STATE OF NEVADA

OFFICE OF MINORITY HEALTH
2011
BIENNIAL REPORT

Contents

ORGANIZATIONAL STRUCTURE/HISTORY

The Nevada State Legislature created the Nevada Office of Minority Health (NOMH) in 2005. The duties of the Office are established in NRS 232.467-484. An Advisory Committee composed of nine (9) members reflecting the ethnic and geographical diversity of the state assists and advises the Office in carrying out its duties.

MISSION

The mission of the NOMH is:

1. To improve the quality of health care services for members of minority groups
2. To increase access to health care services for members of minority groups
3. To disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups

Additionally, the Office provides guidance on implementing health disparities initiatives, contributes to policy development on minority health, increases public awareness of race/ethnic disparities in health outcomes and health care, and provides technical assistance to minority communities and faith based organizations interested in improving the status of minority health in Nevada.

VISION

The NOMH vision is to achieve optimal levels of health and wellness for racial and ethnic minorities in the state. The Office is tasked to provide an organized statewide focus serving to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed
- Develop and coordinate a state minority health plan, minority needs assessments, service strategies and minority health data
- Provide reference and resource information on minority health issues
- Engage internal and external entities to support initiatives that address specific minority health needs including targeting health care program resources to meet these needs
- Monitor Department health programs, policies and procedures for inclusiveness and responsiveness to minority health needs
- Facilitate the development and implementation of research and scientific investigations to produce minority specific findings.

INTRODUCTION

Disparities in health status continue to persist among racial and ethnic minority populations residing in the state of Nevada. NOMH attempts to address the following policy, program and systems change issue/needs:

- Practitioners trained in health policy and environmental change
- The placement of students and graduates from minority serving institutions in public health internships and fellowships
- The development of new approaches to achieve health equity
- Improvement in the state's capacity to conduct health promotion policy activities
- Changes in support systems changes for school health.

NOMH works to bring together stakeholders from varied backgrounds to investigate root causes of health disparities and works to affect change at the community and policy level related to reducing health disparities among racial and ethnic minority populations in Nevada.

During the Biennium (2009-2010), NOMH, in an effort to fulfill its statutory duties, has engaged in a variety of access, quality improvement and information dissemination activities. The Office does not provide medical or social services, but instead is an advocacy and education program. Initiatives with an emphasis on the elimination of health disparities impacting minority populations are provided facilitative services to address the needs of the racial and ethnic populations of the communities they serve.

The Office has supplemented the events of external organizations and collaborates with programs internal to the Nevada State Health Division (NSHD) to support their outreach, education and awareness efforts aimed at the hard to reach, uninsured, and underserved minority populations. These supportive and collaborative relationships are key factors in bridging the gap in access to quality health care and availability of up-to-date information for racial and ethnic minority populations. NOMH participation in these activities addresses the three primary program objectives as previously delineated in the mission statement.

NOMH has been an integral component of the NSHD Bureau of Child, Family and Community Wellness (BCFCW) and has operated in conjunction with its bureaus and programs to address health disparities. In addition, NOMH has established partnerships with community and faith based organizations, health care providers, local health departments, business leaders and communities to carry out its program objectives. Participation in activities with agencies and the collection of outcome-based qualitative and quantitative data ensures that all objectives are measurable, documented, and fulfilled.

Additionally, the activities reported represent accomplishments of NOMH during the biennium, and attempt to provide outcome based results with recommendations. The recommendations that have been developed will help to improve the quality of and access to health care services, and information available to racial and ethnic minority populations in formats that are culturally relevant and linguistically appropriate.

Due to the rapidly changing demographics of many communities throughout the nation, particularly in Nevada, there is an increased need to address health disparities as they exist for targeted minority groups. To respond to the needs of these groups the NOMH identified six focus areas that are consistent with Healthy People 2010 and are aligned with the NSHD priority areas. These areas include infant mortality/prenatal care, cancer, cardiovascular disease, Diabetes, HIV Infection/AIDS, and immunizations because of the disparate impact these conditions have on racial and ethnic minorities.

