



**Department of Health and Human Services
Aging and Disability Services Division
Office for Consumer Health Assistance
Payment for Medically Necessary Emergency Services
Provided Out-of-Network
2024 Annual Report**

Table of Contents

Introduction.....	3
Arbitrations of Claims Less Than \$5,000	3
Arbitration Timeline.....	3
Intake Process.....	5
Screening Process.....	8
Arbitration Process	11
Arbitration Case Data.....	13
Consumer Savings.....	14
Arbitrations for Claims of \$5,000 or More	14
Provider of Health Care or Third Party Relevant Information	14
Provider and Third Party Contract Data, 439B.760(3)	15
Election by Entities and Organizations Not Otherwise Covered to Submit to Provisions of NRS 439B.700 to 439B.760	16
Conclusion	16

Introduction

Pursuant to [NRS 493B.760](#), the following report prepared by the Office for Consumer Health Assistance (OCHA) provides data and analysis regarding arbitrations for certain medically necessary emergency services provided when the provider of health care is out-of-network. The report includes data regarding arbitration applications processed during the calendar year 2024. This includes applications which were under review and cases which were determined or pending an arbitration determination as of Dec. 31, 2024.

Arbitrations of Claims Less Than \$5,000

Arbitration Timeline

The timeline below shows the maximum number of business days, as outlined in adopted Regulation Legislative Counsel Bureau (LCB) File No. R101-19 (regulation was not codified as of the date of this report), to complete the Arbitration Determination process from receipt of application through the screening process and to the final determination.

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

Note: If additional information is required for an application to be determined complete and clear, the timeframe will increase by 30 business days.

In calendar year 2024, the average number of business days from receipt of application to determination was 110 business days.

“Out-of-network emergency facility” defined. “Out-of-network emergency facility” means a hospital or independent center for emergency medical care that is an out-of-network provider, NRS 439B.718.

“Out-of-network provider” defined. “Out-of-network provider” means, for a particular covered person, a provider of health care that has not entered into a provider contract with a third party for the provision of health care to the covered person, NRS 439B.721.

“Third party” defined pursuant to NRS 439B.736.

1. “Third party” includes, without limitation:

(a) The issuer of a health benefit plan, as defined in [NRS 695G.019](#), which provides coverage for medically necessary emergency services;

(b) The Public Employees’ Benefits Program established pursuant to subsection 1 of [NRS 287.043](#); and

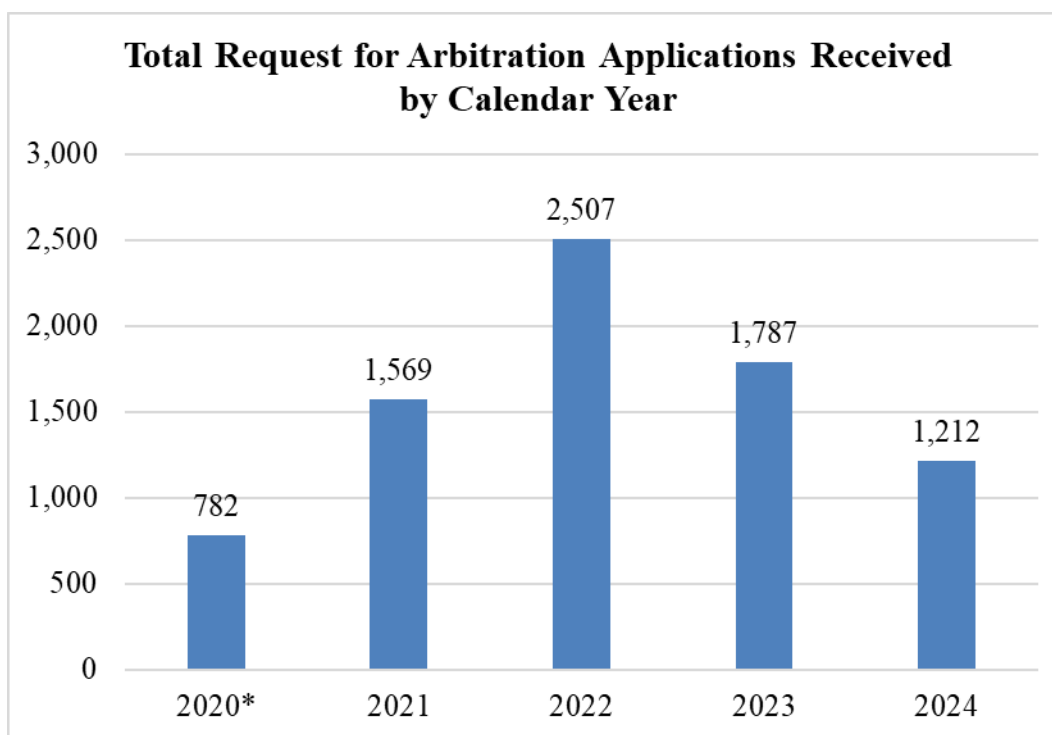
(c) Any other entity or organization that elects pursuant to [NRS 439B.757](#) for the provisions of [NRS 439B.700](#) to [439B.760](#), inclusive, to apply to the provision of medically necessary emergency services by out-of-network providers to covered persons.

