

In The Matter Of:
*Public Employees Benefits Program Board
Transcript Proceedings Telephonic Open Meeting*

September 26, 2019

*Capitol Reporters
123 W. Nye Lane, Ste 107

Carson City, Nevada 89706*

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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, SEPTEMBER 26, 2019

5 CARSON CITY AND LAS VEGAS, NEVADA

6
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8 The Board: DEONNE CONTINE, Chair
9 LINDA FOX - Member
10 JOHN PACKHAM - Member
11 TOM VERDUCCI - Member
12 LEAH LAMBORN - Member
13 JET MITCHELL - Member

14 For the Board: BRANDEE MOONEYHAN
15 Deputy Attorney General

16 For Staff: DAMON HAYCOCK
17 Executive Officer
18 LAURA LANDRY
19 Executive Assistant
20 LAURA RICH
21 Operations Officer
22 CARI EATON
23 Chief Financial Officer
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Quality Control Officer

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1 THURSDAY, SEPTEMBER 26, 2019, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN CONTINE: It looks like it's
4 9:00 o'clock. So we'll go ahead and get started. This is
5 the time and place for the meeting of the Public Employees'
6 Benefits Program. It is September 26th, 9:00 a.m. We are at
7 the Legislative Building at 401 South Carson Street in Room
8 1214 with videoconferencing to the Grant Sawyer office
9 building at 55 East Washington, Room 4412, and we're also
10 streaming from the PEBP website.

11 I'll go ahead and open the meeting with a role
12 call.

13 MS. LANDRY: Deonne Contine?

14 CHAIRWOMAN CONTINE: Here.

15 MS. LANDRY: Linda Fox?

16 MEMBER FOX: Here.

17 MS. LANDRY: Leah Lamborn?

18 MEMBER LAMBORN: Here.

19 MS. LANDRY: Jet Mitchell?

20 MEMBER MITCHELL: Here.

21 MS. LANDRY: John Packham?

22 MEMBER PACKHAM: Here.

23 MS. LANDRY: Tom Verducci?

24 MEMBER VERDUCCI: Here.

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1 MS. LANDRY: And members Christine Zach, Mandy
2 Hagler and Don Bailey are excused.

3 CHAIRWOMAN CONTINE: Okay. It looks like we have
4 a quorum.

5 Item Number Two, public comment. Is there any
6 public comment in Southern Nevada? No.

7 MR. UNGER: Yes.

8 CHAIRWOMAN CONTINE: Oh, yes. Go ahead.

9 MR. UNGER: Yeah, are we on? Can we see each
10 other?

11 CHAIRWOMAN CONTINE: Yes. Go ahead, Mr. Unger.

12 MR. UNGER: Yes, Douglas Unger, employee
13 benefit -- U-n-g-e-r. Employee benefits representative UNLV
14 Faculty Senate and immediate past chair.

15 Good morning. And as ever, thank you for all of
16 the work you do to help sustain the quality of life of Nevada
17 state employees. We are all in this together doing our best
18 to provide optimum health plans within available resources,
19 and we're grateful for your service.

20 Regarding Board Agenda Item Number 11, we have
21 asked two very modest but meaningful improvements, a 300
22 dollar increase to our dental benefits. With that over the
23 past eight years have lost 20 to 25 percent of coverage value
24 for basic care such that state employees are regularly

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1 putting off dental procedures at potential risk to their
2 health.

3 We've also requested a modest lowering of
4 out-of-pocket deductibles by \$100 for single employees and
5 \$200 for families to provide at least token relief to the
6 estimated 50 percent of PEBP members who incur the
7 deductibles yearly in a work environment which state
8 employees' salaries are continuing to lose purchasing power
9 when adjusted for inflation, healthcare costs continue an
10 increasing burden, as well as an alarming disincentive for
11 the retention of faculty and staff.

12 We estimate the cost of dental plan improvement
13 to be \$757,000 and the modest lowering of the deductibles
14 which would also bring the CDHP plan precisely in line with
15 announced 2020 federal guidelines would cost a very roughly
16 estimated 1.1 million dollars. We believe both are
17 reasonable prudent requests. Still, we understand the
18 executive director will not recommend either today based on
19 estimates for excess reserves far lower than expected.

20 As a representative who has followed actuarial
21 projections and audits of PEBP for the past seven years, I
22 must express no little skepticism about the figures being
23 reported today. Historically projected excess reserves have
24 been underestimated by millions every year and for financial
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1 year 2019 by some 16,000,000. We place no faith whatsoever
2 in the accuracy of the estimated 3.2 million in excess
3 reserves for financial year 2020, and we believe the
4 increased IBNR and catastrophic reserve increases are in
5 excess of what they need to be.

6 Past history is often prophecy. We believe
7 that's the case with the current reserve projections. So
8 even though today's Board decision may be not to approve, we
9 ask that you leave the door open for a reconsideration of
10 these modest improvements by tabling them for now but only
11 for now and revisiting our requests should next quarter's
12 figures prove like last year's and the year before when
13 excess reserves accumulated by many millions more than
14 estimated.

15 If the Board can leave open the possibility of
16 such a reconsideration, we pledge to work together to
17 advocate before the interim finance committee in a united
18 strategy to avoid any negative reception of PEBP and its
19 capable staff by our legislative leaders should excess
20 reserves accumulate in amounts that might draw negative
21 scrutiny.

22 In sum, we propose leaving these plan
23 improvements available as backup possibilities with priority
24 for the dental benefit and informing the IFC of this
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1 contingency.

2 Regarding Agenda Number Item Five, the Unum
3 issue, we recognize option number two rather than option
4 number three or to extend the payroll deduction capability
5 four more years to allow enrolled members and the company in
6 more seamless and free transition.

7 We also agree with the Nevada Faculty Alliance
8 that it might be a very good idea to retain an outside
9 consultant to review Aon and PEBP and the way they have been
10 estimating costs and reserves to make sure our plan is
11 conforming the best practices.

12 We note last spring's disagreements of PEBP
13 estimates with those presented by the Governor's finance
14 office as further reason for an outside consultancy which
15 could provide PEBP with additional authority before the
16 legislature should any similar disagreement happen in the
17 future. Thank you very much.

18 CHAIRWOMAN CONTINE: Thank you, Mr. Unger.

19 Is there anybody else in Las Vegas? Okay. Is
20 there anybody in Carson City for public comment?

21 MR. ERVIN: Good morning. My name is Kent Ervin,
22 E-r-v-i-n, representing the Nevada Faculty Alliance, the
23 independent association of Faculty, all eight institutions.

24 Thank you for your hard work and your
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1 consideration of what is in the best interest for the Public
2 Employees' Benefits Program and its members. I'll have to
3 leave to go to teach.

4 So we have some comment today on several of
5 today's agenda items for your consideration. On Agenda Item
6 Five, Unum, you know, some employees and for full disclosure,
7 including myself, who bought into Unum long-term care
8 insurance years ago based on good group rates at younger
9 starting ages. I was younger then. Our -- we're hanging on
10 despite the increases of premiums because of the long-term
11 care policy.

12 Having payroll deductions makes it easy to keep
13 up with monthly payments. We fear that pushing the
14 policyholders to private direct payments will increase the
15 likelihood that they will inadvertently lose coverage because
16 of changes in bank accounts or credit cards. We know that's
17 the situation for retirees, but working people are busy and
18 things happen.

19 Since payroll deductions are already being done
20 by the payroll centers, there's no increase in administrative
21 burden to continue to grandfather those premium payments. So
22 those should continue regardless of the decision on extension
23 of the group contract for new enrollees.

24 On Agenda Item Number 11, plan design, we echo
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1 everything that Unger had to say about that. We respectfully
2 request inclusion of the proposals that I've submitted in
3 writing for cost analyses in the November meeting. So that
4 potential cost saving measures can be offset with more
5 broadly applicable benefits if funds turn out to be
6 available, and so that employee groups like NFA have the data
7 needed to advocate with the legislature on these issues.

8 So those include increasing the dental maximum
9 and decrease of the HDHP deductible as recommended by the
10 UNLV group and faculty sense.

11 And also in addition of no cost preventive
12 services from the recently expanded IRS list for chronic
13 conditions, lowering the HDH -- oh, and a free preventive
14 coverage for an annual benefit exam to make that a uniformed
15 benefit across all of the PEBP plans, and finally lowering
16 the HDHP out-of-pocket maximums as we requested previously,
17 so especially the two that Dr. Unger talked about.

18 So why this whole list because that's what our
19 members tell us they want for one thing and what we need to
20 attract and retain the high quality faculty that help with
21 our mission to help students succeed.

22 With that said, we have made the recommendations
23 for cost analyses modest and affordable based on the
24 continued revenue exceeding expenses according to the
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1 financial, quarterly financial reports we've been seeing and
2 until today's projections in Agenda Item 11 regarding changes
3 to the mandatory report for the reserves.

4 Regarding the dental maximum, I retired in 1990
5 and this was the booklet I got. I had to move offices so I
6 cleaned up and found this. The dental maximum at that time
7 was \$1,500 with a lifetime deductible of \$100. So it's
8 still -- it went up. Then it came back down. It's currently
9 1,500, the same it was almost 30 years ago. Instead of --
10 apparently, it wasn't my lifetime for the lifetime deductible
11 because now it's an annual deductible.

12 The other deductible is also quite low here for a
13 completely different plan design, but dental costs have gone
14 up about a factor of three since then. Are we're still doing
15 a 1,500 dollar deductible? Folks needing a crown to avoid
16 needing a root canal are delaying those procedures, either
17 not doing them or delaying them to another plan year because
18 of the cost. They still have to pay 50 percent which was the
19 same in 1990. But, you know, we just need to keep up with
20 dental inflation over the last 30 years, and so the modest
21 proposals that have been presented would just start raising
22 the -- those maximums to help people out, and we know that
23 dental health is critical for overall health.

24 Finally, also in my submitted comments, I created
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1 a table because I was having trouble deciphering all of the
2 data in the -- in the -- the projections versus the closing
3 year actuals. So I've submitted that. Hopefully Board
4 members either have or will get a copy of that.

5 So the attached table shows a comparison. I
6 projected 2019 reserves from a year ago at this time. This
7 meaning a year ago versus actual closing at the end of the
8 fiscal year and projected reserves in Agenda Item 11.
9 Although a 14,000,000 dollar spend down was listed a year ago
10 with projected ending reserves of 5.5, instead of being spent
11 down, the actual ending cash balance increased by 7,000,000
12 with new ending excess reserves at the close of the year of
13 22,000,000.

14 The reason these reserves go away in the
15 projections for the current fiscal year is that the actual --
16 actuarial mandatory excess reserves are increasing by 9.5
17 million which is 7,000,000 increase for the IBNR. That's a
18 13.5 percent increase. It will be interesting to hear Aon
19 why they are going up so much all in one year and 2.5 million
20 for the catastrophic reserve. Plus the 9.6 million that's
21 being paid out in the HSA supplemental contributions.

22 So that leaves a projected ending balance for
23 this fiscal year of only 3.3 million and then the reserve
24 goes for the next year with the projected HSA contribution
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1 goes down to 240 or so thousand which is essentially zero.

2 However, the fact that these projections have
3 been wild underestimates almost every year in the HDHP plan,
4 a certain degree of skepticism is warranted as Dr. Unger
5 said. It's curious how these seem to fluctuate at this time
6 of year, low, low available funds versus at the end of every
7 fiscal year.

