STEVE SISOLAK
Governor

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 FREED
Board Chair

LAURA RICH
Executive Officer

January 27, 2022

Richard Whitley, MS
Director of DHHS
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 2021

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 2021. As required by NRS, 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 2021 has been included for historical comparison.

Per NRS 695G.200, the name and title of the employee authorized for resolving complaints:

Tim Lindley, Quality Control Officer, PEBP
Gina Reynolds, Quality Control Analyst, PEBP

NRS 695G.200, a description of the system for resolving appeals and to notify an insured of the decision regarding their appeal:

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), Low Deductible PPO (LD), 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 the following address:

HealthSCOPE Benefits
Attn: Claim Inquiry,
PO Box 2860
Little Rock, AR 72203.

You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on the processing of your claim.

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:

My Health Plan
c/o HealthSCOPE Benefits, Inc.,
PO Box 2860
Little Rock, AR 72203

Or as otherwise set out in your benefit plan blook 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.
- Be sure to 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: 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 Customer Service to request a simultaneous external review if permitted by your plan.
- You will be notified of the decision in a timely manner, as described in your plan materials.

This is the first step available to every participant in the three-level claims appeal process afforded by the PEBP CDHP, LD, or EPO plan. All participants have the right to file a Level 1 Appeal for adverse benefit determinations. The written request for appeal is 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 may 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, 36 appeals and 63 complaints received in Calendar Year 2021, categorized by vendor or program, then by type. This compares to 10 external reviews, 16 appeals and 72 complaints received in 2020.

When compared to 2020, the 2021 Appeals and Complaints have increased overall. The number of external reviews remained the same, a decrease in complaints; however, there was an increase in appeals. The increase in appeals can be attributed to reviews of Out-of-Network claims, reviews of medical necessity, and experimental and investigatory medical procedures / equipment. Willis Towers Watson's VIA Benefits experienced a minor decrease in complaints with 11 in 2021 compared to 16 in 2020, with most complaints relating to customer service during Medicare Open Enrollment. This was attributed to staff shortages caused by COVID and other employment hurdles experience nationwide. Express Scripts (ESI) experienced no change in complaints with 18 in 2021 compared to 18 in 2020. The majority of ESI complaints centered on price of prescriptions and deductible questions. With a new network starting mid-year, AETNA experienced 7 complaints centered on members unable to find In-Network Providers. 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 1 formal complaints for their second full calendar year. The percentage of complaints for PEBP, Healthscope Benefits, the statewide PPO network, Diversified Dental, Health Plan of Nevada, and Standard Insurance experienced a significant drop in 2021, from 33 overall complaints in 2020 down to 21 for 2021.

Sincerely,

Tim Lindley

Quality Control Officer
Public Employees' Benefits Program
775-684-7000
tlindley@peb.nv.gov

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LAURA FREED
Board Chair

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Executive Officer

January 27, 2022

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 for Calendar Year 2021.

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 2021. 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 2021 has been included for historical comparison.

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

> Tim Lindley, Quality Control Officer, PEBP
> Gina Reynolds, Quality Control Analyst, PEBP

NAC 287.750(1)(b), a "description of the procedure used to notify an insured of the decision regarding his or her complaint":

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> Little Rock, AR 72203.

You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on the processing of your claim.

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:

My Health Plan
c/o HealthSCOPE Benefits, Inc.,
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Or as otherwise set out in your benefit plan blook 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.
- Be sure to 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: 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.
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Sincerely,

Tim Lindley
Quality Control Officer
Public Employees' Benefits Program
775-684-7000
tlindley@peb.nv.gov

2nd Level Appeals - Medical/Dental

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
EPO-Medical Claim Denial				1	1		1	2		2		2	9	25.0%
LD-Medical Claim Denial												1	1	2.8%
CDHP-Medical Claim Denial	1		5		1	1	2	1	3	1	3	3	21	58.3%
Dental Claim Denial													0	0.0%
VIA HRA Appeals	1			1	1	2							5	13.9%
Total	2	0	5	2	3	3	3	3	3	3	3	6	36	33.0%

2nd Level Appeals - Medical/Dental Summary

Complaint Categories	Description
EPO-Medical Claim Denial	Level 2 Appeals related to the denial of medical benefits to EPO members. Examples include use of Out-of-Network facilities.
LD-Medical Claim Denial	Level 2 Appeals related to the denial of medical benefits to LD members. Examples include a review of medical necessity.
CDHP-Medical Claim Denial	Level 2 Appeals related to the denial of medical benefits to CDHP members. Examples include the use of Out-of-Network services and balance billing.
Dental Claim Denial	No dental claim appeals were received.
VIA HRA Appeals	Appeals related to member requests for reconsideration of HRA reimbursement.