2. The term does not include the State Plan for Medicaid, the Children’s Health Insurance Program or a health maintenance organization, as defined in [NRS 695C.030](#), or managed care organization, as defined in [NRS 695G.050](#), when providing health care services through managed care to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children’s Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department.

Intake Process

Request for Arbitration applications can be downloaded by the Out-of-Network Provider or Out-of-Network Emergency Facility from the OCHA website at [Office for Consumer Health Assistance](#). Request for Arbitration applications are submitted to OCHA primarily via email but may also be submitted via mail or fax.

In calendar year 2024, OCHA received 1,212 Request for Arbitration applications, while in calendar year 2023, OCHA received 1,787 applications. There was a 32% decrease in the number of applications received in calendar year 2024, which is attributed to recovering the costs of the arbitrator from the non-prevailing parties.



*The first request for arbitration application was received on 3/11/2020.

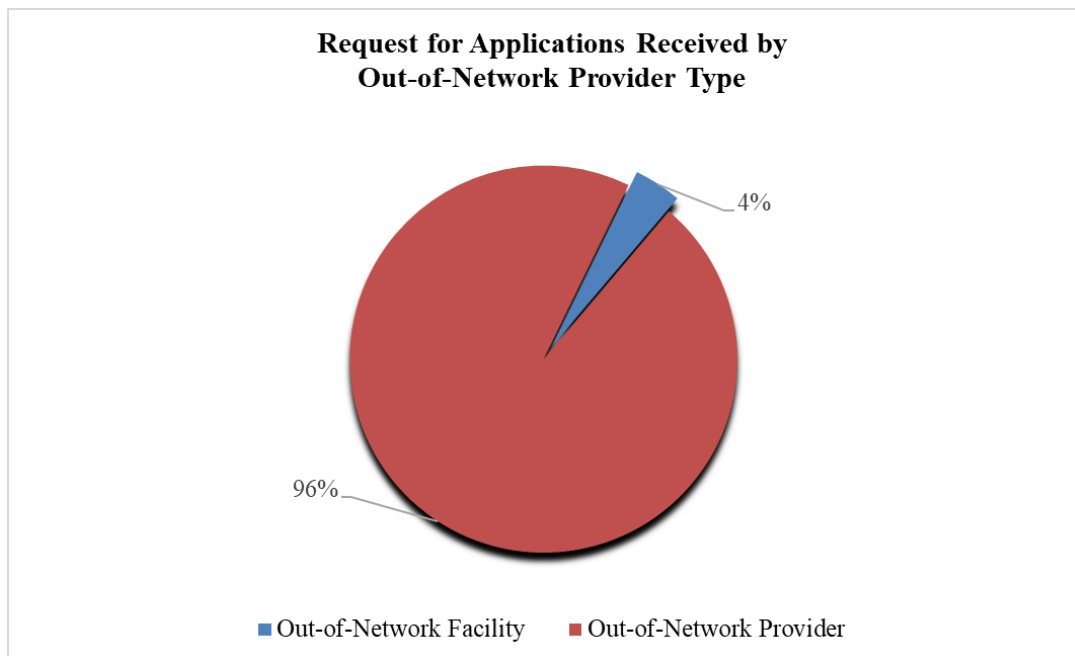
Applications Received from Out-Of-Network Emergency Facilities and Out-Of-Network Providers by County

