

BRIAN SANDOVAL
Governor



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January 31, 2012

Governor Brian Sandoval
State Capitol Building
101 N. Carson Street
Carson City, NV 89701

Dear Governor Sandoval:

Attached you will find the 2011 Office for Consumer Health Assistance, Governor's Consumer Health Advocate (GovCHA) Executive Report per NRS223.575.2(c).

2011 was a year of change for this program, given the legislation that moved GovCHA from the umbrella of the Governor's Office into the Director's Office of the Department of Health and Human Services and incorporated the Office of Minority Health into our organization.

It has also been a year of much activity related to the economy. More and more often, this office comes in contact with people who are struggling and frustrated. I believe our report will demonstrate the critical need for consumer advocacy in regard to health care issues.

Please contact me if you have questions or concerns.

Respectfully,

A handwritten signature in blue ink, appearing to read "M. Wills", written over a light blue rectangular background.

Marilyn Wills
Governor's Consumer Health Advocate

cc: Ann Wilkinson
Mike Willden
Lorne Malkiewich



**Department of Health & Human Services
Director's Office
Governor's Health Care Advocate
EXECUTIVE REPORT
2011**



The health care environment in Nevada and the U.S. is at a crisis point. There is general agreement that the system, whether by means of the Affordable Care Act, or other mechanisms, must and will change. Consumers require assistance, information and advocacy to personally manage these changes. Nevadans will seek a trusted partner to provide that guidance – GovCHA.

**Nevada Office for Consumer Health Assistance
Governor’s Consumer Health Advocate (GovCHA)
2011 Executive Report to the Governor**

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Forward

The challenges to stay healthy today are many – economic conditions remain rocky; many Nevadans continue to be unemployed; at least one in five have no health insurance; one in four have lost their homes; and food banks cannot keep up with demands. All of these “social determinants” greatly impact each person's health. Underscoring all of this is a healthcare system which is short on medical providers, complicated, confusing and not always fair or impartial.

The implementation of healthcare reform has begun to modify the system, which has added layers of confusion and anxiety. Conflicting information and constant media attention make it hard for consumers to get the facts and understand the benefits available to them.

For all the reasons stated above, consumer health advocacy has reached a pivotal juncture. Between now and 2014 when the Silver State Health Insurance Exchange (SSHIX) furnishes the opportunity for most Nevadans to seek affordable coverage – over 550,000 Nevadans must be educated about the value, affordability and accessibility of this new opportunity. Most will have never purchased a health insurance product and will be unfamiliar with terminology, concepts, roles and responsibilities.

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.

Per NRS 223.500, GovCHA 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, Self-Funded (ERISA), worker's

compensation, Medicare, Medicaid or are enrolled in other public health programs, and/or discount medical plans. Assistance with locating insurance and/or access to health care resources is also provided to the uninsured and underinsured.

Assembly Bill AB 519 (2011 Legislative Session)

AB 519 modified existing legislation: Existing law (NRS 223.500-223.580) 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 transferred the Office of Minority Health into the Office for Consumer Health Assistance, under the direction of the Governor's Consumer Health Advocate.

AB 146 (2011 Legislative Session)

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. It expanded the definition of a "consumer" to include "a person who is in need of information and/or assistance with understanding health care benefits, patient rights and responsibilities, accessing health care, and/or help with disputes in billing related to medical services".

AB 74 (2011 Legislative Session)

This legislation expands the role of GovCHA with 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):

- a. Hospital billing disputes
- b. Audits of charges
- c. Quality of care complaints
- d. Physician and/or ancillary service billing disputes, to include non-contracted provider balance billing
- e. Negotiation for charity and/or discounts, payment arrangements.

2. Workers Compensation (WC):

- a. Explain rights and responsibilities to injured workers; assist them through the WC process
- b. Contact claims adjusters to address claim issues
- c. Prepare and file appeals
- d. 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. Eligibility for Medicaid and/or NV Check-Up (S-CHIP) programs
- b. Assist with appeals, enrollment errors, billing errors, dispute resolution
- c. Access to health care, including vision/dental
- d. Community resources i.e. housing – food – utility assistance
- e. Assistance with Social Security disability applications
- f. Liaison between consumer and federal/state/county agencies
- g. Quality of Care Complaints: Complaint referrals include those regarding care provided by a hospital, physician, nurse, or caregiver

4. Managed Care / Fully Insured / Self Funded (ERISA):

- a. Information – clarification of benefits
- b. Benefit denial appeals, level of payments, enrollment denials
- c. Billing disputes – resolution of billing errors, payment arrangements, reductions/discounts, and charity applications
- d. COBRA information – explanation of benefits, enrollment denial appeals, resources for conversion policies

- e. Medicare enrollment issues, clarification of benefits, claims denial appeals, assist consumers with choosing Part D plans during open enrollment
- g. Insurance referrals

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)

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

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

6. Access to Care: A leading source of inquiry to this office is in regard to people who have no health coverage (682 - 22% of cases opened). According to the latest Kaiser Family Foundation “statehealthfacts.org” report, **23%** of all non-elderly Nevadan’s have no health insurance. That percentage grows to **26%** 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 – New Mexico (24%); Florida (25%); and Texas (27%). The national average is 16%. Unemployment has greatly limited access to insurance coverage. Additionally State budget deficits and lower tax revenues in Nevada point to the possibility of increased cuts to public programs which will further exacerbate this problem.

7. Prescription Drug Assistance: GovCHA administers the website that that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer. The mission is to increase awareness of and 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 and assistance in locating the appropriate resources.

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

Systemic changes in health care are occurring as a result of the initial phases of the federal Patient Protection and Affordable Care Act (ACA) of 2010. These changes are impacting individuals, employers, insurers, government, community and non-profit medical programs, as well as health care providers. Even if executed as written, comprehensive implementation of the ACA will not occur until 2014 (some elements continue to phase in as late as 2018). Congress continues to demonstrate a desire to delete, change or modify the legislation. The enormously critical question of the “individual mandate” will be decided by the Supreme Court in early spring 2012.

There persists a significant, escalating need for qualified advocates to ensure consumers are well informed regarding their rights and responsibilities under these new, complicated provisions and to assure that individuals are educated about services and resources available to them should they encounter problems. This need will increase exponentially as the ACA continues to roll out. This office has received \$957,222 in federal grants to advocate for and educate Nevada consumers about these changes.

While there continues to be uncertainty about if or how the national approach to health care reform will progress, this office has recorded positive results for components which have been part of the early implementation. These include adult children who have been able to stay on their parents policy until age 26 (previously the age was 19); certain people with pre-existing conditions have now been given access to insurance under the Pre-Existing Condition Insurance Plan (PCIP); and individuals on Medicare or with existing qualified plans have been able to take advantage of preventive tests and options now available at no cost. For more information on these benefits, go to www.healthcare.gov.

GovCHA has been substantively involved in the Nevada planning and implementation process for the Nevada Silver State Health Insurance Exchange

which is the apex of the Affordable Care Act to culminate in January 2014

[Senate Bill 440 – 2011 Legislative Session](#)

GovCHA will maintain a lead role for consumer assistance and will offer guidance and support in regard to the outreach and education component for the “Navigators” which will be part of the Exchange system.

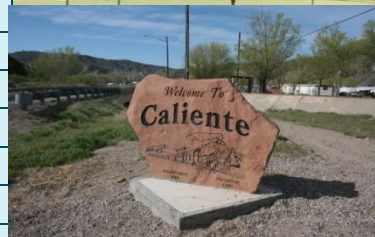
[See the “What is a Navigator?” information attached.](#)

A key component of the ACA funding has been outreach and education to the rural populations around the state. In 2011, GovCHA embarked on its first-ever statewide tour of rural and outlying communities. The purpose of the tours was threefold: to provide information about GovCHA’s services, to disseminate factual information about ACA, and to inform Nevada’s small business owners of the Small Business Health Information and Education Program (SBEP). Frequently, this office found the “hub” of the local community to be the senior center so many of the events were held at these locations.



