



**State of Nevada
Office for Consumer Health Assistance**

**Janise Wiggins
Governor's Consumer Health Advocate**

AGENDA

- OCHA HISTORY
- OCHA SERVICES & STAFFING
- REFERRAL PROCESS
- FY 15 – CASE VOLUME & SAVINGS
- TYPES OF CASES REFERRED TO OCHA
- OCHA AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA)
- EXAMPLES OF NOTABLE OCHA CASES

OCHA HISTORY

Established: 1999 (NRS 223.500)

– Workers Compensation privatization

2001 – Bureau for Hospital Patients (NRS 233.575)

2003 – www.RxHelp4NV.org (A.B. 236)

– External Review (A.B. 79)

2005 – Contact information on hospital admission, discharge, and workers' compensation forms. (NRS 449.730 & NRS 616.460)

– Hospitals must have and post discount policy in waiting room

– Prescription drugs from Canadian pharmacy

2010 – ACA Consumer Assistance Program CCIIO Grant

2015 – Silver State Health Insurance Exchange Navigator Grant

OCHA SERVICES

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.

OCHA Programs

- **Workers' Compensation (WC)**
 - Assist injured Nevada employees in understanding their rights and responsibilities (not legal representation)
- **Bureau for Hospital Patients (BHP)**
 - Final Determination (may hear, mediate, arbitrate or resolve by alternative means of dispute resolution)
- **Consumer Health Assistance (CAP)**
 - Assist Nevadans in need of coverage under a health care plan, prescription drug program, or information to dispute billing related to his or her medical claims
- **Medicaid/Medicare**
 - Interface with DWSS, DHCFP (State level) and CMS (Federal level)
- **External Independent Review Appeals**
 - > assigned to External Review Organizations (ERO)

OCHA Staffing

- 2 - Intake/Administrative Assistants
- 3 - Navigators (5 as of 5/1/2016)
 - (Las Vegas, Elko, Reno/Carson City)
- 1 - Management Analyst
- 6 - Ombudsmen/Advocates
- 1 - Governor's Consumer Health Advocate

REFERRAL PROCESS

Intake – Referrals should begin with GovCHA’s intake unit (702) 486-3587 or 1-888-333-1597.

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

Case Assignment – Cases are generally assigned by ombudsman specialty.

Documentation – Consumer should be made aware to provide GovCHA with copies of documents pertinent to their case: bills, EOBs, medical records, determination letters, any other correspondence.

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

PAPERWORK

STATE OF NEVADA
GOVERNOR'S CONSUMER HEALTH ADVOCATE
 OFFICE FOR CONSUMER HEALTH ASSISTANCE
 BUREAU FOR HOSPITAL PATIENTS
 OFFICE OF MINORITY HEALTH
 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101
 (702) 486-3587 - Toll Free (888) 333-1597 - Fax (702) 486-3586
 www.GovCHA.nv.gov E-mail: cha@govcha.nv.gov

FOR OFFICE USE ONLY

GovCHA CASE # _____

CCIO CASE # _____

SCANNED BY: _____ GAS: _____

REQUEST FOR ASSISTANCE

PLEASE NOTE - THIS OFFICE DOES NOT PROVIDE FINANCIAL ASSISTANCE

PLEASE READ CAREFULLY - Before you file a Request for Assistance with the State of Nevada Governor's Consumer Health Advocate, Office for Consumer Health Assistance, Bureau for Hospital Patients, Office of Minority Health ("GovCHA"), you should first contact your health insurance company/hospital, in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, and sign the attached "Consent/Authorization for the Use and Disclosure of Protected Health Information - Confidential Information" form, and mail to the address on this form. Attach copies of any pertinent documents that relate to your Request for Assistance. I understand that a copy of this Request for Assistance form may be provided to the health plan/worker's compensation plan.

IT IS THE POLICY OF GovCHA TO WITHDRAW FROM PROVIDING ADVOCACY SERVICES IF THE CONSUMER IS REPRESENTED BY AN ATTORNEY. WE MAY STILL BE ABLE TO PROVIDE INFORMATION/EDUCATION WITH RESPECT TO YOUR ISSUE BUT WE CANNOT PROVIDE ADVICE, OR ADVOCACY SERVICES.