External Review Appeals

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
CDHP Overturned					2								2	20.0%
CDHP Upheld		1				1				1			3	30.0%
LD Overturned													0	0.0%
LD Upheld													0	0.0%
EPO Overturned		1			1								2	20.0%
EPO Upheld													0	0.0%
Dental Overturned													0	0.0%
Dental Upheld													0	0.0%
AHH Overturned							2				1		3	30.0%
AHH Upheld													0	0.0%
Total	0	2	0	0	3	1	2	0	0	1	1	0	10	9.2%

External Review Appeals Summary

Complaint Categories	Description
CDHP Overturned	External Review of HSB CDHP Medical Claim Denial determination overturned. Examples include review medical necessity.
CDHP Upheld	External Review of HSB CDHP Medical Claim Denial determination upheld. Examples include review of experimental treatments.
LD Overturned	No External Reviews were received.
LD Upheld	No External Reviews were received.
EPO Overturned	External Review of HSB EPO Medical Claim Denial determination overturned. Examples include review of medical necessity.
EPO Upheld	No External Reviews were received.
Dental Overturned	No External Reviews were received.
Dental Upheld	No External Reviews were received.
AHH Overturned	External Review of American Health Holding coverage determination. Overturned for medically necessity.
AHH Upheld	No External Reviews were received.

Complaints- HealthSCOPE Benefits

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
HSB-CDHP/LD Customer Service						1							1	16.7%
HSB-EPO Customer Service				1					1	1			3	50.0%
HSB-CDHP/LD Medical Claim Denial							1		1				2	33.3%
HSB-EPO Medical Claim Denial													0	0.0%
HSB-CDHP/LD 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													0	0.0%
Total	0	0	0	1	0	1	1	0	2	1	0	0	6	5.5%

Complaints- HealthSCOPE Benefits Summary

Complaint Categories	Description
HSB-EPO/CDHP/LD Customer Service	Complaints related to HSB customer service for EPO and CDHP members.
HSB-EPO/CDHP/LD Medical Claim Denial	Complaints related to HSB medical claim denials for EPO and CDHP members. Examples include provider billing OON on labwork previously covered, OON facilities, and medical claim denial.
HSB-EPO/CDHP/LD Plan Design	Complaints related to HSB Plan Design. No examples available.
HSB-EPO/CDHP/LD Provider Access Network	Complaint related to HSB Provider Access Network. No examples available.
HSB-Dental Claim Denial	Complaints related to HSB Dental Claim Denial. No examples available.
HSB-Dental Customer Service	Complaints related to HSB Dental Customer Service. No examples available.
HSB-CDHP HSA/HRA/FSA	Complaints related t HSB-CDHP HSA/HRS/FSA. No examples available.

Complaints - Healthcare Bluebook

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
HCBB													0	0.0%
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%

Complaints - Healthcare Bluebook Summary

Complaint Categories	Description
HCBB	None

Complaints - Hometown Health UM/CM

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
HTH-Customer Service													0	0.0%
HTH-UM/Pre-Cert													0	0.0%
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%

Complaints - Hometown Health UM/CM Summary

Complaint Categories	Description
HTH-Customer Service	Complaints related to Hometown Health customer service. Examples not available.
HTH-UM/Pre-Cert	Complaints related to Hometown Health UM/Pre-Cert. Examples not available.

