



Nevada
Department of Health and Human Services
Director's Office
Governor's Consumer Health Advocate
(GovCHA)

EXECUTIVE REPORT
2012



The mission of GovCHA is to enable all Nevadans to obtain information they need to better manage their health care concerns, and to assist consumers and insured employees in understanding their rights and responsibilities under various health care plans and policies of industrial insurance.

Our vision is to be the premier resource for consumer advocacy and health care information and to become the critical reference point for health status information for legislators, researchers and stakeholders who make and influence policy to improve health care in Nevada.

**Governor’s Consumer Health Advocate (GovCHA)
2012 Executive Report to the Governor**

Table of Contents

Forward:	3
Mission, Vision, Overview:	4
Legislative History:	4
Services Provided:	6
Essential Services Model:	14
Collaborative Working Partnerships:	14
Client Intervention and Notable Cases:	16
Health Trends and Impacts:	18
Data Tables:	22
Organizational Chart:	28

Forward

“Our zip code may be more important to our health than our genetic code.”

Robert Wood Johnson Foundation, “Breaking Through on the Social Determinants of Health and Health Disparities”,
December 2009

Nevada’s economy continues as one of the hardest hit by the national recession. This has created numerous dynamic and cascading challenges effecting the health and well-being of Nevadans. Social determinants of health are factors and conditions that interact to influence the health of individuals and communities. Primary examples of social determinants of health include safe and secure housing, jobs, adequate income, access to health care and social service support systems. The Robert Wood Johnson Foundation’s Commission to Build a Healthier America states the following: “Where we live, learn, work and play can have greater impact on how long and well we live than medical care. A person’s health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, nutrition, housing and neighborhoods.”

In Nevada, the Governor’s Office for Consumer Health Assistance (GovCHA), established in 1999, has become a central and pivotal point for information and resources for Nevada consumers, physicians and other health care providers, and insurers. Through the Patient Protection Affordable Care Act of 2010, other states have developed their own consumer health assistance offices, and have sought guidance from Nevada as a model program. Nevada’s Consumer Assistance Program was established to assist consumers with access to healthcare, questions about insurance, disputes with insurance companies or difficulty navigating complex, multilayered health and social service systems. GovCHA acts as a central resource point to help consumers access state, local, community health care and social service systems. As health care systems, insurance reforms and the continuum of the Affordable Care Act implementation unfolds, many consumers may find themselves unsure and confused about how to take full advantage of the reformed health care system. GovCHA will continue to be a critical resource for Nevadans.

GovCHA has continued to develop collaborative partnerships with governmental, non-profit, private and other community organizations, some of which include: Aging and Disability Services, the Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy, and the State Health Insurance Assistance Program (SHIP). As the impact of the economic crisis and its profound effect on many social determinants of health on Nevadans, GovCHA’s complexity of cases continues to increase. Our collaborative partnerships allow us to reach across boundaries and deliver a seamless system of healthcare resources and information. The Nevada program is a “one-stop-shop” and operates with a “no wrong door” attitude.

Nevada GovCHA (GovCHA), through its network of highly skilled and knowledgeable Ombudsmen, works with a broad array of community partners to ensure efficient and culturally competent delivery of services to consumers. GovCHA also serves as a key referral source for Nevada policy makers who are faced with constituents that need assistance, often requiring comprehensive case management. It is notable that in the last year the increasing volume and complexity of consumer cases is taxing GovCHA’s limited resources.

Mission and Vision

The mission of the Governor's Office for Consumer Health Assistance is to enable all Nevadans to access information they need to better manage their health care concerns, and to assist consumers and insured employees in understanding their rights and responsibilities under various health care plans and policies of industrial insurance.

GovCHA's vision is to become the premier resource for consumer advocacy and health care information and to become the critical reference point for health status information for legislators, researchers and stakeholders who make and influence policy to improve health care in Nevada.

Overview

GovCHA was established by the Nevada Legislature in 1999 and has become a critical point of contact for legislators, consumers and providers. GovCHA provides information, education, advocacy, and case management services for the consumer that has difficulty navigating the many complex health care, insurance, and billing systems in Nevada. In addition, GovCHA is the primary resource for the consumer who has difficulty with access to care, inclusive of issues surrounding the social determinants of health that affect a consumer's ability to get and remain healthy.

In 2011, the Nevada Office of Minority Health (OMH) was administratively moved to GovCHA. The placement of the Office of Minority Health in the GovCHA office promotes a level of synergy and consistency between the programs. OMH provides systems level policy advocacy, education and information resources on behalf of Nevada's minority populations.

Legislative History

1999 Legislative Session – Senate Bill 37 (NRS 223.500) Established GovCHA

The "Governor's Office for Consumer Health Assistance" (GovCHA) was established under NRS 223.500 as part of the privatization of the State Industrial Insurance System. GovCHA was established to provide an opportunity for all Nevadans to access information regarding patient's rights and responsibilities and to advocate for and educate consumers and injured workers regarding their rights and responsibilities under various health plans and policies.

2001 Legislative Session - Senate Bill 573 (NRS 223.575) Bureau for Hospital Patients

SB 573 transferred the Office for Hospital Patients from Business and Industry to GovCHA and renamed the office, **The Bureau for Hospital Patients (BHP)**. BHP handles hospital and associated health care provider billing disputes.

2003 Legislative Session - Assembly Bill 236 (NRS 223.535) Prescription Medication Information

This legislation provides Nevadans who cannot afford their medications with information and access to free or low-cost medications using prescription assistance programs such as RXHelp4NV. In 2005, legislation was passed adding a requirement for GovCHA to provide information regarding the Canadian Rx program through a link on the GovCHA webpage.

2003 Legislative Session - Assembly Bill 79 (NRS 223.580, 4) External Review

AB 79 provides Nevada consumers with the opportunity for an external review, by an independent third party, of final adverse determinations made by managed care organizations (MCO), health maintenance organizations (HMO) and certain insurers. The External Review Organizations (ERO's) are certified by the Division of Insurance. On a rotating basis, GovCHA assigns the ERO case for reviews.

External review may be available to consumers when their insurer denies coverage for services on the grounds of medical necessity and they've exhausted their internal appeals process. However, the MCO may request an External Review at any time.

Nevada External Review Statute (**NRS 695G.241**) provides consumers the opportunity to request an independent medical review of denial of coverage by a health plan, thus offering another option for resolving disputes between a covered person and their insurer. The data collected continues to suggest that **External Review** is considered a valued and important consumer protection. NCGS 58-50-75 through 58-50-95, known as the Health Benefit Plan **External Review Law**, governs the independent **external review** process as established by the National Association of Insurance Commissioners [NAIC] 6-19-06).

2011 Legislative Session - Assembly Bill 519 Transfer of GovCHA to DHHS Director's Office

AB 519 modified existing legislation (NRS 223.500-223.580) which had established an Office for Consumer Health Assistance within the Office of the Governor and provided for the appointment of a Director of the Office by the Governor. This legislation transferred the Office for Consumer Health Assistance to the Department of Health and Human Services' Director's Office and authorized the Director of the Department to appoint the Governor's Consumer Health Advocate to head the Office.

Existing law established an Office of Minority Health in the Department of Health and Human Services (NRS 232.467-232.484). AB 519 also transferred the Office of Minority Health into the Office for Consumer Health Assistance, under the direction of the Governor's Consumer Health Advocate.

2011 Legislative Session - Assembly Bill 146 Established Billing Dispute Regulations

This legislation clarified NRS 223.575 and expanded the Director's regulatory authority to adopt regulations to establish procedures for hearings regarding patient/hospital billing disputes. The bill also expanded the authority of the Bureau for Hospital Patients to determine the reasonableness of payment arrangements with the hospital. The definition of a "consumer" was also expanded to include "a person who is in need of information and/or assistance with understanding their health care benefits, patient rights and responsibilities, accessing health care, and/or help with disputes in billing related to medical services".