8 So to understand this, we would like to have a
9 breakdown of the mandatory reserves for the HDHP plan and the
10 EPO plan since the EPO was just implemented last year. We
11 believe it's important for you as Board members to know where
12 the excess reserves are going to and coming from between the
13 two plans for fairness and to avoid a cross subsidization.

14 Secondly, we strongly recommend that the
15 assumptions and methods used by the PEBP Board and its
16 actuary Aon be reviewed in comparison with best practices by
17 an independent actuarial consultant.

18 The likely outcome of a review is that they will
19 say PEBP is extraordinarily well funded as far as its annual
20 reserve levels. So that's good news to have. Then either
21 they will say, great. Stay the course or they might say
22 there's a systematic underfunding or over-funding issue here,
23 and here are the best practices in the industry of what could
24 be done about that to avoid these fluctuations and these

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1 continuing evolving excess reserves or generated excess
2 reserves that are going to be a target in the next
3 legislative session.

4 So I believe this is simple due diligence that
5 the Board ought to carry out, and I don't know the cost, but
6 I think spending a few tens of thousands of dollars on such a
7 review is money well spent.

8 Thank you for this opportunity to provide input
9 for the improvement of the program.

10 CHAIRWOMAN CONTINE: Thank you.

11 Go ahead whenever you're ready, Ms. Lockard.

12 MS. LOCKARD: Thank you, Madam Chair, and members
13 of the committee. My name is Marlene Lockard, and I'm
14 representing the Retired Public Employees Of Nevada.

15 I would like to associate myself with the
16 comments made by Dr. Unger and Dr. Ervin. We too would like
17 to add an emphasis on the actuarial review. We have now had
18 almost nine years of the excess reserves from 2011, yeah,
19 nine years. And the fluctuations, we've testified numerous
20 times at numerous committee hearings, and we think there
21 needs to be a true up of what actually is being expended in
22 benefits versus the income from premiums. So we -- we echo
23 that call.

24 The Retired Public Employees recently met in Las
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1 Vegas last weekend. We want to thank Executive Director
2 Damon Haycock for coming and presenting to our convention,
3 but it was quite clear at the convention that we would really
4 ask that this body review the life insurance coverage for our
5 retirees, as well as the dental and the vision benefits. We
6 do not feel that those have been restored to the pre 2011
7 stages and are inadequate in today's with cost of living
8 increases over that period of time.

9 So with that, I thank you in allowing me to
10 speak. Thanks. Bye-bye.

11 CHAIRWOMAN CONTINE: Thank you.

12 MS. MALONE: Good morning to the Board.

13 Priscilla Malone with the AFSCME retiree chapter.

14 As usual, I'm piggy-backing on the excellent work
15 of Dr. Ervin and Ms. Lockard. I did speak to my president of
16 my board as in regards specifically on the item agenda in the
17 agenda on the Unum contract. And the problem for us right
18 now is we have no way quickly of ascertaining how much of our
19 membership is effected by that, but as always, Dr. Ervin does
20 an excellent job of covering all possible concerns about how
21 that specific item on the agenda is handled, and so we would
22 just -- I ask my board permission to just give a resounding
23 me too to everything that's been said by both the RPEN
24 representative and the Nevada Faculty Alliance
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1 representative, so thank you.

2 CHAIRWOMAN CONTINE: Thank you.

3 Is there any other public comment? Go ahead
4 ma'am.

5 MS. PECORINO: Good morning.

6 CHAIRWOMAN CONTINE: You have to push the button.

7 MS. PECORINO: Good morning. This is Nikki
8 Pecorino. That's N-i-k-k-i P-e-c-o-r-i-n-o with Unum
9 long-term care out of the Reno field office for Unum.
10 And I would like to address the last comment made
11 in regards to access on how many retiree members are in the
12 pool of around 804 for our existing policies. The migration
13 to what we call the individual direct paid division 999 is a
14 very hard number to extract out of the Unum system only
15 because the national pool of direct pay includes many states
16 and movement of addresses and so forth, but I can now with
17 the request, thank you very much, try to exceed that.

18 There is a division in the billed section of the
19 policy language called division 11 for PERS retirees. And
20 PERS retirees may if they have a deduction move that
21 long-term care deduction in there. We don't know the number
22 of lives, but currently it holds about \$8,500 a month in
23 premiums. So it's an option for those retirees either to go
24 into direct bill.

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1 The one area that's even a little harder to
2 qualify, and this is coming from the NSHE side is the fact
3 that most of the NSCHE eligible are not utilizing PERS
4 because they are not eligible for PERS. So they are probably
5 landing mostly into direct pay. In 2013 direct pay was
6 around 193 direct pay billed into the pool of Unum.
7 Currently there's about 470.

8 So when we do see the migration into retirement
9 that even though the policy number has remained severely
10 static during these rate increases in the last part of this
11 contract, we -- we do see the migration over into direct pay.

12 And if I may make a final comment and I wasn't
13 sure I would be up here this morning to do so, but I really
14 want to thank PEBP executives not only for their patience and
15 their very educated comments and inquiries regarding the
16 contract. It's -- when the contract was renewed six years
17 ago it was with the benefits committee here with PEBP. It
18 was also trying to look into that crystal ball of benefits
19 which we all know is a very challenging area to look at. And
20 the estimation of what was going to occur in the marketplace
21 in the last six years has certainly been surprising,
22 especially for Unum, one of the larger underwriters of the
23 long-term insurance.

24 As the original procurement team back in 2001
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1 seeing these generational products develop to meet consumer
2 need, the landing into group voluntary in the public sector
3 was a very strong icon for Unum. The ability for them to
4 retain new enrollees, they are one of the very few companies
5 in the nation when these closed contracts happened in 2015
6 and the marketplace changed to -- to retain new enrollees is
7 very important. It sustains the contract actuarially, meets
8 consumer access needs.

9 And as we see the growing need for long-term care
10 coming, as I'm unfortunately kind of an age appropriate
11 person to be talking long-term care, not only as a person who
12 gives care to family members but coming into where my family
13 is going, mom, are you going to need long-term care. This is
14 a sustainable product through public sector, and we hope that
15 retains not only the ability for new enrollees but also for
16 payroll, and we will certainly adhere to whatever the Board
17 decides in regards to this policy.

18 And it does have a lifetime policy for those
19 people who are in a direct bill environment and have the
20 opportunity to convert into that direct bill environment
21 depending on your decision here today.

22 And the final comment is made and like how much
23 coverage does this policy actually provide. It wasn't really
24 a fact that I've been thinking about very much until the last
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1 few days and weeks. So out of the 804 insureds, if we take
2 the average because this is a number that we couldn't really
3 extract out of the system either because some policies have
4 increased inflation benefits and so forth. But if we take
5 the average purchase of a 3,000 dollar benefit for three
6 years, that lifetime maximum is \$108,000 with private dollars
7 for long-term care times the 804 policies. If we averaged
8 out without any kind of inflationary protection growth is
9 over \$86,000,000 of private funded personal long-term care
10 dollars coming into this state to meet the need of our
11 growing seniors. So thank you very much.

12 CHAIRWOMAN CONTINE: Thank you. Is there any
13 other public comment in Carson City?

14 Okay. Then we'll go on to Agenda Item Number
15 Three, PEBP Board disclosure for applicable Board meeting
16 agenda items. For PEBP is Brandee Mooneyhan from the
17 Attorney General's office.

18 MS. MOONEYHAN: Thank you, Madam Chair. As
19 counsel for the Board and pursuant to Nevada ethics law, I'm
20 making this disclosure on behalf of the Board members who are
21 eligible for PEBP benefits. All current Board members except
22 Ms. Zach and Mr. Verducci are eligible for the Public
23 Employees' Benefits Program which means that they, their
24 spouses and/or their dependents may receive health, dental,
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1 life insurance and other benefits through PEBP.

2 On today's agenda, Agenda Item Five relates
3 directly to benefits available to PEBP members. As it
4 concerns the status of the voluntary long-term services
5 contract with the vendor. And, of course, several items
6 really indirectly to benefits available to PEBP members.

7 When PEBP members, Board members vote on matters
8 affecting benefits for themselves, their spouses and/or their
9 dependents that may trigger disclosure requirements under NRS
10 281A.420. Pursuant to the law I'm offering this as a general
11 disclosure on behalf of the Board members who are PEBP
12 participants.

13 I would also like to note that Board members who
14 are PEBP participants can still vote on matters directly
15 affecting their benefits as long the benefit or detriment to
16 them is not greater than that for similarly situated Board
17 members.

18 Thank you, Madam Chair, for allowing me to make
19 this disclosure and I invite any member who has anything to
20 add in this regard to do so now.

21 CHAIRWOMAN CONTINE: Thank you.

22 Is there anybody that has anything to add?

23 Okay. We'll move onto Agenda Item Number Four,
24 the consent agenda. The consent items will be considered
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1 together and acted on in one motion unless an item is removed
2 to be considered separately by the Board.

3 Does any Board member have a consent agenda item
4 they would like to have considered separately? Mr. Verducci?

5 MEMBER VERDUCCI: Yes, Tom Verducci for the
6 record. 4.2.1.

7 CHAIRWOMAN CONTINE: Okay. Is there anybody
8 else?

9 Okay. Can I have a motion to approve the consent
10 agenda except for Item 4.2.1.

11 MEMBER PACKHAM: So moved.

12 CHAIRWOMAN CONTINE: Okay. I have a motion from
13 Mr. Packham. Is there a second?

14 MEMBER LAMBORN: I second the motion.

15 CHAIRWOMAN CONTINE: Okay. There's a motion and
16 a second. All those in favor plea signify by saying aye.
17 Any opposed?

18 (The vote was unanimously in favor of the
19 motion.)

20 CHAIRWOMAN CONTINE: Okay. The motion carries
21 six to zero. And then we'll consider 4.2.1, the budget
22 report.

23 Go ahead, Mr. Verducci.

24 MEMBER VERDUCCI: Yes, Tom Verducci.
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1 In terms of the budget, the projected income
2 under all other we're showing a budget of 1.8 million. We're
3 showing the actual at 12.2 million. So that's a difference
4 of \$11,000,000 of 584 percent, and it's under a column titled
5 other. So I think I just would like to have a little more
6 understanding of if that's from rebates and if that's
7 sustainable year after -- year over year.

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

10 That all other revenue category consists of
11 treasurer's interest which is based off of funds that are in
12 our -- mostly in our required reserve accounts, also
13 prescription rebates and Medicare Part D subsidies, so all of
14 that revenue adds up to those.

15 And our treasurer's interest and prescription
16 rebates were much larger than when we built the budget two
17 years ago. So moving forward, if they remain increased then
18 our future budgets will -- will have larger starting points.
19 Because that's -- the 1.8 was what we budgeted two years ago.
20 So we couldn't see that we would be -- have that increased
21 revenue at that point.

22 CHAIRWOMAN CONTINE: So, Cari, when you say the
23 reserve, you're talking about just the general reserve that
24 all budget accounts. So we're not talking about any of our
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1 other reserves. We're just talking about the regular budget
2 reserve?

3 MS. EATON: It's actually all of the funds that
4 are just kept in our account during the year we gain interest
5 on, and because of our required reserves being so large at
6 this point we are getting more interest on those.