Pursuant NRS 439B.742, the provisions of [NRS 439B.745](#) and [439B.748](#) do not apply to:

1. A hospital which has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395i-4(e) or any medically necessary emergency services provided at such a hospital;
 2. A person who is covered by a policy of health insurance that was sold outside this State;
- or
3. Any health care services provided more than 24 hours after notification is provided pursuant to [NRS 439B.745](#) that a person has been stabilized.

For applications received between 01/01/2024 and 12/31/2024

County	Out-of-Network Emergency Facility	Out-of-Network Provider	Total
Clark	46	1,163	1,209
Washoe	3	0	3
Statewide Total	49	1,163	1,212
Percentage of Total	4%	96%	100%



The charts above reference total applications received from Out-of-Network Providers and Out-of-Network Emergency Facilities.

Due to the inapplicability of provisions to certain hospitals, currently only Carson City, Clark, Douglas and Washoe counties have out-of-network emergency facilities that meet the criteria for arbitrations. During calendar year 2024, applications were received from Clark and Washoe counties.

**Additional Amount Requested by Out-of-Network Providers and Out-of-Network
Emergency Facilities for Applications Received by County**

For applications received between 01/01/2024 and 12/31/2024

County	\$500 and under					\$501 to \$2,000			\$2,001 to \$4,999			Total Applications	Additional Amount Requested
	\$0 to \$100	\$101 to \$200	\$201 to \$300	\$301 to \$400	\$401 to \$500	\$501 to \$1,000	\$1,001 to \$1,500	\$1,501 to \$2,000	\$2,001 to \$3,000	\$3,001 to \$4,000	\$4,001 to \$4,999		
Clark	0	35	112	377	246	393	32	14	0	0	0	1,209	\$565,723.73
Washoe	0	0	0	1	0	0	1	0	0	1	0	3	\$5,045.36
Statewide Total	0	35	112	378	246	393	33	14	0	1	0	1,212	\$570,769.09

Out of 1,212 applications, 64% (771) were for additional amount requested of \$500 and under, 36% (440) were for \$501 to \$2,000 and one (1) application was for \$2,001 to \$4,999. In 2023, 52% of total applications were for additional amount requested of \$500 and under and 48% were for \$501 to \$2,000. One (1) application was for \$2,001 to \$4,999 additional requested.

Screening Process

The screening process includes review of each application to ensure the application is accurate, complete, and meets statutory requirements.

If the application has missing or inaccurate data, it is considered an incomplete application. The provider is notified of the missing or inaccurate data and may re-submit the application within 10 business days.

Applications Received by Screening Decision Status as of 12/31/2024

For applications screened between 01/01/2024 and 12/31/2024

Screening Decision Status	Out-of-Network Emergency Facility	Out-of-Network Provider	Total*	Percentage
Criteria met	44	1,105	1,149	88.95%
Criteria not met	3	38	41	3.16%
Under Review	4	103	107	8.25%
Statewide Total	48	1197	1,297	100.00%

*Included in the table above are 85 applications which were under review as of 12/31/2023 and 1,212 applications which were received during calendar year 2024. There were 1,190 applications screened between 01/01/2024 and 12/31/2024 and 107 applications are under review as of 12/31/2024.