2011 Legislative Session -Assembly Bill 74 Appeal of Adverse Determination

This legislation expanded the role of GovCHA to include the External Review process (see explanation #5 below under "Services Provided"). Under the Affordable Care Act (ACA), consumers will have an enhanced opportunity to appeal an adverse determination by their health plan. GovCHA was also given the authority to review a denied expedited appeal request and override this denial when appropriate.

Services Provided:

1. Bureau For Hospital Patients (BHP)

Pursuant to NRS 223.575, the Bureau for Hospital Patients Program provides dispute resolution services through a variety of methods including hearings, mediation, arbitration and/or other alternative means. Disputes between patients and hospitals include the *accuracy or amount of charges* billed to a patient, the reasonableness of arrangements made for a patient to pay a bill for medical services, including, without limitation, arrangements to pay hospital bills, and lastly all other matters related to the charges for care provided to a patient. The Advocate or the Advocate's designee determines appropriate actions for arbitration, mediation or other alternative means of dispute resolution. Activities of the Bureau for Hospital Patients Program include:

- Mediating hospital billing disputes
- Auditing consumer charges
- Assessing quality of care complaints
- Reviewing physician and/or ancillary service billing disputes to include non-contracted provider balance billing
- Negotiating for charity and/or discounts, and payment arrangements on behalf of the consumer
- Explaining charges and rights and responsibilities to consumers
- Preparing and filing appeals
- Referring case information to regulatory agencies for non-compliance as appropriate

2. Workers Compensation (WC)

The Workers' Compensation Program informs and educates injured workers about Nevada workers' compensation law and guides them through the claims process. When necessary, program staff advocate on the injured worker's behalf to assure his/her claim is administered appropriately. This advocacy may involve contacting insurers, providers, or employers to assure that statutes are adhered to and the claim is being administered appropriately. Activities of the Workers' Compensation Program include:

- Identifying consumer issues and investigating, researching and attempting to resolve issues within policy guidelines
- Providing information to injured workers regarding Nevada workers' compensation law in understandable language
- Contacting insurance companies, medical providers, and/or employers to advocate for injured workers and consumers
- Reporting violations to enforcement agencies.

3. General Medicaid – Social Programs/Uninsured

GovCHA works with consumers to assist with issues that affect eligibility for public insurance programs or other social service programs. This assistance ranges from working with the consumer who is

Medicaid or Medicare eligible, or who may be in pending status, with escalated and/or emergency issues; to working with a consumer who is eligible but may be having difficulty navigating the system; or just is not aware that they are eligible for these programs. GovCHA staff work collaboratively with state and community partners. Activities of the General Medicaid, Social Service Program include:

- Assessing consumer eligibility for Medicaid and/or NV Check-Up (S-CHIP) programs
- Assisting with appeals, enrollment errors, billing errors, dispute resolution
- Facilitating access to health care, including vision/dental services
- Identifying and referring consumers to appropriate community resources such as housing, food, transportation and utility assistance
- Assisting with Social Security disability applications
- Acting as a liaison between the consumer and federal, state or county agencies
- Assisting with quality of care complaints: complaint referrals include those regarding care provided by a hospital, physician, nurse, or caregiver and/or referral to a regulatory agency when appropriate

4. Managed Care / Fully Insured/Self- Funded/Employee Retirement Income Security Act (ERISA)

Managed Care Organizations (PPO, HMO, POS, Individual policies) are regulated by the Nevada Division of Insurance (DOI). The DOI does not however provide the medical component necessary to assist Nevadan's in navigating the cumbersome processes of appeals nor the expertise in medical billing necessary to audit claims. GovCHA's Ombudsmen will review and prepare all levels of appeals up to and including the statutorily required External Review process. GovCHA has a Nevada licensed physician to assist in this process when necessary. GovCHA has collaborative relationships with both the health plans in Nevada as well as the health care providers. These relationships allow GovCHA to provide mediation and resolve disputes amicably. Services include the following:

- Providing information and clarification of benefits
- Assisting with benefit denial appeals, level of payments, and enrollment denials
- Resolving billing disputes; assessing billing errors; assisting the consumer with payment arrangements; reductions or discounts; and, charity applications
- Providing information and assisting with COBRA, including explanation of benefits, enrollment denial, appeals, and resources for conversion policies
- Managing Medicare enrollment issues, clarification of benefits, and claims denial appeals
- Providing consumers information and resources regarding Pre-Existing Condition Insurance Plans (PCIP), referrals to insurance underwriters and eventually the Silver State Health Insurance Exchange

5. External Review

NRS 695G.241 gives consumers the right to an external appeal when health care services are denied by a Managed Care Organization (MCO), Health Management Organization (HMO) or insurer on the basis of “*Adverse Determination.*”

An “Adverse Determination” is one in which a managed care organization denies all or part of a service or procedure that is either proposed or being provided to an insured on the basis that the service or procedure is not medically necessary; appropriate; or is experimental and/or investigational. The term does not include a determination of a managed care organization when the service or procedure is not a covered benefit. (NRS 695G.012)

Assembly Bill 74 expanded the role of GovCHA by revising provisions relating to the external review of adverse determinations by enacting the National Association of Insurance Commissioners’ Uniform Health Carrier External Review Model Act for Nevadans.

6. Access to Care

GovCHA is a leading information and navigation resource for consumers who are uninsured or underinsured. The U.S. Department of Health and Human Services (2012) defines healthcare access as “the timely use of health services to achieve the best health outcomes.” The Department specifies that efficient health care access is contingent on several steps, including (1) entry into the healthcare system, (2) availability of needed services, and (3) accessibility of providers with whom individuals can establish relationships founded on mutual communication and trust. Key factors influencing access to health care in Nevada include:

- Twenty one percent of Nevadans are uninsured, a significant percentage greater than the national average of 16% (Henry J. Kaiser Foundation, 2012a)
- At the end of 2012 Nevada’s unemployment rate was 10.8% compared with a national rate of 7.8%; unemployed Nevadans often lose their health insurance making access to care difficult

7. Prescription Drug Assistance

The mission of the Prescription Assistance Program is to increase awareness of and enrollment in existing patient prescription assistance programs for consumers who may be eligible. Links regarding prescription assistance, including, www.rxhelp4nv.org are on the GovCHA website and staff provides referrals of consumers needing assistance.

8. Patient Protection and Affordable Care Act (ACA) of 2010

The implementation of the Patient Protection and Affordable Care Act of 2010 (PPACA) has made a significant impact on how health care and health care coverage is approached. Individuals, employers, insurers, and medical providers will feel the effects of these changes as provisions continue to be implemented through 2018.

Some of the provisions already in place that effect consumers include:

- Coverage for dependents through age 26
- Affordable prescriptions for seniors
- Coverage of preventive services with no deductibles or co-pays
- Coverage option for individuals with pre-existing conditions through the Pre-Existing Condition Insurance Plan
- Removal of lifetime limits on health benefits
- Increasing support for community health centers

Other provisions will impact how insurance companies do business and how physicians treat their patients.

In 2012, the U.S. Supreme court ruled on two major provisions of PPACA which were challenged by 27 states, including Nevada, as being unconstitutional.

The first provision was the Individual Responsibility provision which will require most people residing in the U.S. to obtain health insurance or pay a tax penalty. The Justices ruled 5-4 that the provision is not permissible under the commerce clause, meaning Congress does not have constitutional authority to regulate interstate commerce issues, in this case, the buying and selling of health insurance. However, the provision was determined to be constitutional under the tax authority clause; essentially, under PPACA, anyone who refuses to purchase health coverage under this provision, without a hardship exemption, should pay an additional tax. The Justices further clarified that most Americans will not have to pay this tax because they are already insured, and with forthcoming tax credits and subsidies for qualified individuals the tax penalty will not be an issue, except for those who refuse to purchase coverage.

The second provision that was challenged was Medicaid expansion, which will require all states to expand Medicaid eligibility to include childless individuals under 65 with incomes of up to 133% of the Federal Poverty Level, with all expansion costs to be paid by the Federal Government. Under Medicaid law, a state that does not participate in the expansion would theoretically lose all of their Federal Medicaid funds. The states challenged this provision as being coercive in nature. The Supreme Court ruled that the provision was constitutional. However, the potential for states to lose their Federal funds for non-participation was deemed unconstitutional. Five of nine justices agreed that the remedy would be to give states the option of rejecting Medicaid expansion without losing the Federal funding. In December, Governor Sandoval approved Medicaid expansion for Nevada.