7 CHAIRWOMAN CONTINE: Okay. All right. Are there
8 any other questions?

9 MEMBER PACKHAM: Yeah. John Packham for the
10 record.

11 So what proportion of that \$11,000,000 is
12 interest and what proportion is rebates, a ballpark. I'm
13 just curious.

14 MS. EATON: Right. I believe we ended fiscal
15 year '19 with just over \$9,000,000 in prescription rebates
16 and just over \$2,000,000 in treasurer's interest.

17 MEMBER PACKHAM: Thank you.

18 CHAIRWOMAN CONTINE: Are there any other
19 questions? Any questions in Southern Nevada?

20 MS. SPINELLI: None.

21 CHAIRWOMAN CONTINE: Okay. Are you good,
22 Mr. Verducci?

23 MEMBER VERDUCCI: Yes, I sure am. Thank you.

24 CHAIRWOMAN CONTINE: Okay. So is there a motion
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1 to approve the budget report Item 4.2.1?

2 MEMBER VERDUCCI: I will make that motion. Tom
3 Verducci.

4 CHAIRWOMAN CONTINE: Okay. Is there a second?

5 MEMBER PACKHAM: John Packham. I'll second.

6 CHAIRWOMAN CONTINE: There's a motion and a
7 second to approve Item Number 4.2.1. All those in favor
8 please say aye. Any opposed?

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

11 CHAIRWOMAN CONTINE: Okay. Motion carries six to
12 zero.

13 Okay. Moving onto Agenda Item Number Five,
14 discussion and possible action to determine plan year 2021
15 and beyond disposition of the Unum contract for voluntary
16 long-term care services to include either extending the
17 current contract an additional four years, closing the policy
18 to new enrollees and continuing payroll reduction for
19 existing enrollees or allowing the policy to terminate
20 June 30th, 2020, and current enrollees can elect continuation
21 of coverage through direct billing. For PEBP is Laura Rich.

22 MS. RICH: Thank you. Good morning. For the
23 record Laura Rich, operations officer.

24 This report is to provide information on the Unum
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1 voluntary long-term care contract and ultimately discuss and
2 vote on renewal options. To give a little bit of background,
3 PEBP has been offering this voluntary product since 2001
4 because of some significant changes in the marketplace and
5 long-term viability of the product in the marketplace. This
6 contract was terminated back in 2013 and then renewed in
7 2014. At that time there were no other carriers that were
8 offering this type of product to large group employers on a
9 voluntary basis. So PEBP was able to waive the solicitation
10 process, and a six-year contract was extended to Unum. That
11 contract expires on June 30th of 2020.

12 If you recall back in September of 2018, the
13 Board approved a two-year amendment to the Morneau Shepell
14 contract that included a fully integrated Voluntary Benefit
15 Platform. The intent of this platform was really to be able
16 to offer more voluntary products without having to maintain
17 those direct relationships with each one of the carriers, and
18 this means that there would be a reduced administrative load
19 on PEBP. So there would be no need to manage contracts or to
20 go through all of the separate procurement processes for each
21 of these products.

22 And although the Board has ultimately or PEBP has
23 ultimate authority over which benefits are offered, really
24 that administrative burden shifts away from PEBP with the
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1 implementation of that platform.

2 So as a result with the exception of Unum, PEBP
3 cancelled all contracts relating to voluntary benefits and
4 those carriers instead established relationships directly
5 with Corestream, who is a subcontractor for Morneau Shepell,
6 and those existing voluntary policies transition to the new
7 platform and are now being offered along side a lot of new
8 products.

9 Today, Corestream manages everything from the
10 enrollment files and payroll deductions, as well as a one
11 stop shop for our members to call in, and -- and they have
12 that ability to provide information and answer questions on
13 all of the voluntary benefits that are offered. But due to
14 some technical limitations and lack of approval from its
15 broker, Unum was unable to participate in this process.

16 So instead, currently, today what we do is we
17 display a link for Unum on the Voluntary Benefits Platform
18 but members do not the have ability to enroll through the
19 platform or really manage their elections, and they -- the
20 various pay centers cannot leverage that single payroll
21 deduction process that's currently managed by Corestream.

22 Enrollment and utilization in this product is
23 fairly low. About 40 percent of the people who apply for
24 this product do get declined through the medical

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1 underwriting, and today we have about 320 active members who
2 are enrolled. However, a lot of that, the bulk of that
3 enrollment occurred early on because Unum is only reporting
4 in the last two years 24 new applications and of those 24
5 only 18 new policies were effectuated.

6 Enrollment in long-term care policies across the
7 board really has dwindled mainly due to significant rate
8 increases in that market. In Nevada specifically, the Nevada
9 Division of Insurance determines the acceptable and fair
10 rates for all companies who offer LTC products. And since
11 2014 the DOI has approved about a ten percent plus rate
12 increase year after year. And anyone who decides to purchase
13 LTC products after January 1st, 2020 will see a minimum of
14 15 percent more expensive rates and in some cases really
15 depending on the plan and your age, it can be up to
16 40 percent more expensive than the 2019 rates.

17 It's also important to note that since the
18 inception of this contract members have paid 7.5 million
19 dollars in premiums while they have only collected about
20 2.6 million in benefits.

21 So there's essentially three options that the
22 Board can select from today. Option one extends the contract
23 by another four years. So in this scenario there's no
24 impacts to members but pay centers would be -- continue --
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1 would continue to be required to manage those separate
2 payroll deduction processes. PEBP would also continue to
3 provide the administrative and contract oversight for a
4 product that has really relatively low new enrollment.

5 And also there's an element of confusion for
6 members. When all of our other voluntary products are
7 displayed and they are able to be managed in our new portal
8 and all of those payroll deductions come out in one single
9 paycheck deduction, and then we have Unum which is sort of
10 the outlier.

11 Option number two closes the policy to new
12 enrollees but continues the payroll deductions for the -- for
13 existing members. This option also has no impact to existing
14 members, but this process creates a long-term burden on pay
15 centers because there's really no end date to that, and I can
16 give you a good example of that.

17 Recently I discovered that some of the pay
18 centers are carrying out payroll deductions from a or for a
19 product that I believe, and I say I believe because there's
20 no documentation to support this, was offered through the
21 committee on benefits back in the '90s. So those payroll
22 deductions continue to occur, and there's no documentation to
23 really support those. They will be occurring until those
24 policies terminate or until the end of time.

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1 I will also add that Unum has reported to PEBP
2 that this is their least favorable option, and that they
3 believe that the cost to Unum to sustain a closed policy
4 without any actuarial growth is risky.

5 Option three is to allow the policy to terminate
6 and the current enrollees can port their policies by electing
7 to continue coverage through a direct billing process.
8 There's some impact to members because they would -- they
9 would have 60 days to choose to transition that policy, but
10 there would be no change to their premiums or their plan
11 benefits. So it's very similar to how members who leave
12 state service or retire and want to keep those policies, they
13 can continue that through the direct billing process.

14 This eliminates the burden of managing separate
15 payroll deductions by the pay centers and also eliminates the
16 administrative oversight by PEBP, but let's also not forget
17 that it also gives Unum through the end of June to move onto
18 that platform and make the similar transition that all of the
19 other existing carriers made during last open enrollment. So
20 if Unum is able to accomplish this by June 30th, it will
21 essentially eliminate any impact to members.

22 PEBP recommends option three. The product
23 experience or this product experiences significant rate
24 increases annually and new utilization is low. Last year the
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1 PEBP Board established the voluntary benefits policy of using
2 a single partner on a single platform. Therefore, for
3 consistency, PEBP also recommends allowing Unum to work with
4 Corestream for inclusion on that platform moving forward.

5 With that, I'll take any questions.

6 CHAIRWOMAN CONTINE: Thank you.

7 Are there any questions in Southern Nevada?

8 MS. SPINELLI: No, ma'am.

9 CHAIRWOMAN CONTINE: Okay. Are there any
10 questions here?

11 MEMBER PACKHAM: John Packham for the record.

12 I will be supporting option number three if at
13 some later date we got a report or update on what that impact
14 was or wasn't to the members, small numbers, but it would be
15 nice to know.

16 MEMBER FOX: This is Linda Fox for the record.

17 I do have a question. So if we chose option two
18 does that mean Unum could not move to the new platform?
19 Could they at some point?

20 MS. RICH: So that would really be a Board
21 decision. The Board has ultimate authority over what -- what
22 product is offered on the platform. We can certainly make it
23 happen from a PEBP staff perspective.

24 MR. HAYCOCK: For the record Damon Haycock.
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1 One thing I want to add. Ms. Rich talked about
2 it, but I want to kind of pound it home. There's a policy
3 decision that was made by this Board last year to consolidate
4 all voluntary benefits under one provider for all of the
5 reasons that Ms. Rich has relayed again today, but it also
6 positions the plan in a place where we can offer more
7 benefits than we ever have.

8 And in that process there were a couple of
9 voluntary benefit providers that provided a little bit of
10 pushback to PEBP ultimately because they had brokers or they
11 didn't have brokers that were collecting commissions on these
12 products and that commission structure would shift over to
13 the new broker which is jointly shared by Corestream and
14 Morneau Shepell as licensed producers in this state.

15 And if you remember, we had a very strong willed
16 individual come up and discuss one of our products back then
17 and say how much worse it would be if PEBP eliminated a
18 direct contract, and we don't have any data to show that that
19 has occurred.

20 For consistency sake though, I would imagine that
21 person would come back to the Board if we carved out Unum and
22 gave them a pass on participating on this platform and
23 treated them special compared to all of the voluntary
24 benefits that we provide today because Unum and their broker
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1 would be able to retain those commissions on these products,
2 and none of the other entities that are on that structure
3 that were with PEBP directly before would be able to as well.

4 So my concern is if we allow Unum to remain off
5 of this platform and offer this voluntary benefit that you
6 will see other contractors or other vendors coming up and
7 saying we would like the same deal, and it will dismantle the
8 ability for us to reduce our administrative burden, and it
9 may jeopardize the long-term sustainability of providing all
10 of those voluntary benefits as one singular package.

11 So what we -- why we're asking for number three
12 isn't to take benefits away from members. In all of these
13 exact options, nowhere does it say that members are going to
14 lose this benefit. It's just what mechanism do they utilize
15 to get it and how can they keep it, and will we be providing
16 this benefit as a benefit moving forward to new members and
17 there's a way to do that.

18 So in option three, if we cancel the policy and
19 we cancel the or we allow the policy to expire and we cancel
20 the contract, if Unum can get back onto the Voluntary Benefit
21 Platform and decide to make that businesses decision, then we
22 can renew that actual business policy and move forward. But
23 if they don't, then our opinion, PEBP's opinion is that they
24 are making a business decision to no longer offer this

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1 benefit as a group benefit to the Public Employees' Benefits
2 Program.

3 So we received comments from Ms. Pecorino on
4 these options and even Unum has said that do not support, and
5 please correct me if I'm wrong, Ms. Pecorino, but Unum
6 doesn't support option two because with no new entrance the
7 risk is higher on Unum.

8 MS. PECORINO: Do I need to step up?

9 MR. HAYCOCK: Yeah, you can come up if you want
10 to, but my understanding from the comments is that -- I
11 shouldn't say you wouldn't support, but you would recommend
12 not moving forward with option two and continuing direct
13 billing for these members because the risk is increased to
14 Unum that there are no new entrance to offset the costs as
15 people then start to activate this benefit as they age.