ACCOMPLISHMENTS

2008

- Provided four Culturally & Linguistically Appropriate Services (CLAS) standards trainings to 97 medical and social service providers

- Participated in an immunization program serving more than 2000 children during the National Infant Immunization Campaign

- Collaborated with the Women's Health Collaborative and faith based organizations to provide health screenings, information, health diaries, and referrals to medically underserved women

- Updated the Hispanic/Latino resource directory

- Drafted a Minority Health Disparities Fact Sheet including information on patient rights and Language Access Services (LAS)

- Joined with community based organizations and government agencies to develop a policy roundtable to educate and inform decision makers about health disparities and strategies for improving the quality of and access to health care for minority populations

- Established an unpaid internship and volunteer program to assist with outreach and education efforts within diverse communities

- Collaborated with the Prostate Cancer Resource and Nevada Cancer Institute to screen forty (40) Hispanic men over age 30 for prostate cancer

- Participated with faith-based organizations to provide free immunizations dental, vision and lead screenings, and medical insurance assistance for 350 medically underserved minority children

2009

- Conducted CLAS Standards/cultural competency trainings with 125 providers

- Collaborated on five Prostate Cancer Screenings for minority men and successfully screened 331 men, among which 19 men were identified with abnormal results and referred for follow-up and/or treatment

- Established collaborative partnerships to implement campaigns during Black History month to reduce infant mortality among African American women and increase prostate cancer screening among men of color in collaboration with Power 88.1 radio in Las Vegas

- Recruited, educated and trained 17 minority student interns on health-related disparities, cultural competency, and administrative health careers within the State

- Developed CLAS Standards and Civil Rights pamphlet being prepared for distribution throughout all WIC clinics in English and Spanish

- Coordinated and prepared cultural and linguistic competency (CLC) and CLAS standards materials for CLC strategic planning session in conjunction with Southern Nevada Area Health Education Center (SNAHEC)

- Successfully coordinated health care worksite placements for 16 "at risk" minority teens for the SNAHEC Successful Futures program to provide training and education in health related careers

- Developed the first OMH e-Newsletter for release and widespread distribution via email this Spring

- Developed and finalized the OMH Five-Year Strategic Plan with seven primary action steps approved by the OMH Advisory Committee on Minority Health for implementation

- Developed library information dissemination campaign to disseminate health disparities information throughout all public and university libraries

- Developed first master health related coalitions database

2010

- Conducted two Town Hall meetings, one meeting in Reno (8/13/10) and one in Las Vegas (8/24/10) to facilitate open discussions with the minority communities

- Purchased Branding Supplies and Marketing and Outreach Materials

- Coordinated radio and television media campaign with the Cancer, Tobacco and Diabetes Programs to target minority populations in highlighting and reducing chronic disease during the summer and fall of 2010

- Provided Mini-Grants to four Community Organizations. The following organizations were recipients of mini-grants:

  I. AFRICAN AMERICAN COMMUNITY CULTURAL EDUCATION PROGRAMS and TRAINING (ACCEPT) – HIV Prevention Services (Washoe County)
  II. RICHARD STEELE COMMUNITY CENTER – HIV Testing and STD Screening (North Las Vegas)
  III. FUTURE SMILES – Dental Screening for at-risk children
  IV. NORTHWEST HISPANIC SERVICES – Services to Hispanic community members

CONTINUED ACTIVITIES THROUGHOUT FISCAL YEAR 2011

- Conduct town hall meetings and community forums to hear concerns regarding progress on minority health issues
- Partner with and support efforts of community and faith-based organizations, as well as local health departments/divisions, and tribal organizations
- Develop and implement an accredited Cultural Competency/CLAS training statewide
- Disseminate health disparities information, develop an e-Newsletter and work with media outlets to publicize OMH activities
- Implement tactical objectives and action steps outlined in the OMH Strategic Plan

SUPPORT FROM FEDERAL OFFICE OF MINORITY HEALTH 2010-2013

Nevada has recently been awarded federal grant funds to support the OMH for the next three years. While the funding is modest, $130,000 per year, the grant does support a Program Manager who will be located in Northern Nevada. The grant focuses on the impact of diabetes on Nevada's minority populations and two specific leading risk factors: overweight and obesity.

Project Need:

Type 2 Diabetes may account for about 90% to 95% of all diagnosed cases of Diabetes. Though there are a few risk factors for Type 2 Diabetes including: older age; family history; prior history of gestational diabetes; and impaired glucose tolerance and physical inactivity; the Nevada Office of Minority Health's (NOMH) proposed project will focus on one particular leading risk factor - being overweight or obese and diabetic. African Americans, Hispanic/Latino Americans and American Indians are at particularly high risk for type 2 Diabetes (CDC website).