As the provisions of PPACA continue to be implemented, the need for qualified advocates to ensure consumers are well-informed about their rights and responsibilities under the new law, and to assure they are educated about services and resources available to them is of the utmost importance.

In March 2012, GovCHA in partnership with the Clark County Association of Health Underwriters conducted a training session for the healthcare broker community. Approximately 65 brokers attended the training session which covered a wide range of PPACA provision effecting consumers and the insurance industry. The training was considered a success and opened the door for more wide-ranging training opportunities for other industry professionals, as well as consumers.

GovCHA also continues in its support role for the Silver State Health Insurance Exchange which begins enrolling members in October of 2013, with an effective date of coverage of January 1, 2014. GovCHA intends to maintain a lead role for consumer assistance and will continue to offer guidance and support for the Exchange's outreach and consumer education.

9. 2012 Community Outreach and Site Visits

GovCHA's community outreach programs' focus is to increase Nevadans' awareness and knowledge of health care related services and programs within Nevada. Conducting community outreach increases public interaction and most importantly gives us the opportunity to provide education regarding rights and responsibilities regarding workman's compensation, insurance benefit/claim appeals, access to health care services and medical billing issues.

GovCHA outreach is not only within urban communities, but also reaches rural and underserved populations statewide. During 2012, GovCHA staff engaged over 3,000 consumers (seniors, legislators, employers/employees, providers, hospitals, and the general public) through presentations at more than 45 educational programs, health fairs and community events held in urban and rural communities throughout Nevada. Many of the consumers we reached out to during these events are going through financial hardships related to unemployment or underemployed and have limited or no access to healthcare. Some have expressed their frustrations in the obstacles to accessing health care which keeps them in a precarious situation as they are often not able to obtain employment until after their health concern has been addressed and resolved; it is a difficult situation for the consumer.

This has been a great year for strengthening community ties with the underserved minority populations (e.g. Asian/Pacific Islander and Latino) by continuous collaboration with their Resource Centers and Foundations in an effort to address their specific health care concerns. GovCHA has been working with diverse agencies, foundations, community centers, family resource centers, consulates, and media in an effort to address the growing need in Nevada for access to health care and resolution of health care related issues/concerns and trying to bridge the gap for those that are affected by health care disparities.

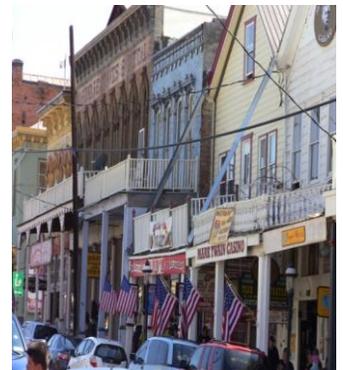
In July 2012, the Ombudsman in Minority Health, serving as the Interim Program Manager for NOMH along with an Ombudsman representing Northern Nevada conducted a Northern Nevada rural road trip meeting with several key partners and agencies from throughout the state. This goal of this trip was to revitalize the presence of NOMH and get a better understanding of health care services across Nevada. Among the organizations NOMH met with were, Nevada Urban Indians, Yomba reservation health fair,

Access to Healthcare Network, and faith-based agencies. This northern trip allowed NOMH and GovCHA expansion of its reach to encompass more areas across the state, particularly in the rural regions, establishing new connections and networks with representatives from state and local government, public health professionals, community/faith-based multi-cultural organizations, advocates, business and community leaders, and the public in general. These increased activities around the State are aimed at raising awareness by having a physical presence at various gatherings and through the dissemination of health disparities information and race/ethnic-specific health information. Ultimately, this will enhance NOMH and GovCHA's efforts to promote improvements in the health of Nevadans which will result in: improving the quality of health care services; increasing knowledge and awareness about health disparities; and reducing health disparities within the state of Nevada. In 2012, the Small Business Health Information and Education Program (SBIEP) participated in 39 local and statewide events and expositions focusing on the Small Businesses.

10. Small Business Health Information and Education Program (SBIEP)

The mission of the SBIEP is to inform and educate small employers about the benefits of providing health insurance for employees; enabling them to make informed decisions on health insurance choices; understanding the provisions and possible impact of the Affordable Care Act. SBIEP provides information and resources for owners and employees to be more informed healthcare consumers. The following types of service were provided to small business owners:

- Advocacy for small group plan members with claims, plan, or billing issues
- Education about the benefits of providing health insurance for their employees
- Clarification of ACA provisions that will impact small business
- Explanations of the different types of insurance plans available (i.e., HMO, PPO)
- For those employers who cannot afford insurance, providing health resources to assist their employees with their healthcare needs (e.g. public programs/discounted or sliding scale services)
- Making appropriate referrals to licensed Brokers/Agents for those small business owners who wish to explore insurance coverage in depth – impartial referrals are made through an MOU with the Nevada/Clark County Health Underwriters Association
- Educating employers on their rights and responsibilities under workers' compensation law
- Encouraging small business owners and their employees to make GovCHA the central point of contact with their health insurance and health care-related questions or issues



2012 SIGNIFICANT SBIEP ACTIVITIES:

- New Ombudsman appointed February, 2012
- Broker Training with licensing CEU's for Insurance Agents in a collaborative training developed and presented with the Health Underwriters Association
- Developing partnerships and collaborating on statewide outreach efforts with Small Business related agencies including Business and Industry; Division of Insurance, Internal Revenue Service, Silver State Health Insurance Exchange; and the Small Business Majority
- Establishing a stakeholder group to assist in guidance for development and growth and sustainment of the program. Stakeholders included subject experts and collaborative partners from the UNLV School of Business/UNR Small Business Development Center, Insurance Carriers, Insurance Brokers; NV Department of Business and Industry; Nevada Division of Insurance; and the Silver State Exchange; the group plans to meet quarterly

11. Nevada Office of Minority Health

The Nevada State Legislature created the Nevada Office of Minority Health (NOMH) with passage of Assembly Bill 580 during the 2005 legislative session. NOMH now operates with the mission to improve the health of racial and ethnic minority populations in the State of Nevada, and a vision to give every Nevadan an equal opportunity to live a healthy life.



NOMH is solely funded by a three year cycle federal grant, the State Partnership Grant Program to Improve Minority Health. The focus of the grant is, “To demonstrate the effectiveness of strategic partnerships to improve the status of minority populations and eliminate disparities in at least one of the following health topics: access to healthcare, asthma, cancer, cardiovascular disease/stroke, immunizations, diabetes, HIV/AIDS, infant mortality/LBW, mental health and/or obesity.”

In the first two years of the grant cycle, NOMH has addressed primarily diabetes intervention and care. With the release of the federal initiatives including the Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities and the related National Partnership for Action Toolkit, NOMH is evolving to address minority health issues more broadly from a “social determinants” perspective, using community engagement, multi-sector partnerships and best practices.

- The NOMH main office has completed a physical move from Carson City to Las Vegas and is now under the Office for Consumer Health Assistance, which in turn is under the Nevada Department of Health and Human Services (June 2012)

- The Interim NOMH Program Manager submitted a federal grant application, ‘Project Connect 2.0: A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women’ to expand Nevada’s capacity to address the continuity of care for survivors of interpersonal violence, namely sexual assault and domestic violence. (October 2012)
- The search for a new NOMH Program Manager was successfully completed (November 2012); a search is now underway for a .5 FTE Administrative Assistant
- NOMH continues to build partnerships. Some of the key partners include:
 - Nevada State Health Division Community Health Workers (Promotores) Pilot Project
 - Nevada Diabetes Council
 - Nevada Diabetes Policy Workgroup

Essential Services Model

GovCHA uses an essential services model which is based on a defined “level of consumer service.” The volume, as well as the complexities of GovCHA inquiries and complaints are attributed to several factors including, effective statewide outreach efforts, increased public awareness due to media coverage of healthcare issues, along with economic factors such as: loss of employment, loss of and/or a reduction in insurance coverage, loss or potential loss of housing, and the decline of available resources in the community. As the volume increased, GovCHA has continued to utilize the “Essential Services” model of advocacy. Priority clients may be either frail, a member of an underserved population, facing multiple barriers to complaint resolutions, or simply unable to resolve the problem after repeated attempts.

