

In The Matter Of:
Public Employees' Benefits program
transcript Proceedings Telephonic open Meeting

January 24, 2019

Capitol Reporters
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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, JANUARY 24, 2018

5 CARSON CITY AND LAS VEGAS, NEVADA

6
7
8 The Board: PATRICK CATES, Chairman
9 DON BAILEY, Co-Chair
LINDA FOX - Member
10 JOHN PACKHAM - Member
TOM VERDUCCI - Member
11 LEAH LAMBORN - Member.
CHRISTINE ZACK- Member

12 For the Board: BRANDEE MOONEYHAM
13 Deputy Attorney General

14 For Staff: DAMON HAYCOCK
15 Executive Officer
LAURA LANDRY
16 Executive Assistant
CELESTENA GLOVER
17 Chief Financial Officer
LAURA RICH
18 Chief Operating Officer
NANCY SPINELLI
19 Quality Control Officer

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11. Discussion and possible action regarding additional proposed plan design changes for Plan Year 2020/2021 (July 1, 2019 - June 30, 2021), including but not limited to the following:	
* Possible increases and requirements to CDHP HSA/HRA enhanced employer contributions:	
* Funding Medicare exchange participant HRA Administration fees and life insurance premiums	
* Additional benefit design inclusion/exclusion/alterations to meet projected budget needs.	
12. Discussion and possible action to approve a 4-year contract (through 2023) with American Health Holdings for Utilization Management/Large Case Management services for PEBP members on the CDHP and EPO plans. Pursuant to NRS 287.04345(4) the PEBP Board may close a portion of this item to review the results of the evaluation of proposals for the contract; no action will be taken during any closed portion of the session. (Damon Haycock, Executive Officer)	
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1 THURSDAY, JANUARY 24, 2019, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRMAN CATES: Okay. Let's call to order the
4 Public Employees' Benefit Program meeting. Let's start with
5 the Agenda Item Number One, role call.

6 MS. LANDRY: Don Bailey?

7 MEMBER BAILEY: Here.

8 MS. LANDRY: Patrick Cates?

9 CHAIRMAN CATES: Here.

10 MS. LANDRY: Linda Fox?

11 MEMBER FOX: Here.

12 MS. LANDRY: Leah Lamborn?

13 MEMBER LAMBORN: Here.

14 MS. LANDRY: John Packham?

15 MEMBER PACKHAM: Here.

16 MS. LANDRY: Tom Verducci?

17 MEMBER VERDUCCI: Here.

18 MS. LANDRY: Christine Zack?

19 MEMBER ZACK: Here.

20 MS. LANDRY: And Member Jennifer Bonilla has been
21 excused.

22 CHAIRMAN CATES: Thank you.

23 So we will move to Agenda Item Number Two, public
24 comment. We will limit public comment to three minutes. I
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1 understand we have somebody here from the insurance
2 commission. We'll give them a little more time, but everyone
3 else we'll limit it to three minutes. So anybody up north
4 please come to the table and state your name for the record.

5 MR. UNGER: Douglas Unger, chair counsel of
6 faculty --

7 CHAIRMAN CATES: Push the little green light.

8 MR. UNGER: Got it. I'm Douglas Unger, chair
9 counsel, faculty senate chair for the Nevada System of Higher
10 Education for the record.

11 Good morning. It's a pleasure to speak to you
12 here in your northern home office today and to be able to
13 thank the PEBP Board and staff personally for their service
14 to our state and for our NSHE Faculty.

15 Speaking to the upcoming Agenda Item 13, the
16 evaluation of Executive Officer Damon Haycock, I wish to
17 express on behalf of the 7,000 faculty in the NSHE system our
18 appreciation for Mr. Haycock and his capable and
19 compassionate leadership. Since he was appointed executive
20 officer in July 2015, Mr. Haycock has changed the culture of
21 PEBP in its relationship to NSHE Faculty to encourage
22 cooperation and collaboration.

23 His informative communications have helped our
24 faculty better understand what the PEBP does and that the
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1 Board, staff and faculty are aligned in our common goals to
2 secure and maintain the best possible health plans for Nevada
3 State employees.

4 We express our gratitude to Mr. Haycock to this
5 and more and fully support and advise the most positive
6 evaluation possible of his performance.

7 About Agenda Item 11 that you will consider today
8 regarding proposed plan design changes for the CDHP
9 self-funded plan, I have written a letter addressed to
10 Chairman Cates and the Board requesting that regardless of
11 any action taken by the Board today that the Chair place on
12 the agenda for the March 28th meeting the deliberation and
13 consideration of a different plan design that would lower
14 deductibles and maximum out of pocket costs for plan members
15 instead of contributing excess reserves to the HSA/HRA
16 accounts.

17 We have submitted a rough outline of a lower
18 deductible plan design that should conform well with the
19 Governor's recommended budget without need for more funding
20 from the state. I've detailed our rationale for suggesting
21 such a plan in my January 23rd letter to Chairman Cates and
22 the PEBP Board. But to reiterate here, we feel strongly that
23 a lower deductible plan design would provide more humane and
24 compassionate coverage for our state employees who suffer
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1 from chronic, acute or terminal illnesses or who must pay for
2 pregnancies and natal care.

3 We are asking Chairman Cates to allow the Board
4 to deliberate this option at the March meeting. Who knows
5 what might result from such a discussion. We trust Chair
6 Cates and the Board understand our goodwill in making this
7 request and our sincere desire to collaborate altogether with
8 PEBP and with our legislature and the Governor to provide
9 within the resources available the best possible healthcare
10 for Nevada State employees.

11 Thank you Chairman Cates and members of the Board
12 for your consideration. Thank you.

13 CHAIRMAN CATES: Thank you.

14 MR. ERVIN: Good morning. My name is Kent Ervin,
15 E-r-v-i-n representing the Nevada Faculty Alliance the
16 independent association of faculty statewide NSHE
17 institutions, that's the Nevada System of Higher Education.
18 I was just over in another building where they told us to
19 tell them what all of the acronyms were.

20 The -- so NFA also submitted a written public
21 comment which I hope you have had a chance to review so I
22 won't go into detail on that. I would like to ditto Doug
23 Unger's concerns and request that the Board consider the
24 option of lowering the deductibles and out of pocket maximums
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1 and just a couple of points on that.

2 On Agenda Item Eight you will hear about the
3 Governor's recommended budget which includes a mandated \$400
4 per month into HSA's. So unless the Board requests the
5 legislature to change that, that's what it will be.
6 Personally I think it's a little bit unwise to set that in
7 advance when excess reserves can be volatile. As we know,
8 they can go up by 14.6 between November and January,
9 14.6 million between November and January. We hope they
10 aren't going to go down as a pattern, but the Board needs a
11 flexibility to do what it needs to do come March.

12 And then -- but given the extra excess reserves,
13 15,000,000, actually we think you can afford all of what's in
14 the recommendations in Item 11, including that \$400 and also
15 commit or possibly commit in March for lowering the
16 deductible and out of pocket maximum by modest amounts the
17 total of that package and including smaller amounts for
18 dental and vision is \$4,000,000 per year, and there appears
19 to be enough for that.

20 But at least we request that you ask Aon today to
21 do the appropriate analysis just on those two items,
22 deductibles and out of pocket maximum so the Board can have
23 that discussion in March of given the new, whatever new
24 numbers we have between January and March on what you can do

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1 for participants.

2 And echoing Doug Unger's concerns that those are
3 what effect people's healthcare needs this year, in the next
4 year most, and that's a trade off between putting more money
5 into HSA's for everybody, including the healthy folks who can
6 save it for the future versus helping out the folks who
7 really have serious health needs this coming year. Thank you
8 very much.

9 CHAIRMAN CATES: Thank you.

10 Do we have more public comment in Carson City?

11 MS. RICHARDSON: Thank you. For the record my
12 name is --

13 CHAIRMAN CATES: The mic.

14 MS. BARB: For the record my name is Barbara
15 Richardson. I'm actually here on an official capacity, not
16 as a member of the public. So my role here is as the
17 Commissioner of insurance division for State of Nevada.

18 And basically I just wanted to come and talk to
19 you all about a couple of issues just so you keep it in your
20 mind on moving forward on some of your decisions. One of the
21 things that would be helpful for you to know is that as the
22 Commissioner I now regulate what is a 16 billion dollar
23 regulatory industry, and we have over 25,066 admitted
24 carriers in the state that are selling products to our
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1 consumers.

2 With that, we have 166,000 licensees who actually
3 make those suggestions to our consumers, and the reason why
4 I'm here, which seems like a small thing, is we care about
5 what our licensees tell people and, unfortunately, I was
6 listening to the Board meeting the last Board meeting when
7 Morneau Shepell actually made its presentations, one of our
8 licensees. I want to clear some things up so everybody is on
9 the same page.

10 They misstated at the last Board meeting that
11 they had all of their licenses and appointments in place, and
12 they also licensed all of the products they were proposing to
13 the PEBP Board at the time. At that time that is not an
14 accurate statement. We believe it was a misstatement, and
15 they may not have understood the question as it was posed,
16 but I thought it would be helpful to know this.

17 We are working right now with Morneau Shepell
18 right now to make sure that becomes an accurate statement by
19 the time they actually move forward.

20 The other thing for you all to know is that
21 Morneau Shepell is working with a company called Corestream.
22 I think they mentioned that many times. However, Corestream
23 is just a trade name. It's a trade name for Empower
24 Benefits. So if you want to look up information on Morneau
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1 Shepell and its partner, its partner is actual Empower
2 Benefits. I thought that would be helpful to get on the
3 record.

4 So at this time I just wanted to let you know
5 that neither of those agency -- neither Empower Benefits nor
6 Morneau Shepell are fully appointed to work with the
7 companies that they listed on their exhibit with PEBP, and
8 one of the reasons was is they use brand names. So they
9 would use the name Travelers. They would use the name
10 Liberty Mutual. Unfortunately, Liberty Mutual has, if you
11 call Liberty Mutual group, it has ten companies under it so
12 you need to actually get all of those bits and pieces if
13 you're going to sell product from one of the other Liberty
14 mutual affiliates. For example Safeco is a Liberty Mutual
15 affiliate.

16 So the question really is what they are offering.
17 So we're trying to make sure that the information to the --
18 to the employees here is as clear as possible so they know
19 what they are buying.

20 The other thing that we're trying to work with
21 Morneau Shepell on is that -- that they might have to come
22 back to you with different company names or with different
23 information that more specifically actually accurately
24 describes what they are selling to the state employees. So

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1 we just wanted to let you know that that -- that's our
2 intention to push them back this direction when they have
3 that list fully flushed out.

4 The last issue I just want to bring up is that
5 they have presented us with a series of group plans versus a
6 series of individual plans. So I think there was some
7 misunderstanding, my belief, and this may not be true, so I'm
8 assuming, I'm telling you that right now is all of the plans
9 that were going to be on this voluntary benefits plan were
10 going to be individual.

11 Well, Morneau Shepell is not presenting all of
12 them as being individual plans. Selling them as group plans
13 which means they are not overseen by the insurance division
14 the same way. Individual plans, we look at the rates, and we
15 look at the forms. If they are group plans, we only look at
16 the forms, and the rates are negotiated, so that would put
17 you all in a position of negotiating the rates and the
18 oversight, and then the rates would include not just the fees
19 that are paid but also the commissions.

20 So I just thought that would be information that
21 would be helpful for you moving forward while you still had
22 time to make some decisions or have some time to -- to act or
23 ask us any questions, so that's it.

24 CHAIRMAN CATES: Thank you.
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1 MS. RICHARDSON: Thank you.

2 CHAIRMAN CATES: Any other public comment in
3 Carson City? Is there any public comment in Las Vegas?

4 MS. EATON: Yes, there is.

5 CHAIRMAN CATES: Okay.

6 MR. BORGOS: This is Bruce Borgos representing
7 Morneau Shepell. Last name spelling is B-o-r-g-o-s.

8 And I just want to reiterate really what the
9 Commissioner just detailed for the Board. We certainly
10 presented at the last Board meeting all of the information
11 which we understood to be true and correct at that particular
12 time.

13 Since that time we have received as of yesterday
14 three requests from the division of insurance for additional
15 information, and we have responded to the first two. The one
16 that we received yesterday we will be responding by the end
17 of this month per their request, and it's certainly our
18 intent to fully cooperate with the division and make sure
19 they get all of the information that they need in order to
20 feel comfortable about the voluntary benefits that we are
21 seeking to provide to PEBP members, and we certainly
22 appreciate their partnership in this. That's it.

23 CHAIRMAN CATES: Thank you.

24 Is there any other public comment in Las Vegas?
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1 MS. EATON: No.

2 CHAIRMAN CATES: Okay. Seeing none, we'll close
3 Agenda Item Number Two and move to Agenda Item Number Three,
4 PEBP Board disclosures for applicable Board meeting agenda
5 items.

6 MS. MOONEYHAN: Thank you, Mr. Chair. Brandee
7 Mooneyhan for the Attorney General's Office.

8 This agenda item is to allow for an ethics
9 disclosure on behalf of the Board members who are eligible
10 for PEBP benefits.

11 Of the current Board members, all except Ms. Zack
12 and Mr. Verducci, are eligible for PEBP benefits. Meaning
13 they, their spouses and dependents may receive health,
14 dental, life insurance and other benefits through PEBP.

15 On today's Agenda Item Number 11, regarding
16 proposed plan changes and Item Number 12, regarding a
17 contract for utilization management and large case management
18 services where certain PEBP members relate to the PEBP
19 benefits available to PEBP members.

20 When the PEBP members who vote on their own
21 benefits or benefits that their spouses or dependents may
22 receive that may trigger the disclosure requirements under
23 Nevada's ethics law NRS 281A.420. On behalf of the PEBP
24 members who are participants, I offer this as a general

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1 disclosure pursuant to the ethics law, and I also invite any
2 member who may have anything to add in this regard, please do
3 so at the close of this agenda item.

4 I would also like to note that the Board members
5 may still vote if the benefit or detriment to them is not
6 greater than that accruing to similarly situated PEBP
7 members. Thank you.

8 CHAIRMAN CATES: Thank you.

9 Unless anybody else has anything on this item,
10 we'll go ahead and close Agenda Item Number Three and move to
11 Agenda Item Number Four, presentation on ethics and
12 government.

13 Welcome.

14 MS. PRUTZMAN: Good morning. Thank you for
15 having me. My name is Judy Prutzman, and I am the associate
16 counsel with the Nevada Commission on Ethics, and how
17 appropriate that we had a little taste of what a disclosure
18 looks like before I came here to talk to you about our Nevada
19 ethics and government law.

20 I think in the past you have received pretty
21 thorough presentations from our executive director Yvonne
22 Nevarez-Goodson. I just want to see who here has not
23 received any ethics training. Nobody, okay, wonderful.

24 Okay. So I'm going to keep this short. I'm
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1 going to just get -- this will be just a refresher. I'll
2 update you on some of the things that are happening recently
3 with our commission and some of the recent cases and then
4 really want to just open it up for questions from you. As
5 you know, the reason I'm here is because you as public
6 officers are under the jurisdiction of ethics and government
7 law for your conduct during the jurisdictional period which
8 is two years.

9 Some of you who also serve in positions of public
10 employment with the state also are subject to the ethics law,
11 so there are a lot of different things that you need to think
12 about.

13 So first I want to talk about our ethics
14 commission and just kind of give you an idea of what we've
15 been doing. We do have a full commission. I've been with
16 the commission for about three years, and we now have all of
17 our eight positions fully appointed, and I don't know if any
18 of you have ever had an experience with -- with the ethics
19 commission or had an opportunity to receive any guidance from
20 them.

21 We do provide confidential advisory opinions and
22 that gives a public employee or a public officer an
23 opportunity to come before the commission, pose a potential
24 ethics question and receive some confidential guidance, and
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1 we really enjoy that type of work. I work on sort of what I
2 would call the prosecutorial side and so when you we do
3 receive complaints from the public, I investigate those
4 complaints and present them to the commission.

5 But we have a full commission right now, which is
6 very exciting, a good diverse group of current or prior
7 public -- public officers, public employees, and they are
8 very engaged in their -- they are very involved.