The Goals (Objectives) of the Grant:

Goal 1: To coordinate activities, services and information on health disparities and minority health issues and their impact on racial and ethnic communities within the State of Nevada;

Goal 2: Utilize a collaborative partnership approach, to identify, retrieve and analyze data, health services and resources related to the health status of minority populations and communicate this information to community and policy makers;

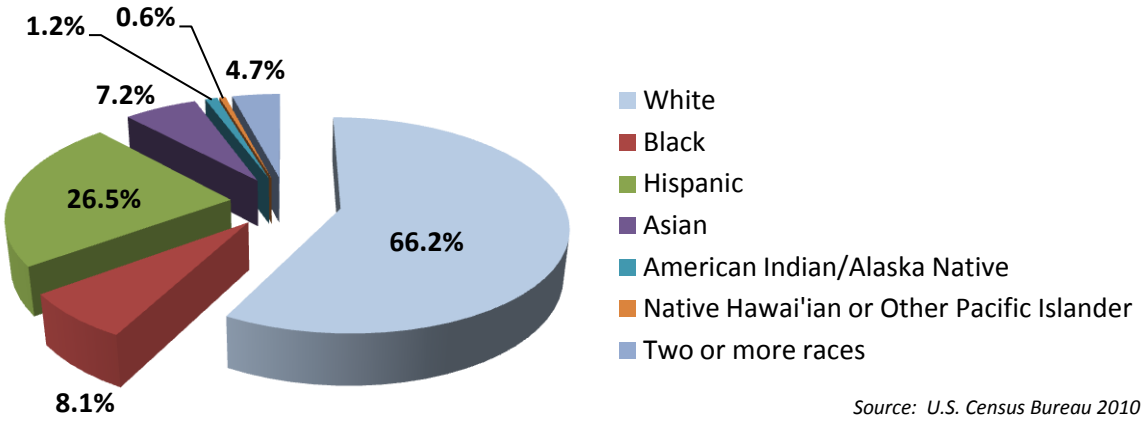
Goal 3: Develop, implement and evaluate evidence-based interventions that will decrease the risk of developing diabetes through primary prevention strategies within targeted minority communities;

Goal 4: Increase the percentage of minorities with diabetes whose condition has been diagnosed and who receive culturally competent care utilizing the chronic care model.

Goal 5: Coordinate the development and disseminate culturally and linguistically appropriate materials for state agencies, healthcare providers, trainees, and consumers.

Diabetes was chosen as the primary activity of this grant due to the significant relevance of this disease to the minority populations of Nevada, per the statistics and information which follows:

Nevada's Population
2010



Source: U.S. Census Bureau 2010

The World Health Organization's 2008-2013 action plan for the global strategy for the prevention and control of non-communicable disease noted the following: "Current evidence indicates that four types of non-communicable diseases – cardiovascular disease, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality."

Source: World Health Organization 2008-2013 Action Plan

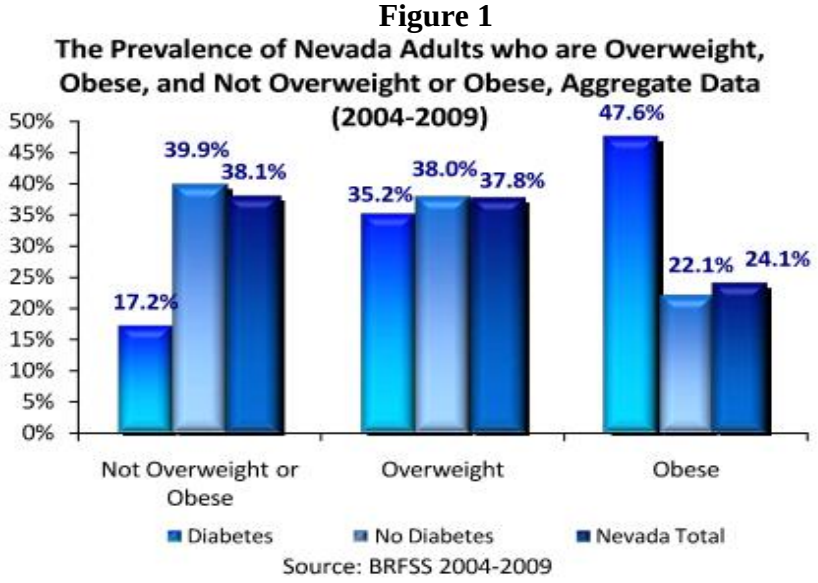
Risk Factors for Diabetes

Although the causes of Type 2 diabetes are unknown, there are a number of factors that may contribute. There are a number of non-modifiable factors that can contribute to a person's overall likelihood of developing Type 2 diabetes and heart disease. The non-modifiable risk factors include: age, race and ethnicity, gender and family history. The American Diabetes Association states that accumulating research shows that there are a number of modifiable factors that contribute to a person's overall likelihood of developing Type 2 diabetes and heart disease as well. These include: overweight/obesity; high blood glucose; hypertension; abnormal inflammation; physical inactivity and smoking. Furthermore, the chances of getting Type 2 diabetes increase the more health risk factors that are present. Some of the leading complications of diabetes include:

1. Amputations
2. Blindness
3. Complications of Pregnancy
4. Depression
5. Heart Disease
6. Hypertension
7. Kidney Disease
8. Neuropathy
9. Obesity
10. Ocular Disease
11. Oral Health
12. Stroke

Figure 1 shows that the estimated percentage of adults with diabetes living in Nevada who are obese is more than double those who do not have diabetes.