Complaints - Health Plan of Nevada HMO

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	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%

Complaints - Health Plan of Nevada HMO Summary

Complaint Categories	Description
HPN-Customer Service	Complaints relating to HPN customer service. Examples not available.
HPN-Plan Design	Complaints relating to HPN Plan Design. Examples not available.
HPN-Prescriptions	Complaints relating to HPN Prescriptions. Examples not available.
HPN-Network Providers	Complaints relating to HPN contracted network providers. Examples not available.

Complaints - Diversified Dental

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
DD-Customer Service													0	0.0%
DD-Network Providers													0	0.0%
DD-Plan Design													0	0.0%
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%

Complaints - Diversified Dental Summary

Complaint Categories	Description
DD-Customer Service	Complaints relating to DD customer service. Examples not available.
DD-Network Providers	Complaints relating to specific DD providers. Examples include billing issues and quality of care.
DD-Plan Design	Complaints relating to DD Plan requirements. Examples not available.

Complaints - Express Scripts

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
ESI-Plan Design				1									1	5.6%
ESI-Customer Service	2	1			1								4	22.2%
ESI-CDHP RX Prior Auth	1			1									2	11.1%
ESI-EPO RX Prior Auth							1						1	5.6%
ESI-CDHP RX Price	1	1	1		1		1	1	1				7	38.9%
ESI-EPO RX Price													0	0.0%
ESI-LD PPO RX Price							1	2					3	
ESI- LD PPO Price														
Total	4	2	1	2	2	0	3	3	1	0	0	0	18	16.5%

Complaints - Express Scripts Summary

Complaint Categories	Description
ESI-EPO/CDHP Plan Design	ESI Plan Design complaints relate to complaints pertaining directly to Plan requirements such as Medicare primary payer guidelines value programs and billing processes.
ESI-Customer Service	Complaints that arise when members are unable to achieve a resolution through contact with ESI customer service directly. Examples include unauthorized charges, copay assistance issues, confusion on Plan rules, and delivery of temperature controlled medication.
ESI-EPO/CDHP Prior Authorization	Complaints that occur due to expiration of prior authorizations causing a delay or denial of refill. In all cases the prior authorization expires, and the member is unable to achieve a resolution through ESI customer service. The issues usually arise due to difficulty reaching providers to obtain the necessary information to approve the medication as well as members having difficulty understand the requirements / process.
ESI-EPO/CDHP RX Price	Complaints relating to the cost of a medication directly. Examples include issues with copay assistance, accumulators billing for specialty medication.

Complaints - Aetna Network

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
Aetna-Customer Service													0	0.0%
Aetna-Network Providers					2			1	2	2			7	100.0%
Total					2			1	2	2			7	6.4%

Complaints - Aetna Network Summary

Complaint Categories	Description
Aetna-Customer Service	Complaints relating to Aetna customer service. Examples not available.
Aetna-Network Providers	Complaints relating to Aetna customer service. Examples include difficulty find Home Health Care Providers in rural areas.

Complaints - PEBP

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
PEBP-Customer Service													0	0.0%
PEBP-Plan Design		1	1		2	1		3	1			1	10	100.0%
PEBP-Eligibility													0	0.0%
Total	0	1	1	0	2	1	0	3	1	0	0	1	10	9.2%

Complaints - PEBP Summary

Complaint Categories	Description
PEBP-Customer Service	Complaints relating to PEBP customer service. Examples not available.
PEBP-Plan Design	Complaints relating to PEBP Plan Design. Examples include Medicare primary plan rules, subrogation requests and network changes.
PEBP-Eligibility	Complaints relating to PEBP eligibility. Examples not available.

Complaints - SHO/HTH EPO/PPO Network

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
HTH-Network Providers		3		1				1					5	100.0%
SHO -Network Providers													0	0.0%
Total	0	3	0	1	0	0	0	1	0	0	0	0	5	4.6%

Complaints - SHO/HTH EPO/PPO Network Summary

Complaint Categories	Description
HTH-Network Providers	Complaints relating to specific providers within the HTH network. Examples include difficulty obtaining DME supplies.
SHO -Network Providers	Complaints relating to specific providers within the SHO network. Examples include customer service issues.

Complaints - Standard Insurance

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	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 - Standard Insurance Summary

Complaint Categories	Description
STD-Customer Service	Complaints relating to Standard customer service. Examples not available.
STD- Plan Design	Complaints relating to Standard Plan design. Examples not available.

