Legislature; requiring an insurer to offer a health benefit plan regardless of health status; requiring the Advocate to take certain actions to assist consumers in accessing health care services; and providing other matters properly relating thereto.

Below is the Nevada Revised Statute pertaining to AB170:

### **NRS 687B.675 Provision of information to the Office for Consumer Health Assistance. [Effective January 1, 2020.]**

1. A health carrier which offers or issues a network plan shall:

(a) Provide to the Office for Consumer Health Assistance at least annually the telephone number and electronic mail address of a navigator, case manager or facilitator employed by the health carrier and update that information when the information changes.

(b) On or before December 31 of each year, submit to the Office for Consumer Health Assistance, for the immediately preceding 12 months, for each type of provider of health care in the applicable network:

(1) The number of times covered persons reported difficulty accessing health care services;

(2) The number of times covered persons used a navigator, case manager or facilitator to assist in accessing health care services;

(3) The number of cases described in subparagraph (2) that were resolved by navigators, case managers or facilitators; and

(4) The average period between when a covered person reports difficulty accessing health care services to the resolution of the case by a navigator, case manager or facilitator.

2. As used in this section:

(a) “Navigator, case manager or facilitator” means an employee of a health carrier whose duties include assisting covered persons in accessing health care services.

(b) “Office for Consumer Health Assistance” means the Office for Consumer Health Assistance established by [NRS 232.458](#).

### **NRS 232.459 Duties of the Advocate**

NRS 232.459 (1) (n), on or before January 31 of each year, compile a report of aggregated information submitted to the Office for Consumer Health Assistance pursuant to NRS 687B.675, aggregated for each type of provider of health care for which such information is provided and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In even-numbered years, the Legislative Committee on Health Care; and

(2) In odd-numbered years, the next regular session of the Legislature.

### **NRS 687B.675 Provision of Information to the Office for Consumer Health Assistance. [Effective January 1, 2020.]**

The table below provides an aggregate of the information submitted to the Office for Consumer Health Assistance pursuant to NRS 687B.675, aggregated for each type of provider of health care, as reported by health carriers.

Department of Health and Human Services  
Office for Consumer Health Assistance  
Provision of Information to the Office for Consumer Health Assistance 2020 Annual Report

<b>STATE OF NEVADA</b>				
<b>Office for Consumer Health Assistance</b>				
<b>Times covered persons reported difficulty accessing health care services by provider of health care type of reported by health carriers for Calendar Year 2020.</b>				
<b>Type of provider of health care</b>	<b>Number of times covered persons reported difficulty accessing health care services from the type of provider of health care.</b>	<b>Number of times covered persons used a navigator, case manager or facilitator to assist in accessing health care services from the type of provider of health care.</b>	<b>The number of times a case was resolved by navigators, case managers or facilitators</b>	<b>Average number of days between when a covered person reports difficulty accessing health care services to the resolution of the case by a navigator, case manager or facilitator</b>
Unspecified Provider Type	3042	3042	3041	1
Network Provider	189	189	116	38
Primary Care Physician	81	57	57	21
Orthopedics	10	10	10	1
Psychology	8	8	8	5
Durable Medical Equipment	5	5	5	1
Neurology	5	5	5	1
Gastroenterology	4	4	4	14
Dermatology	4	4	4	1
ENT	3	3	3	10
Physical Therapy	3	3	3	9
Pharmacy	3	3	3	7
General Surgery	3	3	3	1
Oncology	3	3	3	14
Pain Management	3	3	3	17
Obstetrics/ Gynecology	3	3	3	1
Ophthalmology	3	3	3	1
Radiology	2	2	2	7
Cardiology	2	2	2	1
Urgent Care	2	2	2	1
Nephrology	1	1	1	28
Rheumatology	1	1	1	1
Pediatrics	1	1	1	1
Urology	1	1	1	1
Pulmonology	1	1	1	5
Speech Therapy	1	1	1	7
Facility	1	1	1	7
Emergency Care	1	1	1	1
Applied Behavioral Analysis Therapy	1	1	1	17
Psychiatry	1	0	0	1