



STEVE SISOLAK
Governor

PETER LONG
Board Chair



STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028
www.pebp.state.nv.us



ACCREDITED
CORE
Expires 04/01/2021

LAURA RICH
Interim Executive Officer

January 23, 2020

Barbara Richardson, Insurance Commissioner
Nevada Division of Insurance
1818 E. College Parkway, Suite 103
Carson City, NV 89706

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report calendar year 2019

Dear Commissioner Richardson:

In accordance with NAC 287.750, PEBP presents to the Nevada Division of Insurance its annual Appeals and Complaints Summary Report for calendar year 2019. As required by code, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints received in calendar years 2012 through 2019 has been included for historical comparison.

NAC 287.750(1)(a), name and title of the employee responsible for the system for resolving complaints:

Nancy Spinelli, Quality Control Officer, PEBP
Laura Landry, Quality Control Analyst, PEBP

NAC 287.750(1)(b), NRS 695G.200, a description of the procedure used to notify an insured of the decision regarding his complaint:

PEBP is contracted with HealthSCOPE Benefits (HSB) located in Little Rock, Arkansas, to provide third-party administration services for the Consumer Driven Health Plan (CDHP) and the Exclusive Provider Organization (EPO). As PEBP's claims administrator, HSB receives claims from physicians, dentists, laboratories, and other providers. HSB reviews the claims and processes them in accordance with provisions located in the applicable plan year PEBP Master Plan Document. Included at the bottom of every explanation of benefits (EOB) notice sent by HSB to participants is a statement that reads:

“If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on your ID card or send a written request to Attn: Claim Inquiry, PO Box 2860, Little Rock, AR 72203. If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to Attn: Claim Appeals, PO Box 2860, Little Rock, AR 72203 within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). Please note that if you choose to designate an authorized representative, you must make this designation to us in writing.

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g., benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Include: 1) Your name, 2) Account number from the front of this form, 3) ID number from the front of this form, 4) Name of the patient and relationship, and 5) “Attention: Claim Appeals Unit” on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge. You have the right to billing and diagnosis codes as well.
- If your situation is urgent, you may request an expedited appeal which will generally be conducted within 72 hours. If you believe that your situation is urgent, follow the instructions above for filing an internal appeal and call 1-888-763-8232 to request a simultaneous external review if permitted by your plan.

This is the first step available to every participant in the three-level claims appeal process afforded by the PEBP CDHP or EPO plan. All participants have the right to file a Level 1 appeal when they feel a claim, in whole or in part, has been paid or denied in a manner contrary to CDHP/EPO provisions. The written request for appeal is to be mailed to the HealthSCOPE Benefits address listed on the EOB. HealthSCOPE’s decision on the Level 1 appeal is mailed to the PEBP participant in writing. If HealthSCOPE approves the appeal, they reprocess the related claim(s). If HealthSCOPE Benefits denies the Level 1 appeal, the denial letter to the participant includes instructions on how to proceed to a Level 2 appeal, if the participant deems necessary. Level 2 appeals are adjudicated by PEBP, and decisions on approval or denial are sent to participants in writing. If the Level 2 appeal is denied, the denial letter to the participant will include instructions on how to proceed to an External Review. External Reviews are managed by the Nevada Office of Consumer Health Assistance (OCHA).

The claim appeal process that PEBP describes in its Master Plan Document is in compliance with the requirements established by the Patient Protection and Affordable Care Act of 2010 (PPACA) and the Nevada Insurance Statutes in NRS 695G. Forms for completing the various

Barbara Richardson, Insurance Commissioner
Nevada Division of Insurance
January 23, 2020
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levels of review are available by logging in to the E-PEBP Portal at www.pebp.state.nv.us or by calling the PEBP office.

Summary Narrative

The PEBP Quality Control Appeals and Complaints Summary Report lists 5 external reviews, 20 appeals and 106 complaints received in calendar year 2019, categorized by vendor or program, then by type. This compares to 2 external reviews; 11 appeals and 123 complaints received in 2018.

The 2019 Appeals and Complaints have stayed relatively level, although PEBP experienced an increase in appeals compared to 2018. This increase can be attributed to out-of-network utilization/balance billing, benefit limitations and exclusions. Towers Watson's VIA Benefits experienced only a minor increase in complaints with 20 in 2019 compared to 17 in 2018. Additionally, PEBP continues to dedicate staff resources to provide weekly pre-Medicare retiree educational sessions to assist retirees transitioning to VIA Benefits as well as weekly one-on-one appointments with an HRA specialist. Express Script's (ESI) experienced no change in complaints having 44 each year for 2018 and 2019. American Health Holding replaced Hometown Health as the new medical management vendor effective July 1, 2019. During the first six months of their contract, American Health Holding has received only 2 complaints related to pre-certification and 1 request for external review for medical necessity. The percentage of complaints for PEBP, Healthscope Benefits, statewide PPO network, Health Plan of Nevada, and Standard Insurance experienced slight to no changes in 2019.