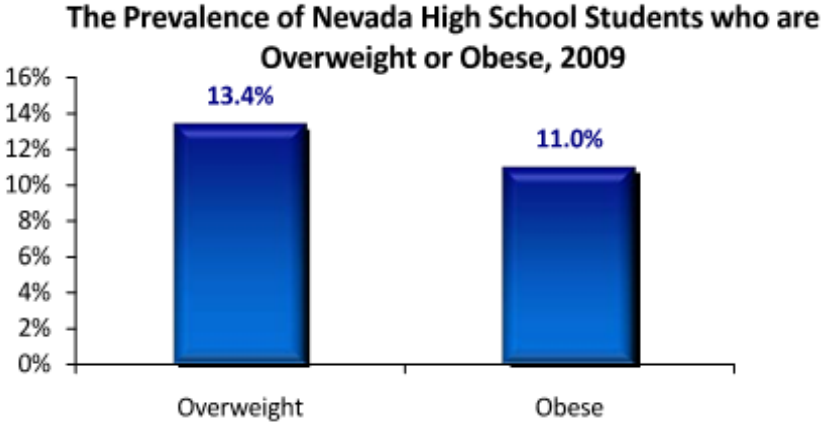
Figure 1



Source: BRFSS 2004-2009

Because of the current epidemic of obesity among U.S. children, there is an increased risk of pre-diabetes and Type 2 diabetes in youth. Figure 2 shows the results of the 2009 Youth Risk Behavior Surveillance Survey (YRBSS).

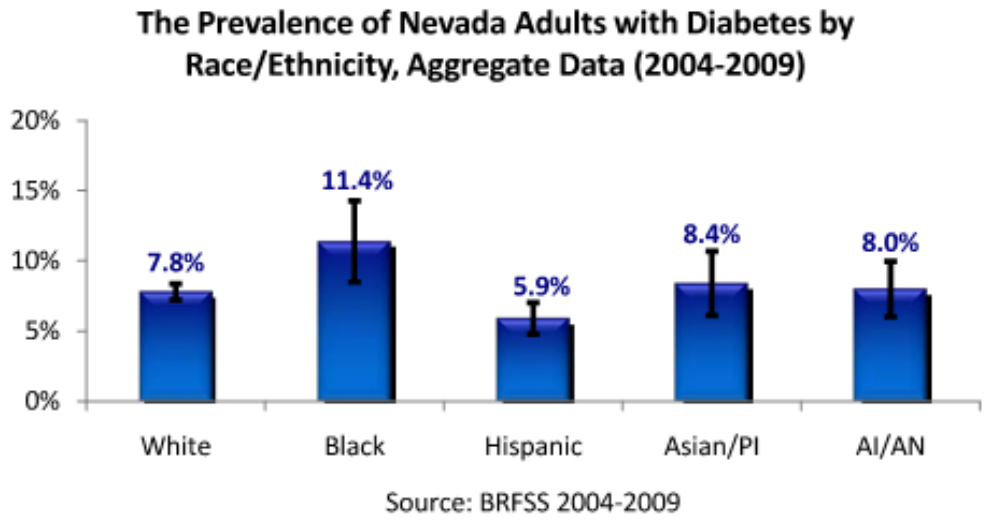
Figure 2



Source: YRBS 2009

Figure 3 presents aggregated 2004-2009 Behavioral Risk Factor Surveillance System (BRFSS) data by racial/ethnic group. Black non-Hispanics had the highest estimated diabetes prevalence of any racial/ethnic group in Nevada at 11.4%. Asians/Pacific Islanders had the second highest estimated prevalence at 8.4%, followed by American Indians/Alaskan Natives at 8.0%. White non-Hispanics are at 7.8%, while Hispanics were at 5.9%.

Figure 3



Another dynamic to consider, with Type 2 diabetes is the cost of medical treatment, more specifically, in-patient hospitalizations. Figure 4 illustrates average hospital in-patient and outpatient charges for 2007/2008 by facility type:

Figure 4
AVERAGE HOSPITAL CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS*

	Emergency Room		Hospital Outpatient		Hospital Inpatient		Avg. Number of Inpatient Visits Per Patient	
MARKET	2007	2008	2007	2008	2007	2008	2007	2008
Las Vegas	$2,085	$2,224	$8,831	$8,443	$89,195	$98,961	1.77	1.92
Reno	1,024	913	4,263	4,127	61,530	60,329	1.50	1.51
Nevada	1,903	2,094	7,217	7,128	76,579	85,627	2.04	1.89
U.S.	$1,651	$1,854	$4,673	$5,196	$49,870	$52,730	2.20	1.90

* Data reflect the charges generated for Type 2 diabetes patients by the facilities that delivered care. The data also reflect the average amounts charged in Type 2 diabetes patient claims, NOT the amount the claim paid.