Collaborative Working Partnerships

Consumer support and intervention is rarely a singular effort. GovCHA continues to develop and nurture relationships and collaborations that provide enormous support and outstanding results in terms of client advocacy.



Some of our collaborative partners include:

- Access to Healthcare Network (AHN)
- Aging and Disability Services Division (ADSD)
- Center for Consumer Insurance Information and Oversight (CCIIO)
- Centers for Medicare and Medicaid (CMS)
- Clark County Social Services
- Community Counseling Services of Southern Nevada
- Culinary Union
- Department of Employment, Training and Rehabilitation (DETR)
- Division of Health Care Financing and Policy
- Division of Welfare and Supportive Services
- El Salvador Consulate
- Family Resource Centers
- FirstMed Health and Wellness Center
- Help of Southern Nevada
- HopeLink
- Lions Sight First Foundation
- Mental Health and Developmental Services
- Mexican Consulate
- Nevada and Clark County Associations of Health Underwriters(NNAHU/CCAHU)
- Nevada Hospital Association
- Rebuilding All Goals Efficiently (RAGE)
- Salud en Accion (Southern Nevada Health District)
- Senior Medicare Patrol (SMP)
- Social Security Administration (SSA)
- Southern Nevada Adult Mental Health
- State Health Insurance Assistance Program (SHIP)
- Urban League
- Washoe County Social Services

GovCHA works collaboratively with the following regulatory agencies to resolve issues for which this office has unsuccessfully attempted resolution. While few cases are “officially” sent for action, these agencies regularly provide information and guidance to assure specific issues are appropriately addressed.

- Bureau of Healthcare Quality and Compliance
- Department of Business and Industry
- Division of Industrial Relations

- Division of Insurance
- Nevada Equal Rights Commission
- Nevada Office of the Attorney General
- Nevada State Board of Dental Examiners
- Nevada State Board of Medical Examiners
- U.S. Department of Labor

This office wishes to acknowledge the immeasurable assistance provided pro bono by Dr. Upinder Singh for the time spent in review of medical documents. Dr. Singh has collaborated with GovCHA Ombudsmen and support staff to ensure the medical issues brought to the attention of the office are resolved according to the highest medical standards.

Consumer Intervention and Notable Cases

To portray the variety and complexity of consumer advocacy performed by GovCHA Ombudsmen, below are some examples of 2012 cases.

- Since 2005, GovCHA has received calls from consumers who were treated in a network facility however; the surgeon was not contracted with the consumers' health plans. Approximately 40 cases where consumers were receiving incorrect bills, threatening letters from the provider; including, copies of their property information from the assessor's office indicating that the surgeon's practice would go after the consumers' property if they did not pay their bill. After 7 years of court appearances and in partnership with the AG's office, there was a settlement made in October of 2012. Conditions of the agreement included the timely billing of patients, full disclosure of contract status with the patient and/or patient's family, and review of the fair debt collection practices. Included in the terms of agreement is a confidentiality clause regarding the identity of the physician and practice in question. GovCHA estimates a savings of \$648,000 for Nevada consumers.
- A 75-year old consumer was undergoing aggressive chemotherapy, and requested assistance with a Social Security overpayment that occurred due to no fault of her own, (increased pension benefits after the death of her husband) which was causing a heavy financial burden. Consumer filed multiple hardship exceptions with no response from Social Security. A GovCHA Ombudsman contacted Social Security and was able to secure a waiver for the remaining portion of the overpayment.
- A consumer called for resources for breast cancer. This consumer is a self-employed real estate agent uninsured for six months, who lost her insurance coverage due to the economic recession. GovCHA assisted in expediting PCIP enrollment, which paid for chemotherapy and radiation and expedited the processing of Social Security Disability to provide an income during recovery. GovCHA was able to secure funding through Access Health Network Patient Care Fund to assist with out-of-pocket costs for the surgery. GovCHA also assisted with SSI enrollment and provided additional cancer resources.
- A health plan denied numerous claims for a possible pre-existing condition. After several months of communication with medical providers and the health plan, the health plan completed review and determined no pre-existing condition existed. Consumer claims were paid with savings of \$3,920.00.

- A consumer was admitted to the hospital from her local physician's office for surgery. The hospital was not contracted with her health plan leaving the consumer a large balance due. After review it was determined that the health plan notified the hospital prior to admission they were not contracted. After review, the hospital agreed to adjust the balance appropriately and the consumer saved \$28,130.00.
- This consumer moved from out-of-state in early September 2012 with her 24 month old disabled child. She had no money to purchase medications and has been in Nevada for only two days. Her child had four seizures on the way to Nevada. She took the child to a local hospital and received a prescription but was unable to fill it because she couldn't afford to pay for it. GovCHA, working collaboratively with the Health Division and the Foundation for Positively Kids, was able to help the child gain access to the medications needed, receive assistance applying for Medicaid in Nevada, and secured an evaluation for her child. The child now has a primary care provider and a medical home to get his health care needs met. This was accomplished in two days.
- A 24-year old consumer suffering from renal calculus needed access to surgery desperately. She had stents in place for over a year and the consumer's mother was concerned that they needed to be removed. The daughter was able to be put on her father's insurance plan which was out of state as a result of the Patient Care Affordable Act (which allows parents to insure their children up to age 26). The consumer's mother could not afford the up-front co-pay and believed that her daughter's health would be severely compromised if she had to wait two months to save the money needed for the co-pay. Upon the mother contacting the Urologist office, an offer to make a payment arrangement was declined. Talks between the surgery department and the consumer were fractured and at a stand-still. GovCHA contacted the Urology office to intervene by asking the physician if the consumer's health status is such that she can wait until the mother is able to "save" the money and if it is not, then proposed that she be allowed to sign a promissory note and automatically debit the agreed amount bi-weekly to make her co-pay. The physician agreed with these financial arrangements and the consumer received the surgical procedure she was seeking nine days after our intervention.
- A 15-year old, uninsured male was referred to this office in late February 2011 in need of a heart transplant. The family was desperate, without insurance or funding, and had no knowledge of community resources. Client intervention included accelerated approval for Medicaid, resulting in the consumer receiving a cardiac defibrillator/pacemaker on March 7, 2011 which successfully extended his life.

- This consumer had a mastectomy and breast implant in May of 2010. COBRA insurance expired June 30, 2010. Soon afterward, the breast implant began leaking. Insurance initially refused coverage. Due to repeated GovCHA intervention, the repair was finally approved. “Janet’s Law” was the tool applied to this case by GovCHA staff to insure coverage. Janet’s Law requires health insurance companies and self-insured group health plans that cover mastectomies to also provide benefits for mastectomy-related services, including breast reconstruction surgery.

Health Trends and Impacts

Trending of health care concerns is an important function of the Governor’s Office for Consumer Health Assistance. Consumers contacting GovCHA are increasingly frustrated by the time they find and request assistance from our office, and many experience a sense of helplessness due to the layered complex issues they are facing. The severe economic downturn continues to translate into personal calamity, misfortune, and even disaster for some. Because of continuing falling property tax revenue in Clark County (as well as other areas of the state), access to county medical services has been further reduced. The implications of a potential Medicaid expansion in Nevada are a growing statewide concern.

To assist GovCHA to best respond to emerging and continuing consumer health care issues and concerns, we anticipate developing an Advisory Council, comprised of key stakeholder groups that will ensure state and community input into our services and programs and assist us in long range planning for the Office of Consumer Health Assistance.

