



STEVE SISOLAK
Governor

LAURA FREED
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



LAURA RICH
Executive Officer

January 28, 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 2020

Dear Mr. Whitley:

In accordance with NRS 695G.310, PEBP presents to the Office of Consumer Health Assistance its annual Appeals and Complaints Summary Report for calendar year 2020. 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 2013 through 2020 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 for adverse benefit determinations. 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 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 10 external reviews, 16 appeals and 72 complaints received in calendar year 2020, categorized by vendor or program, then by type. This compares to 5 external reviews, 20 appeals and 106 complaints received in 2019.

The 2020 Appeals and Complaints have slightly decreased, although PEBP experienced an increase in external reviews compared to 2019. This increase can be attributed to reviews of medical necessity and experimental and investigatory medical procedures / equipment. Towers Watson's VIA Benefits experienced a minor decrease in complaints with 16 in 2020 compared to 20 in 2019. Express Script's (ESI) experienced a significant decrease in complaints with 18 in 2020 compared to 44 in 2019. This decrease is due in part to increased communication from Express Scripts to members, improvements to the online member experience and efficiency of the Express Scripts Client Service Center. Corestream, who has been administering the voluntary benefits for PEBP members beginning in July of 2019 has been effective in assisting PEBP participants and only incurred 3 formal complaints for their first full calendar year. The percentage of complaints for PEBP, Healthscope Benefits, the statewide PPO network, Health Plan of Nevada, and Standard Insurance experienced slight to no changes in 2020.

Sincerely,



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



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LAURA RICH
Executive Officer

January 28, 2021

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 2020.

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 2020. 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 2013 through 2020 has been included for historical comparison.

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Sincerely,



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

2nd Level Appeals - Medical/Dental

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
EPO-Medical Claim Denial	1			1				1					3	18.8%
CDHP-Medical Claim Denial	1	1	1		2	1	1			2			9	56.3%
Dental Claim Denial													0	0.0%
VIA HRA Appeals					1		1	1		1			4	25.0%
Total	2	1	1	1	3	1	2	2	0	3	0	0	16	16.3%

External Review Appeals

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
CDHP Overturned		1	1		1								3	30.0%
CDHP Upheld	1			1			1					1	4	40.0%
EPO Overturned				1			1						2	20.0%
EPO Upheld													0	0.0%
Dental Overturned													0	0.0%
Dental Upheld													0	0.0%
AHH Overturned													0	0.0%
AHH Upheld												1	1	10.0%
Total	1	1	1	2	1	0	2	0	0	0	0	2	10	10.2%

Complaints- HealthSCOPE Benefits

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
HSB-CDHP Customer Service													0	0.0%
HSB-EPO Customer Service			1								1		2	20.0%
HSB-CDHP Medical Claim Denial		1			1					1			3	30.0%
HSB-EPO Medical Claim Denial		2	1								1		4	40.0%
HSB-CDHP Plan Design													0	0.0%
HSB-EPO Plan Design													0	0.0%
HSB-Provider Access Network													0	0.0%
HSB-Dental Claim Denial													0	0.0%
HSB-Dental Customer Service													0	0.0%
HSB-CDHP HSA/HRA/FSA									1				1	10.0%
Total	0	3	2	0	1	0	0	0	1	1	2	0	10	10.2%

Complaints - Healthcare Bluebook

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
HCBB				1									1	100.0%
Total	0	0	0	1	0	1	1.0%							

Complaints - Hometown Health UM/CM

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
HTH-Customer Service													0	0.0%
HTH-UM/Pre-Cert													0	0.0%
Total	0	0.0%												

Complaints - Health Plan of Nevada HMO

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
HPN-Customer Service													0	0.0%
HPN-Plan Design													0	0.0%
HPN-Prescriptions													0	0.0%
HPN-Network Providers													0	0.0%

Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Complaints - Diversified Dental															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
DD-Customer Service													0	0.0%	
DD-Network Providers								1			1		2	100.0%	
DD-Plan Design													0	0.0%	
Total	0	0	0	0	0	0	0	1	0	0	1	0	2	2.0%	
Complaints - Express Scripts															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
ESI-Plan Design							1		1		1	1	4	22.2%	
ESI-Customer Service		1	2						1			1	5	27.8%	
ESI-CDHP RX Prior Auth	1					1					1		3	16.7%	
ESI-EPO RX Prior Auth		1											1	5.6%	
ESI-CDHP RX Price		1		1								1	3	16.7%	
ESI-EPO RX Price		1		1									2	11.1%	
Total	1	4	2	2	0	1	1	0	2	0	2	3	18	18.4%	
Complaints - Aetna Network															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
Aetna-Customer Service													0	0.0%	
Total													0	0.0%	
Complaints - PEBP															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
PEBP-Customer Service						2	1		1			1	5	35.7%	
PEBP-Plan Design			1			1	1		2				5	35.7%	
PEBP-Eligibility		1	1	1					1				4	28.6%	
Total	0	1	2	1	0	3	2	0	4	0	0	1	14	14.3%	
Complaints - SHO/HTH EPO/PPO Network															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
HTH-Network Providers			2		1		2						5	83.3%	
SHO -Network Providers				1									1	16.7%	
Total	0	0	2	1	1	0	2	0	0	0	0	0	6	6.1%	
Complaints - Standard Insurance															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
STD-Customer Service													0	0.0%	
STD- Plan Design													0	0.0%	
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	
Complaints - TW/VIA Benefits															
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total	
VIA-Carrier Issues													0	0.0%	
VIA-Customer Service		1								1			2	12.5%	

