

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Office for Consumer Health Assistance

Bureau for Hospital Patients

Carrie Embree, Governor's Consumer Health Advocate



3/8/2022

Helping people. It's who we are and what we do.



OCHA Mission

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





Types of Complaints Referred to OCHA

Access to Care

- Referrals to clinics that offer a sliding fee scale for the uninsured
- Employer Assistance Programs (EAP)
- Victims of Crime Assistance Applications
- Helping the uninsured access healthcare resources

Nevada Workers' Compensation (WC)

- Assist with preparing and filing paperwork
- Contact claim adjusters to address claim issues
- Prepare and file appeals on behalf of injured workers



Types of Complaints Referred to OCHA

Prescription Assistance Resources

- Senior RX Applications
- Partnership for Prescription Assistance
- Good RX - Print Discount Coupons

Patient Rights and Responsibilities under a Health Insurance Plan

- Eligibility Requirements
- Enrollment Process
- Schedule of Benefits
- Case Management
- Coordination of Benefits
- COBRA Information





Types of Complaints Referred to OCHA

Appeals and Grievances

- Benefit Denials
- Termination of Benefits
- Multiple Level of Appeals
- Time Sensitive Issues

External Reviews

- Eligibility
- Timeframes
- Assignment of Independent Review Organization





Types of Complaints Referred to OCHA

Hospital and Other Medical Bills

- Billing and Claim Audit Request
- Out of Network Claims
- Negotiate Uninsured Discounts
- Charity/Financial Hardship Programs
- Referrals to Financial Counseling Centers

Health Insurance Plan Education and Counseling

- Enrollment Guidance and Assistance
- Review Benefits and Compare Plans





Community Advocate Program (CAP)

➤ Mission

The mission of the Community Advocate is to increase community resource awareness. Creating opportunities to educate, inform and connect individuals seeking help with programs and services that meet their needs and help them maintain independence in the community for as long as they possibly can.

➤ Community Advocates

- Provide guidance and advocacy as needed to ensure the well-being of Nevada's older adults and individuals with disabilities in need of immediate resources.
- Participate in outreach opportunities such as information fairs, presentations, and program visits.
- Provide resource information and education

Email Address: CommunityAdvocate@adsd.nv.gov





Referral Process

- ✓ Intake - Referrals begin with OCHA's intake unit
 - Telephone (702)486-3587 or 1-888-333-1597.
 - Email: cha@govcha.nv.gov
- ✓ Intake staff assist with providing information and referrals when appropriate.
- ✓ An Ombudsman will contact the consumer:
 - Within 24 hours for a Level 1 case
 - Within 3 working days for all other cases



Notable Cases

➤ **Appeal Denied but Medical Bill Negotiated**

Consumer with an infectious disease whose carrier determined that the requested treatment was experimental and investigational.

- OCHA - Filed an appeal and the denial was upheld
- OCHA - Negotiated the \$40,000 bill down to \$4,000 for the consumer

➤ **Uninsured, Coding Reviewed, Medical Bill Negotiated**

Consumer was uninsured and was given a cash pay price for a surgery. The cash pay price included the Physician, Anesthesia, and Surgery Center charges. One year after the procedure the consumer received a bill from an assistant surgeon.

- OCHA - Negotiated the \$1,000 bill down to \$0. The assistant surgeon wasn't warranted based on the procedure code used.





OCHA Highlights

In the State Fiscal Year 2021 the Office for Consumer Health Assistance opened 1,250 cases and generated \$1,115,890.00 in savings for Nevada consumers.



New Consumer Protections

Effective January 1, 2020

Billing for Certain Out-of-Network Medically Necessary Emergency Services

- NRS 439B.700 to NRS 439B.760. limits the amount an out-of-network provider of medically necessary emergency services may charge an insured person for certain medically necessary emergency services.
- OCHA is the designated State agency responsible for facilitating and conducting arbitrations for claims under \$5,000.