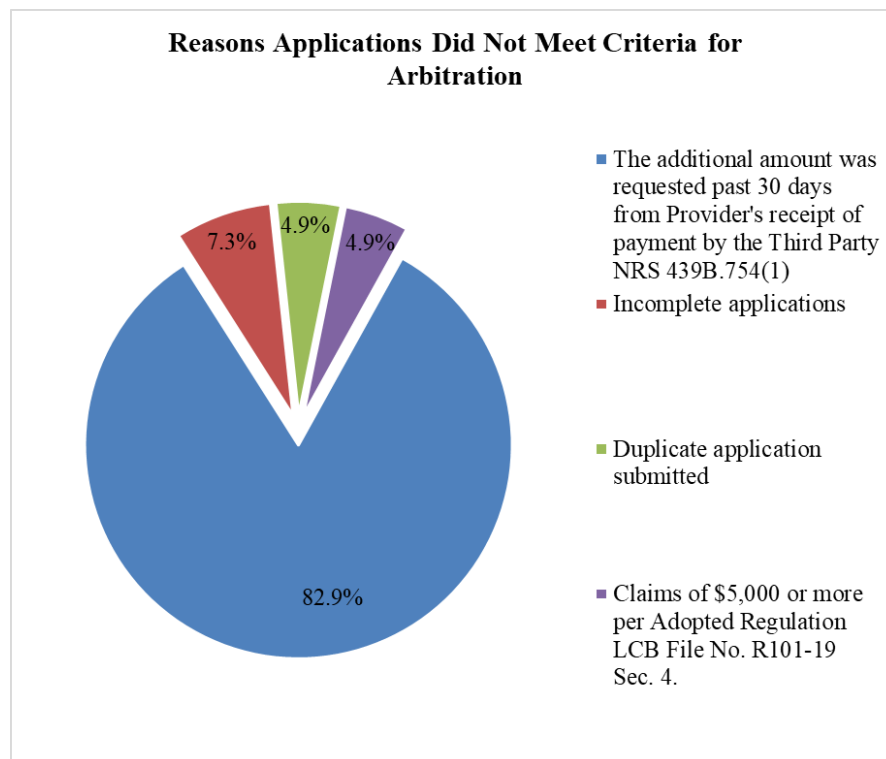
In calendar year 2024, the percentage of screened applications which met criteria was 96.55%. In calendar year 2023, the percentage of screened applications which met criteria was 88.25%. This is an 8.31% increase of screened applications which met criteria over the previous calendar year and is attributed to Out-of-Network Providers and Out-of-Network Emergency Facilities being more familiar with the arbitration process.

The charts on the following page reference the reasons applications did not meet criteria for arbitration.

Reasons Applications Did Not Meet Criteria for Arbitration (Applications were Ineligible for Arbitration)

For applications screened between 01/01/2024 and 12/31/2024

Reasons Applications Did Not Meet Criteria	Out-of-Network Emergency Facility	Out-of-Network Provider	Total	Percentage
The additional amount was requested past 30 days from Provider's receipt of payment by the Third Party NRS 439B.754(1)	0	34	34	82.93%
Incomplete applications	1	2	3	7.32%
Duplicate application submitted	0	2	2	4.88%
Claims of \$5,000 or more per Adopted Regulation LCB File No. R101-19 Sec. 4.	2	0	2	4.88%
Statewide Total	3	38	41	100.00%



OCHA continues to collaborate with Out-of-Network Providers to review application requirements and refine the application submission process.

In calendar year 2024, 3.45% (41) applications did not meet criteria, while in calendar year 2023, 11.75% (214) applications did not meet criteria. This is an 8.31% decrease. The most common reason was the additional amount was requested past 30 days from Provider's receipt of payment by the Third Party NRS 439B.754(1).

The analysis of criteria not met reasons show:

1. 82.93% The Request for Arbitration Application was submitted by Provider prior to 30 business days for the Third Party to fail to pay the additional amount requested NRS 439B.754(3). This an increase from 40.65% in 2023.
2. 7.32%, Application Incomplete. This is a decrease from 25.23% in 2023.

Arbitration Process

The arbitration process includes applications which initially met criteria to open an arbitration case.

Cases in Arbitration between 01/01/2024 and 12/31/20234

Screening Decision Status	Out-of-Network Emergency Facility	Out-of-Network Provider	Total
Criteria met	44	1,105	1,149

In 2024, 1,149 arbitration cases were opened based on the screening process. In 2023, 1,607 arbitration cases were opened based on the screening process. There was a 29% decrease in cases opened, which is attributed to recovering the costs of the arbitrator from the non-prevailing party.