16 MS. PECORINO: Let me make a first comment in
17 regards to the status of the policy. In 2015 when the
18 marketplace exited the second generational cash reimbursement
19 indemnity plans, Unum also closed that bank of business which
20 set in place static policy language. So it's been very
21 difficult for Unum to come back and say we can make
22 amendments to the contract. We can reinstate this contract
23 or policy and if it does expire without the full integration
24 onto the BV platform, and I fully understand what that
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1 entails now, then that policy does stay closed only to those
2 individuals, and no one can enroll.

3 I would like to clarify and correct the statement
4 in regards to Unum's presence on the Corestream platform.
5 Prior to the open enrollment when we -- we entered a little
6 late in understanding what that was meaning, and we are
7 current on-line information partner known as AGIS, which is a
8 Unum partner nationwide, and it's one of the largest
9 long-term care information systems out there, allowed us to
10 offer to Corestream a, what I'll call a workaround or a
11 presence on the Corestream site but not fully integrated into
12 the payroll.

13 Which means if you go out there and you log in as
14 a new hire or as an existing eligible member and you see that
15 Unum long-term care, it does go to a full website with
16 enrolling electronic enrollment and electronic signaturing.
17 So people can enroll there. It's a matter of perception and,
18 again, with Morneau Shepell doing some performance changes as
19 we speak for this next open enrollment, any granted amount of
20 time with new enrollees is appreciated. As a newly broker, I
21 do see a lot of move coming towards new enrollees
22 particularly since there is this electronic enrollment
23 process on the AGIS' site through Corestream, and that's a
24 good thing.

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1 The need purchase power of the enrollees coming
2 to that site is somewhat limited because it's usually a need
3 purchase price. It's a group product that's closed. There's
4 just factors there that don't put them in the same place as
5 other voluntary individually issued products such as Aflac or
6 the standard STD. This is a group voluntary, and you do have
7 control over that.

8 Ultimately, Unum had told us through the
9 brokerage since this is a closed policy contract, there is no
10 reinstatement event. If we -- if it expires and we weren't
11 given another status of extension at 6-30 2020 and everybody
12 goes to direct bill on that option, then it's not
13 reinstatement back to a benefit offered through PEBP in an
14 active environment. So that's a high concern there in
15 regards to consumer access and the need for growing long-term
16 care private dollars supporting our seniors here in the State
17 of Nevada. So that's fairly important.

18 Do I think we could actually have Unum move to a
19 more integrated site to engage payroll? That was our first
20 hurdle with the billing system in Unum, and it appears that
21 there is a PEBP requirement for allowing that payroll service
22 to be integrated into Unum and that is an authorization to
23 allow Corestream to have private access to all of the policy
24 information including the name, date of birth, all of that

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1 HIPAA driven information and that has yet to come forward.

2 If that got triggered between now and the end of
3 the contract, then we do see that payroll system and service
4 on that platform to function, not particularly on individual
5 VB products like the Aflac's and the STD's because, again,
6 this is a group bill, group applied premium against
7 individually paid products. So there is movement there. So
8 I would certainly appreciate option three over option two in
9 any case.

10 Option one gives everybody the right to perform
11 better as space for technology to meet one another. I think
12 that was a large hurdle regarding a closed contract policy
13 was that there's not a lot of movement in these closed books
14 of business for new technology to integrate because there --
15 it's a closed policy. There's no new language in other words
16 for that to occur for Unum. So we do have some just
17 intrinsic closed policy language problems.

18 But anytime we get for more enrollee and for the
19 entities because technology moves quite quickly to integrate
20 would be appreciated. I think it's going to take more than
21 nine months. I certainly will give you reporting on new
22 enrollees on the new marketplace, any new movement but there
23 is certain authorization that's required at any point in time
24 for Corestream and their payroll services to be moved forward

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1 into Unum, what we call eye services system.

2 May I answer any other questions?

3 CHAIRWOMAN CONTINE: This is Deonne Contine for
4 the record.

5 So you say you think it will take longer than
6 nine months and that is to basically be integrated with the
7 Corestream and allow that single, the pay structure that we
8 all desire?

9 MS. PECORINO: Right.

10 CHAIRWOMAN CONTINE: So how long do you think it
11 will take if you -- I mean, you want to move forward to do
12 that, and so what is your estimate on that?

13 MS. PECORINO: Again, that's like six years ago
14 when we renewed the contract, looking into that technology
15 crystal ball is very difficult.

16 I've spent quite a bit of time talking to Bruce
17 in regards to the performance on the platforms and they are
18 basically there. With the PEBP authorization to give
19 Corestream eye services access, that's a huge piece. So it
20 would be linking again the Corestream enrollment process.

21 One statement that was made by Unum up front back
22 in May when this first came to light was, and this came right
23 out of Unum contracts, and I'm just the liaison here is since
24 they already have spent over, I can't tell you exactly how
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1 many millions on the AGIS platform which is a fully
2 functional electronic event to allow another system to be
3 built. This has to do with underwriting compliance and a
4 closed language. So there's some components there that I
5 don't fully understand because the language coming from Unum
6 contracts, Portland, Maine basically says since we already
7 have one in place, we're not going to probably authorize the
8 building of that other platform.

9 So I can't quite tell you since technology has
10 come forward through the AGIS process. Again, arm length
11 away from the Unum core LTC division of operations. That's
12 the only component I couldn't say would take longer, but we
13 can certainly integrate with PEBP authorization the
14 Corestream payroll event. It looks a little bit differently
15 than that individual billing that's currently having with STD
16 standard, even though that platform doesn't look fully
17 integrated out there getting behind the PEBP portal.

18 But even a two-year extension opposed to nine
19 months may be a space for all parties to be able to say
20 here's a better performance on the Corestream platform. Here
21 is now more integrated payroll and with Unum, I can't really
22 speak fully out of operations contract for them but gives us
23 the brokerage a lot more time to delve into the opportunity
24 for perhaps a, what we call a collaboration between

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1 Corestream and the AGIS because it's already built out.

2 There was a comment made out of the Corestream in
3 Morneau Shepell early on saying they didn't realize how in
4 depth it was to even build the STD platform, how many inputs
5 that takes. And that would be like if I could bring it down
6 to a lay person's terms to build that particular voluntary
7 product, not a group product, not group billing because it's
8 age rated. It has multiple plan designs. There's thousands
9 of inputs.

10 So AGIS came forward and said we built over 20
11 variable programs that are continually changing because there
12 has been these rate increases. So I would say for Morneau
13 Shepell and Corestream to embrace building that database for
14 that electronic enrollment would be something that would have
15 to be really looked at strongly because now we're having a a
16 single age rate from 18 to 80, four plan designs with one to
17 \$8,000 in each choice.

18 So the matrix of building that particular
19 platform into Corestream, it may not -- I don't know its
20 capabilities. I don't know if they can do that. I don't
21 know how deep their platform goes. So that space to find
22 these things out, we have only had five months in open
23 enrollment and a lot going on is certainly beyond nine
24 months, but maybe it's a directive to the brokerage to give

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1 you a report every time AGIS or Corestream connect or we look
2 at that -- that unilateral building into it.

3 Because Unum's desire, of course, is to be able
4 to provide this very valuable product. Because in the third
5 generation in the marketplace today, you're just -- we're age
6 rated events, there's just things going on. The marketplace
7 has not come forward commercially to be able to meet the need
8 of this product.

9 CHAIRWOMAN CONTINE: Okay. So from that, you
10 think maybe a year and nine months, is that kind of what I
11 got from that?

12 MS. PECORINO: Well, that might be something
13 before you make a decision that Morneau Shepell could answer
14 in regards to how deep their platform goes or where they are
15 at in their performance improvements.

16 I know that the standard got in there and
17 integrated, but I don't think it was a full integration in
18 regards to the electronic enrollment. As well as AGIS hasn't
19 really come forward. They are really kind of waiting for the
20 decision here by the PEBP Board.

21 CHAIRWOMAN CONTINE: Okay. All right. Go ahead,
22 Damon.

23 MR. HAYCOCK: Just a couple of quick questions.

24 Damon Haycock for the record.

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1 Ms. Pecorino, hopefully you give me quick
2 answers.

3 MS. PECORINO: I know. I'm sorry. I give
4 longwinded answers.

5 MR. HAYCOCK: The Unum product that you offer
6 PEBP today is approved by the Division of Insurance and its
7 total rate structure which includes commissions that are paid
8 to brokers, correct?

9 MS. PECORINO: Yes.

10 MR. HAYCOCK: And AGIS is Unum's dedicated broker
11 that collects those commissions?

12 MS. PECORINO: No. They're a servicing agent to
13 our brokerage.

14 MR. HAYCOCK: Okay.

15 MS. PECORINO: We were the original procuring
16 brokerage and still are. I became the lead broker in May.
17 The other gentleman when we procured it in 2001 is what we
18 call a semiretired open or broker.

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

21 Sorry, and I'm not trying to cut you off.

22 MS. PECORINO: No. That's all right.

23 MR. HAYCOCK: So if Unum were to move onto the
24 Corestream Voluntary Benefit Platform in a similar manner and
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1 a similar setup and a similar condition structure that exists
2 with all of our other voluntary benefits would that mean that
3 Unum and unfortunately you would lose those commissions.
4 They would be transferred there or would they be split or
5 have you guys had that conversation yet?

6 MS. PECORINO: Great question. Thank you very
7 much. We're currently paying Corestream for a limited
8 integration platform. They receive commissions on a
9 quarterly basis. It was a very large decision between AGIS,
10 Unum and our brokerage to have a third party fiduciary listed
11 as a broker of record with Unum, has some contractual
12 questions that haven't been answered yet.

13 However, we as the broker have been paying
14 servicing -- AGIS is a servicing agent to those commissions.
15 We pay it. I was a servicing agent in a dual capacity and
16 now I'm a broker and not a servicing agent. We pay another
17 servicing agent for division one payroll because it's the
18 largest payroll. So it would be a negotiation of what level
19 of services are rendered by the Morneau Shepell and
20 Corestream for how many commissions are paid to them as
21 service agents.

22 So Unum has their only particular model for group
23 voluntary benefits commissions. It's driven by compliance in
24 departments of insurances.

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1 MR. HAYCOCK: Sorry, I don't want to cut you off.
2 I just want to make sure we get to the meat of the questions.
3 Again, Damon Haycock for the record.

4 In your testimony you said that you believe that
5 there's going to be, there is today and there will be a large
6 use of the long-term care product in the State of Nevada.
7 Out of 24 applications over two years only seven were issued.

8 MS. PECORINO: I think it's 17.

9 MR. HAYCOCK: There is a couple of million people
10 that live here and there's an aging population, and we're
11 talking seven new policies in two years.

12 MS. PECORINO: Right.

13 MR. HAYCOCK: Could this be considered, and I'm
14 going to leave this a rhetorical question.

15 MS. PECORINO: Okay.

16 MR. HAYCOCK: That this could be a mountain of
17 work for a very limited impact. So I will -- I think
18 Ms. Rich had, if you're comfortable, Madam Chair, or let me
19 turn it back over to the Chair, sorry.