The arbitration process

- If an out-of-network provider rejects the amount paid as payment in full, they must request an additional amount from the third party which, when combined with the amount already paid, the provider is willing to accept as payment in full for the medically necessary emergency services.





New Consumer Protections

Effective January 1, 2020

- If the third-party refuses to pay the additional amount requested by the out-of-network provider, the out-of-network provider may request an arbitration by submitting a Request for Arbitration application to OCHA.
- The out-of-network provider and third-party shall participate in binding arbitration of the dispute concerning the amount to be paid for out-of-network medically necessary emergency services.
- Arbitrations, from receipt of “Request for Arbitration” application to determination may take 106 business days.



New Consumer Protections

Effective January 1, 2020

Timeline	Number of business days
1. OCHA receives an application from an Out-of-Network Provider or Out-of-Network Emergency Facility	1
2. OCHA acknowledges receipt of Out-of-Network Provider or Out-of-Network Emergency Facility application	10
3. OCHA completes review of application. OCHA sends a Notification of Arbitration to the Out-of-Network Provider or Out-of-Network Emergency Facility and Third Party	20
4. The Out-of-Network Provider or Out-of-Network Emergency Facility and the Third Party submits Arbitrator selections to OCHA	10
5. OCHA sends a notification of assigned Arbitrator and request for relevant information from the Out-of-Network Provider or Out-of-Network Emergency Facility and the Third Party	10
6. Relevant Information is due from the Out-of-Network Provider or Out-of-Network Emergency Facility and the Third Party	10
7. OCHA's assigned Arbitrator reviews all relevant information provided. OCHA's assigned Arbitrator renders a determination. OCHA sends a Notice of Arbitration Determination to Out-of-Network Provider or Out-of-Network Emergency Facility and the Third Party	45
Total business days	106





New Consumer Protections

Effective January 1, 2020

NRS 687B requires a health carrier which offers or issues a network plan to:

Provide to the Office for Consumer Health Assistance the telephone number and e-mail address of a navigator, case manager or facilitator employed by the health carrier, at least annually; and,



New Consumer Protections

Effective January 1, 2020

Submit an annual report to OCHA for each type of provider of health care in the applicable network showing:

- 1) The number of times covered person reported difficulty accessing health care services;
- 2) The number of times covered person 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.



New Consumer Protections

Effective January 1, 2020

STATE OF NEVADA

Office for Consumer Health Assistance

Times covered person reported difficulty accessing health care services by provider of health care type reported by health carriers for Calendar Year 2021.

Type of provider of health care	Number of times covered persons reported difficulty accessing health care services from the type of provider of health care.	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.	The number of times a case was resolve by navigators, case managers, or facilitators.	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.
Acute Hospital	1	1	1	7
Allergist	1	1	1	1
Applied Behavior Analysis Therapy	1	1	1	28
Audiologist	2	2	2	13
Cardiologists	5	5	5	7
Dermatology	4	4	4	1
Durable Medical Equipment	6	6	6	6
Ear Nose Throat	2	2	2	1
Emergency Care	1	1	1	16
Gastroenterology	2	2	2	1
Hematology/Oncology	1	1	1	1
Laboratory	2	2	2	1
Neurology	8	8	8	2
Obstetrics/ Gynecology	3	3	3	1
Oncology	1	1	1	1
Ophthalmologist	3	3	3	14
Orthopaedics	1	1	1	3
Physical Therapy	3	3	3	10
Physician	1	0	0	1
Primary Care Physicians	34	34	34	4
Psychiatrist	2	0	0	1
Psychology	3	3	3	1
Surgery	2	2	2	26
Urgent Care	1	1	1	1



Questions?





Contact Information

Office for Consumer Health Assistance

3320 W. Sahara Avenue, Suite 100

Las Vegas, Nevada 89102

P: (702) 486-3587 F: (702) 486-3586

Email: cha@govcha.nv.gov

www.dhhs.nv.gov/programs/CHA