Among emerging new trends and concerns are included:

- **Significant Increase in Persons Seeking Health Care Coverage** – As health care reform is implemented it will bring unprecedented numbers of Nevada residents into the new health care system, with an array of coverage options and new rights. It will be no small task to answer people’s questions about what type of coverage they can get, what subsidies they qualify for, and ensuring consumers know their rights. That’s where GovCHA’s consumer health assistance programs can play a major role. Key activities will include: providing outreach to communities across the state through schools, community clinics, and public health agencies; expanding partnerships with stakeholder organizations; maintaining databases that capture information about who is served; and, gathering critical information to advocate for necessary legislative and/or regulatory changes.
- **Increasing Needs for Multi-Lingual Consumer Health Assistance** – In Nevada, 28.5 percent of the population five years of age and older speaks a language other than English at home, significantly higher than the national rate of 20.3 percent. This includes persons speaking Spanish, Indo-European, Asian and Pacific Islander languages, and other languages. It is clear that minority populations in

Nevada will be significantly affected by health care reform and will continue to need culturally and linguistically appropriate and relevant consumer assistance services.

The barriers experienced by Limited English Proficient (LEP) populations will also likely exist in accessing benefits of the new healthcare reform legislation and in navigating newly acquired health plans under the Nevada health insurance exchange. To effectively meet the consumer health assistance needs of this population, GovCHA will need to increase its employ of bilingual staff and increase health care reform fact sheets and consumer information provided for these population groups.

- **‘Mixed Status’ Households** – As has been noted in national studies of consumers accessing services, there is apparent a ‘mixed status’ households in many of the families with which GovCHA works. This mixed status is not only related to documentation status, but also to the insurance status of family members. This is important to point out especially in the case of minors. Many people assume that undocumented status is the lack of citizenship but this is not so. There are a lot of types of immigrants: political refugees, undocumented, legal residents, visa holding visitors, etc. Each group is provided certain allowances under the law but to tease out each family’s situation is a complicated process. (i.e., mixed-undocumented/citizenship and insured/uninsured/ underinsured).

There are also the dynamics of households that may hold mixed status in terms of insurance coverage. Households may have partial coverage through another source; may lack of information about possible programs; and/or may lack of knowledge on health care access processes.

- **Impact of Healthcare Provider Closures** – The closure of the Nevada Cancer Institute at the end of January 2012 left patients without access to cancer treatment services. Though the Institute promised a seamless integration of resources for said patients, the reality of the matter is that this safety net was not provided.

- **Emerging Communities** - Through the outreach efforts of both GovCHA and NOMH, we have seen an increase in calls from individuals from marginalized or underserved communities across the state. Specific communities that we see as emerging in their need to access services are:

- Seniors
- Rural communities
- Various ethnic and racial communities
- Faith-Based communities
- Uninsured/Underinsured

- **Social Service Needs** - Health care does not exist in isolation of other social needs. Healthcare needs are invariably coupled with other types of social service needs such as, housing, mental health, and meeting basic needs (clothing, food). The work of the Ombudsman has become a diverse, specialized process addressing the multi-layered needs of Nevadans.

- **Small Businesses** - There is an emerging need for the Small Business community to learn and understand their responsibilities under the Patient Protection and Affordable Care Act (PPACA) prior to full implementation in 2014. Small employers encountered at outreach events, and those contacting GovCHA are often misinformed about requirements to provide coverage, are unaware of the current potential tax benefits and long term business benefits to providing insurance to employees.

Anticipated Impact of Larger Health Trends

Impact of Medicaid Expansion on Rural Communities

In many rural communities there are no county hospitals, only a few private facilities and providers. Most of these counties also do not have county funded medical programs; therefore uninsured residents may not be receiving regular medical care. In emergencies they are often transferred to an out-of-state hospital for treatment. Many rural communities also lack primary and/or urgent care facilities/provider; therefore, people with acute conditions may not receive early diagnosis or treatment. These consumers may eventually face hospital emergency bills with large out-of-pocket costs. Additionally, rural consumers face transportation barriers and hours of travel time in order to seek appropriate care. The potential Medicaid expansion proposes to provide coverage for a section of the population that has not had routine care in the past. Although, this would positively impact the health of new Medicaid recipients, this influx of new patients may put additional strains on area providers and patients may see longer wait times before an appointment can be scheduled.

Impact of PPACA on Nevada's Children

- No Child Only Policies are sold in Nevada following the implementation of the Patient Care Affordable Act.
 - Phil Randazzo, Chief Executive Officer of Nevada Benefits Corporation has voiced concerns about uncertainties related to the Patient Protection and Affordable Care Act and how it will affect the future sales of healthcare coverage to children in Nevada.
 - GovCHA has been instrumental helping those children that do not meet Medicaid, Nevada Check Up or the Pre-Existing Condition Plan (PCIP) by helping their families locate affordable health care and pharmaceutical assistance programs that help.
- Children born to disabled parents do not have the option of getting insurance through their parents up to age 26. Eligibility for Nevada Medicaid programs ends at age 18. This has presented challenges for young people that are unemployed and are reasonably healthy.

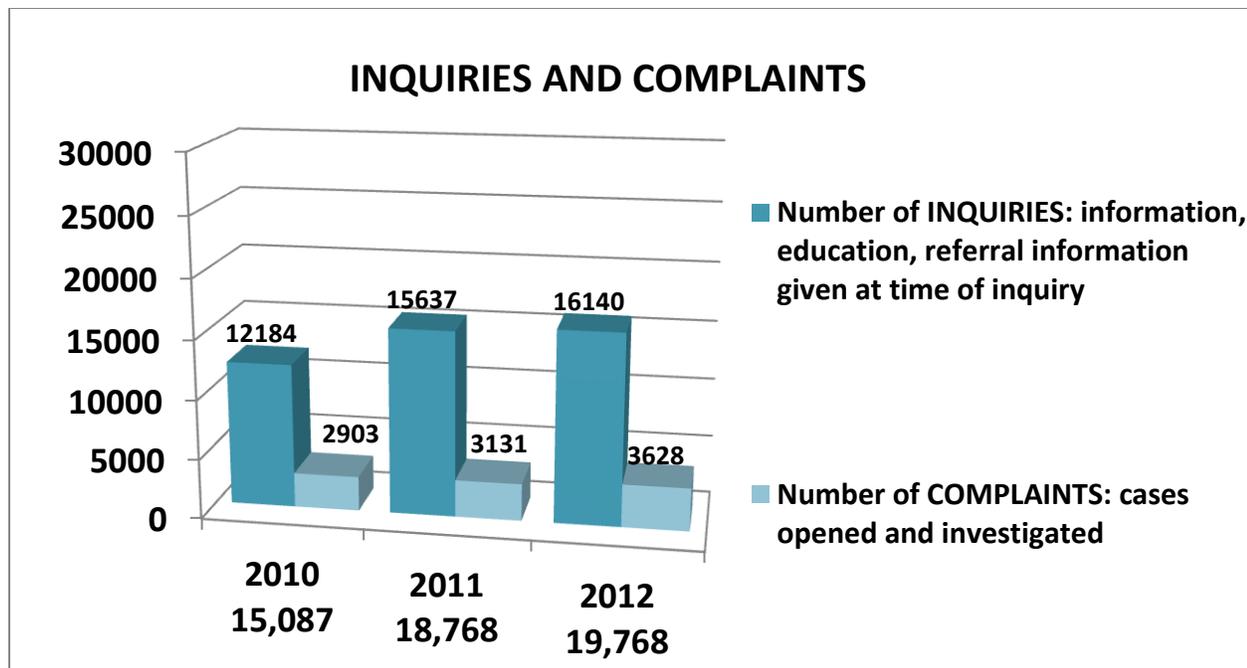
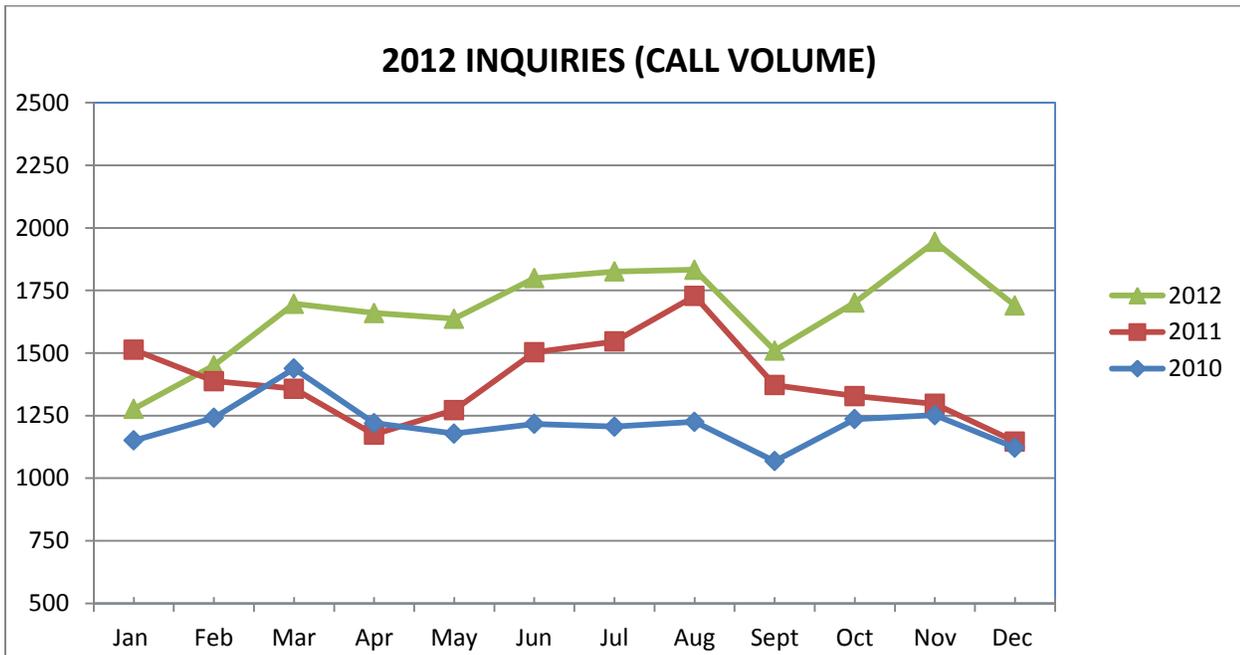
General Impact of PPACA on Nevadans