2011 Rural Tour Locations

<u>Date</u>	<u>Location</u>	<u>Facility Name</u>
3/1/2011	Tonopah	Tonopah Senior Center
3/2/2011	Beatty	Beatty Community Center
3/15/2011	Mesquite	Mesquite Senior Center
3/16/2011	Overton	Moapa Valley Community Center
4/5/2011	Searchlight	Searchlight Senior Center
4/19/2011	Pioche	Pioche Senior Center
4/20/2011	Caliente	Olsen Senior Center
6/6/2011	Yerington	Lyon Food, Fun & Fellowship Senior
6/7/2011	Elko	Elko Senior Citizens Center
6/7/2011	Carlin	Carlin Open Door Senior Center
6/7/2011	Battle Mountain	Lander County Senior Center
6/8/2011	Winnemucca	Senior Citizen's of Humboldt County
6/8/2011	Lovelock	Pershing County Senior Center
6/9/2011	Fallon	Churchill County Senior Center
6/9/2011	Fernley	Fernley Senior Center
6/10/2011	Virginia City	Storey County Senior Center
6/14/2011	Carlin	Nevada Health Centers Carlin Clinic
6/14/2011	Elko	Elko FRC
6/20/2011	Winnemucca	Winnemucca Senior Center



6/30/2011	Crescent Valley	Fannie Komp Senior Center
7/7/2011	Ely	Ely Senior Center
7/15/2011	Yomba	Community Center
7/18/2011	Winnemucca	Winnemucca Senior Center
7/18/2011	Elko	Highland Village of Elko
7/27/2011	Austin	Austin Senior Center
7/28/2011	Elko	Elko Family Resource Center
7/28/2011	Crescent Valley	Fannie Komp Senior Center
7/28/2011	Elko	BrightPath Adult Enrichment Center
8/15/2011	Winnemucca	Winnemucca Senior Center
8/17/2011	Dayton	Dayton Senior Center
8/17/2011	Stagecoach	Stagecoach Community Center
8/17/2011	Silver Springs	Lyon County Human Services and Silver
8/22/2011	Battle Mountain	Battle Mountain Senior Ctr.
8/24/2011	Fallon	Churchill County Senior Center
8/31/2011	Eureka	Eureka Senior Center
9/4/2011	Jarbidge	Jarbidge Trading Post/US Post Office
10/10/2011	Hawthorne	Senior Center
10/11/2011	Schurz - Walker	Elders Center
10/12/2011	Carson City	Ron Wood Family Resource Center
10/15/2011	Battle Mountain	Battle Mountain Civic Center
10/19/2011	Elk	Elko Convention Center
10/19/2011	Elko	Elko Senior Citizens Center
11/8/2011	Ely	White Pine County Library
11/9/2011	Ely	Ely Senior Center
11/10/2011	Eureka	Eureka Senior Center



9. Small Business Health Information and Education Program (SBEP):

The mission of the SBEP is to inform and educate small employers about health care benefit options to enable them to make informed decisions on behalf of their employees. In 2011, GovCHA conducted an outreach tour of rural and outlying communities in which the SBEP participated to inform and educate business owners about available insurance, resources and medical services and how various health care issues affect them. The following is the type of service 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

- For those employers who cannot afford insurance, provide health resources to assist their employees with their healthcare needs (public programs/discounted or sliding scale services)
- Explain the different types of insurance plans available (i.e., HMO, PPO)
- Make 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
- Clarify ACA provisions that will impact small business
- Educate employers on their rights and responsibilities under workers' compensation law
- Encourage 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.

See the 2011 Small Business Executive Report, attached

10. Office of Minority Health:

The Office of Minority Health (OMH) was established by Statutory Authority under NRS 232.467 (2007). The purpose of OMH is to improve the quality of health care services, increase access to health care, and disseminate information concerning health care issues of interest to minority groups. OMH provides a central source of information concerning healthcare services for members of minority groups.



The focus of the federal grant which solely supports OMH is Diabetes, obesity, and overweight education and intervention. OMH is working collaboratively with the Nevada Health Division Diabetes Prevention Program to facilitate the outcomes required by the grant. There are also numerous, additional Diabetes Education and Self-Management Programs with which OMH is collaborating.

While the OMH remains a separate program, GovCHA and DHHS staff provide collective support and guidance.

Essential Services Model

Over the past two years, this office has experienced a significant trend. Not only has the volume of inquiries and complaints continued to rise, but the complications for resolution of each individual circumstance have multiplied due to client loss of employment, insurance, loss or potential loss of housing, and an unfortunate dwindling of resources in the community. Due to these complexities, GovCHA has had to implement an “Essential Services” model of advocacy (June 2010).

The “Essential Service” model defines the consumer “level of service”. The consumer served as a “priority” may be either frail, a member of an underserved population, have numerous barriers to complaint resolution, or have simply been unable to resolve the problem after repeated attempts either by themselves or through the intervention of other organizations.

Consumers who have the ability and resources to accomplish complaint resolution, but who require guidance and direction, will receive written and/or verbal assistance to help them manage the problem. If, after utilizing these tools for self-resolution, the consumer frustration persists and no results are obtained – GovCHA will subsequently advocate on behalf of this consumer. (An example of the “guidance” is found in the [*Financial Hardship – Tip Sheet, attached*](#).

Collaborative Working Partnerships

Client support and intervention can never be a singular effort. Over the years, GovCHA has developed and nurtured relationships and collaborations that provide enormous support and outstanding results in terms of client advocacy. The following list includes the most often called upon of our collaborators:



- Medicaid
- Division of Welfare and Supportive Services
- Mental Health and Developmental Services
- Nevada Hospital Association
- Culinary Union
- Nevada and Clark County Associations of Health Underwriters(NNAHU/CCAHU)
- State Health Insurance Assistance Program (SHIP)
- Rebuilding All Goals Efficiently (RAGE)
- Senior Medicare Patrol (SMP)
- Aging and Disability Services Division (ADSD)
- Access to Healthcare Network (AHN)
- HopeLink
- Help of Southern Nevada
- Salud en Accion (Southern Nevada Health District)
- Family Resource Centers
- Urban League
- Washoe County Social Services
- Clark County Social Services
- Southern Nevada Adult Mental Health
- Social Security Administration (SSA)
- Centers for Medicare and Medicaid (CMS)
- Center for Consumer Insurance Information and Oversight (CCIIO)

The following regulatory agencies work collaboratively with GovCHA 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.

- Department of Business and Industry
- Division of Industrial Relations
- Division of Insurance
- Bureau of Healthcare Quality and Compliance
- Nevada State Board of Medical Examiners
- Nevada State Board of Dental Examiners
- Nevada Office of the Attorney General
- Nevada Equal Rights Commission
- 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 staff to assure that the medical issues brought to the attention of the office are resolved according to the highest medical standards.

Client Intervention

To demonstrate the complex, layered advocacy performed by GovCHA Ombudsmen, below are some examples of cases worked in 2011:

- 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. Client received a cardiac defibrillator /pacemaker on March 7, 2011 which successfully extended his life.
- Client had a mastectomy in May 2010. COBRA insurance expired June 30, 2010. Soon afterward, the breast implant began leaking. Insurance initially refused coverage but 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:
<http://www.insure.com/articles/healthinsurance/mastectomy.html>
- Client afflicted with PKU (Phenylketonuria is a rare condition in which a baby is born without the ability to properly break down an amino acid called phenylalanine) came to this office because she had become pregnant. Her illness required that she have access to specialized food or her baby would likely be born with Down syndrome. Insurance coverage for the specialized food was denied in opposition to her physician’s request. GovCHA intervened with the insurance carrier which was a self-funded plan out of New York. GovCHA researched, provided proof of medical necessity, and assisted client with an appeal. Denial was overturned.
- This office requested an Expedited Appeal regarding coverage denial for treatment of Chronic Myelogenous Leukemia (CML). The costly procedure (a bone marrow transplant) was denied because the disease was deemed a “pre-existing condition” by the insurance company. This involved a relatively young man prior to his diagnosis with CML. Based on his medical records prior to November, there was no pre-testing done to rule out this condition nor was a prior diagnosis given for the condition of CML. The GovCHA Ombudsman assisted with collection of medical information and intervened with the insurance provider. Denial was overturned and client received a successful bone marrow transplant.

- Client came to GovCHA with stage IV colon cancer and was in the middle of chemotherapy. Client's Medicaid benefit ended 7/31/11. The medical provider could not continue services without payment. An additional complexity was that client was without resources to complete an impending, stressful divorce. GovCHA intervention included collaboration with Access to Health Care Network, local medical providers and Legal Aid of Southern Nevada. Consumer was eventually approved for treatment in September 2011.
- GovCHA was contacted in 2011 by Public Employees Benefit Plan (PEBP) consumers who were confronted with the implementation of two new benefit changes: the new Medicare Exchange with Extend Health and a new high deductible PPO plan. These two benefit changes resulted in a great deal of confusion and a loss of benefits for some. GovCHA appealed to the PEBP Board of Directors on behalf of consumers who lost coverage, but after consultation with their legal counsel, the final Board decision was to uphold previous appeal denials. The participants will have the opportunity to make necessary changes during the next open enrollment. GovCHA attempted to assist participants to locate other resources to cover expenses.
- A consumer's family came to GovCHA when the client had been diagnosed to have three weeks to live unless she received the placement of stomach tube. Due to the long-term illness, family resources had been exhausted. Consumer had lost her job, her home and was living with an ex-husband. Client intervention involved collaboration with Access to Health Care Network, a willing medical provider, and a fast-track interface with the Social Security Administration. Client received needed surgery and is now approved for SSA benefits providing a modest income.