VIA-Disenroll/Over-pmt		1		3			1		1	1			7	43.8%
VIA-Enrollment													0	0.0%
VIA-HRA Funding	1	2		1		1				1	1		7	43.8%
Total	1	4	0	4	0	1	1	0	1	3	1	0	16	16.3%

Complaints - American Health Holding UM/CM

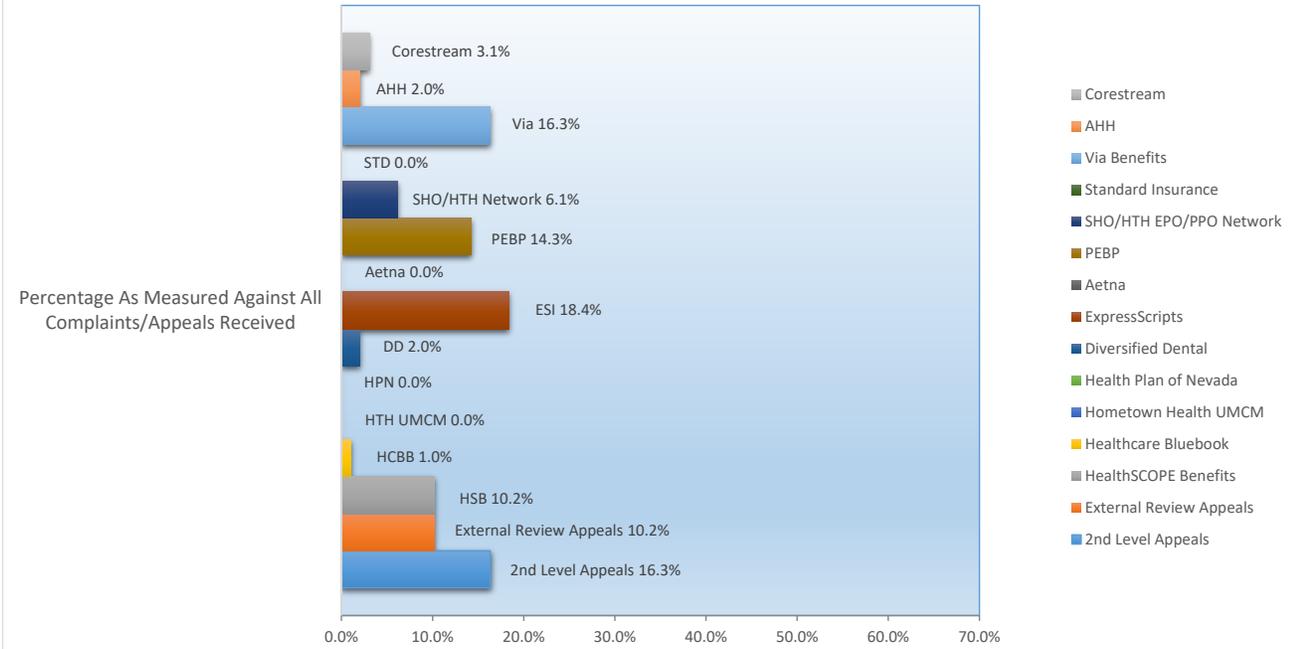
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
AHH-Customer Service												1	1	50.0%
AHH-UM/Pre-Cert	1												1	50.0%
Total	1	0	1	2	2.0%									

Complaints - Corestream

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total	% of Total
Corestream-Customer Service					2								2	66.7%
Corestream-Portal Administration													0	0.0%
Corestream-Voluntary Products								1					1	33.3%
Total	0	0	0	0	2	0	0	1	0	0	0	0	3	3.1%

Appeals & Complaints Totals	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD Total
	6	14	10	12	6	6	10	3	8	7	6	7	98

PEBP PY2020 Complaints/Appeals Summary Report



PEBP Complaints and Appeals History Comparison 2013 - 2020