Are you currently represented by an attorney for this issue? YES _____ NO _____

Is a lawsuit currently on-going or pending? YES _____ NO _____

NAME _____ SOCIAL SECURITY # (LAST FOUR) XXX-XX-____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE # _____ ALTERNATE PHONE # _____

E-MAIL _____ DATE OF BIRTH _____

HOW DID YOU HEAR ABOUT THIS OFFICE? _____

IF YOU WERE REFERRED BY A STATE OR FEDERAL AGENCY, WHICH AGENCY? _____

The questions below provide the Federal Government with information to improve services.

AGE _____ GENDER _____ ETHNICITY _____ EDUCATION LEVEL _____ MARITAL STATUS _____

EMPLOYMENT STATUS _____ EMPLOYER _____ SIZE OF EMPLOYER (SM, MED., LG) _____

SPOUSE'S EMPLOYMENT STATUS _____ SIZE OF SPOUSE'S EMPLOYER (SM, MED, LG) _____ SELF-EMPLOYED? YES _____ NO _____

HEALTH CONDITION? _____ IF "YES", SPECIFY CONDITION _____ HAS THERE BEEN A CHANGE IN YOUR INCOME IN THE PAST YEAR? _____

INCOME SOURCE _____ MONTHLY INCOME \$ _____

HOW MANY PEOPLE DOES YOUR INCOME SUPPORT? _____ ARE YOU A VETERAN? _____

If a consumer is represented by an attorney, it is OCHA's policy to withdraw from any advocacy services. We can still provide information and education to the consumer.

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Demographic information is collected for reporting to the Federal Consumer Assistance Program administrator.

CIRCLE AND COMPLETE THE CATEGORY THAT BEST DESCRIBES YOUR ISSUE:

Workers' Compensation

Medicare/Medicaid

Insurance

Hospital Billing

Physician Billing

Uninsured

Other (please specify)

Body part: _____
 Third Party Administrator: _____
 Claim #: _____
 Employer: _____
 ID #: _____
 Health Plan (Ex: Senior Dimensions, Humana) YES ___ NO ___ Don't Know ___
 Advantage Plan: _____
 Phone #: _____
 ID#: _____
 Contact Name: _____
 Copy of all bill(s) _____
 Provider of healthcare services: _____
 Copy of all bill(s) _____
 Have you been uninsured? ___ Year(s) ___ Month(s) _____
 Any City, County, or State resources, to date? YES ___ NO ___
 (X) _____

CONCERN: (ADD ADDITIONAL PAGES IF NECESSARY)

DO YOU WANT TO BE A FAIR RESOLUTION TO YOUR ISSUE/CONCERN?

(Please print name and address of designated representative)
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Email: _____
 Date: _____
 Signature of Representative: _____
 Signature of Consumer: _____
 Date: _____

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Additional details requested which will expedite the Ombudsman's ability to assist the consumer.

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FOR OFFICE USE ONLY
 GOVCHA CASE # _____
 CEHD CASE # _____
 SEARCHED BY: _____ INDEXED: _____

CONSENT/AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
 CONFIDENTIAL INFORMATION

I, _____, authorize the release of any protected information and/or confidential health information from my health plan (insurer), physician, hospital, third party administrator, utilization management company or any other health care provider or entity related in any way to my "Request for Assistance" to be released to the State of Nevada Governor's Consumer Health Advocate, Office for Consumer Health Assistance, Bureau for Hospital Patients, Office of Minority Health ("GovCHA"). Further, I authorize the GovCHA to release such information as it may deem necessary to resolve my "Request for Assistance" including, but not limited to, releasing such information to other government agencies, health care providers, representatives of my insurer, health care or insurance experts, or others.

I understand that this authorization is effective immediately and that I may revoke this authorization within five (5) days by written notice to GovCHA and my health plan (insurer), physician, hospital, third party administrator, utilization management company or any other health care provider or entity. Exception to this right is if action has already been taken as a result of this authorization. This release is effective for one year from the signature date. I further understand that I may inspect or copy the information used or disclosed.

I realize this is a required consent and I understand that I may discuss any information Protected Health Information in the future to bring any legal action directly or indirectly by the Health Insurance Portability and Accountability Act of 1996.

This authorization expires on: _____ (one year from signature date)

I AUTHORIZE GovCHA TO SPEAK WITH MY DESIGNATED REPRESENTATIVE BELOW (Family Member, Friend, Legal Representative) ABOUT MY CASE:

Printed name of Designated Representative _____ Personal Representative's Signature _____ Relationship _____

Personal/Designated Representative's phone number: _____

Signature of Consumer _____ Date _____

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If a consumer would like GovCHA to speak with a representative/designee about their issue, the representative **must** complete and sign this portion of the HIPAA form.