20 CHAIRWOMAN CONTINE: Yeah. The point I was
21 trying to make. I mean, I think there's only 320 people, but
22 they are getting direct with how old, right. So is there
23 some middle place -- I mean, if they are working towards
24 being on this platform and being a part of that and all of
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1 them working together, then maybe there's a way we can
2 structure something so it wouldn't be a four-year extension
3 or, but I kind of don't get that from the -- from the
4 comments that they have made today, but I think Mr. Chazza
5 (phonetic) has a question or a comment.

6 MS. RICH: For the record Laura Rich.

7 I just wanted to add that we did -- we were able
8 to integrate a very similar product which is the voluntary
9 life which also is age rated and so it's similarly or similar
10 to a long-term care product, and the standard was able to
11 integrate into the Morneau Shepell system or Corestream
12 system in under six months. So it is possible.

13 MS. PECORINO: Oh, good. That's good to hear.

14 MS. RICH: Like you said, you -- AGIS already has
15 a system that is built. They are utilizing that system and
16 there's a little bit of hesitation to move onto the
17 Corestream platform.

18 CHAIRWOMAN CONTINE: Okay.

19 MS. RICH: And transition into the --

20 CHAIRWOMAN CONTINE: Okay. I'm going to cut off
21 the staff and additional conversation. I'm going to turn to
22 the Board members.

23 Are there any other questions or comments? In
24 Southern Nevada, anything? Okay. I think Ms. Lamborn has a
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1 motion then.

2 MEMBER LAMBORN: So really I'm more concerned
3 about the 40 percent denial of those that apply and the
4 increases in the policies that far exceed the normal
5 inflation for healthcare costs. It seems like it's being --
6 the client is being cherry-picked. So I'm ready to make a
7 motion that we go with option three and terminate the
8 contract as of June 30th, 2020.

9 CHAIRWOMAN CONTINE: Okay. Is there a second?

10 MEMBER PACKHAM: John Packham. I'll second it.

11 CHAIRWOMAN CONTINE: Okay. Motion and a second.
12 Is there any discussion?

13 I would just like to say I'm going to vote yes on
14 this, but I also know and I'm taking Dr. Ervin's comments
15 earlier. There are people who are used to this. They have
16 probably been on the program or on this for a long time. So
17 just whatever the agency can do, whatever PEBP can do to make
18 sure that everybody fully understands how it's going to work
19 in the future. And, again, maybe we can have a little bit of
20 report back on -- I mean, the impact, potential impact to the
21 -- and maybe just talk about that at the next meeting just so
22 that's one way people will know what's going to happen.

23 Okay. So with that said, there's a motion and a
24 second on the table. All those in favor please signify by
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1 saying aye. Any opposed?

2 MEMBER MITCHELL: Opposed.

3 CHAIRWOMAN CONTINE: Was that, I'm sorry?

4 MEMBER MITCHELL: Jet Mitchell for the record.

5 CHAIRWOMAN CONTINE: Ms. Mitchell.

6 (The majority of the vote was in favor of the
7 motion.)

8 CHAIRWOMAN CONTINE: Okay. The motion carries
9 five to one then I believe. Okay. Thank you.

10 Okay. Item Number Six, discussion and possible
11 action to approve an amendment to the Morneau Shepell
12 eligibility and enrollment system contract to lower per
13 employee per month fees from 1.78 to \$1.50 beginning
14 September 1st, 2019 through the remainder of the contract.
15 And for PEBP is Cari Eaton.

16 MS. EATON: Thank you. Cari Eaton, chief
17 financial officer.

18 On July 26th, 2018, the Board approved a contract
19 amendment with Morneau Shepell to extend the contract two
20 years through 2023 and for an enhanced eligibility system and
21 Voluntary Benefit Platform.

22 On July 25th, 2019 an open enrollment update
23 report was provided to the Board that stated Morneau Shepell
24 would reduce the per participant per month fees in response
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1 to the new enrollment tool and Voluntary Benefits Platform
2 rollout.

3 Morneau Shepell has agreed to reduce the
4 administrative fees from \$1.78 per participant per month to
5 \$1.50 per participant per month beginning September 2019.
6 This reduction to the administrative fees is projected to
7 save PEBP approximately \$670,000 through the term of the
8 contract.

9 PEBP recommends the Board authorize staff to
10 complete a contract amendment between PEBP and Morneau
11 Shepell to reduce the administrative fees through the term of
12 the contract.

13 And I'm available for any questions.

14 CHAIRWOMAN CONTINE: Okay. Are there any
15 questions? Any discussion? Is there a motion? Mr.
16 Verducci?

17 MEMBER VERDUCCI: Yes. Tom Verducci for the
18 record.

19 I don't see any disadvantage here. We're saving
20 \$670,000, and it seems very clear cut that if we go from
21 \$1.78 to \$1.50 it's going to be more money for PEBP and I'll
22 make a motion unless there's further discussion. I don't
23 know if you're ready for a motion.

24 CHAIRWOMAN CONTINE: Go ahead.
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1 MEMBER VERDUCCI: Yeah, I would like to make a
2 motion that PEBP recommends the Board authorize staff to
3 complete a contract amendment between PEBP and Morneau
4 Shepell to provide an enrollment and eligibility system for
5 all PEBP plan participants in Contract Number 15941 to reduce
6 fees through the term of the contract.

7 CHAIRWOMAN CONTINE: Okay. Is there a second?

8 MEMBER PACKHAM: John Packham. I'll second.

9 CHAIRWOMAN CONTINE: Okay. There's a motion and
10 a second. All those in favor please or I'm sorry, is there
11 any other discussion? All those in favor please signify by
12 saying aye. Any opposed?

13 (The vote was unanimously in favor of the
14 motion.)

15 CHAIRWOMAN CONTINE: All right. Motion carries,
16 six to zero.

17 Item Number Seven, presentation of the State of
18 PEBP. And Damon Haycock for PEBP.

19 MR. HAYCOCK: Thank you, Madam Chair. Damon
20 Haycock for the record.

21 The State of PEBP report is an annual report
22 provided after the end of the plan year that summarizes all
23 of the actions, activities and different data points that the
24 plan experienced. It is basically our report card, and we
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1 provide it every year now at this Board meeting as soon as we
2 get the close of the year's statistics and results.

3 On the first page of this presentation we go over
4 our purpose, mission, vision and values. Those are those
5 items that are approved through our strategic plan every
6 year, and then we move into the overview. Of course, we
7 provide, as you well know, a Consumer Driven Health Plan
8 coupled with an HMO in the south and an exclusive provider
9 organization or EPO plan in the north this year. That was
10 the new thing that we rolled out.

11 We have on page two a table that describes all of
12 the different program enrollment in each of the plans, as
13 well as employees, pre Medicare retirees and their
14 dependents. So you can see we cover just under 72,000 lives
15 over the period of last year.

16 Then we break out the report into various plan
17 sections. First is the Consumer Driven Health Plan, our
18 primary plan. We did get a slight increase in enrollment,
19 just under three percent. We also got a slight increase in
20 state retirees as well. So that first number was state
21 employees. We did get a decrease in non-state retirees which
22 does happen as that is a closed group. And so as folks age
23 into Medicare or no longer have our plan, they will move off
24 or some will unfortunately pass away, and so that number will

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1 continue to decrease over time.

2 As far as utilization and costs, this is my first
3 State of PEBP where I get to say we actually had an increase
4 in costs on the medical plan, almost five percent medical
5 costs on a per employee or per retiree basis from plan year
6 2019 to 2018. We ended up having an increase in high cost
7 claims and that's what drove that increased utilization.

8 We had 34 additional high cost claimants, an
9 increase of 21 percent of the previous year. This is
10 significant and we define high cost claimants as members with
11 claims greater than \$100,000. I believe the HMO and Nevada
12 utilizes a 50,000 number. I think the previous HMO in
13 Northern Nevada uses 50 but we use \$100,000.

14 And our average costs for each of those claims is
15 just under \$220,000. So when you look at the amount of folks
16 that were increased from year to year and the total average
17 cost, you're looking at about seven and a half million
18 dollars, and I'm going to pause here for a second because
19 that number is going to help describe what happened to our
20 excess reserves later.

21 So 700 and a half more million dollars went to 34
22 people. So without these claims, if we were to carve them
23 out, we actually would have realized only a small increase in
24 total overall costs, but the enrollment would have offset it
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1 and we would have had another year of negative trend. So if
2 you're looking for a culprit, it is the high cost claims
3 which is why our medical trend was increased this year.

4 On the pharmacy side it was a nine percent
5 increase and total cost. But when you factor in the rebates,
6 as we do at PEBP, we are a one for one plan. Not all plans
7 do that. It was only about a 5.1 percent. And if you
8 remember this time last year, we were -- we were saying that
9 it was a dramatic increase, somewhere I think around
10 17 percent. So we were able to through good management and
11 decision-making by the Board implement cost saving activities
12 that helped slow down that trend on the pharmacy side.

13 There were new programs and services that were
14 provided, one Healthcare Blue Book. That's our shining star
15 program. We had over 77,000 searches conducted by our
16 members to try to find a low cost, high quality providers of
17 care. We had almost 5,000 guided tours, and we provided
18 about 26, almost \$27,000 in incentive checks to provide
19 members who chose high quality lower cost alternatives. This
20 is a dedication to that value on the first page of
21 transparency where folks can get on and shop and look.

22 And a little sneak peek here yesterday, we were
23 told from the state and local governments benefits
24 association, the major organization that is the national
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1 organization where just about every state plan and local plan
2 who tries to attend every year their annual conference, PEBP
3 has been selected to present on this specific program. So we
4 will be presenting in their annual conference in Louisville,
5 Kentucky next April. So we're very excited to be honored
6 with that.

7 To combat the rising pharmacy costs, right, we,
8 as I mentioned earlier, there was an implementation of a
9 voluntary network for 90-day drug fills. We also implemented
10 enhanced funding for the health savings accounts and health
11 reimbursement arrangements where we require folks to observe
12 or to attend four different activities, preventive or
13 wellness activities to see a doctor, to see a dentist, to get
14 their teeth cleaned and to get their associated lab work.

15 We also included a requirement to at least be
16 exposed to the two technology applications that we provide.
17 One, Doctor on Demand which is our on-line virtual visit so
18 folks that want to get help for certain types of acute
19 scenarios and not wait until the next day or not wait for a
20 doctor's appointment to get on immediately and seek services.
21 That has been a very good program for PEBP.

22 And then, of course, the introduction of
23 Healthcare Blue Book. We wanted to expose as many people.
24 We met with them for an end of year outcomes meeting last
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1 week or maybe, excuse me, I think it was earlier this week
2 and we exceeded far -- far higher engagement that they ever
3 anticipated and we credit that to that incentive program.

4 We also included 3-D mammography or three
5 dimensional mammography as a preventive benefit paid
6 100 percent by the plan and then continued programs and
7 services included higher level of life insurance and, again,
8 enhanced HSA/HRA benefit of \$200.

9 We released, this is now on page four, a
10 self-insured exclusive provider organization or EPO plan that
11 replaced the northern or rural Nevada HMO plan provided by
12 Hometown Health many years to PEBP. We were, of course,
13 faced with significant increases and rates, and this was our
14 solution.

15 We were able to drop rates even though they were
16 blended with Southern Nevada significantly from what was paid
17 prior so eight percent. I think you've heard me say this
18 before, that's eight percent of the year before where we were
19 facing a 13 percent increase this last year so that's a 21
20 point swing. We were very lucky to be able to do that.