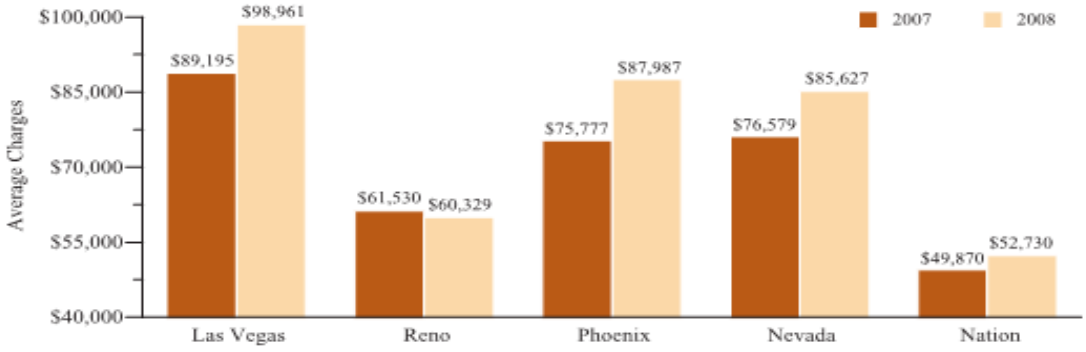
Non-governmental, for-profit hospitals nationally have significantly higher average inpatient total charges, as compared with other hospital types (such as government-operated and private, not-for-profit hospitals). Nationally, only 19.8% of hospitals are non-governmental, for-profit; in Las Vegas, the ratio is 61.6%

Source: SDI 2009; Managed Care Digest Series: Nevada Health Care Coalition, Nevada Medical Industry Coalition

Figure 5 shows average hospital <u>in-patient</u> charges for 2007/2008.

Figure 5

AVERAGE HOSPITAL INPATIENT CHARGES PER YEAR FOR TYPE 2 DIABETES PATIENTS*



Source: SDI 2009; Managed Care Digest Series: Nevada Health Care Coalition, Nevada Medical Industry Coalition

Based on the overall findings, Nevada must continue to provide community outreach in both urban and rural areas by coordinating educational services and activities with the focus/goal of achieving a greater impact in the minority and most vulnerable populations in the State of Nevada. Increased awareness, education, treatment and a pro-active approach for those at risk and those already diagnosed may greatly impact their quality of care and reduce their risk of developing diabetes. Also, much of this may well be accomplished with the involvement of our collaborative partners. Education is not only directed at those receiving education and treatment for diabetes, but also to educate those providing these services in raising the awareness and rendering a more culturally and linguistically competent care to their patients/consumers in combination with the fitting treatment.

REFERENCES

1. *Strategic Plan to Reduce the Burden of Diabetes in Nevada – 2011-2015*; Nevada State Health Division, Bureau of Child, Family and Community Wellness, Nevada Diabetes Prevention & Control Program in partnership with Nevada Diabetes Council

2. *Nevada Type 2 Diabetes and Stroke Report 2009*; Managed Care Digest Series; The Nevada Health Care Coalition; Southern Nevada Medical Industry Coalition

3. World Health Organization; *www.who.int*

REORGANIZATION 2010

Since the establishment of NOMH in 2005, community leaders have sought funding and support to assure the activities and improvements in healthcare for minorities would be accomplished. Unfortunately, due to severe economic conditions and diminishing resources, NOMH has been unable to fulfill the goals and objectives in a manner satisfactory to the minority community. Recently, due to the loss of *all* state General Funds in March 2010, NOMH's activity has been limited, particularly in Southern Nevada.

On December 9, 2010, the Nevada State Health Division coordinated a Memorandum of Understanding (MOU) with the Office of the Governor, Consumer Health Assistance (GovCHA). The purpose of this MOU was to transfer the responsibility of NOMH to GovCHA. (MOU – Appendix A).

The rationale behind this move is to help facilitate additional resources, renew community interest and improve outreach. GovCHA intends to assist with facilitation of increased activity and expansion of NOMH's mission throughout the state by combining the resources and collaborations developed by the two entities. Because GovCHA is located in Las Vegas, the move will provide greater exposure for NOMH in the Vegas Valley and rural areas of Southern Nevada. (To better understand the purpose and mission of GovCHA – refer to Appendix B.)