Arbitration Cases by Status

For cases in arbitration between 01/01/2024 and 12/31/2024

Arbitration Cases by Status	Out-of- Network Emergency Facility	Out-of- Network Provider	Total	Percentage
Cases closed with a Prevailing Party	35	1,292	1,327	84.74%
Cases closed due to inapplicability	0	4	4	0.26%
Dispute settled prior to arbitration determination	5	0	5	0.32%
Request for arbitration withdrawn	0	2	2	0.13%
Cases in arbitration	13	215	228	14.56%
Statewide Total	53	1,513	1,566	100.00%

*Included in the table above are 417 cases which were pending an arbitration determination as of 12/31/2023 and 1,149 cases which opened during calendar year 2024 for a total of 1,566 cases.

The number of arbitrations closed with a prevailing party in calendar year 2024 was 1,327. The number of arbitrations closed with a prevailing party in calendar year 2023 was 1,494. There was an 11% decrease in arbitrations closed with a prevailing party from the previous calendar year. This is attributed to recovering the costs of the arbitrator from the non-prevailing party.

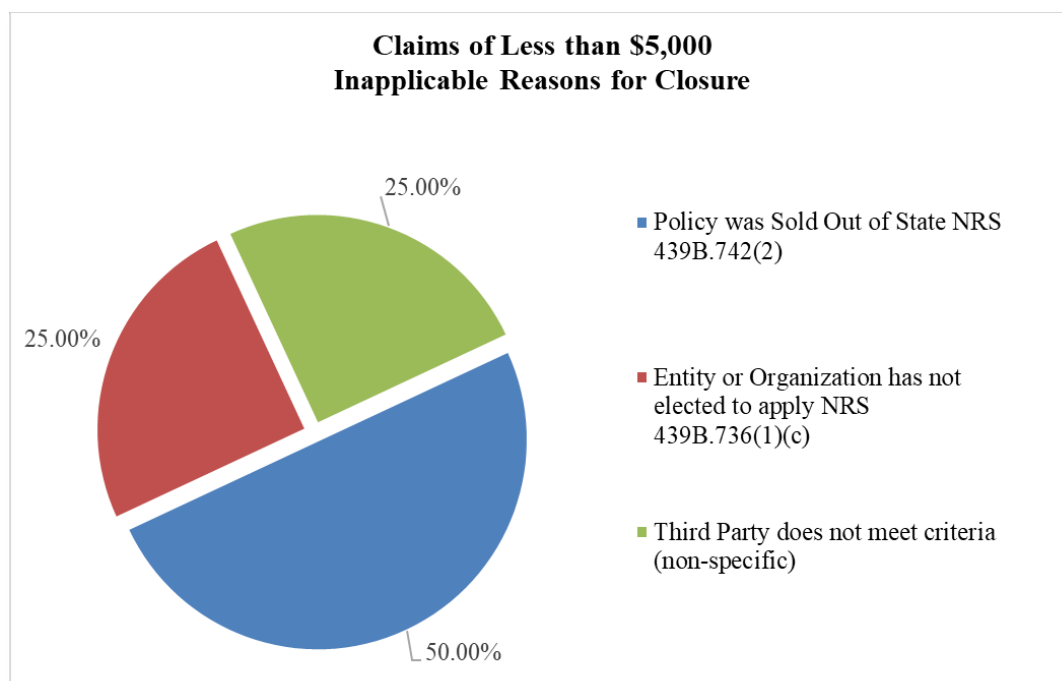
In comparison to calendar year 2023, 11.43% more cases out of the total were closed with a prevailing party and 5.33% less cases were closed due to inapplicability. This is attributed to the providers being more familiar with the arbitration process.

The chart below references the arbitration cases closed due to Inapplicable Reasons.

Arbitration Cases Closed Due to Inapplicable Reasons

For arbitration cases closed between 01/01/2024 and 12/31/2024

Inapplicable Reasons for Closure	Out-of-Network Emergency Facility	Out-of-Network Provider	Total	Percentage
Policy was Sold Out of State NRS 439B.742(2)	0	2	2	50.00%
Entity or Organization has not elected to apply NRS 439B.736(1)(c)	0	1	1	25.00%
Third Party does not meet criteria (non-specific)	0	1	1	25.00%
Statewide Total	0	4	4	100.00%



Arbitration Case Data

As of December 31, 2024, there were 1,327 arbitration cases closed with a determination and a prevailing party.