9 They have recently -- well, there's one case I
10 can talk about because it recently became public. For the
11 first time in a very long time the commission has now taken
12 an interest in initiating complaints on their own which the
13 statute does allow them to do. The vast majority of our
14 complaints do come from the public or other public employees
15 or public officers, and but the commission does have the
16 authority when it becomes aware of conduct that might violate
17 the ethics law. They have the authority to initiate a
18 complaint on their own.

19 And there was a complaint that was just resolved
20 with a stipulated agreement, settlement basically that the
21 commission had initiated against a board member of the Las
22 Vegas Convention and Visitor's Authority, and that complaint
23 was related to conduct that involved the use of basically
24 government resources in the form of Southwest Airlines gift

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1 cards that had been used by the board member for personal
2 travel.

3 So it's kind of a I think new -- new era for the
4 commission. We do have commissioners who are paying close
5 attention to issues. Many times those do come to the
6 attention of the commission and commission staff through
7 media reports, but the commission would not initiate a
8 complaint unless there was other information, public
9 documents and that type of thing that would corroborate what
10 the media is reporting. So that's something sort of new the
11 direction I've seen the commission go in.

12 Our current commission also seems to be a little
13 more willing to impose slightly higher fines. We can by
14 statute, we I mean the commission, can impose fines up to
15 \$5,000 for the first violation of the ethics law, first
16 willful violation up to 10,000 for the second willful
17 violation, up to 15 for the third, and the mass majority of
18 our cases do get resolved through settlement negotiations. I
19 present a stipulated agreement to the commission, and I am
20 seeing a little more interest from the commissions in -- in
21 seeing higher fines imposed on some of the violations that
22 we've seen come through the office.

23 So just to remind you what we're concerned about
24 in the ethics law is personal interest that create conflicts.
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1 Those would be pecuniary interest, any financial interest
2 that you may have that are related to matters that you may
3 act on. The disclosure that was, general disclosure provided
4 this morning is an example of a disclosure of what we would
5 consider a pecuniary interest. So in other words some of you
6 may have a financial interest in the matters that you're
7 reviewing today related to plan design changes and that is a
8 conflict that may be appropriate for disclosure and/or
9 abstention.

10 And, you know, my boss, I always hear her say at
11 trainings like this, it's okay to have conflicts. We all
12 have private lives, and we all have private relationships
13 that create those conflicts. The conflict itself is not the
14 issue. The issue is that you have to understand how to
15 appropriately deal with that conflict. And in your position,
16 in this particular position in a public meeting context,
17 conflicts require you to think about whether disclosure of
18 that conflict would be appropriate and possibly abstention
19 from actually acting on the matter.

20 For those of you that are public employees, the
21 disclosure in abstention disclosure also applies. Conflicts
22 require you in your public position to ask yourself do -- do
23 I have -- do I have an obligation to disclosure to somebody
24 who has authority over me that a conflict exists and perhaps
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1 I shouldn't act on this particular matter in my public
2 employment.

3 So, let's see, we have a code of conduct. I'm
4 not going to go through all of those provisions. Basically,
5 we have about ten statutory provisions that address some of
6 the prohibited conduct that we're talking about. Receiving
7 gifts that could effect your ability to act impartially in
8 your public position is the first one, and then we have a lot
9 of provisions related to the improper use of your public
10 position to create unwarranted advantages for yourself or
11 people that you are in certain relationships with, family
12 members, business associates, things like that.

13 Using non public government information, using
14 governmental property for your personal benefit, and this is
15 actually an area that we have seen more complaints coming in.
16 Using government resources can be as seemingly insignificant
17 as using your government e-mail to conduct personal business,
18 and that becomes a problem when it appears as if the public
19 e-mail was being used to somehow influence the person on the
20 other side of the e-mail for some personal reasons. So in
21 other words, let's say using your government e-mail to
22 solicit some fundraising efforts or, you know, donations,
23 that type of thing.

24 So there is a limited personal use exception
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1 built into the law and that basically would make limited use
2 of government resources and, again, you know, it's usually
3 things like e-mail, use of the telephone, use of your
4 government time during your workday. If it's something that
5 is allowed by policy by your employer, the cost is nominal
6 for you to use the resources that way, it doesn't interfere
7 with your job, and there's no appearance of impropriety.

8 We did have a case that was resolved last year
9 that involved a sheriff's use of a government letterhead, and
10 there was no actual cost involved in using that particular
11 letterhead, but the primary concern to the commission was the
12 appearance of impropriety, and so this government letterhead
13 had been used by the sheriff. This is all public now so I
14 can talk about it.

15 The sheriff of Storey County had used the
16 government letterhead for a political endorsement for someone
17 who was running for federal office. The commission looked at
18 that and believed that that appearance of impropriety
19 violated the ethics law even though it was considered a very
20 nominal use of government resources because use of the
21 government letterhead in that fashion made it appear as if
22 the entire sheriff's office and not just the sheriff himself
23 was endorsing this particular political candidate, so those
24 are some of the things to think about.

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1 I hope you all are well versed and well advised
2 on your disclosure in abstention obligations. I'm sure you
3 are. We have a Safe Harbor provision built into the law
4 which basically says if you have received advice from your
5 counsel and that counsel has, you know, done the due
6 diligence in consulting with the recent case law of the
7 commission and provide you that advice, then you have, even
8 if that advice turns out to be wrong, you do have a Safe
9 Harbor and you can use that as a defense.

10 So we always tell public officers when in doubt
11 call your attorney or disclose. You know, there's nothing
12 wrong with disclosing the conflict that may not actually
13 constitute a conflict under the ethics law. Just better to
14 be safe than sorry.

15 That's all I really was going to say. I'm happy
16 to answer any questions or concerns you may have at this
17 time.

18 Again, the commission, the commission staff in
19 particular, we consider ourselves a resource as opposed to
20 sort of a prosecuting agency. I mean, we do have to process
21 the complaints that come in. We're receiving a lot more
22 complaints recently for some reason. I think part of the
23 reason we are is because our executive director is conducting
24 a lot of training, reaching a lot of different levels of
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1 government. That is one of our primary missions is to
2 provide education, communication, outreach. Staff is always
3 available to answer questions you may have if you want to
4 call in. And, of course, if you would like to present a
5 formal request for an advisory opinion, that's -- that's
6 something we provide as well.

7 So does anyone have any particular questions?

8 CHAIRMAN CATES: Thank you. Thank you very much
9 for that. I do have one question.

10 MS. PRUTZMAN: Uh-huh.

11 CHAIRMAN CATES: On one of your slides it talks
12 about commitments in private capacity.

13 MS. PRUTZMAN: Uh-huh.

14 CHAIRMAN CATES: And it talks about family and
15 relatives.

16 MS. PRUTZMAN: Yes.

17 CHAIRMAN CATES: For the record, could you
18 describe for us what constitutes family or relatives under
19 the law.

20 MS. PRUTZMAN: Sure, so we have actually a chart
21 located in our regulations and it shows you kind of in a step
22 by step fashion the types of family members you have to be
23 concerned about. What it is is relatives within the third
24 degree consanguinity which essentially means if you are

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1 related to someone by three degrees. So it goes, let me
2 think. You can probably help me on this. Without it in
3 front of me, I'm like -- the obvious ones are those within
4 the immediate circle.

5 CHAIRMAN CATES: Right.

6 MS. PRUTZMAN: Okay. Parents, spouses, siblings
7 but then when you follow that chart, you have to kind of
8 follow through people like your spouse. Like it reaches your
9 in-law's.

10 CHAIRMAN CATES: Right.

11 MS. PRUTZMAN: And also your spouse's siblings.
12 It reaches your children and that applies to step -- step --
13 you know, by marriage type of relationships. So it's three
14 degrees of consanguinity or affinity. Consanguinity I
15 believe means you're related. I'm looking at you. You're
16 the attorney that probably has to explain this more than I
17 do.

18 Consanguinity has to do with people you're
19 related to by blood.

20 CHAIRMAN CATES: Right.

21 MS. PRUTZMAN: And affinity are the individuals
22 that you're related to by marriage, okay. So it goes
23 three -- you know, basically three steps in both directions.
24 Does that make sense?

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1 CHAIRMAN CATES: That makes sense. I thank you
2 for that. We can refer back to the regulations. I just
3 wanted to make sure everybody understood it wasn't just
4 immediate family. It goes beyond that.

5 MS. PRUTZMAN: Not just -- kind of when you look
6 at the chart, it reaches some surprisingly, you know, sort of
7 what people would consider remote relatives or, you know,
8 estranged relatives.

9 And, you know, we've had some interesting
10 situations where there was -- there was a case involving a
11 city counsel member who had failed to disclose a financial
12 interest of -- of his father's and then voted on the matter.
13 Well, it raised sort of an interesting nuance which is, okay,
14 just because this is my relative and clearly somebody that
15 creates the type of commitment in a private capacity the
16 ethics law is concerned about, the facts of the case
17 indicated that the father and the son really were not
18 communicating, okay. They were estranged so he simply did
19 not realize that his father even had this financial interest
20 in order to disclose it.

21 So certainly, you know, those considerations kind
22 of change the analysis, but the bottom line still is, you
23 know, under the law, you do have a -- it's presumed that you
24 have a relationship with those, you know, in a certain
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1 defined family positions.

2 CHAIRMAN CATES: Uh-huh.

3 MS. PRUTZMAN: And that you would reasonably
4 understand what their interests are. But, you know, in that
5 particular case we also have some other commission law that
6 says, well, you can only disclose what you actually know.

7 CHAIRMAN CATES: Right.

8 MS. PRUTZMAN: And/or which you reasonably should
9 have known, and so we had to look very carefully at the facts
10 of that case to see if that particular individual should have
11 known what his father's interests were.

12 And the law does also, by the way, it's been
13 updated to reflect that domestic partnerships do also create
14 the type of commitment in a private capacity that require
15 disclosure and then the same sort of third degree analysis
16 would go through that domestic partner.

17 And we actually -- I'm dealing with a case right
18 now, I'm investigating where, you know, we also, you know,
19 relationships with significant others take on a lot of
20 different forms these days so it may not be a spouse. It may
21 not be a domestic partner but if you're living with somebody
22 and it is a relationship that looks substantially similar to
23 one of those relationships, you know, depending on the facts
24 and the circumstances of that case, that also could create an

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1 obligation for disclosure, and we've come across situations
2 like that more and more it seems, kind of leaves us in the
3 awkward situation of asking some, you know, pretty personal
4 questions, but, you know, just trying to get at what the
5 nature of the relationship is to understand if it creates the
6 type of conflict we're concerned about.

7 CHAIRMAN CATES: Okay, thank you. Thank you for
8 that.

9 MS. PRUTZMAN: Yeah. You know, another one too,
10 and I know this is your handout, this has come up more and
11 more often when we look at commitments in a private capacity,
12 sitting on private boards, for example a nonprofit board
13 which seems to be quite common, you know, you're all engaged,
14 involved citizens, I would not be surprised if many of you
15 are also involved in other boards in your private capacity,
16 and the commission has issued quite a few decisions lately
17 that look at that relationship and have determined that if
18 you sit on -- it's a pretty bright lined law -- rule at this
19 point that if you do sit on a board of directors for
20 something like a nonprofit organization, that does create the
21 type of relationship that you should disclose.

22 So for example if you were here trying to decide
23 whether to take action on something that involved the Boys
24 and Girls Club, you know, one of you sat on the board, that

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1 would be a relationship that you would be expected to
2 disclose.

3 CHAIRMAN CATES: Okay, thank you for that.
4 Any other questions, comments?

5 MR. HAYCOCK: I have one.

6 CHAIRMAN CATES: Go ahead.

7 MR. HAYCOCK: Thanks, Mr. Chair. For the record
8 Damon Haycock.

9 Just is there any information you can give us
10 heading into session? What are you guys looking at as
11 revising any of the laws or any of the issues you have run
12 across so we can get kind of a sneak peek idea that would be
13 applicable to this group.

14 MS. PRUTZMAN: Yeah, that's a good question. I
15 think there's not really anything too significant. We
16 changed our code of conduct significantly in the last session
17 so actually I should have probably mentioned that because I'm
18 not sure that would have been in your last training. So all
19 of the conduct that is prohibited in our code of conduct, you
20 know, seeking unwarranted benefits, securing gifts, using non
21 public information, most of those use to only apply to
22 conduct involving a personal benefit to yourself, and it's
23 now been expanded so that if you're doing any of those things
24 in an effort to provide a personal benefit to somebody you

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1 have a commitment in a private capacity to, it applies to
2 that too, so that is a pretty significant expansion to law,
3 and we got that put in place in 2017.

4 We are really attempting to clear up some of the
5 terms in our law that tend to create litigation. You know,
6 it's like the lawyers fighting over what does it really mean.
7 For example what is an appearance of impropriety. We do have
8 some commission decisions that have sort of interpreted what
9 that means or the types of situations where we think an
10 appearance of impropriety exists but it's really not defined.
11 So we're looking at creating a definition that more clearly
12 gives guidance to, you know, what we're thinking about, but I
13 can't really think of anything significant. It's a lot of
14 cleanup, you know, the cleanup bill, Omnibus bill that
15 includes a lot of.

16 MR. HAYCOCK: Thank you.

17 MS. PRUTZMAN: Also, I guess I should also say
18 with the cooling off provisions, and I didn't touch on that
19 at all today, that's really -- it tends to be most applicable
20 to public employees coming from certain positions, but it
21 could also apply to a public officer if you were to leave a
22 post like this and then go out and seek employment with, you
23 know, for example a vendor or any entity that this Board has
24 had any regulatory authority over, the cooling off provisions

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1 would apply, and we are looking at changing those up to make
2 those a little less burdensome I guess I'll say and provide
3 more clear guidance because that does -- that's an area.

4 We get a lot of advisory requests. We don't get
5 so many complaints from people regarding cooling off
6 violations, but we do get a lot of soon to be retired public
7 employees or prior public officers coming to the commission
8 for advice on how -- how they -- what type of employment they
9 are allowed to seek after they -- their public position ends.
10 So we're cleaning up some of those, but.

11 CHAIRMAN CATES: So now that leads me to another
12 question.

13 MS. PRUTZMAN: Okay.

14 CHAIRMAN CATES: I understand the concept cooling
15 off period for entities for which we have some regulatory
16 authority.

17 MS. PRUTZMAN: Right.

18 CHAIRMAN CATES: I don't believe that we're
19 really a regulatory body.

20 MS. PRUTZMAN: Right.

21 CHAIRMAN CATES: We have vendors but if we're
22 just doing business with a company, does that apply if we're
23 not regulating that business?

24 MS. PRUTZMAN: There is -- let me see here. Let
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1 me see if I find my -- there is possibly the provision --

2 MR. HAYCOCK: Page 16.

3 MS. PRUTZMAN: Are you numbered?

4 MR. HAYCOCK: I am numbered.

5 MS. PRUTZMAN: Oh, good. I saw your hand out
6 over there, and they weren't numbered.

7 Right, on page 16, I believe NRS 281A or 281A.550
8 I think it's subsection 5. No, that's not it. Let's see
9 here, there is a provision that prohibits employment with an
10 entity that has entered into a contract.

11 CHAIRMAN CATES: Okay.

12 MS. PRUTZMAN: So that's the provision that you
13 would probably have to be most concerned about and it would
14 have to be a contract that I'm assuming your contract exceeds
15 it's a certain dollar amount.

16 CHAIRMAN CATES: Right.

17 MS. PRUTZMAN: And so -- but, again, the analysis
18 there would be, you know, were you in a position to influence
19 the terms of that contract and were you involved in awarding
20 that contract and so that's -- that's the type of thing that
21 would apply, okay.

22 CHAIRMAN CATES: Yeah, that's helpful. I think
23 that could be very applicable to us.

24 MS. PRUTZMAN: Right, and there's a lot of --
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1 they are so fact specific. So I always hesitate to say in
2 this situation, you wouldn't be able to go work for so and so
3 because there are a lot of facts that the commission would
4 look at and there also are some exceptions to the rule. So
5 even if cooling off would normally apply, the commission asks
6 questions like, you know, was the public interest involved.
7 You know, so even though this might be otherwise a violation,
8 do you have some special expertise to provide to this
9 organization that would be beneficial to the state or the
10 public.