Complaints - TW/VIA Benefits

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
VIA-Carrier Issues													0	0.0%
VIA-Customer Service								1	1		7		9	81.8%
VIA-Disenroll/Over-pmt			1										1	9.1%
VIA-Enrollment													0	0.0%
VIA-HRA Funding	1												1	9.1%
Total	1	0	1	0	0	0	0	1	1	0	7	0	11	10.1%

Complaints - TW/VIA Benefits Summary

Complaint Categories	Description
VIA-Carrier Issues	Complaints relating to Via carrier issues. Examples not available.
VIA-Customer Service	Complaints relating to Via customer service. Examples include response time, reimbursement issues and website changes.
VIA-Disenroll/Over-pmt	Complaints relating to Via Disenrollment and Overpayments. Examples include members disenrolling from a plan through Via Benefits resulting the loss of HRA funding and all PEBP Benefits.
VIA-Enrollment	Complaints relating to Via Enrollment. Examples not available.
VIA-HRA Funding	Complaints relating to Via HRA funding. Examples include denials due to failure to provide necessary documentation.

Complaints - American Health Holding UM/CM

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
AHH-Customer Service						3							3	60.0%
AHH-UM/Pre-Cert							1					1	2	40.0%
Total	0	0	0	0	0	3	1	0	0	0	0	1	5	4.6%

Complaints - American Health Holding UM/CM Summary

Complaint Categories	Description
AHH-Customer Service	Complaints relating to AHH customer service. Examples not available.
AHH-UM/Pre-Cert	Complaints relating directly to medical management provided by AHH.

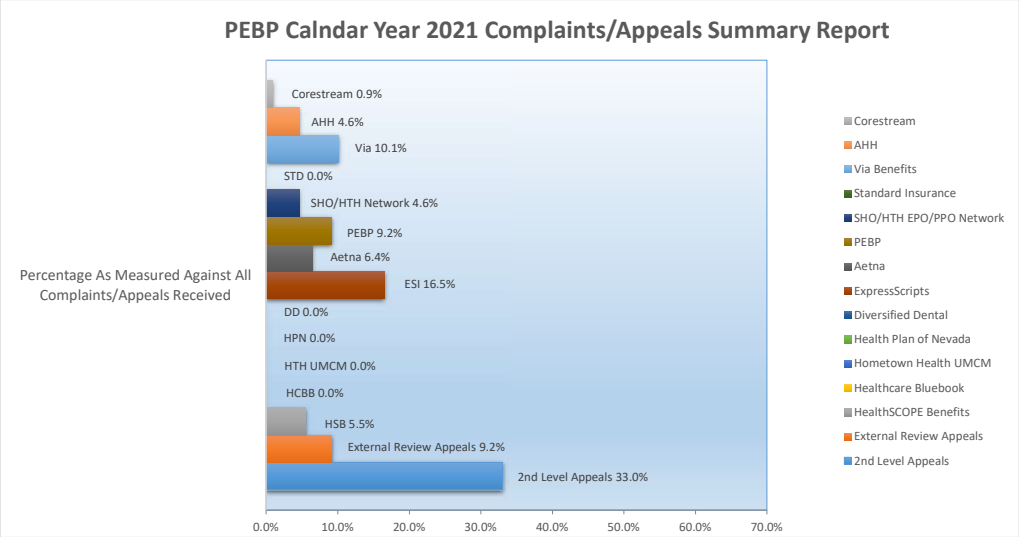
Complaints - Corestream

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total	% of Total
Corestream-Customer Service													0	0.0%
Corestream-Portal Administration													0	0.0%
Corestream-Voluntary Products					1								1	100.0%
Total	0	0	0	0	1	0	0	0	0	0	0	0	1	0.9%

Complaints - Corestream Summary

Complaint Categories	Description
Corestream-Billing Issue	Complaint related to a bill for service not received.

Appeals & Complaints Totals	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD Total
	7	8	8	6	12	9	10	12	10	7	11	8	109



PEBP Complaints and Appeals History Comparison 2013 - 2021