The charts below display information about the geographic location of the provider of health care for medically necessary emergency services in arbitration cases.

Arbitration Cases with a Prevailing Party by Geographic Location of the Provider of Health Care for Medically Necessary Emergency Services

For arbitration cases closed between 1/1/2024 and 12/31/2024

County	Out-of-Network Emergency Facility	Out-of-Network Provider	Total	Percentage
Clark	35	1,292	1,327	100%
Washoe	0	0	0	0%
Statewide Total	35	1,292	1,327	100.00%

Arbitration Cases by County and Prevailing Party

For arbitration cases closed between 1/1/2024 and 12/31/2024

County	Prevailing Party - Provider		Prevailing Party - Third Party			Total
	Out-of-Network Emergency Facility	Out-of-Network Provider	Elect-in Entity or Organization	Issuer of a Health Benefit plan as defined by NRS 695G.019	Public Employees' Benefits Program (PEBP)	
Clark	28	783	0	516	0	1,327
Washoe	0	0	0	0	0	0
Statewide Total	0	0	0	0	0	0
Prevailing Party Total	811		516			1,327

Arbitration Cases by Additional Amount Requested, County, and Prevailing Party

For arbitration cases closed between 1/1/2024 and 12/31/2024

County	Prevailing Party - Provider		Prevailing Party - Third Party			Total
	Out-of-Network Emergency Facility	Out-of-Network Provider	Elect-in Entity or Organization	Issuer of a Health Benefit plan as defined by NRS 695G.019	Public Employees' Benefits Program (PEBP)	
Clark	\$37,528.16	\$354,000.17	\$0.00	\$228,424.97	\$0.00	\$619,953.30
Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Statewide Total	\$37,528.16	\$354,000.17	\$0.00	\$228,424.97	\$0.00	\$619,953.30

Consumer Savings

As of December 31, 2024, the 1,327 arbitration cases closed with a determination and a prevailing party resulted in \$1,580, 912.71 consumer savings. This is a slight decrease of 2% in consumer savings from 2023, which were \$1,613,948.30. This is attributed to less applications received and less cases determined and closed.

Further analysis shows that there was an increase in average consumer savings per case closed. In calendar year 2023, average consumer savings per case closed were \$1,080, while in calendar year 2024, average consumer savings per case closed were \$1,191.

Arbitrations for Claims of \$5,000 or More

For arbitrations of claims of \$5,000 or more, Out-of-Network Providers and Out-of-Network Emergency Facilities must request a list of five randomly selected arbitrators from the American Arbitration Association (AAA) or Judicial Arbitration and Mediation Services (JAMS).

Organizations conducting arbitrations for claims of \$5,000 or more are required to report on or before December 31 of each year to the Department of Health and Human Services on the form prescribed by OCHA.

As of December 31, 2024, AAA and JAMS did not report any cases arbitrated.

Provider of Health Care or Third Party Relevant Information

Report information is confidential pursuant to NRS 439B.760(3)(a)(1) and 439B.760(4).

As of December 31, 2024, OCHA did not receive relevant information.

Provider and Third Party Contract Data, 439B.760(3)

Adopted Regulation LCB File No. R101-19 includes providers of medically necessary emergency service and third parties to report to OCHA the percentage of increase of contracts entered into and percentage of decrease of contracts.