Coordination between the two programs will occur as follows:

- GovCHA and NOMH have shared missions of information, education and advocacy regarding health concerns. While the two programs will retain their own identities, this information, education and advocacy will be greatly expanded to more fully include minority populations throughout the state as the two programs work with the NOMH Advisory Committee and the community organizations represented.
- GovCHA is taking the lead in regard to consumer information, education and advocacy for health care reform. Health care reform is critically important and will specifically impact minority communities. GovCHA is in receipt of the first Consumer Assistance Program (CAP) grant (federal funding for health care reform), which will be an on-going and integral part of the Health Care Exchange. This will allow GovCHA to build into future funding, critical pieces which will enhance the ability of both organizations to reach and advocate for minority populations in regard to access to care and correction of health disparities under the new federal guidelines.
- Currently, GovCHA has added a language line to facilitate 240 languages and dialects for verbal and written translation. This will enhance the ability of GovCHA and NOMH to communicate with minority communities.

- Built into the GovCHA health care reform grant is funding to provide cultural competency training. Targeting for that training will be designed through the NOMH Advisory Committee.
- Part of the Health Care Reform grant provides funding for rural outreach and education. This will improve access to the extremely underserved minority communities in the rural areas.
- Already established GovCHA partnerships and collaborations will enhance the advocacy for minority communities in regard to health disparity issues – i.e. GovCHA's established relationship with the Nevada Hospital Association; the Nevada State Board of Medical Examiners; Nevada Medical Society; DHCFP/Medicaid; Access to Healthcare Network; as well as numerous community organizations with which GovCHA regularly interacts. At the same time, already established relationships that NOMH has developed with the Health Division, Southern Nevada Health District and Washoe County Health Department, and numerous health related organizations will enhance GovCHA's reach into the community.
- Much of what GovCHA has traditionally done has been advocacy for underserved populations – including access to care issues which are prevalent in the minority communities. Transitioning NOMH to GovCHA will allow a stronger connection to more fully meet the needs of these communities.
- The NOMH Advisory Committee will bring insights to GovCHA staff in regard to how to better meet minority service delivery needs; access to care needs; advocacy gaps, etc. so that GovCHA is more fully able to respond to these specific areas of concern.

DHHS has requested a bill – AB519, which accomplishes the transition of NOMH to GovCHA and moves GovCHA and NOMH into the Director's Office of the Department. It makes a very clear distinction between the two programs but places the supervision and responsibility for both programs with the Governor's Consumer Health Advocate.

Nevada continues to struggle with high unemployment, which makes it even more difficult for minorities to access health care. Health disparities escalate during difficult economic conditions, making the work of NOMH more important and relevant than ever.

The focus of the federal grant is Diabetes education and intervention. OMH is working collaboratively with the State Health Division's Diabetes Prevention Program to facilitate the outcomes required by the grant. There are also additional Diabetes Self Management Programs with which NOMH will interact. Both the Interim Director (Chair) and the NOMH Program Manager now serve on the statewide Chronic Disease Self Management.

2011 ADVISORY COMMITTEE- INTERNAL RECOMMENDATIONS

Moving forward, the following are the criteria held to be essential by the NOMH Program and its Advisory Committee:

- NOMH must maintain a separate, high profile identity
- NOMH must "brand" itself to become more fully recognized throughout the state
- NOMH will maintain and operate its functions by means of the current federal funding, with assistance from GovCHA staff
- Additional funding must be sought to assure sustainability for the NOMH program
- The NOMH Advisory Committee will revisit the current By-Laws and make necessary adjustments to assure the program is managed utilizing non-discriminatory processes, and roles and responsibilities are clearly outlined for the Advisory Committee and community partners
- Outcomes resulting from the current Federal grant activities will be closely monitored through an established Evaluation component, managed by an outside entity

STATEWIDE OMH ACTIVITY RECOMMENDATIONS

- Encourage Schools of Medicine and other allied health programs to include cultural competency/CLAS standards as part of their training curriculum

- Encourage providers and hospital systems participating in the Medicaid/Medicare reimbursement program to mandate cultural competency training as a prerequisite for approval prior to enrollment

- Encourage health insurance companies to cover Language Access Services (LAS) as part of medical coverage plans

- Encourage cultural competency training for new Nevada Medicaid and Nevada Check Up providers and include on the Provider Enrollment Application

- Encourage providers receiving federal funding, particularly those under CMS, to collect race and ethnicity data in a format consistent with National Office of Minority Health guidelines to ensure adequate and accurate tracking and monitoring of health disparities for racial and ethnic minorities

APPENDIX A

STATE OF NEVADA

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director

RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

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MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN
GOVERNOR'S OFFICE FOR CONSUMER HEALTH ASSISTANCE
AND
NEVADA STATE HEALTH DIVISION

This Memorandum of Understanding is made and entered into between Governor's Office for Coonsumer Health Assistance (GovCHA) and the Nevada State Health Division (NSHD).