Health Related Trends and Concerns

Trending of health care concerns is an important function of this office. People who contact GovCHA for advocacy have generally attempted to resolve their own issues but have run into numerous obstacles. Identifying and acknowledging

these barriers and impediments assists those within the Nevada healthcare system, including hospitals, providers, insurers and regulatory agencies to investigate and improve processes, procedures and policies. Even further, if problems remain unresolved, informing Legislators, particularly the “Legislative Committee on Health Care”, of significant areas of concern allows for the development of appropriate and timely legislation to combat statewide, problematic concerns.

One significant trend continues: progressively, callers have “lost hope” and have layered, complex issues. The severe economic downturn has translated 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. Medicaid reductions nationwide are expected to continue. Medicare and Medicaid medical providers are expecting significant reductions in reimbursements which in turn may mean a reduction in the number of providers willing to provide service to these clients. These and many other extreme health care situations will persist and/or escalate unless and until our economy is back on track.

Additional Trends and Emerging Concerns:

1. GovCHA continues to receive client issues regarding hospital emergency services. These commonly fall into two *familiar* categories:
 - Numerous consumers contacted this office in 2011 because of a visit to a hospital emergency room for which payment was denied by the insurance company as “non-emergent”. Systematic review of these cases indicates a majority of the decisions made by the insurance companies were not in adherence with the Nevada statute regarding a “prudent person” (NRS 695G.170). Negotiations continue with insurance companies to achieve “policy” changes with the insurance providers generating the majority of these complaints.
 - Unpaid emergency room visits continue to be a crisis point for Nevada hospitals. The challenge for the uninsured and/or indigent population continues to escalate as consumers utilize this form of medical treatment

either out of a lack of understanding of resources available for care, or because of a critical lack of affordable medical services. Over the years, GovCHA has been successful in assisting thousands of Nevadans to avoid medical bankruptcy by negotiating charity options, payment settlements, reviewing billing processes and intervening when a discrepancy is found. These actions not only assist the consumer, but also allow the health care provider to avoid legal costs in pursuit of payment, and decrease the amount of bad debt. Education to inform consumers about other potential resources follows the client intervention to prevent repeat scenarios.

2. Due to the emerging population of the “Baby Boomers”, this office is in receipt of a growing number of inquiries and complaints about long term care insurance. These policies tend to be very structured and somewhat limited in scope – information apparently not clearly delineated to the policy owners. This office realizes a critical need to educate and clarify benefits for this expanding population and is collaborating with the Division of Insurance to insure comprehensive, practical information will be made available to help consumers make wise purchasing decisions.
3. Immigrant, non-citizens continue to be a challenge for Nevada and the U. S. Taking the politics out of the situation, Nevada is faced with real people who occasionally require emergent and necessary medical care. Unsurprisingly, lack of health insurance is a major concern facing immigrant populations. According to the October 2011 Kaiser Family Foundation “The Uninsured – A Primer”, of the 17 million low-income non-citizens in the U.S., 52% had no health insurance in 2010. Non-citizens do not qualify for Medicaid.

Below is an example of a recent case handled by this office which demonstrates the types of complexities faced by these populations:

Consumer is a young, undocumented, longtime Nevada resident. She suffered a birthing tragedy at a local, southern Nevada hospital which left her in a vegetative state and her twin children born with health deficits. Because this involved a failure of the hospital and a medical provider to provide acceptable medical attention, legal recourse was sought and eventually made available but only to support the twin children. The

client's family sought assistance from GovCHA in hopes of locating resources for their daughter's care. The family now faces the extraordinarily high cost of on-going, long-term care for a daughter who will never play a part in her children's lives. GovCHA continues to work with the family and local providers to assure a safe and reasonable resolution for this family. Attempts to transfer her to her native country have, to date, been unsuccessful.

4. Heart Check America was a firm promising clients health scans and tests for a ten-year period for a pre-paid amount. It caused confusion and high levels of frustration to Nevada consumers in 2011. Initially, the company sold many contracts but soon closed its doors. Additionally, it was determined that Heart Check America was operating in violation of a provision requiring scans to be authorized by a licensed practitioner of the healing arts (NAC 459.554). GovCHA passed complaints to the Bureau for Health Care Quality and Compliance and the Nevada Attorney General and their offices provided intervention as possible. Unfortunately, clients who pre-paid these contracts will likely not recover their loss. This is one example of a pattern of medical facilities operating without proper licensure and/or outright medical scams to collect money from unknowing consumers.
5. "Balance billing" persists as a significant issue. This scenario involves managed care organizations and the "in network" and "out of network" payment schedules. The difficulties occur when a consumer seeks treatment in an "in network" facility and is seen by an "out of network" provider. In cases brought to the attention of this office, consumers are not made aware of the "out of network" status of the provider until the consumer is notified by the insurance company that payment is made per "out of network" guidelines. The consumer is then billed by the "out of network" provider for the balance of the cost of service. In most cases, the "balance bill" is far in excess of any consumer expectation and has often resulted in consumers facing harsh collection agency tactics.

GovCHA continues to collaborate with the Nevada Attorney General on a case which has gone to the Nevada Supreme Court. This involves a Nevada physician who consistently over a period of years failed to address continued

requests from this office regarding balance billing; unfair collection tactics; and other probable deceptive trade practices.

It is not uncommon that “balance billing” can lead to medical bankruptcy. GovCHA provides client intervention to resolve the billing issues with the insurers and the providers. But further, this office highly encourages increased efforts by the insurance companies to educate their clients regarding the “in and out of network” payment arrangements.

6. GovCHA has been in receipt of increasing inquiries requiring clarification of “Autism” benefits per the recent Nevada legislation. The bill that became law January 1, 2011 requires insurance companies to cover Autism for up to \$36,000 per year: <http://www.leg.state.nv.us/nrs/NRS-689B.html#NRS689BSec0335>.

This office is beginning investigations and research in collaboration with the Division of Insurance and the Nevada Commission on Autism Spectrum Disorders to clarify benefits and assure that those benefits are being made available consistently per the legislative intent.

7. Workers’ Compensation – two trends seem to be emerging: GovCHA is identifying complaints that would indicate some insurance companies are seemingly attempting to direct medical care. This practice is unlawful (**NRS 616B.5273**, **NRS 616B.528** , **NRS 616B.5285**) and creates delays for injured workers.

Most cases are being administered according to the workers’ compensation statutes. However, there are a few cases where injured workers failed to receive appropriate medical treatment because the treating physician was told by a claims adjuster to alter or disregard a treatment plan. Most workers’ compensation cases now have a Nurse Case Manager following up medically, and it appears that these contracted case managers are evaluating cases and contradicting the treating physician’s objective medical findings and recommendations. Further, they are keeping injured workers “out of the loop” with respect to the information being shared between the provider, the nurse case managers and the insurance companies.