11 CHAIRMAN CATES: Okay.

12 MS. PRUTZMAN: They are very fact specific.

13 CHAIRMAN CATES: In other words, it's
14 complicated.

15 MS. PRUTZMAN: It's complicated.

16 CHAIRMAN CATES: And come and ask for
17 confidential opinions, right?

18 MS. PRUTZMAN: Exactly, exactly. It's really
19 difficult to provide, you know, just sort of off the cuff
20 advice. A lot people will call and say I'm thinking of doing
21 this and there's so many questions, and so we always
22 encourage people to come to the commission. It's
23 confidential.

24 You know, if the person takes the advice or
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1 doesn't, you know, the commission is not going to run after
2 you and hold you -- hold it against you but it's -- it's a
3 good idea to get those facts flushed out.

4 CHAIRMAN CATES: Okay.

5 MS. PRUTZMAN: So we do encourage that.

6 CHAIRMAN CATES: All right, thank you.

7 Any other questions or comments? I think we're
8 good.

9 I appreciate your time.

10 MS. PRUTZMAN: All right. Well, thank you.
11 Thanks a lot.

12 MEMBER ZACK: Thank you.

13 CHAIRMAN CATES: Okay. We'll close Agenda Item
14 Number Four, move to Agenda Item Number Five, presentation on
15 open meeting law.

16 MS. MOONEYHAN: Good morning, once again, Brandee
17 Mooneyhan from the attorney's general office.

18 Mr. Haycock has asked me to provide a brief
19 refresher on Nevada's open meeting law which, of course,
20 applies to this Board as a public body. I think it's a
21 refresher for everybody similar to the ethics presentation.

22 So you had a power point that has a lot of detail
23 and, of course, that's available for your reference, but
24 we're not going to go through those word for word, and we're

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1 just going to hit the highlights today, the key requirements
2 of the law, key definitions and the hows and whys of this
3 Board's compliance with the law. I'll open it up for
4 questions at the end, but please feel free to ask as we go
5 along while you have all of the information you need. So
6 even though we're trying to be brief, I don't want to
7 sacrifice information for the sake of speed.

8 Every state, District of Columbia, federal
9 government, all of them have open meeting laws. They are
10 called Sunshine Laws in some states. In general they are
11 designed to ensure that the people's business is done in a
12 transparent way. So, of course, that's the main reason to
13 comply with the law.

14 But in order to ensure that boards comply with
15 the law, the legislature has also provided various remedies
16 for violations, such as investigation by the Attorney
17 General's Office which has jurisdiction over the open meeting
18 law provisions. That can lead to the board's actions being
19 voided and having to be addressed again. It can lead to
20 being sued by people whose rights are violated and board
21 members can even face criminal penalties in certain
22 circumstances. It has to be pretty extreme, but that is
23 available. So for both doing the work of the government
24 transparently and also avoiding those penalties, those are
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1 some of the things to keep in mind.

2 One reassuring aspect of the law is that
3 violations often can be litigated or corrected. In fact, the
4 AG's office recommends that. If you realize that an action
5 was taken in violation of the law, there are usually some
6 ways to kind of have a redo. Usually that includes undoing
7 the improper action and having a new deliberation and new
8 action that complies with the law.

9 If you want to read the entire open meeting law,
10 it's not that long. It's in NRS Chapter 241. There are also
11 several Supreme Court opinions and on the Attorney General's
12 website, the AG has issued numerous opinions. There's also
13 an open meeting law manual if you want to get into the
14 details but, again, the bottom line is that all deliberations
15 and actions need to be done in the open. The Supreme Court,
16 the Nevada Supreme Court has said the law should be construed
17 broadly so if there's any gray area, we tend to error on the
18 side of openness.

19 In the handout there's also -- there's a
20 definition of deliberation. I think since this is a
21 refresher, the Board members know that's usually examining,
22 weighing, reflecting your discussion about whether things
23 should be adopted or not, that needs to be done out in the
24 open.

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1 There's also a very detailed definition of what
2 constitutes a meeting, but the highlights, it boils down to
3 two essentials things. There needs to be a quorum gathered
4 and the body must either deliberate or take action.

5 One issue that comes up again and again in open
6 meeting law is serial meetings or constructive quorums.
7 That's when a subgroup of the bigger body gets together,
8 smaller subgroups, several of them basically get together to
9 discuss the same topic, and the open meeting law states over
10 and over again that public bodies can't circumvent the law,
11 the spirit or the letter of the law by doing things such as
12 meeting in smaller groups.

13 There is some authority that it may be okay in
14 terms of briefing on topics or something similar to that but
15 if you were going to do something like that, I'm going to
16 adopt what Ms. Prutzman said and that is please, please call
17 your lawyer before you decide to have sub meetings.

18 Recently, fairly recently the legislature has
19 addressed our modern world. They adopted the open meeting
20 law in 1960 and have amended it several times, but most
21 recently they have added provisions regarding electronic
22 communications. Of course, you couldn't text in 1960, but
23 now they have said, again, just like with the sub groups, you
24 can't use those to circumvent the spirit or the actual letter
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1 of the open meeting law. So, of course, we recommend that
2 board members do not text each other about board business.
3 In addition to open meeting law concerns, that can also make
4 your private text subject to the Public Records Act which is
5 another reason to avoid that.

6 Of course, there are exceptions to the open
7 meeting law, things that aren't meetings such as social
8 functions where no deliberation or action is taken. Meetings
9 with counsel, you can deliberate in private, but all actions
10 still need to be taken on the record and, again, counsel will
11 lead you through that if that becomes necessary.

12 Today's agenda actually is a good example. There
13 is a statute that allows for, actually requires the meeting
14 to be closed to discuss certain things, and you'll see on the
15 agenda that points to the exact statute and still gives a lot
16 of information about what is being discussed and why.

17 Just the Supreme Court has said the law is broad
18 but exceptions are very construed narrowly. So, again, we're
19 going to error on the side of doing most things in the
20 public.

21 Of course, certain things, and this Board doesn't
22 do it a lot, but the law also addresses a lot of licensing
23 boards might talk about people's character, mental health,
24 their criminal records. Those kind of things the law does a
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1 law for closing that, protecting confidential information,
2 that sort of thing.

3 Again, if something came up for the board's
4 discussion that implicated somebody's mental health, that
5 sort of thing, we also, of course, have to be aware of HIPAA
6 but, again, we would work that out beforehand to make sure
7 that we were open as possible while complying with the
8 privacy protections.

9 There's information in here about agenda
10 requirements. Of course, they have to -- they are very
11 strict. They have to be given enough information to let the
12 public and the press know if they want to come to the meeting
13 and participate.

14 Some of the slides go into detail about several
15 situations where agendas were very vague. They had some kind
16 of vague information about, you know, they are going to talk
17 about public information, and then they ended up being,
18 topics that created a lot of media interest and that sort of
19 thing. The Supreme Court has said it needs to be pretty
20 specific. As a matter of fact, if there's been a lot of
21 public interest to be more specific.

22 One of the examples in there is about the Aces
23 stadium in Reno, the Reno City Council had done a very vague
24 information that could have related -- a vague agenda item

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1 but eventually the city realized that, and this is an example
2 too of the litigation. They realized that they had violated
3 the open meeting law. So they undid the information,
4 re-noticed it with enough information and that was enough
5 according to the Attorney General to cure that problem, so
6 that's an example of overcoming that.

7 Again, this Board commonly does this, materials
8 have to be provided to the public that are provided to the
9 board members. Of course, PEBP puts those on the website. A
10 copy must also be provided to a person that requests it. So
11 if somebody sends a link to the materials or e-mail, that's
12 sufficient but if they demand a paper copy, they have the
13 right to request one paper copy, and it doesn't have to
14 necessarily be mailed to them and usually the group as big as
15 PEBP's membership probably cannot afford to mail to everybody
16 that wants one.

17 Meetings must be recorded and minutes must be
18 prepared. This slide again describes what has to be in that.
19 They are fairly detailed and must be recorded or transcribed
20 which, of course, we're doing again today.

21 And the law also addresses public comment.
22 Again, today's agenda is a good example. It must either be
23 included before the first action item and, again, at the end
24 of the meeting or you can also allow it on each item one by

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1 one or both, but you have to do at least one. You can't go
2 wrong with allowing more, but you have to do one or the other
3 as a minimum.

4 I believe the Board is familiar that it cannot
5 take action on a new item raised in public comment. I
6 believe we had examples of that today as well. People
7 suggested things being put on the next agenda item, but the
8 Board, of course, couldn't act on anything that was brought
9 up just today.

10 Similar -- similarly the Board can place
11 reasonable time and place restrictions on public comment.
12 For example, limit the comment to three minutes. Those
13 usually need to be spelled out and, of course, the Board
14 cannot stop comments based on content. So people can say
15 whatever they want, critical. They can disagree with the
16 Board entirely, and there's really no reason to halt it
17 unless it's disruptive or unduly repetitive.

18 So that kind of covers the highlights. If there
19 are any questions?

20 CHAIRMAN CATES: Unduly repetitive, huh.

21 MS MOONEYHAM: Yeah, unduly.

22 CHAIRMAN CATES: I'll make a note of that.

23 MS. MOONEYHAN: Unduly.

24 CHAIRMAN CATES: Okay. Okay.

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1 MS. MOONEYHAN: They can be a little repetitive.

2 CHAIRMAN CATES: Okay. Any questions?

3 Go ahead.

4 MR. HAYCOCK: I would like to add one thing if I
5 can.

6 CHAIRMAN CATES: Go ahead.

7 MR. HAYCOCK: For the record Damon Haycock.
8 Thank you, Ms. Mooneyhan.

9 Excellent examples. I think a couple of more
10 that we all experienced here over the last year are relevant.
11 We inadvertently failed to notify one of the perspective
12 vendors that we were going to be discussing their contract
13 back in April and we had to push that meeting.

14 We also back in I believe September we're looking
15 to approve voluntarily benefit offerings and failed to
16 announce the actual carrier's name so we couldn't vote on
17 those.

18 I think we do a really good job of meeting the
19 open meeting law and you do an excellent job and your
20 predecessor when you're reminding us when we're about to not
21 follow the open meeting law, so we appreciate that. But for
22 the most part, and hopefully you can agree with this that
23 this Board follows the law, sometimes even more so than is
24 necessary to ensure that we are as transparent as possible.

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1 MS. MOONEYHAN: I do agree with that. This Board
2 presents no concerns. If anything, we do tend to error on
3 the side of openness.

4 CHAIRMAN CATES: Thank you.

5 MEMBER BAILEY: Thank you.

6 MEMBER LAMBORN: Thanks.

7 CHAIRMAN CATES: Okay. Let's move to Agenda Item
8 Number Six. This is the consent agenda, several items on
9 here.

10 Do any of the members wish to hear any of these
11 items? Seeing -- I'm sorry. Go ahead.

12 MEMBER VERDUCCI: Tom Verducci for the record.

13 I would like to pull section 6.2.1. I just had a
14 question.

15 MEMBER BAILEY: I didn't hear him.

16 CHAIRMAN CATES: 6.2.1.

17 MEMBER VERDUCCI: 6.2.1.

18 CHAIRMAN CATES: That's the obesity care
19 management.

20 MEMBER BAILEY: I got it.

21 CHAIRMAN CATES: Go ahead, Tom.

22 MEMBER VERDUCCI: Okay. Yes, my question is on
23 the average overpaid member under the obesity care
24 management, we're showing 191 percent variation. It seems

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1 like kind of a big number. I'm not sure if that's a small
2 population group or what that would pertain to, but it seems
3 like a pretty big number for an overpayment.

4 MR. HAYCOCK: So for the record Damon Haycock.
5 Thank you Mr. Verducci.

6 And this is one of the statistics that is
7 100 percent accurate, and we're actually pleased with it and
8 let me tell you why. The obesity care management program
9 that was implemented I believe back in 2012 through
10 HealthSCOPE Benefits is designed to really connect the
11 physician, the doctor with the member and have a more
12 personal connection to try to address the obesity chronic
13 disease problem. That means that folks will see their doctor
14 more often, but then they will -- are supposed to because of
15 that, that interaction see the hospital and have less
16 situations where they have emergent care.

17 Another good statistic and this is on page four
18 of that agenda item, the OV that stands for office visit not
19 for overpayment, and if you look up six or seven lines,
20 you'll see that the paid per admit is about \$5,000 less than
21 folks that don't participate on the program even though we're
22 spending a good 600 or \$560 more on the combined office
23 visit.

24 So what we're doing is we're spending a little
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1 bit more in one area to save a whole lot more in the other,
2 and that's why you'll see in those variance columns when it
3 comes to inpatient cost, the dramatic reduction of cost on
4 our members versus what we end up paying in office visits.
5 So we would rather pay money to the doctor to have a better
6 relationship with a member to address obesity, and results
7 are very good, and they show throughout the emergency room
8 visits. They show throughout the inpatient facility costs.

9 If you look at what the hospital cost
10 distribution, the hospital inpatient, that's on the first
11 page, you know, we're 39 percent less for people who
12 participate in this program. So it goes back to that
13 personal touch between the physician and the member which is
14 really part and parcel to this low cost program that is so
15 successful. Even so successful we were asked to present on
16 it earlier last year on the success of such a low technology
17 but high touch process. So we want to pay more on office
18 visits so we can avoid paying more in hospital care.

19 MEMBER VERDUCCI: Excellent, thank you for the
20 clarification.

21 CHAIRMAN CATES: Any other items?

22 MEMBER LAMBORN: I do.

23 CHAIRMAN CATES: Go ahead.

24 MEMBER LAMBORN: Mr. Chair, I wasn't going to ask
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1 but since we're on this item, same exact topic.

2 Damon, can you tell me what the cost is to per
3 patient or how is the vendor paid for this care management
4 program, do you know, off the top of your head?

5 MR. HAYCOCK: For the record Damon Haycock.

6 I might have to pitch this to Mary Catherine from
7 HealthSCOPE Benefits. That's who we use through this. I
8 don't remember paying for it at all. We don't, yeah, this is
9 a service that is built into their current offerings of the
10 excellent partner that is HealthSCOPE.

11 MEMBER LAMBORN: Thank you.

12 CHAIRMAN CATES: Anything else anyone would like
13 to discuss on this item? Seeing and hearing none, I'll call
14 for a motion, any motion at all. I think we need a motion to
15 accept.

16 Go ahead, Tom.

17 MEMBER VERDUCCI: Tom Verducci for the record.

18 I'll make a motion that we accept Item Number Six
19 all of the consent items.

20 CHAIRMAN CATES: Thank you. Do we have a second?

21 MEMBER ZACK: Mr. Chair, Christine Zack. I'll
22 second the motion.

23 CHAIRMAN CATES: Thank you.

24 We have a motion to accept all of the items in
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1 Agenda Item Number Six and a second. Any discussion on the
2 motion? Hearing and seeing none, I'll call for a vote. All
3 those in favor of the motion signify by saying aye. Opposed?

4 (The vote was unanimously in favor of the
5 motion.)

6 CHAIRMAN CATES: Motion carries.

7 Okay. We will close Agenda Item Six, move to
8 Agenda Item Number Seven, presentation on self-funded claims
9 trend experience and projections of the composite rate
10 transfer plan year 2019.

11 Welcome.

12 MS. MESSIER: Good morning. For the record I'm
13 Stephanie Messier and Steve Caulk with Aon.

14 And just a reminder we are going to be talking
15 today and we're using the slides that are in your packet so
16 I'll be referring to those numbers just to keep you all on
17 track as we're going through a lot of numbers.

18 We are here to talk about your historical trend.
19 Then we'll give you some information on what we're seeing
20 nationally from your competitors and other like entities, as
21 well as just kind of give you just a bit of a preview what
22 we're expecting to see when we're talking about plan year
23 '20. Again, we're not doing that today. That is at the
24 March meeting. We'll be talking to you about rates, but this
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1 is more informative about trends and more of a historical
2 lookback.

3 Similar to last year, at the very bottom of your
4 agenda we just want you to keep this in mind as we're talking
5 about a rate action that we'll be doing in March. It's a
6 combination of both how your experience has run, as well as
7 the pricing trend that we'll be talking about at the very end
8 of the presentation.

9 Moving to slide three, starting basically after
10 this meeting, we're going to be taking a look at your most
11 recent 24 months of experience and then again, this is going
12 to be both on the CDHP plan, as well as at the March meeting,
13 we'll be starting to look at your EPO plan. Obviously there
14 we do not have the full 24 months of self-funded experience
15 but that is what we are going to be pulling.