As of December 31, 2024, six (6) third parties reported an increase in the number of new provider contracts the third party has entered into with providers of medically necessary emergency services from the immediately preceding year. The types of providers for whom the new provider contracts were entered into include: Acupuncture, Addiction Psychiatry, Addictions Specialist, Adolescent Psychology, Allergy & Immunology, Anesthesiology, Angiography and Interventional Radiology, Anxiety and Stress Management Counseling, Anxiety Disorders, Applied Behavioral Analysis, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Audiology, Behavioral Health Services Telehealth, Cardiac Electrophysiology, Cardiology, Cardiovascular Disease, Certified Employee Assistance Professional (CEAP cert req), Child and Adolescent Specialist, Chiropractic, Chronic condition support/monitoring/management Telehealth, Codependency Issues, Cognitive Behavioral Therapy, Co-Morbidity, Counselor, Professional, Crisis Intervention, Critical Care Medicine, Depression, Dermatology, Dermatopathology/Dermatology, Dietetics/Nutrition, Domestic Violence, Drug and Alcohol Counselor, Emergency Medicine, Endocrinology, Family Medicine, Hospice and Palliative Care, Family Practice, Female Pelvic Medicine & Reconstructive Surgery, Gastroenterology, General Practice, Grief Counseling, Group Therapy, Hematology, Hematology/Oncology, HIV/AIDS, Hospitalist, Infectious Disease, Internal Medicine, Interventional Cardiology, Marriage/Family Focus, Marriage/Family Therapy, Massage Therapist, Maternal & Fetal Medicine, Medication Assisted Treatment (MAT), Medication Management Telehealth, Midwifery, Mood Disorders, Neonatal-Perinatal Medicine, Neonatology, Nephrology, Neurology, Neurology & Psychiatry, Neuro-psych Testing, Neuroradiology, Nurse Practitioner – Specialist, Nurse Practitioner, Nurse – Registered, Nurse - Registered Anesthetist, Nutrition & Wellbeing counseling Telehealth, Obstetrics & Gynecology, Occupational Medicine, Occupational Therapy, Oncology – Medical, Ophthalmology, Optometry, Otolaryngology, Pain Management, Pathology, Pediatric Cardiology, Pediatric Critical Care, Pediatric Emergency Medicine, Pediatric Endocrinology, Pediatric Hematology-Oncology, Pediatric Pulmonology, Pediatrics, pH Monitoring, Physical Medicine & Rehabilitation, Physical Therapy, Physician Assistant, Podiatry, Post-Traumatic Stress Disorder, Psychiatric Nurse, Psychiatry, Psychiatry - Child & Adolescent, Psychological Examiner, Radiation Oncology, Radiology, Respiratory Therapy, Rheumatology, Social Worker, Clinical, Speech Pathology, Speech Therapy, Sports Medicine, Surgery, Surgery - General Vascular, Surgery – Neurological, Surgery - Oral & Maxillofacial, Surgery – Orthopedic, Surgery – Plastic, Surgery - Plastic and Reconstructive, Surgery – Thoracic, Surgery - Thoracic Cardiovascular, Surgical Critical Care, Transplant Hepatology, Urology, Vascular & Interventional Radiology, Vascular Neurology, Urgent Care, Intensivist, Hospitalist, and Emergency Medicine.

Providers of medically necessary emergency services did not report any changes in the number of third party contracts entered into from the immediately preceding year.

Election by Entities and Organizations Not Otherwise Covered to Submit to Provisions of NRS 439B.700 to 439B.760

Entities or organizations not otherwise subject to the provisions of NRS 439B.700 to 439B.760 may elect to participate under the provisions of NRS 439B.757.

During calendar year 2024, one (1) additional entity or organization elected to participate under the provisions of NRS 439B.757. As of December 31, 2024, the total number of entities electing to participate under the provisions of NRS 439B.700 to 439B.760 is fifty (50). The most current list may be found at [Office for Consumer Health Assistance \(OCHA\) \(nv.gov\)](https://www.nv.gov/ocha).

As of December 31, 2024, no entities or organizations have elected to withdraw their participation.

Conclusion

In calendar year 2024, there was an 8% increase of applications which met criteria over the previous calendar year. Additionally, just 0.26% of cases were closed due to inapplicability. These trends are attributed to Out-of-Network Providers and Out-of-Network Emergency Facilities being more familiar with the arbitration process.

There was an increase in average consumer savings per case closed. In calendar year 2023, average consumer savings per case closed were \$1,080, while in calendar year 2024, average consumer savings per case closed were \$1,191.

The adopted regulation LCB File No. R101-19 can be viewed at [LCB File No. R101-19 State of Nevada Department of Health and Human Services \(nv.gov\)](https://www.nv.gov/lcb). The adopted regulation has not been codified as of December 31, 2024.