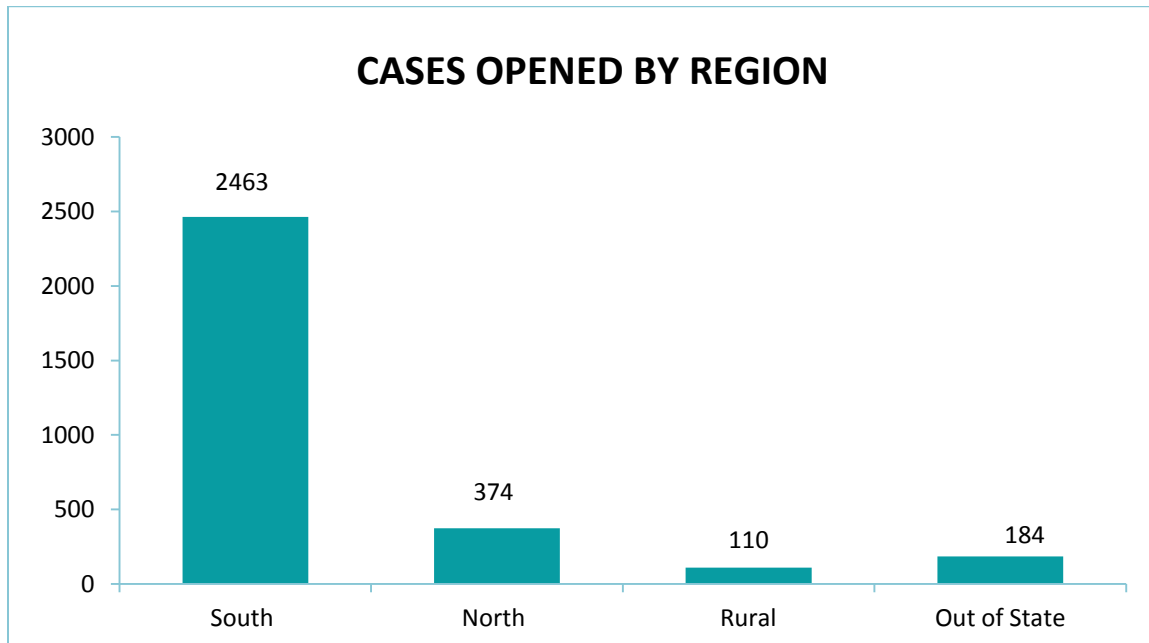
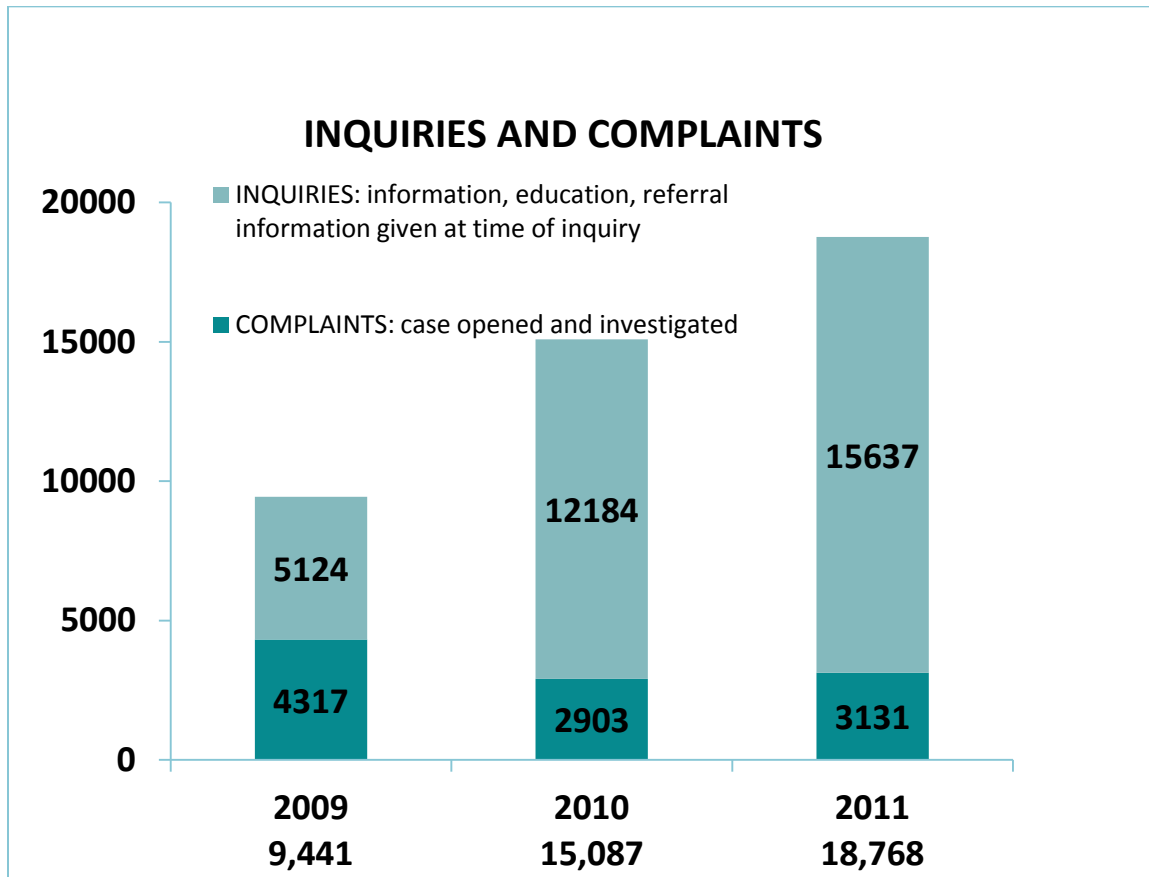
NRS 616B.528 states: “An organization for managed care shall not restrict or interfere with any communication between a provider of health care and an injured employee regarding any information that the provider of health care

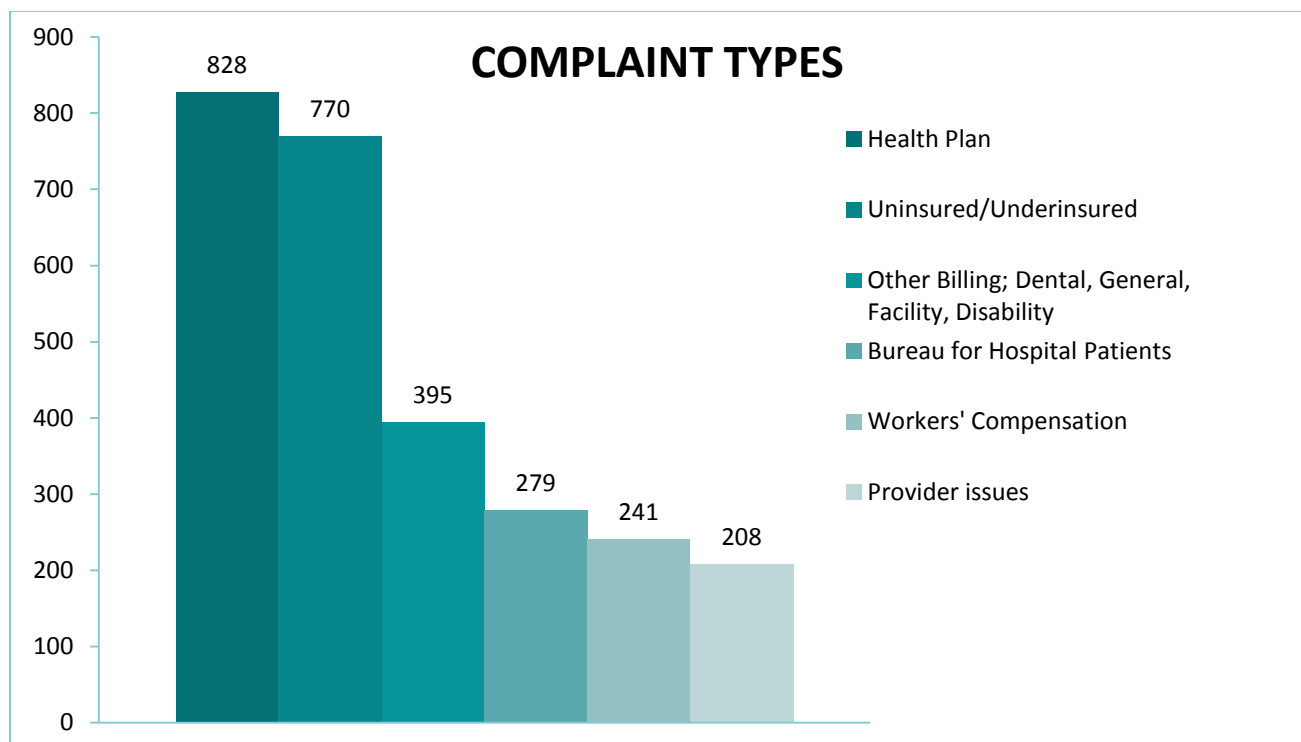
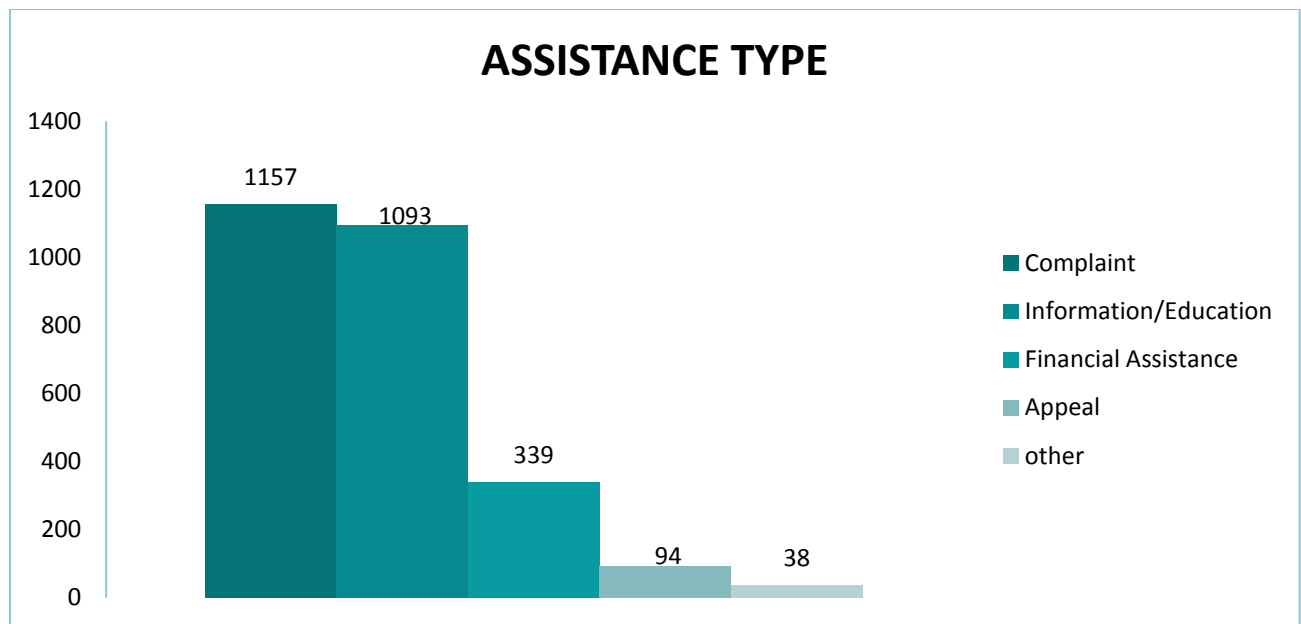
determines is relevant to the health care of the injured employee.” The primary treating physician should have the final determination on the direction of the treatment plan.