16 And then we have to move it forward by a year and
17 a half in order to set the base rates for plan year '20. So
18 as you might imagine a lot of things may change as we are
19 trending things forward for a year and a half and while Steve
20 and I are good, we're predicting things in the future, and we
21 don't have a crystal ball, but that is our job as actuaries
22 to try to use our best judgment to put you in a good
23 financial position for plan year '20 rates, and it's really
24 kind of what slide three is trying to illustrate for you.

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1 Moving on to slide four, this was a little bit
2 more of an important slide back when you had different
3 mechanisms within your pricing whereas you offered plan
4 design enhancements but you didn't put them as part of the
5 price because you were using them to sort of spend down the
6 excess reserves. So we just wanted to keep this in here just
7 to show again the differences you've had in terms of your
8 plan design over time and things that may be impacting the
9 numbers that you see in future slides in terms of what was
10 happening in your trend.

11 Starting in plan year '15 there was the
12 enhancement made of the additional HSA/HRA funding which is
13 probably the most impactful that we saw in terms of your
14 trend movement in that particular year and then more
15 recently, you know, there was those changes as you're all
16 aware to the HSA/HRA funding where the \$200 was tied to
17 preventive program for the primary participants only.

18 And then we've also listed out some of the other
19 changes, but as you might imagine, like the small change to
20 the vision plan didn't really have an impact on your overall
21 dollar spending. It has a small impact but, again, it's not
22 much to move the needle in terms of your trend.

23 Moving to slide five, here's where we do have a
24 lot of numbers on the page, but I think some of the most
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1 impactful ones to kind of take a look at is your experience
2 trend is in that first section and as you've seen and
3 probably have been discussed on multiple different Board
4 meetings is you had negative one percent from plan year '16
5 over '15, flat from '17 over '16 and two percent '18 over
6 '17.

7 And, you know, we're kind of trying to keep in
8 mind with the equation again at the bottom, your rate action
9 was different than what we saw in terms of year, actual year
10 from one year over the next. Because of those plan design
11 enhancements in plan year '15, it was a very large increase
12 in terms of experience over plan year '14. So the rate
13 action that happened in plan year '16 was a much larger
14 number because that experience was finally flowing through
15 and so we set the plan year rates for 2016. We had to make
16 up for the difference in budget that happened in 2015, and so
17 it was larger than what we would say is the pricing trend,
18 the amount by which we're moving your claim experience
19 forward.

20 Conversely, the actual experience in 2016 helped
21 when we went to set your rates for 2017. So while we still
22 moved your experience forward, your experience had done very
23 well so your overall rate action even though we used a four
24 percent pricing trend, the rates didn't change by anything.

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1 It was a zero percent rate change that year. So it's just
2 kind of a good way to read this chart.

3 And then at the bottom of the page, we just
4 wanted to include some information in terms of how has your
5 base rate budget performed versus your actual claims, and
6 you'll see in each of the last three plan years we were
7 within two percent. So there was about 1.8 million dollars
8 we over-budgeted in terms of just your claims projections in
9 plan year '16. We were off by 3,000,000 in plan year '17,
10 and we were off by three and a half million in plan year '18.
11 Again, that's within two percent of what we were projecting,
12 so not accumulating a lot of excess reserves in those years,
13 pretty close to what we were predicting. And, again, we're
14 probably going to error on the side of making sure you're not
15 at a 60,000,000 shortfall because that's a lot harder to make
16 up when that happens.

17 The next few slides I'll go through a little bit
18 quickly. It's really just trying to break out the different
19 pieces. It's kind of just taking that previous slide and
20 just putting them to more graphical form for those of us that
21 prefer pictures over just a bunch of numbers on a chart.

22 So here we're showing plan year '16. We were
23 expecting your trend to be at six percent. We were coming
24 off of that high '15 -- plan year '15 experience period, but

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1 we did see that experience regulate and was in negative
2 1.5 percent overall. Again, similar to what we talked about
3 on the prior slide, plan year '17 was much more of a flat
4 year. We were expecting a 4.2 percent number and then the
5 same thing for plan year '18.

6 And sometimes, as we know, there's been plan
7 design changes after rates have been set, as Mr. Haycock is
8 chuckling to himself over there, and so, yes, sometimes that
9 will effect our ability to predict claims accurately but
10 obviously good news for the plan is it's saving money. So,
11 again, that's the 4.6 number is what we were expecting for
12 plan year '18 and the plan came in at a two percent rate.

13 The next ones just break down the different
14 pieces. The prior slide there had your medical, pharmacy and
15 dental all combined, and the next three slides just separates
16 that experience out.

17 The medical is pretty similar. As you might
18 imagine, it's a pretty big driver when we combine those three
19 items together, but when we pull out the pharmacy, I think
20 Mr. Haycock has done a good job of advising you that your
21 pharmacy has gone up quite a bit, and you will see that in
22 that chart on plan year '18. The expected trend was seven
23 percent and your pharmacy claims ran at 20 percent trend, and
24 this is gross amounts prior to rebates.

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1 And then finally we have the dental broken out
2 and here we have been asked as well to not just show you the
3 actual to expect the trends, but we're also breaking out your
4 active 365 population from the Medicare Exchange folks who
5 were on your dental plan, and you will notice those Medicare
6 Exchange folks do seem to be having higher trends than your
7 active 365 retirees. Thankfully they are a larger portion of
8 the population, the actives, so that your overall actual
9 trend which is the second bar on the page is, you know,
10 coming in pretty close to what we're expecting at two
11 percent. It came in at 1.6 for plan year '18 but, again,
12 that was really being helped by those actives that were flat
13 at zero percent for the last couple of years.

14 And with that, I'm going to turn it over to Steve
15 to walk through some comparisons.

16 MR. CAULK: As Stephanie mentioned, my name is
17 Stephen Caulk for the record. So now I want to put what
18 Stephanie walked through in terms of particular trends that
19 have been realized by PEBP in terms of a national context and
20 what we see going on in the national healthcare trends.

21 On slide ten, we pull sources on reported trends
22 from all of the major consulting houses, as well as the
23 Kaiser Foundation and PWC.

24 When you look at the table on the bottom left, I
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1 think there are two real conclusions that I make there.
2 First off, on the bottom, the PEBP trend, as Stephanie
3 pointed out, is very good. The national trend range from
4 three to five percent over a three-year period. I credit
5 PEBP Board and the executive staff for a very strong
6 management program in terms of realizing zero percent trends
7 over those three years, so outperforming what we see
8 happening in the national basis so a very great result.

9 I think one of the challenges that we're faced as
10 actuaries is trying to discern if that is sustainable because
11 we don't typically see clients being able to sustain flat and
12 zero trends over the long term. Certainly a lot of the
13 initiatives that you placed over the last few years have
14 certainly contributed to this. So then it's looking for that
15 next initiative and continually being diligent about finding
16 places for savings.

17 The other thing I would conclude here too, also
18 as Stephanie pointed out, that the last few years we've been
19 off by less than two percent in terms of the actuarial
20 projection. That is pretty much in line, if you look at any
21 given year, these reports are anywhere from three to five
22 percent. So two percent in terms of a margin for error is
23 pretty tight because these are businesses that tend to have
24 up to 60,000,000 members. So depending on the actual

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1 realized trend there can be certain volatility in here in
2 those measurements.

3 Along with slide ten in terms of those data
4 sources, we also have a data source the S&P Healthcare index
5 and we've reported on that over the last few years. The S&P
6 is a little bit volatile but, again, PEBP's trend is
7 favorable to the S&P. For the S&P it does break it out into
8 Nevada specific trends, and so last year the policy '18 year
9 trend was 14.4 percent. Nationally the U.S. trend healthcare
10 was 3.7 so Nevada did trend a touch higher but PEBP trended
11 at two percent so exceeded both indexes in '18. Similarly
12 for '17, you can see the three percent and three percent for
13 Nevada, 3.4 nationally, and PEBP exceeded those as well.

14 I also wanted to on slide 12 give a little
15 context for how we as actuaries measure trend and how we end
16 up building up our projection. If you look on the far left,
17 the components of trend that really go into these numbers
18 we're reporting are based on these four items. So there's
19 the underlying price trend, so this is just the cost of an
20 office visit, an inpatient stay or a procedure year over
21 year. So this will be important in the slide as we measure
22 this in terms of that underlying price and how prices go up
23 year over year.

24 Mix is another component where that you see a
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1 shift in services. So as technology improves and new
2 services are introduced, there's a shift in terms of going
3 from, the classic example is going from X-rays to MRI's. An
4 X-ray is pretty cheap and when you get into the MRI world,
5 the technology that is involved gets a little more expensive.

6 Today we see the mix coming in some of these
7 specialized individual medicine therapies. So where cancer
8 may be treated at the 60, \$70,000, we see some cancer
9 therapies that are approaching half a million and a million
10 dollars. So that mix of service will have an impact on your
11 underlying cost.

12 Utilization is similar in terms of what it
13 represents in terms of more services, so you go to the doctor
14 more. You go to the hospital more, more ER visits, so we
15 looked up measuring how utilization changes year over year
16 and that's one of our components.

17 The last would be plan design and so for instance
18 if you were to increase the deductibles or lower deductibles
19 that will have an impact on your trend. So we've had some of
20 those discussions before in measuring that out.

21 What drives those components is all in the middle
22 in terms of things like lifestyle risk, that's going to
23 govern how much you use medical services. The economy
24 actually is a surprising impact of people in a recession and
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1 stressed from a monetary standpoint, they tend to put off
2 services and use that a little bit differently. And then, of
3 course, I mentioned regulation and technology will also
4 impact the utilization and price of services as do the
5 differences in terms of the MNA in the marketplace. So when
6 we see a hospital systems buy up provider groups and so on,
7 how they are able to command different prices in the market
8 also underlying our trend.

9 Then finally on slide 12 I wanted to point out on
10 the right kind of the four places where we think are
11 effective on mitigating trends. I would also just mention
12 how these align with a lot of PEBP actions and Mr. Haycock
13 and his efforts to manage trend. So when you look at your
14 provider choice, so things like Healthcare Bluebook directing
15 people to more cost effective providers is very important to
16 all mitigating trend.

17 Your wellbeing, we just talked about the obesity
18 care management program, things like that are a great focus.
19 We adapted design and experience. That really talks about
20 managing care and moving it to the most effective sites so,
21 again, that would be similar to Healthcare Bluebook, looking
22 at different avenues to make sure that you're getting the
23 right care at the right place.

24 The next few slides I wanted to highlight from a
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1 national perspective. What has been driving our trends, and
2 Ernst Reinhardt is a famous healthcare economics researcher,
3 and he came up with a title It's The Price Of Stupid. And
4 when you look at that kind of moniker really reflects that
5 recently we've seen price driving healthcare trend. So we've
6 seen just generally price inflation in the three to five
7 percent range nationally.

8 On page 13, we actually highlight the
9 accumulative change in price utilization and we're pulling
10 this source from the Healthcare Cost Institute, so this is a
11 national database and research firm that looks at healthcare
12 costs.

13 The key point here, if you look at the solid
14 lines, these are all different inpatient services that you
15 would get. Those are all going up anywhere from 18 percent
16 to 30 percent over the four-year period. The dotted lines
17 are utilization, and utilization has remind relatively flat
18 the following, and so we see this typically across most
19 healthcare services where price is driving your trend. So as
20 a focus for managing cost price is very important so
21 certainly see that in terms of some of the initiatives that
22 PEBP has undertaken.

23 We also want to provide for your information on
24 slide 14 and 15 part of the same data source. This is a
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1 national database. They have price data on select markets
2 across the country, and so we pulled from their source Reno
3 and Las Vegas just so you can get a perspective and these are
4 not reflective of what PEBP has contracted but rather what
5 the average costs are on these markets.

6 So they are comparing, if you look on page 14 in
7 Reno, the 2016 price level overall is actually six percent
8 for medical services below the national average. The price
9 growth has been 13 percent over that four-year period.
10 Compared to Las Vegas, it's actually very similar from a
11 price perspective where they are three percent below national
12 average, but the price growth in Las Vegas we see has been
13 more markedly uptake for those four years. And then so the
14 overall you can look at that for inpatient, outpatient and
15 professional and see the different relativities.

16 One more slide I promise. I know you're all
17 engaged with more numbers than an actuary should be blessed
18 with. So on page 16, I mentioned earlier a mix and shift of
19 services of what we're seeing more recently in terms of some
20 of these new therapies. I'm not a medical doctor so please
21 don't hold me to a lot of these statements in terms of the
22 actual details but from an actuary in that perspective, we
23 see a lot of some of these cancer treatments where these
24 specialized cancers are being managed and being able to be

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1 treated through manipulating genes. They call it Car-T cell
2 therapy, so Primera is one of the more recent ones that has
3 been released in 2017. That comes up with a price tag of
4 475,000, a very limited scope today in what they are able to
5 do, but the amount of effort they are putting into these
6 therapies we would expect that to expand, very promising just
7 from an aspect of being a person that may be faced with
8 cancer one day, very exciting therapies but certainly would
9 have a significant financial burden to consider, especially
10 as we turn to page 17 and think about our overall '20 trend
11 projections.

12 So given all of these dynamics, when we look at
13 our client base, we're looking at trends for policy year '20
14 somewhere in the range of four to six percent. Insurance
15 carriers typically are a bit higher than what we think they
16 are going to be realized trends. They are in the six to nine
17 range.

18 So for our pricing trends we would recommend
19 somewhere in that four to six range, four to seven, depending
20 on the financial stability of the plan. Knowing that we have
21 some reserves, we probably would be more on the tighter end
22 of that range. For dental trends, we see a pretty moderate
23 dental trend in that one to three range.

24 With that I'll pause for questions.
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CHAIRMAN CATES: Thank you.

Any questions from the members?

John, go ahead.

MEMBER PACKHAM: John Packham for the record.

I'm going to have you mentally think about slides six, seven, eight and nine at the same time. When you look at the actual trends, the light blue bar, would be a mistake to make an inference on what the trends are. For example, on slide six where it goes from negative 1.5 percent to two, would you expect the actual to be even larger in plan years '19 and '20 on any one of those?

MS. MESSIER: Again, this is Stephanie Messier for the record.

I do think based on some of the numbers we've seen for the first six months of the current plan year, I do think you're going to come in a little higher than the two percent.

MEMBER PACKHAM: Uh-huh.

MS. MESSIER: I don't think we are going to ring any alarm bells just yet but certainly based on some large claims that we've seen so far come through this plan year, we do think you're going to be north of the two percent. I don't know that you're going to see flat for sure.

MEMBER PACKHAM: A follow-up to that is, I mean
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1 no great surprise, it looks like pharmacy is the real wild
2 card, and I just was struck by the fact that the medical
3 seems to be kind of a flat trend but the pharmacies again
4 doing that and was wondering when you looked at that last
5 slide 17 you presented, would it be more appropriate to
6 segregate the medical and prescription drug pricing
7 projections?

8 MS. MESSIER: Yes, we definitely do do that when
9 we do your underwriting. We use different trend rates for
10 the medical and as well as the for the pharmacy. The
11 pharmacy may end up being higher than that seven percent that
12 we have listed on slide 17 so that, you know, combined,
13 you're probably going to be in that four to seven percent
14 range, but certainly the medical may end up being closer to
15 the four. We may end up using, you know, a ten on the
16 pharmacy. So that blended together, you're closer to say
17 five, five and a half.

18 We're certainly taking a look and, you know,
19 using as much up to the minute data as we can when we start
20 to do plan year '20 rates because again we're moving it
21 forward 18 months. We try to get as much of that most recent
22 experience as we can, but that's kind of what we're thinking
23 right now.

24 MEMBER PACKHAM: Thank you.
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1 CHAIRMAN CATES: Any other questions or comments?

2 Tom, go ahead.

3 MEMBER VERDUCCI: Yes, Tom Verducci for the
4 record. Thank you very much for this report.

5 And what really does jump out here is the
6 pharmacy cost and a couple of points on that. Is this a
7 national trend or is this specific to PEBP and what type of
8 impact do you see at this point having in terms of the cost
9 of the program by year's end?

10 MR. CAULK: I would say there's also one thing
11 that we mention in terms of the pharmacy trend part of that
12 is being driven by our site of care program, so getting more
13 the contracting of Mr. Haycock, negotiating with the PSI was
14 more favorable in terms of some of the drugs being dispensed
15 and medical side of things to moving those to pharmacy has
16 had a small, some impact on this.