WHEREAS, GovCHA is an integral part of the Office of the Governor; and

WHEREAS, NSHD is a public agency with jurisdiction over all public health matters within Nevada; and

WHEREAS, GovCHA hereby agrees to serve as the focal point for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities by incorporating the Office of Minority Health (OMH) within GovCHA.

WHEREAS, OMH according to the guidelines outlined by the Centers for Disease Control (CDC) is responsible for improving the health of racial and ethnic minority populations through the development of policies and programs that address disparities and gaps.

Therefore, it is mutually agreed between the parties as follows:

1. OMH will be removed from the NSHD and be placed within GovCHA.
2. GovCHA will now administer all grants awarded to OMH.
3. Any and all costs associated with the transfer of OMH from NSHD to GovCHA will be covered by OMH.
4. Each party to this agreement shall be responsible for its own acts and omissions and officers, employees and agents. No party to this agreement shall be responsible for the acts or omissions of entities not a party to this agreement. Neither party to this MOU agrees to release, hold harmless, or indemnify the other party from any liability that may arise from or related to the document.
5. Each agency shall be responsible for its expenses incurred during activation of this MOU.
6. This document shall become effective when GovCHA and NSHD sign this memorandum. The terms of this understanding may be modified in writing upon the consent and signature agreement of both parties. This understanding may be terminated immediately by OMH at any

any time by giving written notice to GovCHA. GovCHA may terminate this agreement by written notice to NSHD at least 60 days in advance of the effective date of termination. In the event of termination, all equipment, related records, and/or other materiel generated in furtherance of this agreement are property of NSHD and shall be returned to NSHD prior to expiration of this agreement.

7. The persons executing this MOU on behalf of their respective entities herby represent and warrant that they have the right, power, legal capacity and appropriate authority to enter into this agreement on behalf of the entity for which they sign.

Richard Whitley
Administrator
Nevada State Health Division

12/7/10
Date Signed

Marilyn Wills
Interim Director
Governor's Office for Consumer Health Assistance

12-8-10
Date Signed

APPENDIX B

OFFICE OF THE GOVERNOR, CONSUMER HEALTH ASSISTANCE (GovCHA)

Overview and Mission

GovCHA has been a critical point of contact for healthcare consumers and providers since 1999, when it was established by the Nevada Legislature. Pursuant to NRS 223.500, the GovCHA mission is: to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, and to advocate for and educate consumers and injured workers concerning their rights and responsibilities under various health care plans and policies. This education and advocacy is provided to those who have insurance through an employer, managed care, individual health policies, ERISA, Worker's Compensation, Medicare, Medicaid, or are enrolled in other public health programs and/or discount medical plans. Assistance is also provided to the uninsured and underinsured.

State and federal legislators, and many community based organizations frequently call upon GovCHA to assist their constituents with health care related concerns. These requests have escalated from 9,441 in 2009 to 15,087 in 2010, undoubtedly related to the economic decline. Increasing numbers of consumers contacting GovCHA indicate multiple crisis points: loss of employment; foreclosures; and a loss of or inability to access insurance coverage, which in turn causes illnesses to go unattended and escalate in severity. Many others simply find that they are unable to resolve problems and complaints on their own, are "lost within the system" and have experienced high levels of frustration prior to contacting GovCHA. (How GovCHA is managing the volume will be discussed later in this document under the "Essential Services Model", found on page 14).

Synopsis of GovCHA's Legislative History	
Senate Bill 37 (NRS 223.500) (1999)	"Privatized the State Industrial Insurance System," which created GovCHA.
Senate Bill 573 (NRS 223.575) (2001)	Transferred the "Office for Hospital Patients" from Nevada Business and Industry (B&I) to GovCHA and renamed the program "Bureau for Hospital Patients" (BHP). By statute, BHP provides assistance with hospital and associated provider billing disputes.
Assembly Bill 236 (NRS 223.535) (2003)	Mandates assistance to Nevadans who cannot afford to pay full costs for medications, as well as access to free medications for those eligible. www.RXHelp4NV.org was established to streamline this initiative, and an agency website was developed, www.govcha.state.nv.us .
Assembly Bill 79 (NRS 223.580, 4) (2003)	Mandates EXTERNAL REVIEW of final adverse determinations made at managed care organizations, health maintenance organizations and certain insurers. The External Review Organizations (ERO) are certified by the Division of Insurance.