GovCHA is finding that many employers are unfamiliar with the workman’s compensation process and do not know what to do when an employee is injured. GovCHA intends, in 2012, to aggressively educate employers about Nevada workers’ compensation processes, procedures, and injured worker’s rights and responsibilities.

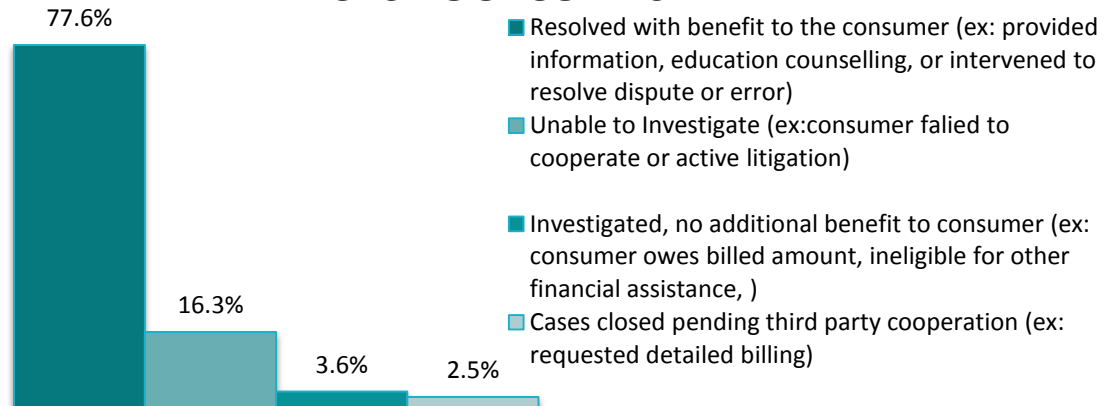
The health care environment in Nevada and the U.S. is at a crisis point. There is general agreement that the system, whether by means of the Affordable Care Act, or other mechanisms, must and will change. Consumers require assistance, information and advocacy to personally manage these changes. Nevadans will seek a trusted partner to provide that guidance – GovCHA.

Statistics:

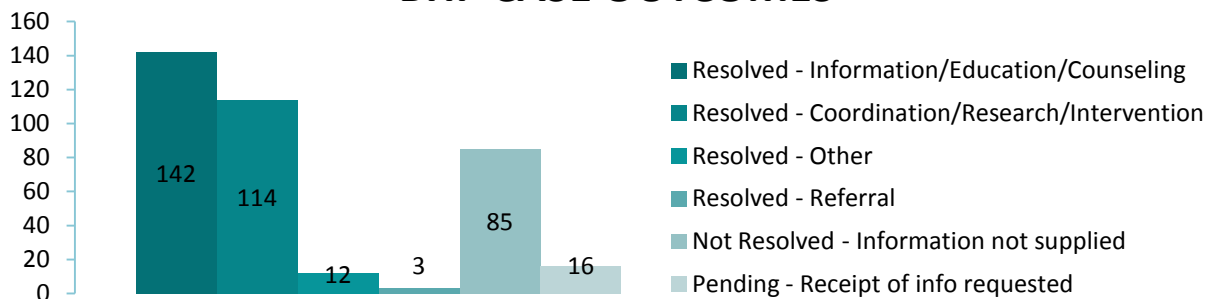




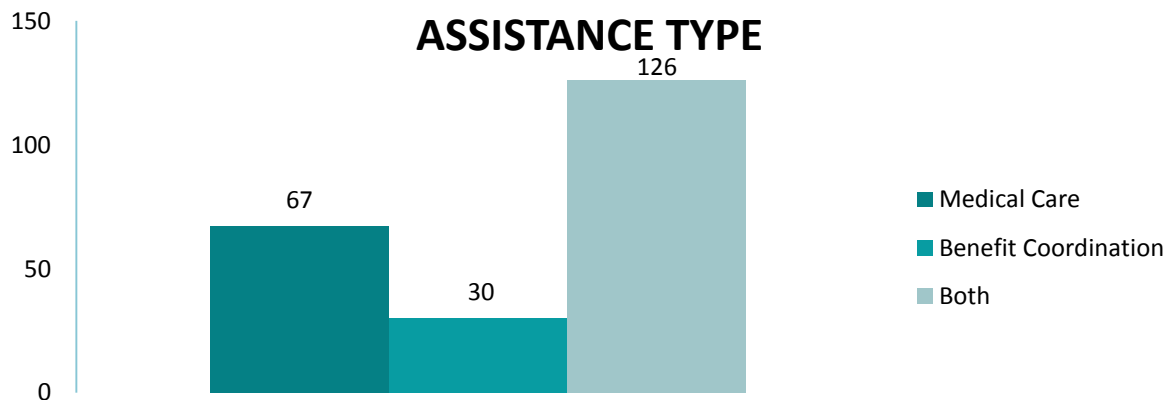
CASE OUTCOMES



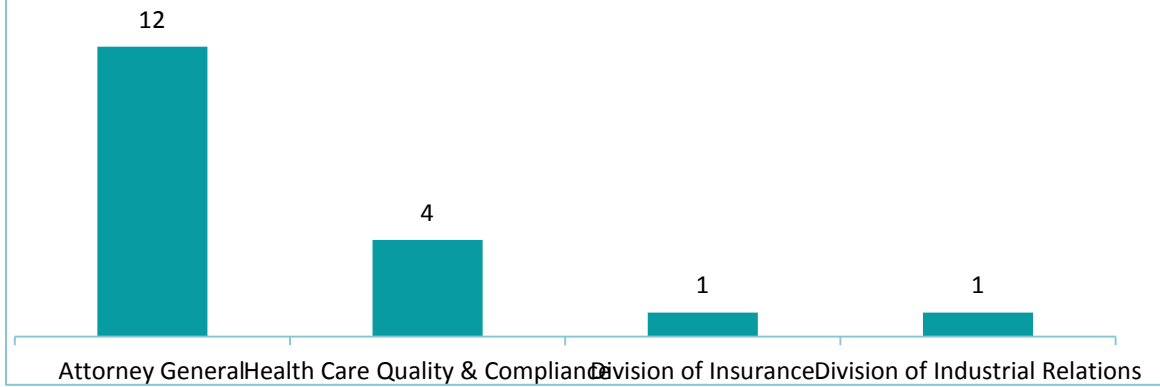
BHP CASE OUTCOMES



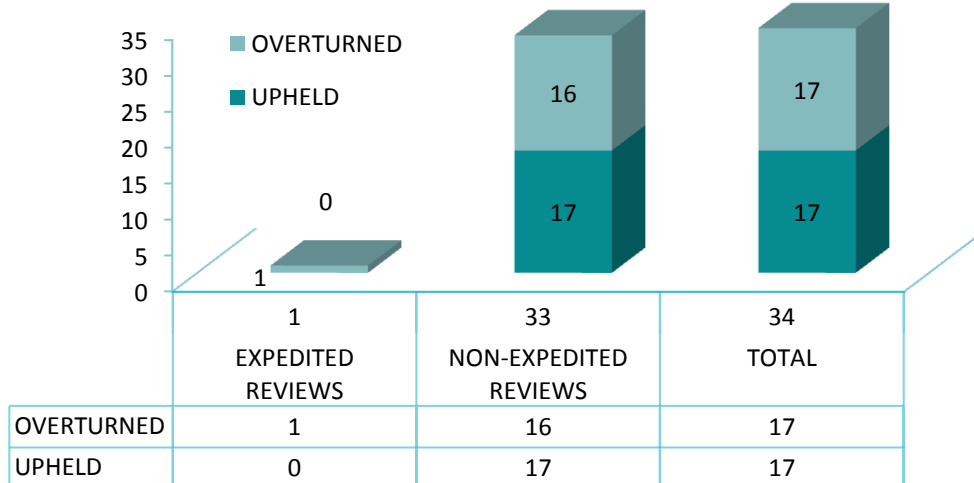
WORKERS COMPENSATION ASSISTANCE TYPE



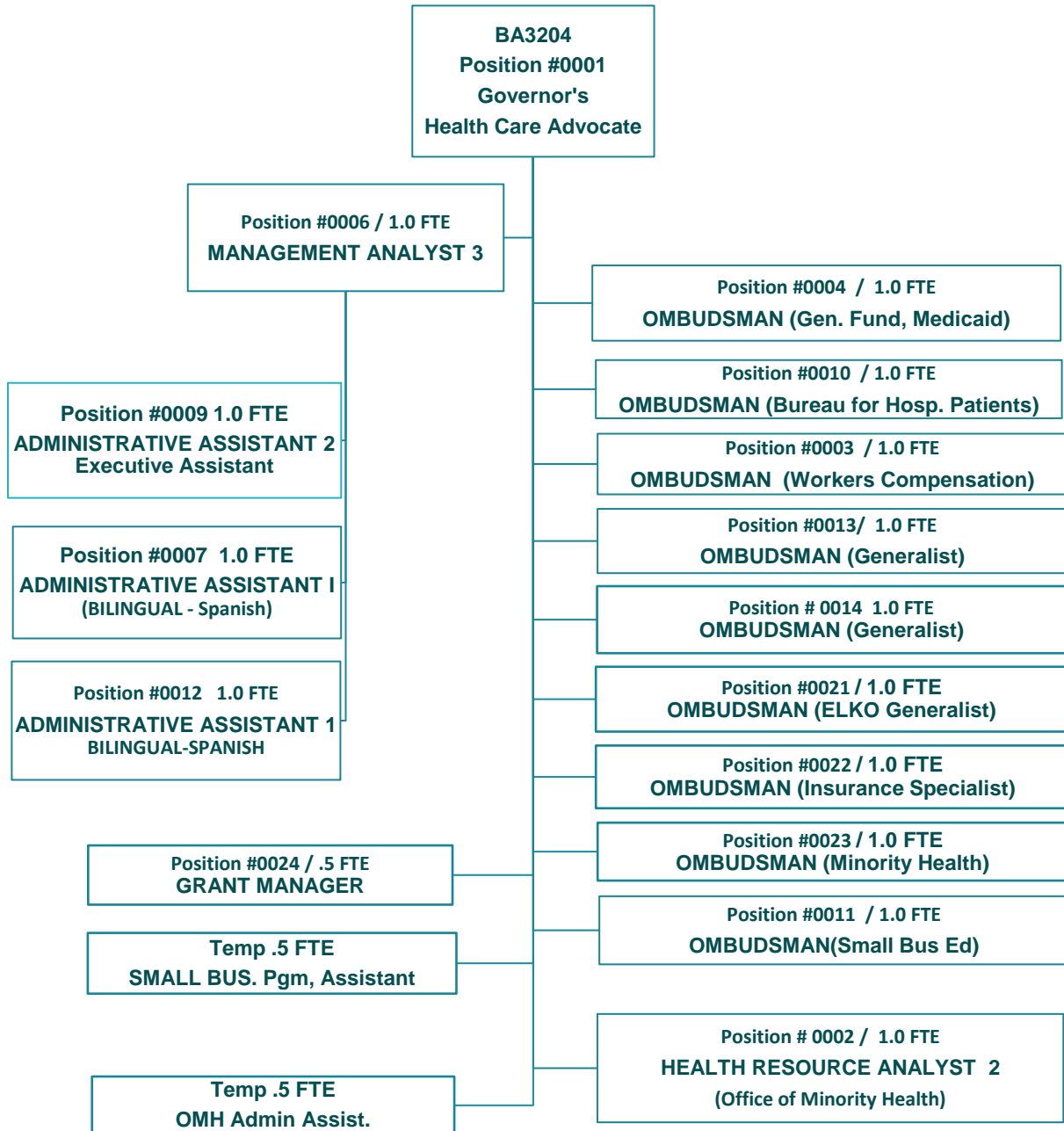
OFFICIAL REFERRALS TO OTHER AGENCIES



EXTERNAL REVIEWS



Organizational Chart



What is a Navigator?:

The Role of Navigators and Producers in an Exchange - Many Questions, Few Answers

MAY 9, 2011 - 4:09 PM

The concept of an unlicensed navigator replacing the role of a broker, or otherwise providing support to patients, has created angst among many health care experts, who are concerned about consumers receiving inconsistent or inaccurate advice about their health care coverage options. The emerging role of the navigator is getting a great deal of attention these days from many different stakeholders due to the Patient Protection and Affordable Care Act (PPACA).

Recently, the National Association of Insurance Commissioners (NAIC) issued the second draft of the White Paper that compares the role of the navigator envisioned under health care reform to the traditional role of the broker in health insurance marketplace.

The NAIC “B” Committee’s White Paper takes a close look at the unanswered questions surrounding the role of the “navigator” in the health care industry system, which is vitally important to brokers. Obviously, how the federal government or the states “sanction” the future role of navigators will have a direct impact on brokers in the post-PPACA insurance marketplace.

The Role of the Navigator

Under PPACA, state exchanges will be required to award grants to navigators who will perform the following roles:

- Conduct public education activities to raise awareness of the availability of qualified health plans;
- Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions in accordance with federal tax laws;
- Facilitate enrollment in qualified health plans;
- Provide referrals to any applicable office of health insurance consumer assistant or health insurance ombudsman, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate.

Navigators will likely be comprised of representatives of trade associations, business associations, and other community-based organizations; they also may be brokers. *However, PPACA prohibits navigators from accepting remuneration from an insurer.* The Secretary of Health and Human Services (HHS) is charged with establishing standards for navigators.

Unanswered Questions

The NAIC analysis raises several important questions that must be addressed by policymakers over the coming months relating to the functions and roles of a navigator, which include:

Licensing/certification requirements.

- How will navigators be identified?
- How shall these navigators be regulated and by whom?
- Should the states license or certify navigators?

Enrollment.

The law provides that navigators will conduct public education activities and distribute information about enrollment in qualified health plans. The requirement to “facilitate enrollment” is left undefined. Leaving open the question of whether navigators will or should stop short of assisting with enrollment of a particular product selling insurance coverage and provide related services, such as advising consumers on specific plan options and actually helping them enroll in the option of their choice.

Training requirements.

- Who will establish educational and continuing education requirements for navigators?
- What will be the minimum knowledge base acceptable for a navigator?

Quality assurance.

- What funding source may exchanges use for navigator programs?
- If brokers serve as navigators, how will commissions be paid?

Compensation.

- What funding source may exchanges use for navigator programs?
- If brokers serve as navigators, how will commissions be paid?

Federal versus state powers.

Will the regulations promulgated by the HHS Secretary establish a ceiling of standards or will states have flexibility with regard to the overnight and role of producers and navigators in their exchange?

Will the criteria established by the HHS Secretary for participating navigators be minimum criteria upon which states may add, or will the criteria be absolute and immutable?

Role of the Broker Today & Tomorrow

Brokers fulfill a critical role in the sale of health insurance, the White Paper states:

In looking at the historical background of producers in the health insurance marketplace and issues surrounding the establishment of a navigator program under the PPACA, it is clear that determining the future role of producers is a vital part of the implementation process for the exchanges. States must consider not only what role producers will play in the start-up and day to day operations of an exchange but how producers will interact with the navigators. There are many issues in this regard, but experience has shown that all issues must be considered with the firm belief that producers are crucial players in the success or failure of an exchange.

Oklahoma Commissioner of Insurance John Doak circulated a **letter** at the time the White Paper was released that further amplified some of the questions raised in the NAIC’s White Paper.

Doak vigorously defends the role of the broker in the health insurance marketplace. His opening statement alludes that the role of the navigator should be deleted from PPACA, or short of that, the navigator should be licensed under the same terms as a broker.

Doak also calls into question the use of the term “facilitate enrollment” that PPACA uses to describe the role of the navigator. He states that brokers have been successfully assisting the public in navigating the process of purchasing health insurance for generations.

BenefitMall commends the NAIC for bringing to light the many questions that remain about the confusing and conflicting role of the navigator. We also commend Commissioner Doak for defending the role of the broker in assisting the public in the health insurance marketplace.