21 We did pattern our EPO plan closely to the
22 outgoing HMO plan to minimize disruption, and we did have a
23 pretty significant enrollment as compared to what it was
24 before. I think it went up even higher than what was in the
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1 previous HMO plan, but about 8,500 covered lives.
2 Utilization and cost there -- you know, there's some numbers
3 here that we describe with per participant per month or per
4 employee costs were. One thing that is very important is
5 that the high cost claims on a per capita basis were the same
6 on the EPO plan as they were with the CDHP. So they are both
7 experiencing the same level of high cost claims per capita.
8 So if that trend continues that could become a problem, if
9 those increased high cost claims continue to increase even
10 further.

11 We will be able to report a year of your trend at
12 this time next year because it being the first of the year of
13 the plan, we don't have a previous plan trend, and it's truly
14 unfair to match our trend against what the HMO outgoing trend
15 was since they managed the plan a little differently.

16 As far as accomplishments here for the program,
17 we completed strategic planning. The planning session was
18 held last year in August, and in November the Board approved
19 the revised plan. We, of course, outlined three simply and
20 purposeful strategies, improving the access to care,
21 improving the member experience and reducing cost to the
22 program. Everything that PEBP presents to the Board and to
23 our stakeholders is framed within that strategic initiative.

24 The -- we, again, conducted a member satisfaction
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1 survey from October through December in 2018, and we can
2 report very, you know, favorably that all of our results for
3 all of the same questions that we asked have increased
4 between four and nine percent per category. So we believe
5 our customer service and our ability to support our
6 membership is increasing through this survey.

7 We still are a little low on training and
8 education. You'll see that number somewhere near the bottom
9 of page. 59 percent of those reported responses were between
10 eight and ten. Those were the highest levels. But at 59
11 percent we would love to see something a lot higher.
12 Personally I would like to see 100 percents in all of these.
13 So we will not stop striving to be better at what we do for
14 our membership.

15 CHAIRWOMAN CONTINE: I have a question.

16 MR. HAYCOCK: Please.

17 CHAIRWOMAN CONTINE: This is Deonne Contine for
18 the record.

19 I just had a quick question. What is the overall
20 member participation on the surveys or what percentage or
21 just employees not covered lives, but.

22 MR. HAYCOCK: Excellent question, Madam Chair.
23 Damon Haycock for the record.

24 We only send these out to households, and so we
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1 don't have folks and like their children also respond. I
2 can't say that they don't but that's not the intent. I think
3 we send it out to 35, 40,000 households, and we get somewhere
4 between eight and 10,000 responses depending on the year.

5 And the report that was actually presented back I
6 believe in January of this year on this satisfaction survey
7 has those numbers. I just didn't bring it with me today so I
8 apologize, but we're well ahead of the five to ten percent
9 national standard of reporting to an outside survey.

10 We received another award last year for, actually
11 earlier this year for the American Business Awards for
12 Organization of the Year, a Gold Stevie. So we're very
13 excited to be recognized nationally for our efforts.

14 And then as the pattern continues, PEBP can't
15 leave contracts alone so we continue to work with all of our
16 old contracts and then we also implemented new contracts. We
17 brought in American Health Holdings. We signed a contract
18 last pan year, but it didn't go into effect this plan year so
19 we don't have any State of PEBP yet to talk about that
20 transition for utilization management and large case
21 management services.

22 We performed again a second year in a row a
23 market check on our Pharmacy Benefits Manager which resulted
24 in millions of dollars of savings which is about 5,000,000 as
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1 they were compared against other PBM's and other book of
2 business clients, and we were able to renegotiate that
3 contract.

4 We were able to renegotiate the HealthSCOPE
5 Benefits third party administrator contract and reduce fees
6 about 55 cents, as well as some recoveries on shared savings
7 programs. With Willis Towers Watson and the Medicare
8 Exchange via benefits we were able to eliminate all of the
9 administrative fees as of this July, and so there is no cost,
10 direct cost to PEBP to access the HRA reimbursement processes
11 through Willis Towers Watson.

12 We extended, as you've heard from an earlier
13 report from Ms. Eaton, we extended the Morneau Shepell
14 contract for the Voluntary Benefit Platform as well as an
15 improved member facing portal, and then we cancelled the
16 voluntary life and short-term disability contract standard
17 because they moved onto that platform.

18 The bottom of page six, customer service, you've
19 seen these numbers every quarter from PEBP, but for the year
20 our phone calls, walk-in's and e-mails, we received about
21 46,000 phone calls in plan year '19, an increase of almost
22 5,000 over the previous year.

23 Our average time to answer calls increased as
24 well as our abandoned call rate. Something that we're going
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1 to call an outlier this year because of a couple of
2 significant factors that effected PEBP especially during open
3 enrollment. One being that there was a lot of concern and
4 confusion about when rates were going to be posted, as well
5 as the pushing of that open enrollment to adhere to the
6 legislative decision-making process, as well as a new system
7 with a new voluntary benefit program, of course, will cause
8 not concern but questions as it is -- was brand new to the
9 program with a lot of new benefits, and so that prompted a
10 lot more interaction between PEBP and the membership which
11 then increased our calls, e-mails and those type of things
12 and those associated statistics like average time to answer
13 or abandon calls or the like.

14 Then we don't -- we assume, I'll go out on a limb
15 this year and say we believe that those numbers will improve
16 next year as things settle down. And to our knowledge today,
17 unless something significantly changes at the Board meeting
18 the benefit package you see today will be pretty similar to
19 the benefit package we'll see next year. If that occurs it
20 should reduce the type of statistics where we're getting
21 peppered with calls on new products.

22 We dedicate ourselves on in-person education and
23 outreach. Not everybody likes to take phone calls or
24 e-mails. So during the month of May we report that almost
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1 500 employees attended a series of enrollment meetings across
2 the state, and we also provided a webinar. Our solution, the
3 materials were available to folks who could not attend.
4 That's only one form of in-person education outreach in our
5 communication plan.

6 And in our required statutory reports to the
7 legislature and to you as a Board every year, we outline all
8 of the different communication activity. So we didn't
9 rewrite them here. But in the back of that communications
10 report there is page after page of the opportunities that we
11 share communication about our plan and the benefits and how
12 to maximize those throughout the year.

13 We do have fiscal year performance indicators.
14 It's something required by the budget every biennium. We try
15 to set goals that are achievable, often we exceed them,
16 rarely do we not. In this specific occurrence we missed it
17 by a fraction. For most of these it was by about one percent
18 except generic drug utilization. I think, and this is the
19 number I provided for this report, but there are two generic
20 drug utilization numbers. There's the generic drug
21 utilization number as a totality of all drugs, and then
22 there's a generic utilization number based on how many brands
23 actually have a generic equivalent.

24 And I think I grabbed a number for the totality
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1 and not the generic equivalent, and this number is supposed
2 to be higher, and I can fix that moving forward, but we have
3 a generic over brand policy here at the State at PEBP, and so
4 every opportunity that there is a generic and a brand drug
5 that we require folks to use the generic drug unless they
6 have gone through a series of utilization management
7 practices like step therapy or if they have a bad result
8 utilizing the drug and it is all managed through our Pharmacy
9 Benefits Manager to ensure that we maximize generic drug
10 utilization.

11 On page eight we go into the finances. We took
12 in just about \$519,000,000 of revenues split up over our
13 standard revenue -- our standard revenue categories from our
14 beginning cash, all of our reserves to the state subsidy or
15 the employer contribution that we take in, as well as the
16 member premiums, and then we spend, of course, the same
17 amount because at the end of the year you end up closing the
18 year in balance of \$519,000,000, and you'll see that the
19 lion's share of what we spend on self-funded claims, as well
20 as reserves. A very small amount was used in administrative
21 costs and operations. And then, of course, there's a small
22 portion that we shoot out in premiums to the fully insured
23 products like our HMO's.

24 I'm not going to go necessarily over, too much
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1 over page nine because we've already talked about them at a
2 high level. We can go -- I can go into more detail if you
3 would like. The reserve utilization is the same type of
4 reserves that we've had every year here at PEBP that you've
5 all seen. You know, we have the IBNR occurred but not
6 reported reserve. We have the catastrophic reserve. We have
7 the HRA reimbursement reserve that we fund at 100 percent,
8 and then we have whatever is left over becomes excess at the
9 end of the year.

10 We did use those reserves for plan year 2019 as
11 excess reserves to increase basic group life insurance from
12 employees and retirees. That is now part of the base plan in
13 this biennium. So it will not need to be paid for out of
14 excess reserves moving forward, and we did increase enhanced
15 CDHP HSA/HRA funds, as well as continued to pay those
16 Medicare life insurance and Medicare Exchange, HRA fees which
17 those HRA fees will now go away as of this July.

18 You guys also used it again to cover 3-D
19 mammography and a one-time supplemental to the Medicare
20 Exchange Retirees of \$2 per month per year of service.
21 That's spent down reserves approximately 5.4 million.

22 So you've heard already some of the future
23 challenges, the rise of high cost claimants. That's
24 something that we have to watch. It would be very fortunate

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1 if this was just one of those bad years where you just got a
2 run on those high cost claims and that they reduce again 20
3 to 30 and become a little bit more expected or if this is
4 something that is kind of a precursor as to what is to come,
5 and we're going to watch this very carefully because if this
6 becomes the new normal then we're going to be coming back
7 with recommendations on how we manage this population and
8 more importantly how we can prevent these moving forward.

9 And there's also, of course, the continued
10 increases to specialty drugs. There are new drugs that come
11 out on the market everyday. There are new drugs or old drugs
12 that get new indicators that could be used for other -- other
13 disease states, and so those costs are something that we work
14 very closely with our Pharmacy Benefits Manager to try to
15 manage through a myriad of programs and services in an effort
16 to not reduce the benefit to our membership.

17 One thing I will say that every utilization
18 report I get from my Pharmacy Benefits Manager, it just seems
19 that PEBP seems to be absorbing more of the cost of the drugs
20 and the membership is absorbing less on a per percentage
21 basis even though everybody is paying more, and it's really
22 hard to see and understand that you're actually getting more
23 help from your plan when your prescription costs go up, but
24 we're actually more of the lion's share of those costs.

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1 So that's the overview of the State of PEBP.
2 We're very proud of this program. We're very proud of our
3 recognition. We're very proud of our national presence, and
4 we're very proud of our ability to manage this program to
5 value the membership, as well as the plan's solvency and
6 ultimately the Nevada taxpayer who pays for it.

7 And with that, we'll take questions.

8 CHAIRWOMAN CONTINE: Any questions?

9 MEMBER PACKHAM: John Packham for the record. I
10 have a question, a question of curiosity. 4.6 per 1,000, is
11 that statistically remarkable that it was the same across
12 both of the high deductible and the EPO, and I'm just
13 curious, how does that compare nationally or maybe
14 regionally?

15 MR. HAYCOCK: For the record Damon Haycock.

16 You stumped me, Mr. Packham. I don't have that
17 number but I will get it back. I'll make sure that you guys
18 have that.