17 From a national perspective and then tying that
18 into some recent headlines, I'm sure you've seen drug
19 manufacturers have announced significant price increases that
20 they have kind of held off from last year, and so we expect
21 those to put pressure on pharmacy trends as well.

22 MEMBER VERDUCCI: Okay, thank you, and I did have
23 one additional question. We did hear testimony at the
24 beginning of the meeting in terms of adjustments to out of
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1 pocket maximums and deductibles. In terms of running a
2 report, is that very labor intensive where it would take
3 hours or is it a fairly simple report if the Board was to
4 request you to look into those two items?

5 MR. CAULK: It should be pretty quick and easy.

6 MS. MESSIER: Yeah, I would imagine it would not
7 be overly labor intensive.

8 MEMBER VERDUCCI: Thank you.

9 MS. MESSIER: Yes.

10 CHAIRMAN CATES: Any other questions or comments?

11 Okay, thank you.

12 MS. MESSIER: Thanks.

13 CHAIRMAN CATES: All right. Let's close Agenda

14 Item Number Seven, move onto Agenda Item Number Eight,

15 presentation on PEBP's fiscal year '20-2021, Governor

16 recommends budget.

17 MS. GLOVER: Good morning. Celestena Glover for
18 the record.

19 Today I'm going to talk about the Governor's
20 recommended budget compared to what PEBP's agency request
21 budget was. It's going to be a pretty high level overview.

22 I'm not going to go into a lot of detail because we've had
23 two other budget reports up to this, so the basics have
24 already been provided.

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1 What I want to start with is the Governor's
2 recommended budget totaled 1.1 billion dollars for the
3 biennium compared to the 1.12 that PEBP requested. In actual
4 numbers this is a 32.8 million dollar reduction to our budget
5 and which equates to about three percent.

6 Medical inflation obviously is a big driver. We
7 just heard the trend report. We went in with a six, eight
8 and three, six percent on medical, eight on pharmacy and
9 three percent on dental, and they at the close of our budget
10 for -- to transition from agency requesting Governor's
11 recommended, they reduced the inflation assumptions to meet
12 other agencies assumptions, and so medical has been reduced
13 to 3.7 in the first year and 3.8 in the second. RX is being
14 held at the same. Dental, they held flat at the three
15 percent, similar to what we asked for. And then HPN, we kept
16 the HMO rates at six percent to match our medical trend, and
17 they used 3.7 and 3.8 percent. Again, they being our
18 Governor's finance office and that is what is being
19 recommended by the Governor in the Governor's recommended
20 budget.

21 Essentially what this results in is a change in
22 our medical by about 38 percent the first year and 37 percent
23 in the second year. RX is a reduction of 54 percent in each
24 year, and then our HMO is similar to the medical where it's a
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1 reduction by 38 and 37 percent respectively. Depending on
2 where the rates are set in March this may or may not be an
3 issue for us, but we would like to bring it to everybody's
4 attention. We did request one thing but the recommendation
5 is significantly different.

6 Finally we have the subsidies and enhancements.
7 So when we started out we had a rate projection that we used
8 to develop the budget based on the medical inflation, RX,
9 dental and HPN's inflation that we used to develop the
10 budget. The budget was submitted back in August and
11 obviously the information we had back then is not the same as
12 what we have today. So we went in asking for the active
13 employee group insurance, which we typically refer to as the
14 subsidy to be \$772 in the first year and \$814 in the second
15 year, and those were again reduced to 757.83 in the first
16 year, \$785.53 in the second year.

17 You'll see similar changes to the pre Medicare
18 retiree. We call it REGI, it's the Retired Employee Group
19 Insurance, their subsidy. There was a significant increase
20 in the first year. This is to essentially cover a shortfall
21 we're projecting in 2018 and 2019. And then the Medicare
22 HRA, we did request an additional dollar each year per month
23 per year of service, and they agreed to the dollar in the
24 first year and kept it at that same amount in the second

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1 year. So we're looking at -- we requested 195, that's for a
2 15-year retiree in the first year, and \$210 in the second
3 year. The Governor's recommended budget includes \$195 in
4 each year.

5 And then our enhancements decision unit, as
6 you'll recall, we have requested that a general counsel
7 position, unclassified staff pay increases, reclassification
8 of the financial analyst position to an ASO2, that's the
9 administrative services officer, equipment replacement and
10 additional HSA and HRA funding, but we were added 200 dollar
11 level.

12 So what occurred during Governor's recommended
13 budget, they removed pretty much all of our enhancements
14 except the reclassification, and they changed the additional
15 HSA/HRA from 200 we recommended in plan design to \$400, and I
16 think it was also mentioned in public comment. \$400 in the
17 first year for each primary participant and then \$100 in the
18 second year. Obviously, this is all being paid by reserves
19 so it will be predicated on the fact there will be available
20 reserves to cover that at the time. If not, then obviously
21 that will be a decision that executive staff and the Board
22 will work on to determine how they will propose this.

23 This is all Governor's recommended budget. It
24 still has to go through the legislative process, so these all
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1 could change before session is done in June, but this is
2 where we are sitting as of today.

3 And with that I'll take any questions.

4 CHAIRMAN CATES: Thank you.

5 MEMBER LAMBORN: Chair?

6 CHAIRMAN CATES: Go ahead.

7 MEMBER LAMBORN: Leah Lamborn for the record.

8 Tena, can you tell me what the agency request
9 inflation factors are based on and what the Governor
10 recommends are based on.

11 MS. GLOVER: This is Celestena Glover for the
12 record.

13 Agency request we work with Aon and we ask them
14 to give us an idea of we're -- obviously, it's way early.
15 When we ask for that, we ask for it in June for, you know, a
16 year from now. So they gave us this six, eight and three
17 percent and then when the Governor's office finance office
18 goes back and look at it, they look at Medicaid corrections
19 and PEBP and they make determinations. I don't know what
20 data they use, and they try to match PEBP to Medicaid and
21 corrections. Obviously, none of us are the same, but I think
22 in their world they are trying to keep it consistent, but
23 that's where we end up changing that inflation.

24 MEMBER LAMBORN: So just a follow-up if I may.
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1 So you're not sure if it's based on CPI, Consumer Price
2 Index?

3 MS. GLOVER: No, they didn't provide that
4 information to us.

5 CHAIRMAN CATES: Any other questions or comments?

6 MR. HAYCOCK: Can I add something?

7 CHAIRMAN CATES: Yeah.

8 MR. HAYCOCK: For the record Damon Haycock.
9 Just to add a little bit of additional
10 information to this. Although, the Governor's finance office
11 did reduce our inflation, this is something that they did
12 last time, and we were able to successfully manage it. We
13 don't how things are going to go. You heard the trend
14 presentation by Aon previously. However, this was something
15 we were -- we were asked to live with last -- for the last
16 two years, and we were able to successfully do that to the
17 tune of creating excess reserves. So I don't want this to
18 appear that we are not in support of the actions.

19 We know that when we submit our numbers as
20 Ms. Glover says, it's premature to what is occurring
21 throughout the marketplace, and often we are conservative at
22 the agency request part, and then as we work with our
23 partners at the Governor's finance office, we hone it down a
24 little bit more to something hopefully everybody can live

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1 with.

2 We are concerned with the pharmacy trend. As you
3 heard at the last presentation, we are doing everything
4 humanly possible to work on that. You will continue to hear
5 more recommendations and suggestions from PEBP throughout the
6 next I'm sure couple of years to try to curb that trend.
7 That is our concern that that will crest these numbers.

8 We are working with our partners in Health Plan
9 of Nevada. As you see, that they were initially put in for a
10 six percent increase and that was reduced to 3.7 and 3.8
11 respectively. So we are working with our HMO partners to
12 ensure that they can support what is in the Governor's
13 recommended budget and we hope to be able to provide an
14 answer back at the March Board meeting that we are all in
15 alignment.

16 But this report here is, as Tina has mentioned, a
17 high level overview of how things shook out. PEBP is not
18 really scared about what came out of this. Although, we
19 would have loved to have gotten some of our enhancements. We
20 recognize that we are one piece of the entire state puzzle,
21 and we are here to support the Governor's recommended budget.
22 That's all I wanted to add.

23 CHAIRMAN CATES: Thank you.

24 Any other questions or comments?
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1 Okay. We will close Agenda Item Number Eight and
2 move on to Agenda Number Nine, presentation on PEBP's 2018
3 member satisfaction survey.

4 MR. HAYCOCK: For the record Damon Haycock.
5 Thank you very much, Mr. Chair.

6 This is a repeat of what we did last year. If
7 you remember as part of our URAC accreditation, one of the
8 things we hadn't done is ask how our customer service levels
9 were received by our membership directly, as well as by our
10 clients which is those various employers and those agency
11 representatives that provide us information to put their
12 employees into our system. We repeated this again. It was
13 released through the same exact channels, communication
14 channels. It was out on October 29th. It ended
15 December 7th. Of course, we sent out reminders.

16 Moving on to page two, as we get into the bread
17 and butter of this -- of this actual item that we ended up
18 having 5,674 initial responses, that's a response rate of
19 7.8 percent.

20 I'll talk a little slower. I'm sorry.

21 Out of the 44,000 folks that could have responded
22 to it is 7.8 percent low. It's lower than we want but is it
23 low for an external survey across the national standard? No,
24 it is not. It's actually a little bit higher than what is
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1 generally expected.

2 However, what's interesting this time compared to
3 last time, last time we ran this survey we had about a 60/40
4 split. 60 percent responders were employees, and 40 percent
5 responders were retirees which is about what our proportion
6 is in our program across all of our population.

7 This time it flipped. We had about 44 percent
8 employees and 56 percent retirees, and so good on the
9 retirees for jumping out here and giving us their opinions as
10 we need to know exactly how we service all of our population
11 as we appreciate and respect all of them equally.

12 We asked the same exact questions again and
13 here's a synopsis of it. You'll see attached are the actual
14 survey questions with the pretty charts and who responded.
15 I'm not necessarily going to go into a lot of detail unless
16 you ask for it, but things to take away is that for the most
17 part the highest response rate that we've received on any of
18 our questions was in the ten, extremely satisfied, so we
19 appreciate that. And the -- similar to the report provided
20 last year, we tried to group them in the highest levels,
21 eight to ten, and you'll see in the majority of all of the
22 sub-questions about those customer satisfaction items were
23 anywhere from almost 60 percent to 75 percent.

24 All of these are a slight, slight increase,
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1 either, you know, less than or up to a couple of percentage
2 points. So we look at that from year to year as an
3 incremental improvement, but we attribute the -- the higher
4 levels of customer service responses to our dedication to
5 providing multiple mediums of communication to our
6 membership. Those in-person meetings are very important,
7 walk-in's, e-mails, all of those customer service statistics
8 that we report on on a quarterly basis. It will be another
9 one later on in my executive officer for the second quarter,
10 you'll see that we take pride in our abilities and capacity
11 to serve our members, and we believe that these member
12 satisfaction surveys show a positive result for PEBP and the
13 staff we have here today.

14 As always, I'm a perfectionist, and I hate any
15 score below perfect. It's just who I am. I can't change
16 that. So that means that we will look at everything here and
17 try to find ways to improve. One of the interesting things
18 that I will point out to on the types of communication that
19 we -- we did add another one which I believe was text
20 messaging, if someone would be interested. This is on slide
21 number nine that is in the attachment. How would you like to
22 receive future communications from PEBP, and text messaging
23 had 880 respondents that wanted to have that. That's
24 something new.

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1 You'll see in the second bar, social media is
2 still way down. We were poised to create a social media
3 campaign a couple of years ago and when we did the last
4 customer satisfaction survey, we realized that isn't what
5 people are asking for, at least the responders so why create
6 a solution for no problem. Again, it shows that a very small
7 amount of folks would like to have social media, but that
8 text messaging is something that we're going to look for in
9 the implementation of our upgrades to our systems as we move
10 forward this year.

11 It's one of the things that I am very personal
12 about because as many of us get those dentists that remind
13 us, hey, you have an appointment, you know, next week, please
14 type that you're going to show up, I think those are very
15 helpful. My dentist is so astute that when I leave the
16 office, I get a text that says, oh, by the way, in six months
17 or four months, here is the next date of your appointment.
18 So it will be an opt in type of process. I don't want to get
19 too much into the details until we figure it out.

20 But overall we believe the satisfaction survey
21 was successful. It was positive, and it was an incremental
22 improvement, and we look forward to performing this again
23 near the end of this calendar to then again report back to
24 the Board.

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1 And with that, I'll take any questions.

2 CHAIRMAN CATES: Thank you, Damon.

3 Any questions? Go ahead.

4 MEMBER ZACK: Christine Zack for the record.

5 Damon, I just have a quick question. What's the
6 status of creating the Linkden page for PEBP?

7 MR. HAYCOCK: For the record Damon Haycock.

8 I have dropped the ball on that, so the status is
9 that I need to pick the ball back up again, Ms. Zack, and
10 create a Linkden page to help with our communication
11 campaign. I'm sure my communication staff are listening
12 today and that will be added to our plan moving forward.
13 Thank you.

14 MEMBER ZACK: Thank you. I noticed that RPEN had
15 one so I thought that probably it was time for us to get one
16 too.

17 MEMBER BAILEY: Follow the leaders.

18 CHAIRMAN CATES: All right, thank you.

19 Any other questions or comments? Seeing and
20 hearing none, I'll close this agenda item.

21 Move to Agenda Item Number Ten, executive officer
22 report.

23 MR. HAYCOCK: Thank you, Mr. Chair. Damon
24 Haycock for the record.

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1 Again, this is a report that is provided every
2 Board meeting to give you just a brief overview of what's
3 happening at PEBP that isn't in any other reports. You'll
4 see the second quarter customer service statistics, very
5 similar for the first half of this year to the first half of
6 last year during the same time frame. Our call volume is
7 down a little bit, but all of the other statistics are pretty
8 well in line.

9 You'll see that our call duration is a little bit
10 longer. We're spending a little bit more time with our
11 members, but we're not sacrificing speed to answer or
12 abandonment rate or those types of things. Please pay close
13 attention the last statistics on total e-mails. Again, that
14 thing again is continuing to increase another ten percent
15 over last year to this year just in the first half. We
16 recognize this is one of the most heavily utilized
17 communication channels, and we have designated staff to
18 answer those.

19 And from our response rate we believe that this
20 is a successful mechanism to get the information out to our
21 membership. It really helps that they can read it when they
22 want to, and they can take time to digest it and have
23 something in front of them for later to reference.

24 We are at or below industry standards as far as
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1 -- maybe I should have said at or above industry standards
2 because we're doing -- we're doing well compared to what
3 traditional call centers and those types of services provide.

4 A little update on Healthcare Bluebook, we, of
5 course, implemented this back in July and for the first six
6 months we've had over 49,000 searches. We think that this is
7 an amazing tool and even if folks don't earn the incentives,
8 which I'll talk about here in a second, it still provides a
9 very transparent opportunity to see what the cost of care is
10 going to be at the various locations for the services that
11 they need. I've used the program. My staff has used the
12 program. My family has used the program. I hear nothing but
13 positive results, and we are driving the course of care.

14 A great example is that second bullet, 167
15 members to date have already received over \$8,000 worth of
16 incentives to go to lower cost providers, and please
17 recognize that there is no incentive that is so high that it
18 doesn't cover the savings of that movement, and it's
19 generally a small fraction. So every time a member receives
20 an incentive check, PEBP and the plan and the member are
21 winning. Not only is this across Nevada, in both rural and
22 urban areas but as well as outside of the state in multiple
23 states across the nation where we have our employees and
24 retirees residing.

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1 We just recently completed the SALGBA Regional
2 Conference. We are very proud to host this in Henderson,
3 Nevada. It was from January 14th through 16. We partnered
4 with and SALGBA was the state and local government benefits
5 association, one of the entities that we are very active in.
6 We had approximately 90 attendees, including public sector
7 representatives from multiple states, Oklahoma, Texas,
8 Wisconsin. We had folks from California, North Carolina,
9 Arizona, Indiana, Montana, Alabama and Utah. We had vendors
10 that flew all over the country but that's what they do so I
11 didn't really put them in here.