If the states and the federal government allow untrained or semi-trained navigators to attempt to fill the role that trained, licensed and well-regulated brokers have successfully filled for decades; chaos may result for many trying to purchase health insurance. Now is not the time to gamble with people’s health insurance by using untrained or semi-trained navigators. There is simply too much at stake.

2011 Small Business Executive Report

Brian Sandoval

Michael J. Willden

Marilyn G. Wills

Governor

Director, Health and Human Services

Governor's Advocate



STATE OF NEVADA

OFFICE of CONSUMER HEALTH ASSISTANCE

Governor's Consumer Health Advocate

Bureau for Hospital Patients

Office of Minority Health

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Las Vegas, NV 89101

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INTERIM EXECUTIVE REPORT

SMALL BUSINESS HEALTH INFORMATION AND EDUCATION PROGRAM

INTRODUCTION

The Governor's Office for Consumer Health Assistance (GovCHA) is committed to providing accurate, timely, and unbiased information to health consumers. GovCHA has developed a productive and professional relationship with the health care community, including governmental, profit and non-profit agencies and providers. GovCHA data is available to policy makers, Legislators, community healthcare

providers and government agencies to assure that shared information and knowledge will improve the health care delivery system in Nevada.

HISTORY

On September 8, 2008, an Agreement between the Nevada Attorney General's Office and GovCHA was implemented as a result of the merger of between United Health Group, Inc. and Sierra Health Services, Inc. The Agreement provided funding to GovCHA for a period of five years for the education of small business owners (businesses with 2-50 employees) statewide regarding the benefits of small group health insurance for their employees.

MISSION

The mission of the Small Business Health Information and Education Program (SBHIEP) is to inform and educate small business employers about health care benefit options to enable them to make informed decisions on behalf of their employees.

THE CURRENT ECONOMY

When this program began in the 3rd quarter of 2008, several events began to take place: the housing market in Southern Nevada began to spiral downward, unemployment began to rise, and the economies of both Northern and Southern Nevada began to suffer the consequences of failing financial institutions and insurance firms, as well as a decreasing tax base.

Few have been as impacted by these changes more than the small business owners of Nevada. Evidence of this has come out of contact with business owners at the various outreach events in which GovCHA participated in 2011. Small business owners indicated the desire to provide health care coverage for their employees, but unfortunately lower-than-average profit margins have not allowed for any additional expenses.

As the economy slowly begins to improve, and in spite of the lower unemployment numbers, employers are still faced with budget cuts and continue to lay-off employees rather than consider health care options.

Unemployment Rate		
Year to Date	NV %	US %
October 2010	14.9%	11.6%
June 2011	12.4%	9.2%

Data source: U.S. Bureau of Labor Statistics - Last updated July 6, 2011.

HEALTH CARE REFORM

In March, 2010, the Patient Protection and Affordable Health Care Act (PPACA) was signed into law by the President. While a majority of the provisions address insurance reform and access to affordable health care for the community at large, some of the provisions pertain directly to small business owners including:

- Tax credits for small business employers who provide health care coverage for their employees;
- Health coverage for young adults through age 26;

- Availability of health coverage for individuals with pre-existing conditions
- W-2 reporting requirements for business owners who provide health care coverage for their employees;
- New limits on Health Savings Accounts and Flexible Spending Accounts
- New Form 1099 reporting requirements for business owners

GovCHA applied for and has received a Federal Grant from the Office of Consumer Information and Insurance Oversight (OCIO) to help Nevadans understand the new reform and to assist people as the various provisions are implemented.

Because of the importance of these business and individual-related provisions, GovCHA includes Health Care Reform information in all presentations, newsletters, and e-mails. As provisions are implemented, and as information on future provisions is released, GovCHA will provide updates to business owners on a regular basis utilizing various media avenues.

2011 PROGRAM ACTIVITIES

In order to facilitate more extensive outreach, GovCHA formed an Advisory Committee with representatives from various professions and areas of expertise in the health care industry. This Advisory committee will assist GovCHA with document review, program input, and to provide comments and suggestions on how to improve the program. The Committee is comprised of members from the Division of Insurance, Clark County Association of Health Underwriters, the Nevada Small Business Development Center (Southern NV), United Health Care, and the Small Business Administration. Collaborative partnerships were also created with these same entities to assist GovCHA with our education/outreach efforts. And in the interest of reaching out to the State's rural business communities, collaborative partnerships with the Nevada Small Business Development Center (Northern NV), the Northern Nevada Development Authority, and the Rural Nevada Development Corporation were created.

At the January 25, 2011 meeting of the Advisory committee, the details of outreach activities for 2011 and beyond were discussed. Another topic of discussion was the current economic status and its impact on business owners' ability to provide coverage. It was decided that SBHIEP will "step up" contacts with business owners during the rural outreach tour, and that employers be encouraged to contact GovCHA to discuss any matters related to group health insurance and/or health care reform.

GovCHA is now a participating member in the Las Vegas, Henderson, Northern Nevada, Reno/Sparks, and Asian Chambers of Commerce. All have agreed to assist GovCHA with the dissemination of information, brochures, provide opportunities for networking and to make presentations to their memberships.

GovCHA is utilizing the “Constant Contact” email marketing product, which allows the small business health care-related information to be “email-blasted” to all of the business community on GovCHA’s quickly growing list of businesses and partners.

ADVOCACY ACTIVITIES 2011

- GovCHA has continued to receive and advocate for consumers who have had emergency room claims that have been denied as non-emergent. The GovCHA Director and BHP staff person are working directly with executive staff to review and discuss policy for this issue.
- GovCHA and CMS have both participated in discussions with consumers in Pahrump and Las Vegas concerning the discontinuance by UHC/Senior Dimensions of a number of primary care providers. UHC has held community meetings, well attended by their members, to discuss the issues and dispel concerns.

OUTREACH ACTIVITIES 2011

During the first and second quarters of 2011 the Small Business Health Information and Education Program participated alongside GovCHA, as they visited Pahrump, Beatty, Tonopah, Caliente, Mesquite, and Overton/Logandale in Southern Nevada. During the third quarter of 2011, the Program, again in partnership with GovCHA reached out to the Northern communities of Elko, Fallon, Virginia City, Winnemucca and Yerington, among many others (See chart below). GovCHA coordinated with facilities and the media to assure that information on scheduled visits would be well attended. During the Southern and Northern Nevada rural tours GovCHA partnered with local libraries, senior resource centers and Chambers of Commerce, when possible. Besides inviting local business owners to these outreach events, the SBHIEP Specialist canvassed the communities to assure the information on group health and healthcare reform was well distributed.

GovCHA anticipates continued participation in events including the Nevada Center for Entrepreneurship and Technology small business expos in Reno and Las Vegas, and the various Chamber of Commerce events throughout the year, and will continuously seek out outreach opportunities to provide current and updated information on small group health insurance, and health care reform provisions for Nevada's small business employers.

To better facilitate immediate communication and feedback, GovCHA is investigating the implementation of an upgraded website to include social media such as Facebook and Twitter. As of July GovCHA became a part of the Nevada Department of Health and Human Services – we are hoping to implement supportive services such as web design and improved data collection. This will enhance GovCHA's ability to track trends and issues related to health care and augment the information flow to our clients, partners and the business community.

Another change for GovCHA is the recent addition of the Nevada Office of Minority Health. With this expansion, services offered to both small businesses and consumers will be enhanced. For purposes of this grant, GovCHA will make information available to employers that will improve their employees overall health access – whether that access is to insurance products and/or other services such as chronic disease self-management programs which will allow them to live healthier lives.

Outreach Activities 2011 SMALL BUSINESS HEALTH INFORMATION AND EDUCATION PROGRAM			
Strategic Objective: <i>THERE ARE APPROXIMATELY 50,000 SMALL BUSINESSES IN NEVADA THAT HAVE EMPLOYEES. GOAL IS TO INFORM SMALL BUSINESS OWNERS OF HEALTHCARE OPTIONS, MEASURED BY INCREASED REFERRALS TO ASSOCIATIONS OF HEALTH UNDERWRITERS</i>			
Action Steps:	Date:	Person Responsible:	Results:
Reno, NV – Reno/Sparks Chamber, Legislative Forum 2011	January 12, 2011	Charles Quintana	Exhibitor, Approx. 800 attendees
Las Vegas, NV – Health and Wellness Expo, Santa Fe Station	January 15, 2011	Charles Quintana	Exhibitor, Approx. 200 attendees
Washington, DC – Health Action 2011, Families USA healthcare conference	January 27-29, 2011	Charles Quintana	Attendee
Reno, NV – Reno/Sparks Chamber, Directions 2011 conference/expo	February 3, 2011	Charles Quintana	Exhibitor, Approx. 1000 attendees
Tonopah, NV- Tonopah Senior Center	March 1, 2011	Charles Quintana	Exhibitor and canvassed local businesses.
Goldfield, NV – Chamber of Commerce	March 1, 2011	Charles Quintana	Facility closed. Brochures left at kiosk.