Sincerely,

Laura Landry
Quality Control Analyst
Public Employees' Benefits Program
775-684-7000
llandry@peb.nv.gov



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LAURA RICH
Interim Executive Officer

January 23, 2020

Richard Whitley, MS, Director
Office of Consumer Health Assistance
555 E. Washington Avenue, Suite 4800
Las Vegas, NV 89101

Re: Public Employees' Benefits Program (PEBP) Appeals and Complaints Summary Report
calendar year 2018

Dear Mr. Whitley:

In accordance with NAC 287.750, PEBP presents to the Nevada Division of Insurance its annual Appeals and Complaints Summary Report for calendar year 2019. As required by code, the name of the employee(s) responsible for appeals and descriptions of notification procedures and explanation of rights are listed below, followed by a narrative summary of the attached appeals and complaints log. A graph showing the number of appeals and complaints received in calendar years 2012 through 2019 has been included for historical comparison.

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Office of Consumer Health Assistance
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Sincerely,

Laura Landry
Quality Control Analyst
Public Employees' Benefits Program
775-684-7000
llandry@peb.nv.gov

Complaints - ExpressScripts

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
ESI-Plan Design	1	1		3	1	1	1		2	1			11	25.0%
ESI-Customer Service	1	4	2	1	1	3			2		1		15	34.1%
ESI-CDHP RX Prior Auth				1				2	4		2		9	20.5%
ESI-EPO RX Prior Auth							1						1	2.3%
ESI-CDHP RX Price		2				1				1			4	9.1%
ESI-EPO RX Price		1	1		2								4	9.1%
Total	2	8	3	5	4	5	2	2	8	2	3	0	44	33.6%

Complaints - Aetna Network

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
Aetna-Customer Service													0	0.0%
Total													0	0.0%

Complaints - PEBP

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
PEBP-Customer Service	1	1		1								1	4	40.0%
PEBP-Plan Design								1				1	2	20.0%
PEBP-Eligibility	1	1		1								1	4	40.0%
Total	2	2	0	2	0	0	0	1	0	0	0	3	10	7.6%

Complaints - SHO/HTH EPO/PPO Network

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
HTH-Network Providers		3	1		3				1		1		9	52.9%
SHO -Network Providers	1			1						3	1	2	8	47.1%
Total	1	3	1	1	3	0	0	0	1	3	2	2	17	13.0%

Complaints - Standard Insurance

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
STD-Customer Service													0	0.0%
STD- Plan Design													0	0.0%
Total	0	0.0%												

Complaints - TW/VIA Benefits

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
VIA-Carrier Issues				1									1	5.0%
VIA-Customer Service	1			1		1		1		1			5	25.0%
VIA-Disenroll/Over-pmt					2	1	1			1			5	25.0%
VIA-Enrollment		1			1				1	1		1	5	25.0%
VIA-HRA Funding			2				1			1			4	20.0%
Total	1	1	2	2	3	2	2	1	1	4	0	1	20	15.3%

Complaints - American Health Holding UM/CM

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	% of Total
AHH-Customer Service													0	0.0%
AHH-UM/Pre-Cert										2			2	100.0%
Total	0	2	0	0	2	1.5%								

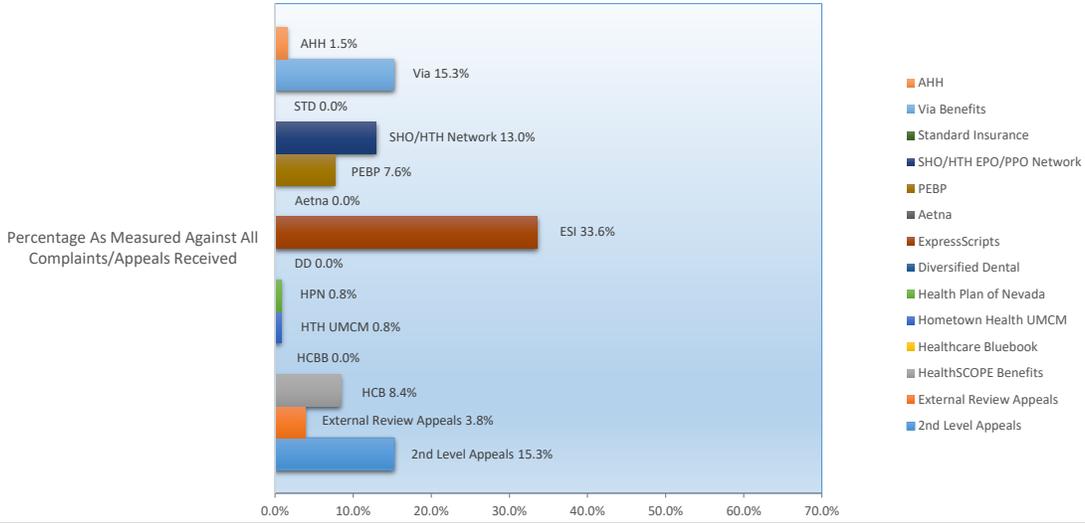
Summary Report Totals

Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total
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Appeals & Complaints Totals

10	20	7	14	14	8	8	5	15	14	7	9	131
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PEBP PY2019 Complaints/Appeals Summary Report



PEBP Complaints and Appeals History Comparison 2012 - 2019