This page of the Request for Assistance packet should be completed by the consumer ONLY if they have health coverage and are looking for assistance with an appeal or any other issue with their health plan.

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APPOINTMENT OF GovCHA AS AUTHORIZED REPRESENTATIVE
 (Complete this form ONLY if you are insured.)

NAME _____ GovCHA CASE # _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 PRIMARY PHONE # _____ ALTERNATE PHONE # _____
 NAME OF HEALTH PLAN _____ PHONE # _____ CLAIM # _____
 POLICY/GROUP ID # _____ MEMBER ID# _____

I, hereby, appoint the State of Nevada Governor's Consumer Health Advocate, Office for Consumer Health Assistance, Bureau for Hospital Patients, Office of Minority Health ("GovCHA") to act as my representative in requesting a reconsideration of a coverage/claim denial made by the aforementioned health plan. I authorize GovCHA to make the appeal request, present or elicit evidence, to obtain appeals information, and to receive any notice in connection with my appeal. I understand that personal medical information related to my appeal may be disclosed to this person. NRS223.500

Signature of Consumer _____ Date _____

FOR OFFICE USE ONLY

Appointed Representative _____ Above appointment accepted by GovCHA? YES NO
 Signature of Appointed GovCHA Representative _____ Date _____

FY 15 – CASE VOLUME

TYPE of Data Collected	Value (# or \$)
Total # Calls Received	14,231
Total # of Walk-ins	490
Total # of Case Opened	2,140
Total Documented Savings to Consumer	\$3,375,270.25

FY 15 - ACA Enrollment Facilitation

Assisted approximately 600 individuals/families

TYPES OF CASES REFERRED TO OCHA

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

FY15 - Most Frequent Case Types

- Private Insurance Carrier Appeals and Grievances
- Hospital and Provider Billing
- Medicaid
- Medicare
- Uninsured in need of medications for chronic illness (physical or mental condition)
- Injured worker not receiving care or benefits
- Veteran or dependent in need of care

FY 15 - Common Illnesses Case Types

Illness/Disease	# of Cases Disclosed
Back/Neck/Orthopedic Problems	303
Injury/Pain/Workers Comp	263
Mental/Behavioral Health/Substance Abuse	204
Cancer/Leukemia/Tumor	202
Diabetes	162
Dental	114
Respiratory Disease (Asthma, COPD, Pneumonia, etc)/Lung Transplant	111

THE AFFORDABLE CARE ACT

OCHA & Nevada Health Link

- Beginning 5/1/2015 OCHA received a Navigator Grant for Outreach and Enrollment
- www.NevadaHealthLink.com redirects consumers to www.Healthcare.gov, an on-line marketplace:
 - Individuals, families, and small employers
 - Enables consumers to review benefits, compare plans, and enroll/purchase health insurance coverage
 - Advanced Premium Tax Credits and Cost Sharing reductions for commercial insurance
- Eligible consumers can also apply for:
 - Medicaid and Nevada Check Up (CHIP)
- **NEXT OPEN ENROLLMENT NOVEMBER 1, 2016 THROUGH JANUARY 31, 2017.**

Examples of Notable Cases

- A 15-year old, uninsured child was referred to OCHA in need of a heart transplant. The family was desperate, without insurance or funding, and had no knowledge of community resources. Intervention resulted in approval for Medicaid. Consumer received a cardiac defibrillator/pacemaker, which successfully extended their life.
- Consumer was admitted to hospital from local physician's office for surgery. Hospital was not contracted with consumer's health plan leaving the consumer a large balance due. After review, the hospital agreed to adjust the balance and the consumer saved \$28,130.

Examples of Notable Cases

- A 75-year old senior was undergoing aggressive chemotherapy, and contacted OCHA about a Social Security overpayment that occurred at no fault of consumer, after death of spouse. Consumer had filed multiple hardship exceptions with no response from Social Security. OCHA contacted Social Security, and was able to secure a waiver for the remaining portion of the overpayment.
- Consumer had mastectomy due to breast cancer and reconstructive implant. Insurance expired soon after surgery, then implant began leaking. Insurance initially refused coverage. Due to repeated OCHA intervention, the repair was finally approved.



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702-486-3587
TOLL FREE – 1-888-333-1597
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E-MAIL ADDRESS: cha@govcha.nv.gov
WEB SITE: <http://dhhs.nv.gov/Programs/CHA/>
THANK YOU!