Source: Healthcare.gov

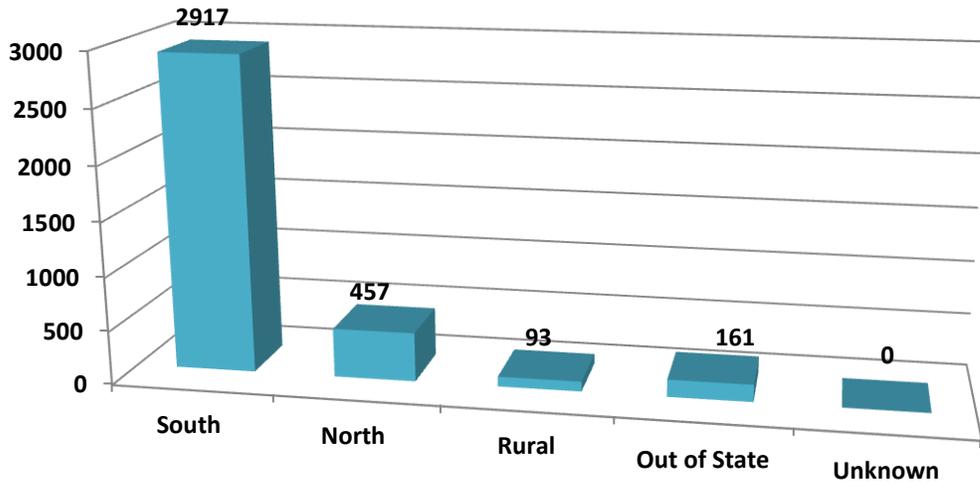
- Previously uninsured consumers with pre-existing condition were limited in their options for healthcare coverage. These consumers are now insured through a new Pre-Existing Condition Insurance Plan (PCIP) which was created under the new Affordable Care Act.

- Health plans are now required to allow parents to keep their children under age 26 without employer-based coverage on their family coverage, and due to this provision, 3.1 million young people have gained coverage nationwide. As of December 2011, 33,000 young adults in Nevada gained insurance coverage as a result of the health care law.
- In 2011, 164,005 people with Medicare in Nevada received free preventive services– such as mammograms and colonoscopies – or a free annual wellness visit with their doctor; and, in the first nine months of 2012, 131,348 people with Medicare received free preventive services.
- As a result of the law, 54 million Americans with private health insurance gained preventive service coverage with no cost-sharing this total includes 477,000 consumers in Nevada. And for policies renewing on or after August 1, 2012, women can now get coverage, without cost-sharing, of even more of the preventive services they need. Approximately 47 million women, including 391,181 in Nevada, will now have guaranteed access to additional preventive services without cost-sharing.
- The Affordable Care Act increases the funding available to community health centers nationwide. In Nevada, two health centers operate 27 sites, providing preventive and primary health care services to 57,987 people. Health Center grantees in Nevada have received \$8,029,743 under the Affordable Care Act to support ongoing health center operations and to establish new health center sites, expand services, and/or support major capital improvement projects.
- MediGap Policies for disabled individuals, in Nevada, under age 64 are no longer available. The Division of Insurance is aware of this issue.