12 What we really wanted to do and to set ourselves
13 apart on this regional conference was to talk about bold
14 initiatives, some of the things we have accomplished and
15 other states have accomplished that are really moving the
16 needle on things like trend. As you heard Mr. Caulk say from
17 Aon earlier during our trend presentation, there are certain
18 activities that PEBP and you as Board members have improved
19 that have really helped to control costs and trend. We are
20 not alone in this process.

21 There was an amazing presentation by North
22 Carolina. We actually were able to skype them in. They
23 could not -- they could not leave. Everyone is gearing up
24 for sessions right now, but their state treasurer and their
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1 executive director was able to give us a full -- a full
2 presentation on how they are in the process of overhauling
3 their entire system to create a Medicare Plus Model,
4 something that we had talked about passionately back when we
5 were looking at implementing the Saint Mary's pilot. They
6 are doing it statewide on everybody.

7 This follows suit to a presentation that we
8 received from Montana who did this in 2014, and they have
9 received so much success that their state legislature is
10 sweeping their reserves. They ended up projecting a
11 9,000,000 dollar reserve loss by 2018 and they were at I
12 think 118,000,000 dollar reserve surplus, and the legislature
13 went and yanked about \$20,000,000 from them. So they were
14 able to do this process of basically revamping their program
15 into a Medicare Plus reimbursement model across the board at
16 a certain Medicare rate. They do not have, you know,
17 percentage off-build contracts or these per diem contracts.
18 It is all strictly a percentage of Medicare.

19 We received a lot of support of appreciation for
20 our efforts, and we did create networking opportunities for
21 multiple attendees. I did get -- I was reached out recently
22 by some vendors. They were happy and they had an opportunity
23 to talk to other vendors and kind of synergize some things
24 that they are doing. I assume that is going to equal a pitch

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1 to me later, but we were honored to be selected to sponsor
2 this conference and, of course, we look forward to the
3 continued partnership with SALGBA in the future.

4 Moving forward, unfortunately, this is going to
5 be Ms. Glover's last Board meeting here as PEBP's CFO. She's
6 retiring from the state effective February 8th. I find that
7 convenient right when session starts. She has worked for
8 PEBP since 2012 as our CFO and has worked for the state since
9 1995, held positions in seven different state agencies. I
10 thought I had a lot. She has trumped me again and promoted
11 up the chain. She started from the bottom and worked her way
12 up to this CFO position, and she should be commended for
13 that.

14 We have, of course, all relied heavily on her
15 reporting of her financial statements and as well as any of
16 the financial reportings you heard earlier, trusting in her
17 methodologies and strategically planning for financial
18 solvency. She is always next to me at the table when we go
19 to the board of examiners or to the interim finance
20 committee. And I often when I get stumped look over to my
21 right and Tena has the answer, and it's something we're going
22 to miss as we move forward.

23 We are though promoting Cari Eaton. She is down
24 in Las Vegas. I'll put her on the spot. She is the
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1 financial analyst that has also been with PEBP since 2015,
2 and she's been Tena's backup for the last three years. She's
3 held CFO positions at the Silver State Insurance Exchange, as
4 well as other financial positions and agencies like the
5 public utilities commission. Cari does have 15 years of
6 experience and has been mentored by Tena to step in and to
7 seamlessly do so as PEBP CFO position.

8 So there was a statement that was made to me
9 recently that said, oh, Damon, there's no real succession
10 planning at PEBP, and I beg to differ. This report says
11 otherwise. Tena will be missed greatly and please join me in
12 congratulating her on her retirement and wish her well in her
13 next chapter of her life, and please join me and congratulate
14 Cari Eaton as PEBP's CFO starting Monday, February 11th.

15 My conclusion is just that it's pretty much the
16 same stuff. We do continue to provide high quality and
17 timely customer service. It is very important to us. We
18 prioritize transparency. We want to provide tools that help
19 our members become true consumers of healthcare. We will
20 miss our outgoing CFO, but we welcome our new one, and I will
21 take any questions. Thank you, Mr. Chair.

22 CHAIRMAN CATES: Thank you, Damon.

23 I want to personally thank Tena for her service
24 to the state, not just in her current role but in her long
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1 state career. I think she's been a tremendous asset for this
2 program. I think very highly of her. Her professionalism,
3 her expertise, her fiscal acumen are a key part of success of
4 this program.

5 And, Cari, welcome you have big shoes to fill.

6 So but thank you very much for your service. It
7 is deeply appreciated.

8 MS. GLOVER: Thank you.

9 CHAIRMAN CATES: Any questions?

10 MEMBER BAILEY: Mr. Chair, I would like to say
11 something.

12 CHAIRMAN CATES: See if we can get some tears
13 going. Come on.

14 MEMBER BAILEY: For the record Don Bailey.

15 And I would like it on the record, she's been a
16 Godsend to PEBP. As all of you can relate to finances is the
17 most difficult any board can deal with, how to control money,
18 how to spend money, do we add the money, that's the big thing
19 and when you don't have it, how can we work around the
20 financial end. She has always guided this Board and very
21 well and being as I'm in my sixth year now, she's been around
22 there to always answer any of my questions, and so I
23 congratulate you on your retirement.

24 MS. GLOVER: Thank you.
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1 MEMBER BAILEY: I congratulate the young lady in
2 the south taking over, but you will be missed, Tena.

3 MS. GLOVER: Thank you.

4 MEMBER BAILEY: So thank you.

5 CHAIRMAN CATES: Any other questions or comments?
6 Okay, seeing none, we'll close Agenda Item Number Ten. Are
7 you -- maybe take a break. Let's take a ten-minute break.
8 I'll drop the gavel at five minutes till.

9 (Whereupon, a brief recess was taken.)

10 CHAIRMAN CATES: All right. Let's call the
11 meeting back to order late.

12 Let's move on to Agenda Item Number 11,
13 discussion and possible action regarding additional proposed
14 plan design changes for plan year 2020-2021.

15 MR. HAYCOCK: Thank you, Mr. Chair. For the
16 record Damon Haycock.

17 This agenda item was initially designed to meet
18 basically one -- one pretty simple requirement. Back in
19 November the PEBP Board as you all approved specific plan
20 benefit design decisions, those decisions, of course, will
21 move forward. However, there was an addition to what the
22 decisions that you guys have already made as part of the
23 Governor's recommended budget. We felt it was important to
24 align or to offer the opportunity to align your decisions

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1 with theirs or if you decide you would like to disagree with
2 the Governor's recommended budget and then move a different
3 direction.

4 But we wanted just primarily to help align the
5 Governor's recommended budget decisions with the PEBP Board's
6 decision so we are one front moving forward into the
7 legislature in the next couple of weeks.

8 Just to kind of go over the background, you guys
9 already approved on November 29th the co-pay accumulator
10 program. This was a cost saving activity on the pharmacy
11 benefit, the mandatory Smart 90 Network, again, a pharmacy
12 benefit, cost saving activity. These are two tools in our
13 toolbox to try to address that pharmacy trend as we move
14 forward.

15 I would assume you will see more, not necessarily
16 at the March Board meeting; although, we are looking at
17 formulary changes that we'll be bringing to the Board for --
18 for an MPD or master plan document approval process as we do
19 every March, and we'll talk about that then.

20 You guys had approved an initial \$100 at first of
21 additional HSA/HRA funding which is tied to enrollment and to
22 technology applications, Healthcare Bluebook and Doctor on
23 Demand, and then we tabled the idea of any additional HSA or
24 HRA contributions pending the availability of excess

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1 reserves. Initially we thought we would be able to bring
2 that back at the March meeting, but it's now in the
3 Governor's budget so we can talk about it now. We feel the
4 timing is appropriate.

5 You guys also approved an increase in the
6 Medicare part B premium credits for members, those pre
7 Medicare or excuse me, those Medicaid eligible retirees on
8 the CDHP, HMO, EPO and then enhanced nutrition services pilot
9 at UNLV, we are moving forward with that project, and we have
10 had a lot of success in ironing out the details. I think
11 we're close to being able to have everything done the way
12 that it needs to be done in the next couple of months so we
13 can announce it.

14 And then, of course, the new voluntary benefits,
15 it would be applicable to all members across the program, and
16 you all approved the various types of benefits and the
17 carriers associated with them.

18 Finally, you did defer shifting the cost of the
19 Medicare eligible retiree HRA administrative fees and life
20 insurance premiums from the plan to those retirees as
21 recommended by PEBP in November.

22 Now, that we've received the Governor's
23 recommended budget, we wanted to address a couple of factors.
24 You've heard earlier today about excess reserves, and you've

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1 heard the number of \$15,000,000. I want to talk a little bit
2 about that and what happened and why.

3 We have repeated the same excess reserve
4 reconciliation that we have showcased back in September at
5 the Board meeting and again in November at the Board meeting,
6 but we've added two new lines to it. One of them is a
7 revision to the increased IBNR or incurred but not reported
8 or otherwise known as incurred but not paid reserve, and we
9 are revising that down from the 14.6 million dollars that we
10 basically pre-funded that bucket with which then, of course,
11 increases the available balance at the bottom from 5,000,000
12 to 19.7.

13 So when we developed the EPO plan, there were
14 many assumptions made based on national standards, our
15 current CDHP and testimony leveraged by the outgoing HMO
16 plan. If you recall back in November of 2000 and I guess now
17 '17, there was testimony then by Hometown Health that we
18 should be very cautious about a move away from the HMO
19 because the PPO network costs or rates were higher than what
20 the negotiated HMO rates were and so by default if
21 utilization remained pretty similarly, we would end up paying
22 more for the same services that we were receiving on the HMO
23 plan moving forward with this EPO plan.

24 There was some other testimony cited about
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1 rates by a dollar that the state pays a significant portion
2 of it and the member pays their smaller portion to the tune
3 of 93 percent state and seven percent if you're just a single
4 employee on our PPO plan. So the lion share is absorbed by
5 the state.

6 In this instance the lion share of that HMO
7 premium increase would have been absorbed by the member, and
8 what we were able to do through further negotiations with our
9 Southern Nevada partners because we blend rates is we were
10 able to take that 13 percent increase and turn it into an
11 eight percent decrease in their submitted rates so that way
12 we ended up having a 21 point swing, so that's a huge
13 decrease in rates, and we were concerned that we may have
14 been a little too aggressive.

15 And so to hedge the bet on this process, at least
16 for the first six months to the year, we ensured that we
17 pre-funded the incurred but not paid reserve, and that
18 reserve is generally in the first year of any health plan.
19 It is organically developed by collecting premiums that don't
20 pay claims that year but are supposed to then pay claims the
21 following year which the following year you start collecting
22 more premiums and so you basically kick that can down the
23 road until you finally close down the plan and you take that
24 bucket of IBNR or IBNP reserves and you pay those tail end

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1 claims to shut the plan down.

2 I'm going to imagine that Hometown Health is
3 going to have to do that this year after shutting down the
4 HMO plan or as PEBP shut down the HMO plan for its member any
5 claims that are coming in now are not being supported by any
6 premiums because we're not paying them, so they have to use
7 their reserves. That's an example of what IBNR or IBNP is
8 for, but we refunded it.

9 We received information from our actuaries that
10 said you are going to want to cover all of this year's claims
11 this amount of IBNR but it was supposed to occur organically.
12 So we initially pre-funded it and now that we've received
13 some of our experience back and it's still very premature,
14 but we've received information on at least the first six
15 months of the year, it appears that the rate is going to
16 hold.

17 So if the rate is going to hold, it's going to
18 organically create this \$15,000,000 of IBNR reserves that
19 will be carried forward into the next year and so, therefore,
20 we don't need to double account for them.

21 And so as we looked at this process, we wanted to
22 release those reserves back into the program to be spent, and
23 I don't know if this is through fortunetelling or just
24 through some form of psychic ability, it just so happens that
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1 we need this money or a portion of it to pay for what the
2 Governor has assigned in our budget to enhance the HSA
3 funding from the \$100 we already approved to the \$400.

4 And so, again, that's not all of it, but that's
5 the general synopsis of why we have these excess reserves.
6 So we believe today we are collecting enough money in rates
7 that we are going to be able to satisfy all of our expenses
8 and create this IBNR reserve moving forward so we don't have
9 to double create it today.

10 So going back as to what we're going to
11 recommend, we're literally tying this recommendation into
12 that Governor's recommended budget report. That we are
13 suggesting today that we up the \$100 that we're already
14 approved to the \$400 that is proposed in the Governor's
15 recommended budget, but we found a way to kind of marry up
16 what the Board has been doing and asking what we've been
17 participating in with what is in the Governor's recommended
18 budget.

19 So the Governor recommended a 400 dollar amount,
20 you have already approved the first \$100 of that amount tied
21 to Healthcare Bluebook and Doctor on Demand, and we are
22 recommending after testimony at the last Board meeting when
23 we think we don't want to tie it to the preventative
24 services, we received a lot of responses since that say, you

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1 know, that's a good thing and you have already reported to
2 the legislature at the interim retirements benefit committee
3 that it is moving the needle positively. So we believe
4 that -- that we can continue this same program with a small
5 change.

6 The issues that we presented at November that I
7 presented to you all about some of the administrative burden
8 in trying to determine if someone has met the requirements
9 for the preventative services, we were working with our third
10 party administrator HealthSCOPE to significantly ease those
11 requirements.

12 And so the idea is today to recommend that \$100
13 already tied to Healthcare Bluebook and Doctor on Demand to
14 again repeat the other \$100 tied to the preventive services
15 but make it very simple so members are not at the whims of
16 the providers that may be miss-coding certain services or not
17 providing enough information.

18 So when it comes back in March, we can show you
19 exactly what those simplified requirements are, but I think
20 you'll see that it is going to be so much easier for members
21 to achieve that it doesn't dissuade members from receiving
22 this benefit. It actually appropriately incentivizes them to
23 do so, and we hope that that preventive utilization will
24 continue to increase because we know how important that is.

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1 So we are looking at the estimated costs,
2 including the \$300 more on top of what you've already
3 approved. So in the budget, as Ms. Glover says, there was
4 \$400 approved for the first year and 100 for the second.
5 That equates to about \$9,000,000 in the first year, but
6 you've already earmarked 2.4 million of it for the first
7 \$100. The difference is about 7,000,000, and we are
8 recommending that you all approve that to align again with
9 the Governor's recommended budget.

10 MEMBER PACKHAM: Could I ask a question?

11 MR. HAYCOCK: Go ahead, please.

12 MEMBER PACKHAM: John Packham for the record.

13 Are those costs that are listed in that table
14 assuming 100 percent compliance when I think the preventive
15 at best has been about 50 percent?

16 MR. HAYCOCK: For the record Damon Haycock.
17 Excellent question, Mr. Packham.

18 Yes, we traditionally book 100 percent of the
19 cost. We do this also with our HRA reserve. If you recall a
20 couple of years ago during the last session we tried to
21 reduce that down to what we thought was a more fiscally
22 prudent and a little less conservative level, and we received
23 a lot of responses from the legislature saying they were
24 uncomfortable with us not funding that at its peak.

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1 What the last thing we want to do is to actually
2 have what we didn't think would happen which is a runon on
3 that funding, and then we thought, well, we're only going to
4 fund it at 50 percent or 40 percent or what have you. So,
5 yes, it is funded at 100 percent because we are making it
6 available to 100 percent of the eligible population.

7 We can choose a different number and we can
8 release more funds but I would -- I would be a little bit
9 concerned that if we get it wrong, we would have to dip into
10 other areas, and the last thing we would want to do is do
11 that. Does that answer your question?

12 MEMBER PACKHAM: Uh-huh.

13 MR. HAYCOCK: Moving along, you also heard
14 testimony -- I've received a lot of feedback on my
15 recommendation to shift the Medicare Exchange HRA admin fees
16 and life insurance to those Medicare Exchange Retirees. I
17 testified on this to the Interim Retirements Benefit
18 Committee. I did not receive a positive response. I believe
19 that we have the funding to cover those as we have been
20 covering them since 2011, and I'm willing not to die on this
21 hill and move forward if you all are so that we can fund this
22 for these Medicare Exchange Retirees and ensure that they
23 don't have to absorb this moving forward.