19 MEMBER PACKHAM: Moving on.

20 CHAIRWOMAN CONTINE: Mr. Verducci?

21 MEMBER VERDUCCI: Yes, Madam Chairman. I would
22 like to ask Damon a question here.

23 I'm reading here that we have 34 high cost
24 claimants that cost us seven and a half million and earlier
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1 in the report we saw from rebates we had an additional
2 11,000,000. So now our excess reserves are down, and I see
3 additional income, but we're down with a 34 high cost
4 claimants, and I'm also questioning the elimination of the
5 preventative and wellness programs and how that has had an
6 impact on our excess reserves.

7 MR. HAYCOCK: For the record Damon Haycock. All
8 good questions.

9 A lot of these answers are in a table I think on
10 Item Number 11, and I'll briefly talk about them here, and we
11 can go in more detail there. The 34 high cost claimants are
12 in addition to what we had the year before, so it's not total
13 34, but it's 34 additional. And what that did is it did lead
14 to a higher medical trend than we thought.

15 And if we can define what an excess reserve is,
16 we can all agree what an excess reserve is then it all kind
17 of makes sense. We report projected excess reserves every
18 quarter, but really at the end of the day an excess reserve
19 is excess cash on hand once you've satisfied all of your
20 liabilities. And part of those liabilities is the increase
21 to our required reserves moving forward. If we don't
22 backfill those required reserves with excess when we have it
23 then we are actually supposed to raise rates to fill that
24 need.

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1 And so we have been able to not raise rates even
2 though our required reserves have increased over time because
3 we have had that excess reserve bucket to backfill them
4 first.

5 So kind of think of it with your own checking
6 account. By the time at the end of the month, once you've
7 paid all your bills and you bought all your food and you've
8 had all your fun, what's sitting there as a balance for the
9 next month is excess, and so that's how PEBP looks at it, but
10 we can't know our excess reserves truly until we close the
11 fiscal year because we might have a mountain of cash in
12 December but then we have 34 more high cost claims that burn
13 it down, and they actually increase that medical trend and,
14 therefore, that excess reserve isn't truly an excess reserve.

15 So you will hear from folks, public comment.
16 You'll hear from us trying to describe, well, where are you
17 on excess reserves? What do you project? What do you think?
18 If you go back and look at every report that we provided you
19 on projections, I don't think we have ever hit it at the end
20 of the year, and so it is such a volatile number that we have
21 put our name to this September report as the actual
22 determination of excess reserves because that's how we close
23 the fiscal year and that's the true cash on hand that we have
24 left. Anything else is a projection and nobody that I found

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1 has been able to project it accurately.

2 Now, how does the, you said the rebates and
3 everything else, rebates are already built into the rates
4 that we have today. We'll see if the rates that we were
5 provided by -- by the legislature will hold true to those
6 determinations. We won't know until we close next fiscal
7 year. And so, remember, there's a cycle to how revenue comes
8 in and how expenses go out when it comes to claims because we
9 have a one-year timely filing requirement for claims.

10 So Damon Haycock can go to the doctor today and
11 his doctor cannot bill PEBP for almost a year, but Damon
12 Haycock is paying premiums today, and so we may be receiving
13 a lot more revenue than what we're outlaying in expenses, and
14 then it all catches up. And so I know it's kind of like an
15 accordion, but it's something that occurs with health plans
16 all the time.

17 So how does it work on our excess reserves? I'll
18 go into the numbers on 11 if you're comfortable with me
19 waiting because I'm just going to repeat myself then as well,
20 but I think it will answer your questions better.

21 MEMBER VERDUCCI: So come November will we have a
22 better idea in terms of knowing those exact figures and those
23 excess reserves?

24 MR. HAYCOCK: For the record Damon Haycock.
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1 You're going to see the same table in November.
2 That is how we close the fiscal year. We can project what we
3 will have, but it is extraordinarily premature to say we know
4 what we're going to bank by the end of August next year. It
5 would be unfair to the program, it would be unfair to the
6 Board and it would be unfair to all of our stakeholders to
7 come out and say, wow, for three months we've had X. So we
8 think it's going to go for 12 and that just -- it would be
9 inaccurate.

10 MEMBER VERDUCCI: Thank you very much.

11 CHAIRWOMAN CONTINE: Are there any other
12 questions on this item? Okay. Hearing none, before we go on
13 to the next item, why don't we take a ten-minute break. So
14 see you back at 10:40.

15 (Whereupon, a brief recess was taken.)

16 CHAIRWOMAN CONTINE: All right. We're ready to
17 get started again. So we're on Agenda Item Number Eight --
18 no, Number Nine, discussion and possible action to update
19 PEBP's -- PEBP's Board's duties, policies -- oh, wait, sorry.
20 Are we on eight? Yeah. Sorry, we are on eight. Discussion
21 of possible Board direction regarding updating the PEBP
22 strategic plan, and Damon Haycock for PEBP.

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

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1 What you have before you is a document. It's
2 basically last year's strategic plan and then there's some
3 comments put off to the side for really ease for the
4 stakeholders to see how we reported, if we actually met some
5 of these strategic initiatives or not. It follows the same
6 format. We talk about our background, our mission, vision
7 and values.

8 We actually met. In the back of this document is
9 a strategic planning session overview that occurred in 2019
10 on August 7th and 8th up in South Lake Tahoe, and we outlined
11 who all attended. One of the requests last time was to
12 ensure that we brought Willis Towers Watson, which we did.
13 Mr. Verducci, you were there for one of those days, and so we
14 believe we had a pretty good representation. It was a large
15 room, a lot of people, a lot of ideas moving around.

16 The first day we discussed are end of year
17 statistics and success in meeting those goals and then
18 started talking about opportunities in round Robin type of
19 process. And then on day two we collectively prioritized
20 what recommended strategies we would present Board members
21 today.

22 And, again, we discussed some of the nuances that
23 now effect our program. But as many of you already know,
24 during the 80TH Legislative session the legislature approved
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1 our budget with a couple of new requirements that they got to
2 determine the specific employer contribution which then
3 determined the overall rates by default, and then any use of
4 accumulated excess reserves must be approved first by --
5 recommended by the Governor and then approved in the interim
6 finance committee.

7 And so that created a different type of
8 environment for us to look at how we were going to spend any
9 potential excess reserves or recommend the spending because
10 of that additional couple of steps that had to clear through
11 the Governor's office and through the interim finance
12 committee.

13 One of the things we looked at and strategized is
14 taking a slower pace which had been recommended by our
15 advocates many times in the past, and so we have not only
16 looked at what we could do for this next plan year but what
17 we could also do preparing up for the next budget development
18 cycle next summer which we have yet again start this process
19 and develop the budget and talk about what we want to do to
20 the plan for the next session, the 81st session which is
21 going to come up sooner than we all like in February of 2021.
22 So that's how we framed it.

23 We framed those in short-term strategies, those
24 that we thought we could implement as early as this next plan
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1 year and those that we thought would require more dialogue
2 with the executive branch, more dialogue with the
3 legislature, and those would be ultimate decisions as
4 supported in our approved budget from the next session.

5 So some of those strategies, and I'll get to that
6 in a minute. But just a little more on what we did on the
7 strategic plan, you'll of see on page three where all of the
8 little red, if you have a color copy. If not it's in gray.
9 That we -- we went through our goals. We felt that the goals
10 were pretty similar. We went through our strengths,
11 weaknesses, opportunities and threats.

12 And one of our weaknesses, reaching all members
13 consistently. We believe we are reaching them consistently.
14 It doesn't mean that we can't improve upon these. But,
15 again, if we go back to the report that we provide to the
16 legislature and to this Board every calendar year on our
17 communications activities, you'll see that it's pretty
18 massive. But, of course, we can always improve, but we
19 replaced that one with a struggling eligibility enrollment
20 system. You have heard Morneau Shepell already testify to
21 that or they will actually here in a few agenda items, as
22 well as PEBP staff have attested to that as early as the July
23 Board meeting. We did struggle a little bit through open
24 enrollment.

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1 reporting and we can see a little bit better under the
2 utilization of the programs that they offer.

3 Leverage more centers of excellence. We still
4 are in the process of working with our partners and designing
5 or designating what those centers of excellence looks like
6 and that will lead a little bit more into our conversation
7 about what we could potentially do to improve upon the
8 network providers for certain disease states that I will go
9 into in a little bit.

10 But we did replace increase -- we added increase
11 voluntary benefit offerings and revisited the PPO benefit
12 contracting. Those are the things that we always have as an
13 opportunity. It doesn't mean we need to move forward on
14 those. And at this exact moment we would not recommend
15 increasing voluntary benefits until the platform is working
16 as it is intended, but this does mean we have an opportunity
17 to do so, and then revisit the PPO network contracting. I
18 know that has been -- was brought up by Mr. Verducci every
19 Board meeting just to keep an eye on it based on the position
20 the Board was kind of painted into last year.

21 We also are looking at cost containment. Last
22 year we talked about mandatory Smart90 network. That is that
23 network with 90-day drug fills applied to the CDHP and that
24 there's an opportunity to potentially apply it to the PPO

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1 plan. And we looked last year at adding more
2 pre-authorizations that's PA's or precertification, but there
3 is a cost and a benefit to those. And with our new partner
4 we have realized that we may have pre-certified things that
5 didn't add value but added cost to PEBP, and so we've reduced
6 those and we're watching it.

7 And then there's an opportunity eventually to
8 bring back wellness programs. There was a question at the
9 last session as to what does PEBP do for wellness, and I
10 thought wellness was a dirty word. So perhaps there's an
11 opportunity to start looking at and exploring and then
12 providing it back to the legislature to see if they are
13 interested in allowing PEBP to pursue that in the future.

14 Threats, we had was the new administration 2019
15 supportive? You know, at this point in time we're working
16 very well with the Governor's office, the Governor's finance
17 office. So we don't believe that there's any issue there.

18 Policy decision-making potentially influenced by
19 political decision-making. Again, that goes back to the
20 final say that the legislature will have on the use of excess
21 reserves which means they are dictating by default indirectly
22 the benefits that are being offered to the program, and that,
23 of course, could potentially be influenced by political
24 decisions versus by the policy board decisions that you all

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1 have had for the last 19 years.

2 The rest of those opportunities and threats in
3 the SWOT analysis remains the same as far as we talked about
4 at the strategy session.

5 A couple of things that, you know, the next
6 session on page four is this actual specific strategies that
7 we're looking to implement and did we do them. One of the
8 things was approve rates with gradual changes versus a sharp
9 impact that we've been smoothing out that process for -- for
10 years. A good example is that if we let the experience of
11 each of the tiers exist without any -- any smoothing, there
12 will be an opportunity for some employees on some tiers to
13 have a rate reduction while some employees on some tiers
14 would have a rate increase. But when you put them
15 altogether, there was a way to flatten it for everybody so no
16 employee felt the actual hit. We have been doing that for
17 the last few years and that's not something that we may be
18 able to continue.

19 We also looked at if there was an ability to
20 increase the rate by 12 cents or lower the rate by three
21 cents, did we even bother going through the programming of
22 pennies and we did. So that's what I mean by gradual
23 changes.

24 We also were going to look at researching and
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1 cataloging a comprehensive digital solution, we did get that
2 from Aon. That is something that we need to get updated, but
3 we are constantly and consistently looking at technology and
4 applications that are low cost but high impact to help our
5 membership.

