



**NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM**

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Carson City, Nevada 89706
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Stacie Weeks
Director



Joe Lombardo
Governor

Theresa Carsten
Executive Officer

January X, 2026

NED GAINES
NEVADA DIVISION OF INSURANCE
1818 e. COLLEGE PARKWAY, SUITE 103
CARSON CITY, NV 89706

Dear Commissioner Gaines,

In accordance with NAC 287.750, the Public Employee's Benefits Program (PEBP) presents to the Nevada Division of Insurance, under the Department of Business and Industry, its annual Complaints Summary Report for Calendar Year 2025. Specifically, the names of the employee(s) responsible for appeals, descriptions of notification procedures, and an explanation of rights are set forth below, followed by a narrative summary of complaints in accordance with NRS 695G.220.

Pursuant to NAC 287.750

(a) The name and title of the employee responsible for the system for resolving complaints that make up the Quality Control Unit.

- Leslie Bittleston, Quality Control Officer, PEBP
- Gina Reynolds, Quality Control Analyst, PEBP
- Allison Walker, Quality Control Analyst, PEBP

(b) A description of the procedure used to notify an insured of the decision regarding his or her complaint.

A complaint may be made to the PEBP by any participant, provider, vendor, etc., regarding any PEBP process or service. It is recognized that complaints may be made in person, over the phone, by e-mail, or other methods of communication.

1. The Quality Control Unit shall respond to the participants either by mail, e-mail, or phone within 2 business days to acknowledge receipt of the complaint. Generally, complaints will be acknowledged in the same method as submitted to PEBP.
2. The Quality Control Unit shall log the complaint for tracking and reporting purposes with the pertinent details of the complaint. The Compliance Division staff review complaint documents to determine a response.
3. If the complaint is addressed to a specific staff member, it is routed to the Quality Control Unit for processing.
4. The Quality Control Unit shall respond to the participant with determination of complaint findings within 7 business days. In the event further time is needed to completely research and review the complaint, the Compliance Division staff will contact the participant as needed to provide status updates.
5. A final complaint response, including signed written response from the Quality Control Unit, is mailed to the participant.
6. For PEBP Operational purposes, the Quality Control Unit shall note the participant's account in the current PEBP internal Client Relations Management Tool and will not include participant's Personal Health Information (PHI).

(c) A copy of the explanation of rights and procedures that will be provided to insureds.

- All notifications provided to participants may be found on PEBPS website for [mandatory notices](#).
- Master plan documents may be found on PEBP site under [“Getting to know your plan”](#).

Summary Narrative

Pursuant to NRS 695.G.220, the summary narrative must include the “total number of complaints and appeals handled” since the last report, the “current status of each complaint and appeal filed” and “the average amount of time that was needed to resolve a complaint and an appeal”.

There were 236 complaints (200) and appeals (36) in Calendar Year 2025.

Of those complaints (200), 41% were eligibility and enrollment issues, 27% were general complaints against PEBP and/or PEBP's vendors regarding difficulty obtaining information regarding benefits, 22% were directed at PEBP's Third Party Administrator for claims administration, denials, and prior authorization issues, while the remaining 10% were issues directed at Express Scripts for prescription related issues. One hundred percent of these complaints were resolved within the following timeframes: 7.6 calendar days for eligibility and enrollment issues and 6.5 calendar days for all other complaints.

Appeals handled by PEBP are level II appeals pursuant to NAC 287.680. Out of the 36 level II appeals, 61 percent were upheld and 39 percent were overturned. All level II appeals were resolved within an average of 8.4 calendar days.

Sincerely,

Leslie Bittleston

Leslie Bittleston, MSQA
Quality Control Officer
Public Employees' Benefits Program

CC: File