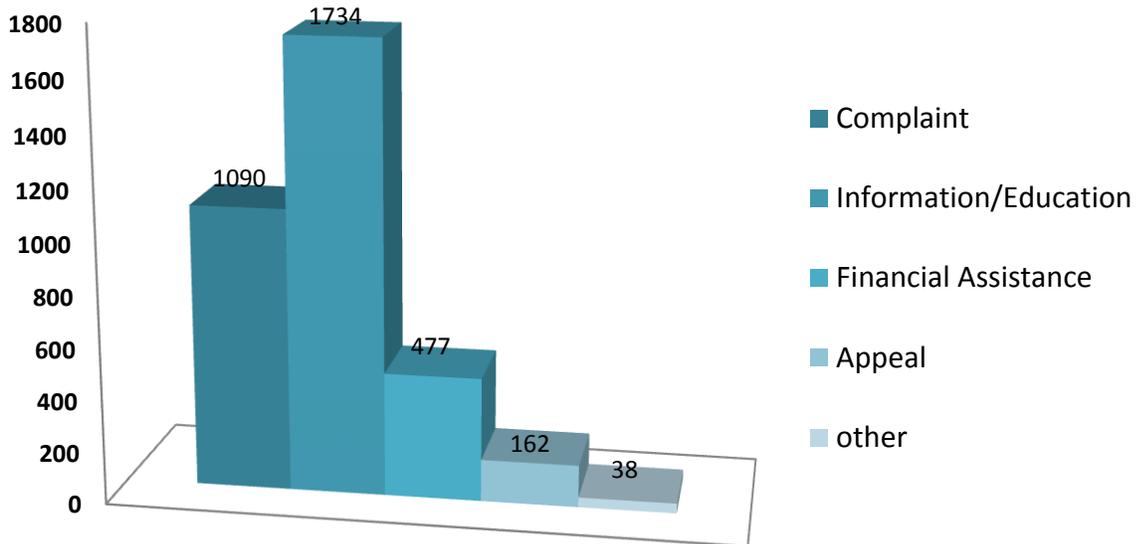
Data Tables

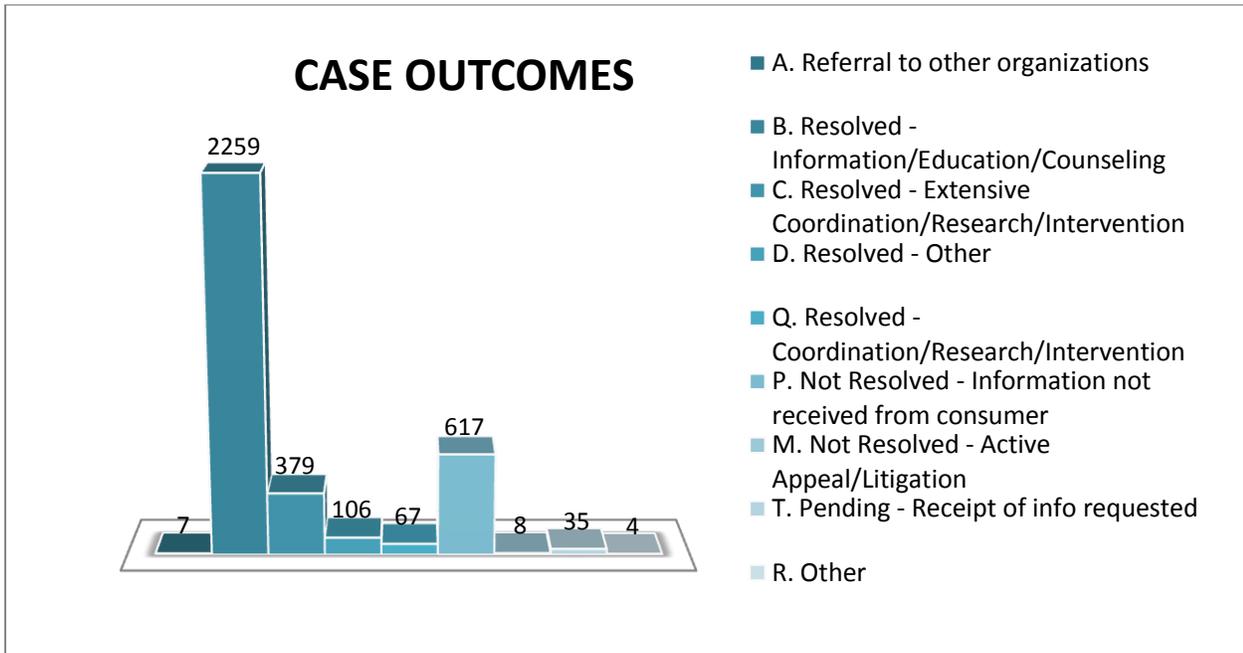
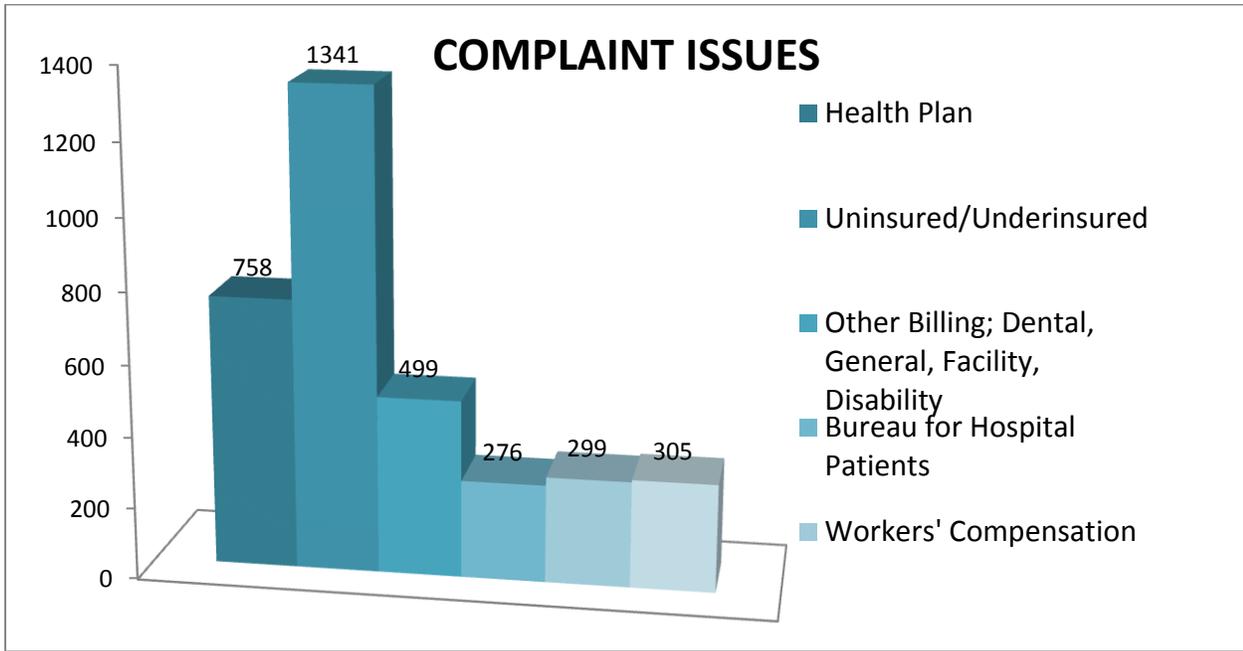