To facilitate information and advocacy, this office provides specific assistance in the following categories:

1. **Bureau For Hospital Patients (BHP)**:
    a. Resolve hospital billing disputes
    b. Audit hospital charges
    c. Review and address quality of care complaints
    d. Review and resolve physician and/or ancillary service billing disputes, to include non-contracted provider balance billing
    e. Negotiate charity and/or discounts, relevant to payment arrangements

2. **Workers Compensation (WC):**
    a. Explain rights and responsibilities to injured workers; assist them through the WC process
    b. Contact insurance carriers to address claims issues
    c. Prepare and file appeals
    d. Inform and educate employers, providers, trade unions on WC process
    e. Refer to regulatory agencies for non-compliance, as appropriate

3. **General Medicaid – Social Programs/Uninsured:**
    a. Review potential eligibility for Medicaid and/or NV Check-up (S-CHIP) programs
    b. Assist with appeals, enrollment errors, billing errors, dispute resolution
    c. Facilitate access to health care, including vision/dental
    d. Explore potential Community resources i.e. housing – food – utility assistance
    e. Assist with Social Security disability applications
    f. Serve as a liaison between consumer and federal/state/county agencies
    g. Provide insurance referrals, as need is indicated

4. **Managed Care / Fully Insured / Self Funded (ERISA)**:
    a. Provide information and clarify benefits
    b. Investigate benefit denial appeals, level of payments, enrollment denials
    c. Review billing disputes, to help resolve billing errors, payment arrangements, reductions/discounts, and charity applications
    d. Provide COBRA information to explain benefits, enrollment denial appeals, resources for conversion policies
    e. Review Medicare enrollment issues for clarification of benefits, claims denial appeals, assist consumers with choosing Part D plans during open enrollment
    f. Review quality of care complaints, including those regarding care provided by a hospital, physician, nurse or caregiver.

5. **External Review:**
    Nevada Revised Statutes (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."*

NRS 695G.012 "Adverse determination" defined. "Adverse determination" means a determination of a managed care organization to deny all or part of a service or procedure that is proposed or being provided to an insured on the basis that it is not medically necessary or appropriate or is experimental or investigational. The term does not include a determination of a managed care organization that such an allocation is not a covered benefit.
(Added to NRS by 2003, 779)

The reviews are conducted by External Review Organizations (ERO) certified by the Nevada State Division of Insurance. The ERO is a network of medical experts that reviews the health plan's denial of services.

Eligibility for an External Review:

- The consumer or the provider must have received a final adverse determination as a result of the health plan's internal utilization review appeal procedures.
- The cost of the medical service must be $500 or more. (This minimum cost is eliminated with Health Care Reform in July 2011).
- The insured is eligible if the managed care organization fails to render a decision within the period required as described in the health care plan documents.
- The insured is eligible if the managed care organization submits the adverse determination to the ERO, without requiring the insured to exhaust all procedures set forth in the health care plan for reviewing the adverse determination.

6. **Access to Care:**

A major reason people call GovCHA is to seek assistance with health care coverage. According to the latest *Kaiser Commission on Medicaid and the Uninsured 2008-2009 Report*, **22.1%** of all non-elderly Nevadan's lack health insurance. That percentage grows to **24.6%** if you exclude those who have medical coverage from public programs. Only three other states have higher rates of uninsured when you consider public programs as insurance - Florida (25.3%); New Mexico (25.7%); and Texas (28.1%). The national average is 18.1%. Budget deficits and low property tax revenues in Nevada point to the possibility of increased cuts to public programs which will further exacerbate this problem.

7. **Prescription Drug Assistance:**

http://www.rxhelp4nv.org/ is a program that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer. The mission is to increase awareness of an enrollment in existing patient assistance programs for those who may be eligible. http://www.rxhelp4nv.org/offers a single point of access to public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. For those consumers without computer access, GovCHA provides the forms directly to the consumer.

8. **Health Care Reform** :

Systemic changes in health care are currently taking place as a result of implementation of the first phases of the federal Patient Protection and Affordable Care Act (PPACA) of 2010.

These changes are affecting individuals, employers, insurers, government, community and non-profit medical programs and health care providers. Even if executed as written, the majority of the components of this bill will not be implemented until 2014, and some elements continue to phase in as late as 2020. Congress has demonstrated a renewed energy to delete, change or modify the legislation during the next session.

As such, there is a significant, mounting need for qualified advocates to ensure consumers are well informed regarding their rights and responsibilities under these new provisions. Additionally, it is paramount that individuals are educated about services and resources available to them, in the event they encounter problems. This need will increase exponentially as the PPACA continues to roll out, is reworked by Congress and moves forward. GovCHA was awarded a federal grant, described later in this document, to advocate for and educate Nevada consumers about the changes (see page 18 for details).

****For the complete report, go to www.govcha.state.nv.us and click on the 2010 Executive Report.**