24 One of the things that you will see moving
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1 forward a couple of agenda items later, from this one is in
2 my executive officer evaluation supplemental material that
3 this \$1.50 per month per retiree on the HRA, that is
4 scheduled to go away. We have negotiated, and I'll talk a
5 little bit more about that later on today, but we've
6 negotiated that going away. So we're really only talking
7 about a million dollars that we're going to put towards this
8 group of folks. That's our recommendation and since we have
9 the funding, we feel it's an appropriate use.

10 And to kind of go along with the paradigm that I
11 believe PEBP has been consistent, at least for the past few
12 years, is that when we have money, we try to provide it to
13 everybody. We don't want to leave any group out but if we
14 don't have money, then we want to have everybody help out in
15 this process. This is the kind of quintessential ideology of
16 group health insurance.

17 So we recommend that not only do we meet the
18 requirements of the Governor's recommended budget with this
19 additional HSA funding, but we also sure up this issue of
20 Medicare retiree fees and pay for those moving forward as
21 well.

22 What does the funding result look like? As you
23 just heard my recommendation basically in a nutshell that
24 similar to what was done at the end of November's report, we

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1 have the starting amount. We're going to show you what the
2 final amount is. Yes, there is still funding on the table
3 but as you heard today, our pharmacy trend is, and I'm going
4 to use the term massive, right. We are not just in the early
5 double digits. We are moving pretty far pretty fast. There
6 are emerging treatments that are coming out that are in the
7 hundreds of thousands if not into the million dollars.

8 I can tell you today that our high cost claims
9 are trending much higher than they were at this point last
10 year. So we had somewhere around 165ish high cost claims.
11 We're already at 100, and I have personally seen something
12 like ten of them come over in the last two weeks, and these
13 are costs that are at least \$100,000 or more.

14 So I'm concerned that the trend, the flat trend
15 that Aon showed and as they stated earlier that that trend is
16 not going to hold and that costs, we're finally going to have
17 to deal with a year that isn't as excellent as we've been
18 promoting for the last three, but my suggestion is that we
19 hold back on that 5.7 million dollar for a number of reasons.

20 Number one, there is no dedicated expense to
21 change the health plan in the Governor's recommended budget.
22 The Governor's recommended budget was developed based on the
23 information that the Board approved back in May of last year
24 to create what the policy was and then it was further

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1 approved in September and then in November as what the plan
2 is supposed to look like, and so that's what the Governor's
3 finance took and built whatever budget they wanted to support
4 PEBP with and for us to move forward.

5 So to align with the Governor's finance office
6 budget and the Governor's recommended budget, excuse me, I
7 suggest we don't make any significant changes to the plan,
8 especially when it couldn't be approved until March which is
9 in the middle of session, there's the first reason.

10 The second reason, we lowered rates and we don't
11 know if those rates will hold, it appears they will, at least
12 on the EPO side and on the CDHP side. We reduced them
13 significantly for the first time in program history all at
14 the same time to be more aggressive to reduce the
15 accumulation of excess reserves, and we don't even have a
16 year to determine if that was successful.

17 And, third, we have the EPO plan that was
18 released in July or excuse me, released, it was implemented
19 in July of last year and, again, we don't even have a full
20 year of data yet, and so we are very concerned about kind of
21 giving away the farm without knowing at least what a year
22 looks like with significant rate reductions to the entire
23 program and the implementation of a new self-insured EPO plan
24 where we have absorbed that risk with no full year data on
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1 exactly what it's going to cost.

2 Kind of giving you the firehose, I appreciate the
3 question in the middle, Dr. Packham, and if there's any other
4 questions, I will entertain them now. Thank you,
5 Mr. Chairman.

6 CHAIRMAN CATES: Thank you, Damon.

7 Any questions or comments from the members?

8 I would like to ask that we consider some of the
9 items that people discussed in public comment, co-pays and
10 deductibles. I don't know if that's affordable but in March
11 we at least ought to have some analysis of what that would
12 look like.

13 Go ahead, Tom.

14 MEMBER VERDUCCI: Thank you, Mr. Chair. Tom
15 Verducci for the record.

16 You know, I think we have a very solid package
17 here. We've heard testimony in terms of reducing the out of
18 pocket maximum or reducing the deductible and the out of
19 pocket maximum. I would like to suggest that we just have
20 Aon run the report as outlined in the public comments that we
21 received from NFA.

22 MR. HAYCOCK: May I?

23 CHAIRMAN CATES: Sure.

24 MR. HAYCOCK: For the record Damon Haycock.
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1 So just to succinctly restate, you would like an
2 agenda item on the March Board meeting to discuss additional
3 plan design opportunities as discussed by public comment and
4 the actuarial analysis to back it up?

5 MEMBER VERDUCCI: Yes, that is absolutely
6 correct.

7 CHAIRMAN CATES: Yes, I concur.

8 MR. HAYCOCK: Okay.

9 CHAIRMAN CATES: Go ahead.

10 MEMBER PACKHAM: I will defer to the experts that
11 do that analysis but will that be done like in increments or
12 just what's the best way of doing that?

13 MR. HAYCOCK: For the record Damon Haycock.

14 I don't want to state what's the best way. I
15 think there's multiple ways to do it. What is requested
16 specifically in the -- the public comment submitted by the
17 Nevada Faculty Alliance is something that I think we can do
18 relatively quickly. I think our actuaries have done
19 something similar to that. Some of those numbers are already
20 there that were pulled out, such as eliminating the co-pay
21 for the annual vision exam. We have already done the math on
22 that. We have presented it in the past.

23 The dental change, Aon already performed that
24 service for us in November if you recall. So really the only
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1 change they are going to look at is reducing the deductible
2 and for an individual. It's only going down \$150 to the IRS
3 minimum and then out of pocket max, I think that in and of
4 itself isn't something going to be something too difficult to
5 do. I don't know if you want to see that broken into
6 different levels.

7 MEMBER PACKHAM: No.

8 MR. HAYCOCK: But as requested, I think we can
9 meet that time frame.

10 MEMBER LAMBORN: Leah Lamborn for the record.

11 So I just want to make sure we are clear that
12 these proposals which I support and doing the analysis, they
13 would be in lieu of what's in the Governor's budget, the
14 additional 400 HSA?

15 MR. HAYCOCK: For the record Damon Haycock.

16 That's a question for you all, right. Do you
17 want an either or or do you want to see if they can do it for
18 the 5.7 million that's left on the table? You know, there's
19 an opportunity. If you look at the numbers that Mr. Ervin
20 submitted, he believes, you know, from a straight math
21 perspective, I can't disagree with him, that he's asking for
22 somewhere in the vicinity of \$4,000,000 which is less than
23 the 5.7 that's on the table.

24 What I will tell you today and you will hear in
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1 March is that PEBP has enriched the plan through enhancing
2 the benefits for deductibles and co-insurance and that type
3 in the past and we did it through the use of excess reserves
4 that were supposed to go away, and everybody was okay with
5 giving benefits that went away three years later, and that's
6 something I would be very cautious about recommending to you
7 that we use excess reserves for something that I'm going to
8 assume is a long term sustainable desire versus a one shot
9 like we're going to give an extra couple of hundred dollars
10 to HSA this year because we already have that base benefit in
11 place.

12 So we had a lot of public comment, a lot of
13 public testimony, a lot of concern by our advocate groups
14 that the enhanced benefits groups that were initially
15 provided in '15, '16 and '17 that we were supposed to sunset
16 were going to go away, and we were able to I think through
17 successful plan management contract negotiation and a lot of
18 help from the state's contribution, we were able to shift
19 those over in March of 2017 for plan year '18 base plan
20 moving forward, and I think everybody benefitted from that.

21 So my concern and I'll tee it up here but I'll go
22 into even more detail in March is not that we enrich the
23 plan. My concern is that we enrich the plan with excess
24 reserves. Eventually we're going to run out and if the idea

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1 is, well, you keep making them every year, we were at
2 \$90,000,000 at one time. We are not at \$90,000,000 this
3 year, and so we are spending them down. We are just not
4 spending them down as fast as we're projecting to spend them
5 down. A couple of years ago we got a really good experience
6 and they went up, right.

7 But if you build a health plan on the
8 expenditures of excess reserves, what is the plan when those
9 excess reserves go away, whether that's this year, next year,
10 ten years from now, what's the plan and are we obligating
11 future state legislatures based on our excess reserve, just
12 something to think about.

13 Today we're asking you to align with the
14 Governor's recommended budget, with the \$400, and that still
15 leaves approximately 5.7. And, again, that number will
16 change by March because excess reserve changes but right now
17 today, we believe that leaves 5.7 million and that we -- we
18 are firmly, you know, in support of doing any analysis to
19 determine if there's a better way to spend that down or an
20 additional alternative that meets some of the requests of our
21 advocates. Long answer but hopefully that helps.

22 CHAIRMAN CATES: Thank you. I'll just make the
23 comment that I'm a little skeptical that we will be able to
24 afford the co-pay and deductible changes for the reasons you
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1 just stated, but I want to see the analysis, and we can talk
2 about that in March. You know, when you look at the budget,
3 particularly when you look at the changes that the Governor's
4 finance office made to the inflation factors for the sake
5 aligning it across programs, that makes me nervous,
6 particularly on the pharmacy piece.

7 We are not Medicaid, and we are not corrections
8 and if we overshoot those and run low on funds, it's the
9 member that are going to have to pay. If that happens to
10 Medicaid, they are not going to make Medicaid recipients pay
11 for it or they're not going to make inmates pay for it. So I
12 am cautious and concerned about that.

13 And at this point I would think that aligning
14 with the Governor's budget is probably the most prudent thing
15 to do until we get more experience but, however, I think the
16 analysis ought to be considered and we can discuss it.

17 Any other questions or comments? Would anybody
18 like to make a motion?

19 MEMBER PACKHAM: I'll try. This is my first
20 time. John Packham for the record.

21 I would like to propose that we approve Agenda
22 Item 11 with the additional ask of PEBP staff to prepare the
23 actuarial analysis for the four items that NFA brought
24 forward.

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1 CHAIRMAN CATES: Okay. Is that clear? Do we
2 have a second on the motion?

3 MEMBER VERDUCCI: Tom Verducci for the record.
4 I'll second the motion.

5 CHAIRMAN CATES: Okay. We have a motion and a
6 second. Is there any discussion on the motion? Hearing and
7 seeing none, I'll call for a vote. All those in favor of the
8 motion signify by saying aye. Opposed?

9 (The vote was unanimously in favor of the
10 motion.)

11 CHAIRMAN CATES: Motion carries.

12 Okay. Agenda Item Number 12, discussion and
13 possible action to approve a four-year contract with American
14 Health Holdings for Utilization Management Large Case
15 Management Service for PEBP members on the CDHP and EPO
16 plans.

17 MR. HAYCOCK: For the record Damon Haycock.
18 Thank you, Mr. Chair.

19 As mentioned in the agenda, if there is any
20 questions regarding the negotiated process or what other
21 bidders had presented, we can close the meeting and we can
22 answer those questions to be in alignment with the statute
23 that was built off of Senate Bill 502 last session if you
24 recall.

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1 I am going to turn this over to Cari Eaton, who
2 is currently today our contract manager and who put a lot of
3 work into this solicitation, soon to be our chief financial
4 officer, who's going to go over the highlights, and we just
5 need to know if you want further detail to close the meeting
6 or if you would like to move forward with PEBP's
7 recommendation. Thank you.

8 MS. EATON: Thank you. Cari Eaton for the
9 record.

10 PEBP's current UCM or utilization management
11 case management contract with Hometown Health ends on June
12 30th, 2019. The Board approved the development of UCM
13 request for proposal at the July 26th, 2018 Board meeting.
14 The RFP was released through the State of Nevada Purchasing
15 Division on August 27th, 2018. And vendor responses were
16 scored based on experience, competence, expertise,
17 conformance and costs, and two responses were received.

18 The evaluation committee which included one Board
19 member reviewed the responses and chose American Health
20 Holding Inc. as the winner. And some of the reasons given by
21 the individual evaluators for their scores were aggressive
22 pricing, licensed registered nurses in all 50 states,
23 expertise of staff, caseload sizes, quick turnaround time,
24 great vendor references, on-line case management system,
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1 recommended several additional UCM services to improve PEBP
2 performance and minimal exceptions to the RFP.

3 PEBP has successfully negotiated a contract with
4 an effective date anticipated to be February 12, 2019 upon
5 board of examiner's approval through June 30th, 2023. The
6 services are expected to begin July 1st, 2019, pending
7 implementation, and the contract maximum is \$8,000,000.

8 PEBP staff recommends that the Board ratify the
9 evaluation committee's recommendation, that a contract be
10 approved with American Health Holding Inc. to provide
11 utilization management and large case management services
12 beginning July 1st, 2019.

13 And I can answer any questions anyone has.

14 CHAIRMAN CATES: Okay, thank you. So let me make
15 sure I understand this correctly. If we want to do anything
16 other than ratify this, if we have questions about the
17 procurement, we need to go into a closed meeting, correct?

18 MR. HAYCOCK: For the record Damon Haycock.

19 I'll turn this over to Brandee but if I remember
20 the statute correctly, you have three options I think which
21 is approve the contract as submitted and by PEBP. You can
22 close -- you can cancel the RFP, if I remember correctly, or
23 you can close the meeting and basically have a discussion
24 about why we chose AHH versus any other competitors. What

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1 were some of the negotiated points that were considered
2 confidential, and we have to come back into the open meeting
3 to have any final action.

4 Is that safe?

5 MS. MOONEYHAN: That's correct.

6 MR. HAYCOCK: Thank you.

7 CHAIRMAN CATES: Thank you. So I would ask does
8 anybody wish to discuss the RFP, the process? Does anybody
9 have a desire to do that so we can go into closed meeting?

10 MEMBER BAILEY: We had a Board member on it,
11 right?

12 CHAIRMAN CATES: Yes.

13 MEMBER LAMBORN: Mr. Chair, I have one question.
14 I don't think it's about the RFP specifically. I just want
15 to -- does that include can we get information on a
16 comparison of this amount, the 8,000,000 dollar contract
17 versus what we currently pay and how that compares?

18 MR. HAYCOCK: Excellent question. For the record
19 Damon Haycock.

20 This is an increase in costs. The original
21 submitted bid for all vendors who submitted responses was a
22 pretty sizable increase. Right now we pay around \$3.50 for
23 UMCM services on the Consumer Driven Health Plan, and we pay
24 about \$7 on the EPO plan because it's supposed to be a more

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1 managed care operation. The vendors propose somewhere in the
2 \$7 range for everything.

3 We were able to successfully negotiate that down
4 by I think 1.8 million dollars over four years, and we
5 created a tiered structure on utilization management where
6 volume drives down costs or so if -- actually, the less
7 volume the less cost, kind of different than normal supply
8 and demand, but there's a fixed cost to providing
9 precertifications and sending out notices and those types of
10 things, and so we've had some significant increases to our
11 utilization management precertification process from this
12 current year to the year before, and we're going to be
13 working with this vendor very closely, this partner to curb a
14 lot of those unnecessary low value, high cost type of actions
15 that don't bring real value to the program and in doing so,
16 we'll be able to drop that tier down.

17 What you will see is that even though this is an
18 increase to the projected cost for the utilization
19 management, we have more than made up for that in other
20 contract negotiations that we brought forward, so we found a
21 way to balance this out.

22 MEMBER LAMBORN: Thank you.

23 CHAIRMAN CATES: Any other questions or comments?

24 Would anybody care to make a motion?

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1 MEMBER BAILEY: Mr. Chair, I'll make a motion.
2 For the record Don Bailey.

3 I make a motion to approve Item 12, ratify the
4 evaluation committee's recommendation and that we should
5 approve it as read.

6 CHAIRMAN CATES: Okay, thank you.

7 I have a motion. Is there a second?

8 MEMBER LAMBORN: Leah Lamborn. I second.

9 MEMBER FOX: Linda Fox.

10 CHAIRMAN CATES: I think Leah gets credit for
11 that. She's quicker.

12 Okay. We have a motion and a second. Any
13 discussion on the motion? Hearing and seeing none, I'll call
14 for a vote. All of those in favor of the motion signify by
15 saying aye. Opposed?

16 (The vote was unanimously in favor of the
17 motion.)

18 CHAIRMAN CATES: Motion carries.

19 Okay. We'll move from Agenda Item 12 to Agenda
20 Item 13. I've been looking forward to this all day,
21 discussion of possible action to evaluate the performance of
22 Damon Haycock, PEBP's executive officer.