Beatty, NV- Beatty Community Center	March 2, 2011	Charles Quintana	Exhibitor and canvassed local businesses
Pahrump, NV- Pahrump Community Library	March 3, 2011	Charles Quintana	N/A
Mesquite, NV Mesquite Senior Center	March 15, 2011	Charles Quintana	Exhibitor and canvassed local businesses, Chamber of Commerce.
Overton, NV- Moapa Valley Community Center	March 16, 2011	Charles Quintana	Exhibitor and canvassed local businesses, posted info. on community bulletin board.
Nevada Self-Insured Association Service Provider Fair – Las Vegas	March 18, 2011	Charles Quintana	Exhibitor, Approx. 300 attendees
Searchlight, NV- Searchlight Senior Center	April 5, 2011	Charles Quintana	Exhibitor and canvassed local businesses, posted info at public library.
Laughlin, NV- Spirit Mountain Community Center	April 6, 2011	Charles Quintana	N/A
Pioche, NV- Pioche Senior Center	April 19,2011	Charles Quintana	Exhibitor and canvassed local businesses, posted info at courthouse, public library
Caliente, NV- Olsen Senior Center	April 20, 2011	Charles Quintana	Exhibitor and canvassed local businesses, healthcare facilities.
Panaca, NV- Lincoln Senior Center	April 21, 2011	Charles Quintana	N/A
Sparks, NV - Northern Nevada Chamber – Annual Business Forum	May 18, 2011	Charles Quintana	Exhibitor, approximately 1,000 attendees
Henderson, NV – Henderson Chamber of Commerce 2011 Business Expo	May 26, 2011	Charles Quintana	Exhibitor, approximately 200 attendees
Yerington, NV- Yerington Senior Center	June 6, 2011	Charles Quintana	Exhibitor and canvassed local businesses, met w/Chamber of Commerce
Elko, NV- Elko Senior Center	June 7,2011	Charles Quintana	Exhibitor and canvassed local businesses, met with Chamber of Commerce, info posted at public library, City Hall.
Carlin, NV- Various locations	June 7, 2011	Charles Quintana	Info. posted at Community Center
Battle Mountain, NV- Various locations	June 7, 2011	Charles Quintana	Info posted at Community Center
Winnemucca, NV- Winnemucca Senior Center	June 8, 2011	Charles Quintana	Exhibitor; info left at Senior Center
Lovelock, NV- Various location	June 8, 2011	Charles Quintana	Info. left at Community Center
Fernley, NV- Various locations	June 8, 2011	Charles Quintana	N/A
Fallon, NV- Fallon Senior Center	June 9, 2011	Charles Quintana	Exhibitor and canvassed local businesses, met w/Chamber of Commerce, and Nevada Small Business Development Center

Virginia City, NV- Storey Senior Center	June 10, 2011	Charles Quintana	Exhibitor and canvassed local businesses, info posted at Senior Center, Courthouse, "Chamber of Commerce"
Las Vegas, NV – Las Vegas Chamber of Commerce 2011 Business Expo	June 22, 2011	Charles Quintana	Exhibitor, approximately 2,000 attendees
Las Vegas, NV – Large Vision Business Network Mixer – Health/Wellness Expo	June 28, 2011	Charles Quintana	Exhibitor, approximately 200 attendees
Henderson, NV – WEC Health and Wellness Fair	June 30, 2011	Charles Quintana	Exhibitor, approximately 500 attendees
Las Vegas, NV – Summer Health Fair, Spring Valley Hospital	July 16, 2011	Charles Quintana	Exhibitor, approximately 300 attendees
Las Vegas, NV – Nevada Worker's Compensation Educational Conference	August 11-12, 2011	Charles Quintana	Exhibitor, approximately 800 attendees
Las Vegas, NV – La Oportunidad 2011, Latin Chamber of Commerce Business Expo	August 13, 2011	Charles Quintana	Exhibitor, Approximately 1,500 attendees
Reno, NV – NCET Small Business Expo	September 16, 2011	Charles Quintana	Exhibitor, Approximately 700 attendees
Las Vegas, NV – Laborer's Local 872 Annual Health Fair	October 8, 2011	Charles Quintana	Exhibitor, Approximately 300 attendees, Union members and families
Hawthorne, NV – Rural outreach	October 10, 2011	Charles Quintana	Exhibitor, 33 attendees at Sernior Center; 2 attendees at Public Library
Schurz, NV - Walker Indian Reservation – Rural Outreach	October 11, 2011	Charles Quintana	Exhibitor, 8 attendees
Reno, NV – Reno-Sparks Chamber 2011 Healthcare Forum	October 12, 2011	Charles Quintana	Exhibitor, Approximately 800 attendees.
Las Vegas, NV – NCET Small Business Expo	October 14, 2011	Charles Quintana	Exhibitor, Approximately 300 attendees
Las Vegas, NV – Senior Dimensions Health Fair	October 20, 2011	Charles Quintana	Exhibitor, Approximately 800 attendees
Ely, NV – Rural outreach – White Pine County Library	November 8, 2011	Charles Quintana	Exhibitor, 6 attendees; canvassed area businesses.
Ely, NV – Rural Outreach – Ely Senior Center	November 9, 2011	Charles Quintana	Exhibitor, Approximaely 30 attendees.
Eureka, NV - Rural outreach	November 10, 2011	Charles Quintana, Jan Brizee	Exhibitor, Approximately 20 attendees; canvassed businesses, and presentation to Eureka County Commissioners healthcare policy committee

Financial Hardship Tips

Office of the Governor Consumer Health Assistance

Charity Care - Tip Sheet

What can I do if I do not have money to pay for my Medical expenses in the hospital?

Eligibility requirements vary by hospital. Even if you do not qualify for charity care or public insurance, you can discuss your financial situation with a financial counselor at the hospital and find out if you are eligible for state or county assistance.

How do I know if I am eligible for charity care? When do I apply for charity care?

You need to apply as soon as possible. If possible, you should apply before you receive medical care. If you cannot apply before receiving care, you should apply as soon as possible, whether that is while you are in the hospital or after receiving care. Depending on the hospital, the appropriate person who can give you more information about charity care may be the financial officer, patient advocate, or social worker. They can help you with the process, including filling out the applications for charity care or public insurance. You should contact the hospital's business office to ask who to contact.

If you are unable to find out information about the hospital's charity program, contact us and we will help you locate the appropriate person.

Office of the Governor Consumer Health Assistance

555 E. Washington Suite 4800

Las Vegas, NV 89101

Telephone: 702-486-3587/ Toll free 1-888-333-1597

Email: cha@govcha.state.nv.us

Website: www.govcha.state.nv.us

When submitting your charity care application you may be asked to provide:

A recent Federal Tax Return statement or two pieces of supporting documentation from the following list to meet income verification requirements:

- State Income Tax Return for the most current year
- Supporting W-2
- Supporting 1099's

- Most recent bank and broker statements listed in the Federal Tax Return
- Current credit report
- Qualified Medicare Benefits (QMB for inpatients only)

Additional documentation acceptable for Non-Medicare patients:

- Most Recent Employer Pay Stubs
- Copies of all bank statements for last 3 months
- Written documentation from income sources

Important points to remember after submitting your application:

Keep a record and save all your hospital bills and letters that the hospital sends you.

Keep a record of the calls that you make to the hospital about your bill.

Keep a record of who you spoke with when you contacted the hospital about your charity application. Notify the hospital as soon as possible or within 30 days to let them know of any changes in your income or circumstances.

Keep a record of what you discussed and the name of the hospital representative you spoke with.

Keep copies of all written correspondence that you receive from the hospital.

Understand that it may take time to process your application.

Be sure to respond to all calls and correspondence from the hospital within 5 business days.

Remember, it is ultimately your responsibility to follow up with the hospital. If you ***have not had a response within 45 days*** contact the hospital again.

When to contact our office:

If you feel you are not getting a response from the hospital or if you have difficulty negotiating with the hospital. Please be prepared to let us know what you have done to date with your billing issue including who you have spoken with, your household income, your monthly rent/mortgage payment, how many persons in the household. We will also need to know the amount you are able to pay monthly if you are seeking a payment arrangement. Keep in mind if you don't set up a payment arrangement the hospital will agree with, it may result in further collection activity.

Please note our office does not have funding to pay for any medical bills.

Created 12/2/10/ Office of the Governor CHA/ss