CASES OPENED BY REGION

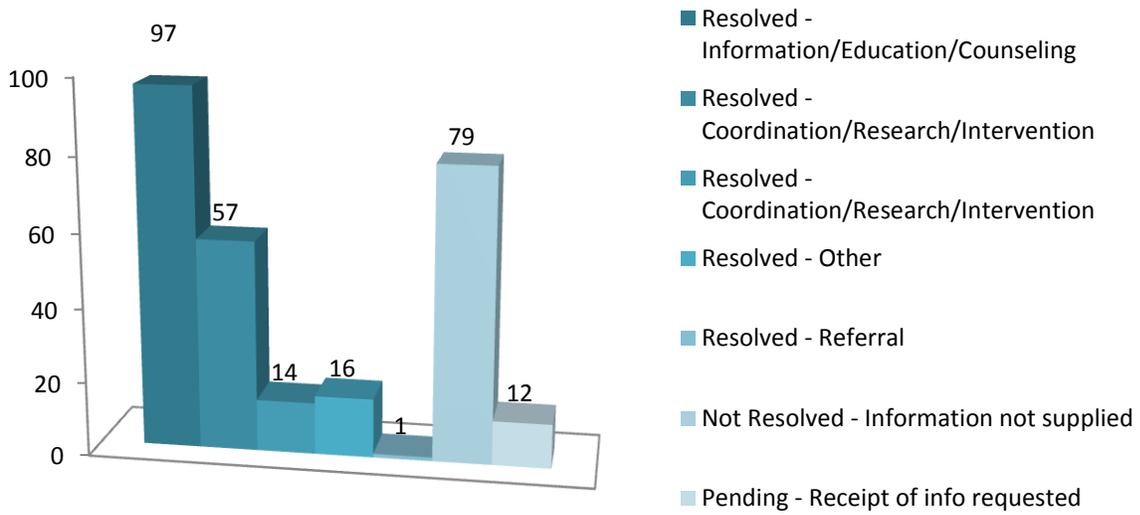


ASSISTANCE TYPE

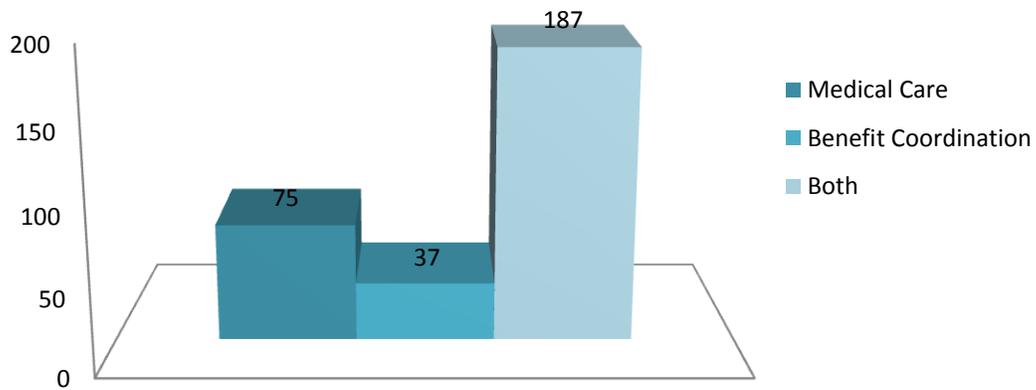




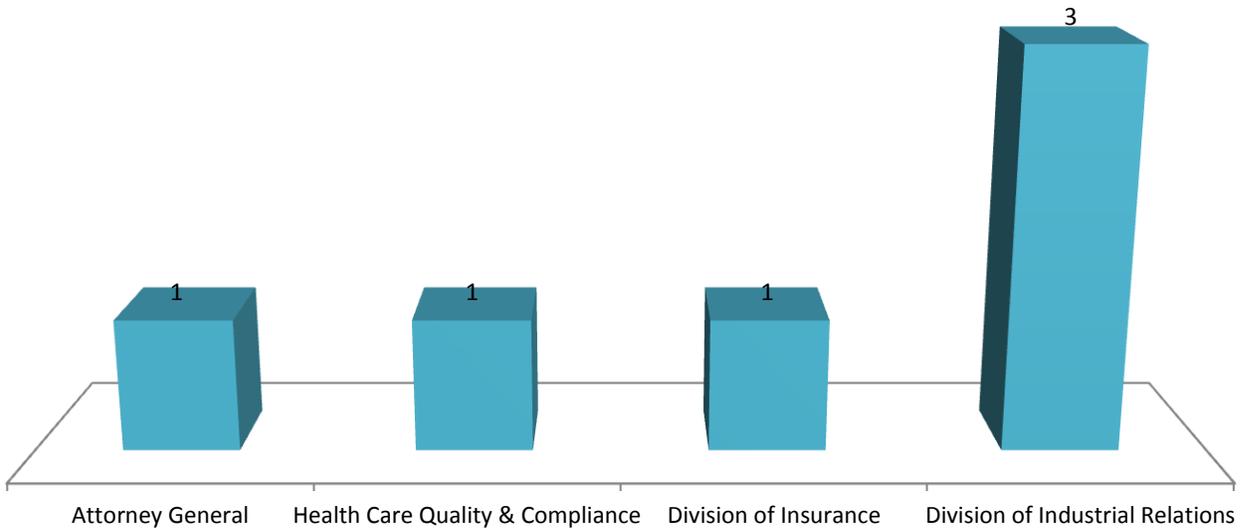
BHP CASE OUTCOMES



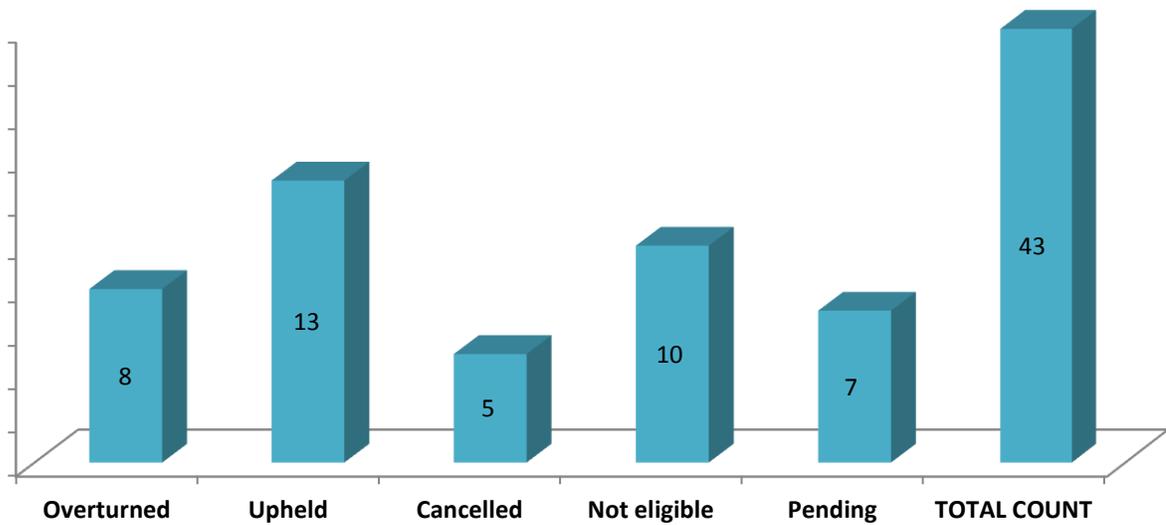
WORKERS' COMPENSATION ASSISTANCE TYPE

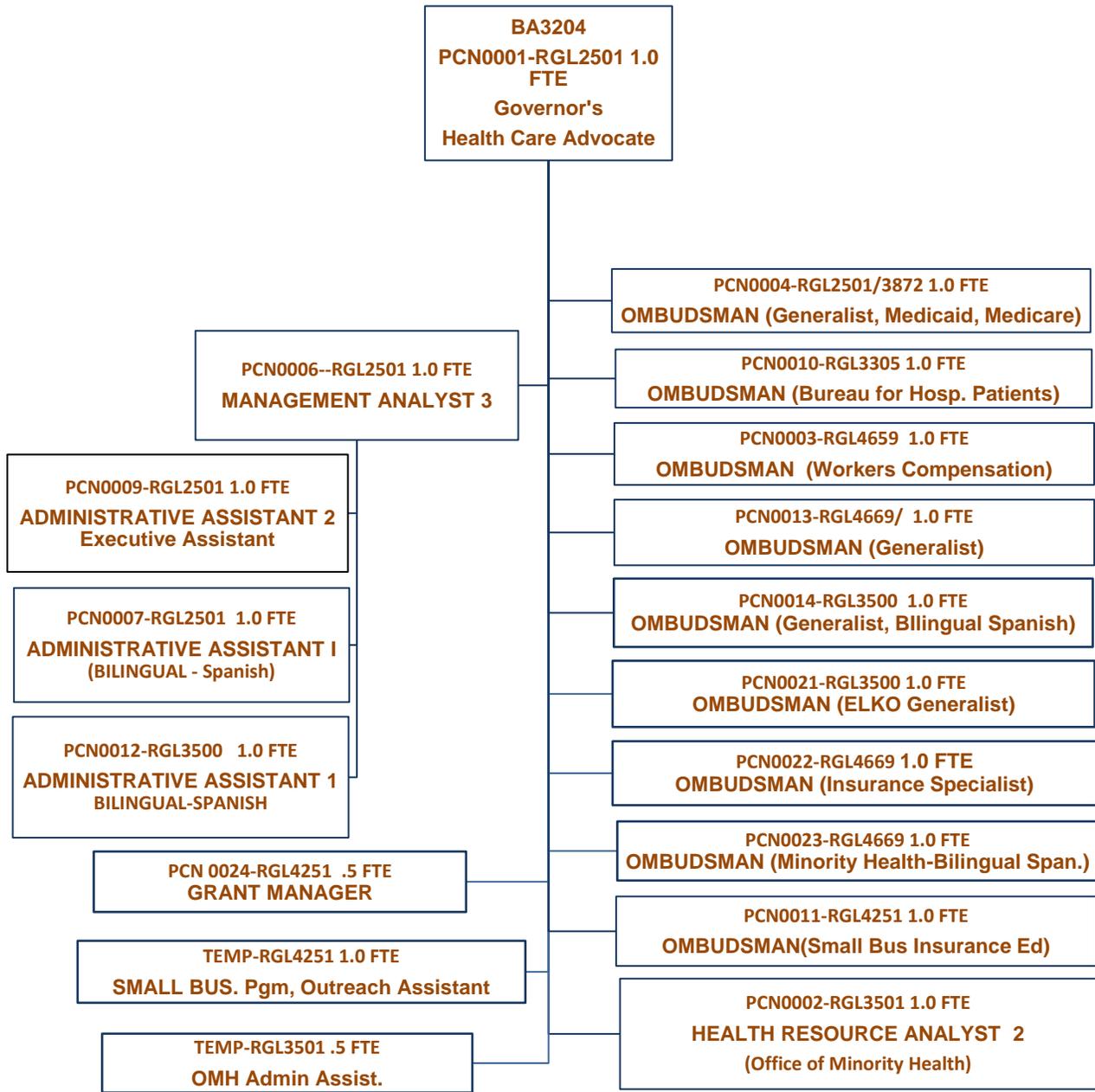


GovCHA REFERRALS TO OTHER AGENCIES



EXTERNAL REVIEWS





The health care environment in Nevada will continue to evolve and Nevadans will seek a trusted partner to provide that guidance.

– GovCHA.