23 Having never done this before, I assume everybody
24 has read through the agenda item. I guess I'll open it up to
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1 the members to make any comments you would like. I mean, I
2 think there's a thorough background here on the performance
3 of the program, and we've received various comments from
4 folks on this item so I'll just open it up to members for
5 discussion.

6 Go ahead, Tom.

7 MEMBER VERDUCCI: Tom Verducci for the record.

8 I have some prepared comments that I would like
9 to make on performance of the executive officer. I think
10 Damon has done an outstanding job in improving the
11 communication advocacy groups during the last -- during the
12 last two years. The morale in his department has completely
13 turned around. His reports are always clear and concise. He
14 has demonstrated to be a true leader. We're very lucky to
15 have him. He's a hard worker.

16 His knowledge of the inner working of PEBP and
17 the needs of the program is amazing. He is excellent at
18 multitasking. He's always there for any questions that I
19 have. I've called him and sent him e-mails on the weekends,
20 on his vacations. He responds to me right away. He's fully
21 equipped to run this agency and always puts the needs of the
22 members first.

23 He has put new programs and procedures in place
24 to save the plan a ton of money. He's introduced preventive
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1 plans such as Doctor on Demand. Healthcare Bluebook and
2 created the first nationally recognized health sector program
3 through URAC.

4 He's put Nevada on the map in a serious way with
5 SALGBA and received multiple awards for innovation and
6 organization of the year. Damon continually seeks new
7 initiatives to reduce costs. He's handled multiple RFP
8 requests, has taken swift action to make changes as we
9 encounter problems. I could not think of a better executive
10 officer to run the plan.

11 On a constructive note, he can work on improving
12 the awkward position we find ourselves in when the Board is
13 faced with making last minute decisions with a short time
14 frame, to allow a process to evaluate in a more detailed
15 discussion to occur.

16 This can be accomplished by perhaps arranging
17 special teleconference meetings in advance of a regular Board
18 meeting, maybe a week in advance or if we can't come to a
19 conclusion perhaps we carry it out into a separate
20 teleconference Board meeting the following week. This would
21 allow a broader evaluation process.

22 Lastly, we are very fortunate to have Damon
23 leading our plan as he has made remarkable achievements and
24 gone way beyond the call of duty as a loyal and dedicated

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1 public servant, and that's it for my remarks.

2 CHAIRMAN CATES: Okay. Thank you, Tom.

3 MEMBER VERDUCCI: You're welcome.

4 CHAIRMAN CATES: Any other comments? Go ahead.

5 MEMBER ZACK: Mr. Chair, Christine Zack for the
6 record.

7 I do not have any prepared comments but just want
8 to say I'm constantly worried that we're going to lose Damon
9 to the for profit private sector where he would be
10 appropriately compensated for all of the work that he does,
11 so I wanted to thank him for sticking with us and for all of
12 his hard work.

13 CHAIRMAN CATES: Thank you. Go ahead.

14 MEMBER LAMBORN: Mr. Chair, Leah Lamborn for the
15 record.

16 I ditto what everybody else has said today. I
17 think the numbers, I'm a numbers person, speak for themselves
18 on Item Number Seven, pages ten and 11 when we are compared,
19 our trends for PEBP are compared to the national average in
20 Nevada's and our trends are way better than theirs. I find
21 Damon to be innovative and assertive. You don't get a lot of
22 that sometimes in government employees, so ditto.

23 CHAIRMAN CATES: Thank you.

24 Any other comments?

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1 MEMBER BAILEY: For the record Don Bailey.

2 I echo Tom's notes. I think I wrote those notes
3 for him, but I don't want to steal his thunder, but Damon has
4 done a good job for the Board, and I hope -- what we're
5 getting back from his staff is a very good job. Sometimes he
6 pushes a little hard but on the other hand sometimes we need
7 to be pushed, but I've warned him about that over the
8 telephone, and I only call him on weekends, so or after
9 hours.

10 So but he's just done a pretty good job for this
11 Board and for PEBP and for the State of Nevada, and so I
12 thank you for that, Damon, and that's my comment.

13 CHAIRMAN CATES: Thank you.

14 Any other comments?

15 MEMBER FOX: Linda Fox for the record.

16 CHAIRMAN CATES: Go ahead.

17 MEMBER FOX: So I do think it's awkward to
18 publicly review somebody but that's what we're doing. So to
19 prepare for, this I did read the previous review from 2016.
20 I reviewed the PEBP staff survey that was submitted to us and
21 then just my own interactions with Damon and my own
22 expectations of an executive officer.

23 As far as that staff survey, I also supervise a
24 group of people and I don't know that I would have faired as
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1 well as he did. I thought it looked really good and
2 positive.

3 I think we want our executive officer to be
4 innovative and motivated, which he certainly is. I agree
5 with the comments about his availability because I have
6 certainly called Damon after hours, before a meeting and he's
7 always made himself available and very helpful.

8 We would expect our executive officer to keep
9 abreast of what is new and what other organizations are
10 doing. In particular, I think the willingness to kind of
11 stick your neck out and put yourself at risk to some extent
12 is valuable in that you may say something that is unpopular,
13 and we've seen that over some meetings, like kind of personal
14 attacks because Damon did speak up and say what he thought we
15 should do, et cetera, and I think that's very brave, and I
16 think that's necessary in an executive officer.

17 He and I have not always agreed on everything but
18 that is why we vote, so that's all I have.

19 CHAIRMAN CATES: Thank you.

20 Other questions or comments from the members?

21 Well, I will put in my two cents. I think as the
22 Board chairman I get an opportunity to work with Damon
23 probably more than most of the other members. I think I
24 would echo all of the comments that I have heard you all

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1 make. I think Damon's service has been exemplary. He is
2 very innovative. He leans in hard for the benefit of the
3 program. Sometimes that has ruffled some people's feathers,
4 and I think that he's developed good relationships with our
5 partners, but it hasn't been without some contention but
6 that's what happens when you lean in and try to change things
7 for the better, and I think he's done that very successfully.

8 And I think the state is extremely fortunate to
9 have him in this -- in this position, and I am personally
10 very thankful to -- to him for all of the work he does and
11 how much he interacts with me and keeps me informed of what's
12 going on and seeks my counsel, and I feel like we have a very
13 good partnership. And thank you, Damon, for your service. I
14 appreciate that.

15 Any other questions or comments?

16 So I'm a little unsure of how we should proceed
17 with this. Should we do a motion to say atta-boy or I think
18 we just did that.

19 MR. HAYCOCK: So for the record Damon Haycock.

20 If I could just speak a couple of minutes. I'm
21 not going to talk about this report, but what's really
22 important is that any success that I've had individually is a
23 success that I've been afforded because the Board has
24 supported the processes and some of the recommendations but
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1 equally as important, the staff that has done the work in the
2 trenches so that I don't have to micromanage my organization,
3 and I can concentrate on innovative solutions on looking
4 outward from Nevada and seeing what we can bring back in.

5 I cannot except 100 percent credit of the kind
6 words because as much as I know I earned some of them, my
7 staff has earned the bulk of them and I would be remiss if I
8 -- if I didn't respond that way because they have allowed me
9 to do what I do best so that I don't have to do all of the
10 other things that they do.

11 And I think with this Board, especially the
12 relationship that we have is always positive. I know I'm not
13 batting a 1,000 on my recommendations and I shouldn't or we
14 don't need a board and if you don't agree with anything I
15 say, then I'm the wrong guy for this job, and so the idea is
16 that some of the recommendations move forward and some of
17 them don't, and I don't take that personally. I think that's
18 really a testament to the success of this type of environment
19 that you all are a check on me, and I try to provide you a
20 recommendation for the membership so I think this process
21 works very well.

22 But any evaluation on me is an evaluation on this
23 program, and an indirect way it's an evaluation on I think
24 you guys as Board members. And in the past PEBP has

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1 struggled with how they evaluate themselves, how they
2 evaluate the executive officer, whether it was committees
3 that were designed. There was issues that they wanted to
4 address and then ultimately tabled. It's an interesting
5 process to go back and do the research, but we left this as
6 an action item for a couple of reasons.

7 One, Mr. Chairman, I didn't know if you wanted to
8 hear any additional public comment at this time, and
9 generally you take them only during action items. And, two,
10 I didn't know what type of recommendation to put but if you
11 watch the news lately, there's votes of confidence or no
12 confidence for folks in leadership positions so there's
13 always that opportunity as well or you can say what you've
14 already said, and I assume we can just end the item without
15 actually taking an action, so to answer your question.

16 But I appreciate the opportunity to work here. I
17 appreciate the folks and the leeway you give me and most
18 importantly the tolerance when I do stick my neck out that
19 ruffles some feathers that you allow me to come back and try
20 to fix things.

21 Thank you, Mr. Chairman.

22 CHAIRMAN CATES: Thank you, Damon. Yes, and
23 thank you for acknowledging your staff. I recognize the
24 success of this program is due to a lot of the efforts that
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1 the people that you lead, that is a testament to their hard
2 work. It's also a testament to your leadership.

3 MR. HAYCOCK: Thank you.

4 CHAIRMAN CATES: So I thank you for that.

5 I do want to mention compensation. You have this
6 in the report. If it were in my power I would grant you -- I
7 would recommend a nice pay raise for you. I wrote a white
8 paper on the pay disparity at the state versus local
9 government, particularly in leadership roles. I'm unclear,
10 we have statutory authority to set the salary, but the
11 legislature has the final say on that. I'm wondering if you
12 can maybe speak to that for a minute and your understanding
13 of that and how it's laid out.

14 MR. HAYCOCK: Yea, for the record Damon Haycock.

15 I pitched this to Ms. Mooneyhan back when I was
16 writing this report. I'm going to put her on the spot and
17 explain the nuances from the different statutes. I'm well
18 aware and I can interpret ours, but as we all know, PEBP is
19 part of the unclassified pay bill, and all of our
20 unclassified salaries are on there. Our classified staff are
21 part of the overall compensation that the legislature
22 approves. We do support the Governor's recommended budget
23 every session, as we should, and we recognize that we're not,
24 you know, a single island. We are part of a chain of

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1 nations, right, as we are all state agencies trying to
2 accomplish very similar things.

3 But if Ms. Mooneyhan doesn't mind and you're
4 comfortable --

5 CHAIRMAN CATES: Yes.

6 MR. HAYCOCK: -- I would like her to talk about
7 it from the legal standpoint.

8 MS. MOONEYHAN: Brandee Mooneyhan, Attorney
9 General's Office for the record.

10 Yes, we did talk about it. Oh, sorry. Once
11 again, it's Brandee Mooneyhan from the Attorney's General's
12 Office.

13 At the end of the day the legislature has the
14 ultimate authority. Of course, the Board can decide and the
15 executive officer of PEBP is exempt from that 95 percent of
16 the Governor's salary limit. You did take action to that
17 effect last spring I believe, but at the end of the day the
18 legislature decides what people are going to get paid, and I
19 believe the Governor's office, they also have the authority
20 to accept and make their own recommendation for the budget.

21 CHAIRMAN CATES: Very good. Thank you. Which I
22 think we've already made that recommendation. So I guess
23 we'll just leave it as an atta-boy.

24 MEMBER BAILEY: And find that harder to eat.
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1 CHAIRMAN CATES: There are three percent raises
2 built into the Governor's budget so there's that, that's
3 good.

4 Okay. Well, it doesn't seem like we need to take
5 any action on this item. I think we'll go ahead and close
6 this item, move onto Agenda Item 14, public comment.

7 MS. LOCKARD: Thank you, Mr. Chairman, and
8 members of the PEBP Board. My name is Marlene Lockard, and
9 I'm representing the Retired Public Employees of Nevada.

10 First, I would like to thank all of you for your
11 action last November when you deferred action on increasing
12 the administrative and life insurance fee to Medicare
13 retirees. That is very much appreciated, and I would like to
14 thank Damon for his recommendation today to keep PEBP
15 applying the excess reserves and other funds to continue
16 payment of those two items.

17 Second, I would like to thank Tena and
18 congratulate her on her retirement. I know I've been a thorn
19 in her side for several years, and she has always been very
20 professional, and I appreciate that very much.

21 And lastly I would like to thank and congratulate
22 Damon. We have -- Damon reinstituted meetings with
23 legislative advocates of various interest groups and has
24 opened that door for dialogue and questions and more in depth
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1 review of some of the items that come before you. That's
2 very much appreciated, and we thank you, Damon, for
3 continuing those meetings even if those meetings get a little
4 fun at times, but it's very much appreciated that we can
5 speak candidly to you, and we thank you and the Board. Thank
6 you very much.

7 CHAIRMAN CATES: Thank you.

8 MS. MALONEY: Good morning -- no, I think we're
9 still morning, so good morning to the Board, and I always
10 love going behind or following Ms. Lockard. Priscilla
11 Maloney with the AFSCME, American Federal State County
12 Municipal Employees, retirees chapter because I get to say
13 great me too to great speeches, but I just want to echo
14 especially what she said about the wonderful staff that you
15 all as Board members get to work with.

16 Ms. Glover, please don't forget us. I hope
17 you're going to stay in Nevada. A lot of -- PERS tell me a
18 lot of our retirees home means Nevada for great retirement
19 too which makes all of the sense in the world because we have
20 got so much going on here.

21 And, Damon, again everything Ms. Lockard said,
22 and the AFSCME retirees are very grateful that you put such
23 effort into meeting with us and also as Ms. Lockard said,
24 sometimes things get sporty but it is -- it's all well

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1 intentioned, and I know if Dr. Ervin was here, he would be
2 thrilled with the last vote on that item because I think more
3 information is never a bad thing. What we do with it
4 globally is a different story, and but just to at least get
5 those two things out, out of pocket costs and deductible
6 because actually that was a national trend back in 2011, as I
7 know Damon knows to move folks from a more traditional setup
8 as an employer paid public health plan to a consumer driven
9 high deductible plan, and so that's a national trend or was
10 and it's -- it would be interesting to at least get an idea
11 of that basic IRS base level for those two particular items,
12 plug that information into our system and see what it would
13 look like today.

14 Anyway, so thanks again to everybody who's been
15 helping us for the last, I don't know, how long has it been,
16 Damon, two years?

17 MR. HAYCOCK: Three and a half.

18 MS. MALONEY: Oh, you have it down there, right,
19 okay. Anyway, yes --

20 MR. HAYCOCK: 12 days and 16 hours.

21 MS. MALONEY: But who's counting.

22 MR. HAYCOCK: Who's counting.

23 MS. MALONEY: But these are challenging times for
24 anyone in healthcare, whether you're a private employer or a
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1 public one and just so appreciate all of the efforts that
2 have been happening over the last three and a half years.
3 All right, so thank you very much.

4 CHAIRMAN CATES: Thank you.

5 MS. LAIRD: I won't take very long. I don't know
6 if she left it on. Thank you very much. My name is Terri
7 Laird, and I'm the executive director at RPEN, Retired Public
8 Employees of Nevada and as you know, we've changed our logo a
9 bit just to say that we represent all public employees of
10 Nevada, not just the retirees.

11 And I also wanted to ditto what Marlene and
12 Priscilla said. We want to thank Damon for the transparency.
13 I think that's the key word that we all are used to now and
14 working with us, he's been a breath of fresh air stemming
15 from my ten-year history this month with RPEN. So thank you
16 to the staff, as well as to the Board for all of your
17 assistance with us, and we look forward to working with you
18 in the future. Thank you.

19 CHAIRMAN CATES: Thank you.

20 Do we have anymore public comment? Is there any
21 public comment down south?

22 MS. EATON: No one in Vegas.

23 CHAIRMAN CATES: Okay. Seeing and hearing none,
24 we will close Agenda Item 14 and move to Agenda Item 15.
This meeting is adjourned.

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1 STATE OF NEVADA,)
2 CARSON CITY.) ss.

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I, KATHY JACKSON, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Thursday, the 24th day of January, 2019, I was present at the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 124, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 8th day of February, 2019.

KATHY JACKSON, CCR
Nevada CCR #402

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8 AFFIRMATION

9 Pursuant to NRS 239B.030

10 The undersigned does hereby affirm that the following
11 document DOES NOT contain the social security number of any
12 person:

- 13 1) Public Employees' Benefits Program Board
14 Regular Meeting, 1/24/19

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20 KATHY JACKSON

21 DATE

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