6 Revamping the member dashboard, that was
7 completed. Although, we do want it be improved, it was
8 actually completed on -- well, it was completed according to
9 this plan, and then to acknowledge and address the disparity
10 between northern, southern, rural Nevada. We do that. We
11 believe that it has become completed. We have acknowledged
12 that.

13 We -- and one of the greatest examples is that
14 there is a rate -- a rate or excuse me, an employer
15 contribution reduction for the HMO plans, right, and now the
16 HMO and EPO plans. And the difference between the employer
17 contribution percentage or the employer contribution rate
18 that the state provides on the CDHP versus what was provided
19 to the HMO's many years ago was a 15 percent number, so it
20 was a 15 percent spread. We are now as of this session, we
21 have gotten that down to 12 percent. So we are bringing
22 those contribution levels closer and closer little by little,
23 and we have been moving that needle a point or half a point
24 since the last -- last session.

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1 We also recognize that there are three distinct
2 different marketplaces, and those marketplaces have their own
3 advantages and disadvantages. You have more competition in
4 Southern Nevada. You have greater access in Northern Nevada
5 compared to the population surge in Southern Nevada, even
6 though there's many more providers in Southern Nevada, and
7 folks in rural Nevada still have to travel for care, right.
8 So we recognize the disparity.

9 As far as transparency, we wanted to improve the
10 HMO reporting data to include more program results, and we
11 have reported that we can do that as of the third quarter
12 reporting that was presented last -- last Board meeting.
13 And, again, in our consent agenda, in our utilization report
14 you have the end of year reporting.

15 So what did we want to basically add to or let me
16 back up. What are the specific strategies that we talked
17 about? We spent a good few hours, three, four hours talking
18 about all of the different opportunities around the table.
19 What were the things that we thought we could move forward,
20 and there was a lot of them, and then we dialed back and
21 thought, well, how much of this process can we really bite
22 off and successfully implement based on the short-term and
23 long-term buckets.

24 And so for short-term, there was three things
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1 that we thought we could do. And, again, we wanted to
2 potentially frame these on the use of or lack of excess
3 reserves, and how could we if had to not necessarily avoid
4 but incorporate the lack of timing that we would now need to
5 implement to get some of these things off the ground due to
6 the new IFC requirement. So adding the Smart90 network from
7 the CDHP, we would be replicating that to the EMO plan. We
8 thought there may be some cost savings there. We think that
9 that is a strategy worth exploring.

10 We're also looking at implementing second
11 opinions for high cost high value healthcare. Example, like
12 oncology diagnosis. There are different centers of
13 excellence like the Mayo and Cleveland Clinics, and they
14 report that there's miss diagnosis of cancer all the time and
15 then there's expensive cancer treatment, as well as the pain
16 and suffering members have to go through and that could --
17 could be a benefit as long as that the return on investment
18 is appropriate, right. If we are going to spend money on a
19 second opinion process, we would hope at the end of the day
20 that we could track and we would track how many -- how much
21 care has been diverted from that was unnecessary and what
22 that cost was compared to how much we paid for that service.

23 One of our highest cost is disease states is
24 chronic kidney disease, and there's an opportunity that we
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1 can look at or strategy to look at how we better manage that
2 population and see if there's ways to increase compliance
3 with various regimens to ensure that they don't continue to
4 be higher cost as they move forward or any higher cost than
5 they already are today.

6 Long-term potential strategies, these are things
7 to consider for -- for actually for the budget development
8 for the next session. Stuff like tiered co-insurance, our
9 PPO networks today have this available in one fashion or
10 another, whether it be physicians or just facilities or both,
11 and basically it's another steering process where if you go
12 to provider A for a service within the network PEBP will
13 honor the AD 20 co-insurance level. That's in our plan. But
14 if you go to provider B who is high quality, lower cost,
15 maybe we look at 90/10, and so there's an incentive which
16 shifts the decision-making onto the member on where they go,
17 and PEBP will honor that -- that decision if it's -- if it
18 saves money and it meets a minimum level of quality to -- to
19 reduce the -- you know, if it's reducing our cost, it should
20 also reduce the member's cost as well. So it's something we
21 can strategize and look at both of the networks to see what
22 that would look like moving forward.

23 Then there's a program called the Save On
24 Pharmacy program. This program is something that we can
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1 adopt on top of or in place of our co-pay accumulator
2 program. The co-pay accumulator program, if you remember
3 somewhat of a slightly controversial program. We implemented
4 for this plan year was that the manufacturers' coupons that
5 people get for high cost drugs can still be used every month
6 without fail, but the money that is provided to them from the
7 manufacturers does not go against their accumulator, their
8 deductibles, co-insurance and -- and out-of-pocket maximums.

9 So as they don't satisfy their out-of-pocket
10 maximum sooner in the air, we collect more of those
11 manufacturers' coupons, but one of the drawbacks is some
12 folks will have to continue to pay any of the differences.
13 So this Save On Pharmacy program basically provides PEBP and
14 we need to continue to -- to check the legality of this. I
15 have worked with our DAG, and she knows she's been assigned
16 to look at the legality of this to make sure it meets all of
17 the requirements of the HSA plan like ours.

18 But the primary function of the Save On Pharmacy
19 program is to designate certain high costs drugs with high
20 levels of co-insurance -- excuse me, of coupons from the
21 manufacturers as non essential. And if they are considered
22 non essential, they don't apply towards the formulary which
23 then applies towards the requirements for deductibles and
24 those types of things, and we can actually set the co-pay for

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1 those drugs at the manufacturer coupon level.

2 So if you got a coupon that you get for \$500
3 every month off of \$5,000 a month drug, we can set the co-pay
4 at \$500, and the member just hands us the available coupon
5 and they don't pay anything else, and it doesn't go towards
6 deductibles and it doesn't go towards out-of-pocket maximums,
7 but the member has zero co-pay for this high cost drug for
8 the entire year. So the member wins. We win because we are
9 able to collect that coupon throughout the year, and it's a
10 pretty important program. It could save us millions of
11 dollars. As long as it's legal we'll probably be bringing
12 this back for future discussion.

13 We also talked about implementing disease
14 management programs or disease management services. We have
15 some ideas on how to help better manage those folks with
16 chronic disease so that way they get the best care that they
17 can while also being the most cost effective.

18 There has been a request of PEBP over the years
19 to provide an orthodontia benefit. Instead of bolting on an
20 additional benefit with additional dollars to orthodontia, we
21 could actually just build it within the current dental
22 benefit as an accessible item. So you can go get root
23 canals. You can go get, you know, cavities filled, sealed,
24 teeth filled. You can use your annual maximum to go towards
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1 getting orthodontia. So it's something to look at,
2 recognizing if we do that people are going to use that
3 benefit more, and so there will be a cost associated.

4 And then last but not least, we pitched an idea
5 out there at the strategic planning session about fairness
6 and how folks pay their premiums. You know, I as the
7 executive officer of the Public Employees' Benefits Program
8 can absorb a 30 dollar increase in premiums next year but can
9 every employee or retiree across the state do the same, and
10 we believe the answer is no.

11 And so with that in mind, is there an opportunity
12 to look at tiering the amount of premiums that members pay
13 based on their income like a sliding scale. I will tell you
14 ahead of time that the major administrative burden is to
15 effectuate this at the pay center level as to how they are
16 going to be able to collect those premiums, especially as
17 people promote from one tier to the next or from one job to
18 the next. So it is we feel a very heavy lift, but it's
19 something we can explore.

20 These -- these are not the totality of strategic
21 options that exist. These are just what we thought we could
22 bite off and look at for both the near term and for the
23 long-term. And when we get into the plan design discussion,
24 we'll push back to these again, and it's repeated there, and

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1 we'll talk a little bit more about what these look like, but
2 this was what the strategic plan -- planning session was, and
3 these are the results, and I know we had a couple of Board
4 members that are here today that attended, both the Board
5 members down in Las Vegas. Mr. Verducci attended one day
6 here in the north. Mr. Packham did both days and Chair
7 Contine was there the last day.

8 So at this point I'm going to turn it back over
9 to the Board if you guys have anything else you want to add,
10 those that attended. And then what we're looking for today
11 is basically input on this strategic plan, if you like it, if
12 you want changes, if you want to see additional things added,
13 if you want to see things taken out, and then at the November
14 Board meeting we'll bring you a clean copy for approval to be
15 effectuated at that time.

16 CHAIRWOMAN CONTINE: Thank you, Damon.

17 Are there any questions or any discussion about
18 the strategic plan?

19 MEMBER PACKHAM: John Packham, minor, for the
20 record.

21 Regarding the disparities between north, south
22 and rural, I was wondering if we could just keep that in
23 there somehow. Maybe continue to address or something to
24 that effect because they haven't gone away.

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1 MR. HAYCOCK: For the record Damon Haycock.
2 Easily we can add that back in there with a
3 continued statement.

4 CHAIRWOMAN CONTINE: Mr. Verducci?

5 MEMBER VERDUCCI: Yes, Madam Chair. I just want
6 to point out that it was a very productive day that I had up
7 there. I think we had all four seasons occur in about one
8 hour from lightning, and we had helicopters going above us,
9 and Damon was worried that we were going to spend \$65,000 on
10 an ambulatory expense.

11 And but, you know, it's nice seeing the faces
12 that show up here and actually hear them talk and their ideas
13 that they came up -- they have come up with, you know,
14 Spartan 90, EPO, Banner now being opened up for the folks out
15 in Fallon where they don't have to take a two-hour drive to
16 be seen, and I would encourage you to keep those going every
17 year.

18 And I'm happy to see the financial wellness back
19 on the table here as something we're going to be looking at
20 going forward. I think that's important that we have a
21 financial, you know, a healthy membership to keep our
22 catastrophic costs down.

23 CHAIRWOMAN CONTINE: Thank you.

24 Any other comments or questions or discussion?
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1 All right. I think that if there's no more discussion, we'll
2 just let Damon go back and finalize the plan and bring it
3 back to us next meeting.

4 Okay. So we'll move onto Agenda Item Number
5 Nine. I'm having trouble following along with myself.
6 Discussion and possible action to update PEBP Board's duties,
7 policies and procedures to align with legislative action
8 during the 80th session. And Damon Haycock again.

9 MR. HAYCOCK: Thank you, Madam Chair. Damon
10 Haycock for the record.

11 This -- we didn't add a report. We just provided
12 the actual red line versions of the duties, policies and
13 procedures. There's some housekeeping things changing the
14 dates throughout the document. There's some grammatic
15 changes. I worked with our grammar expert and Deputy
16 Attorney General Brandee Mooneyhan, who found these as she
17 went through. So thank you, Brandee.

18 But there's really two areas where there was some
19 significant changes, and I'm going to direct you all first to
20 pages ten and 11 and that talks about under our premiums and
21 contributions and how we set rates the reserve policy. Back
22 in 2017 I presented to the Board and the Board approved that
23 the basic uses of excess reserves and what they could be
24 dedicated to be utilized for because prior to that time the
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1 policy itself said you could only use it to do certain things
2 even though the Board was making policies to improve benefits
3 and make other investments, and so we aligned it back then to
4 what we actually were trying to accomplish and did
5 accomplish. And now based on what was put into the law and
6 the Appropriations Act in the 80th Legislative Session,
7 there's really -- the only ones who can choose what we do
8 with excess reserves is the legislature.

9 And so we took out on the bottom of page ten, the
10 top page of 11 what we were looking to use excess reserves
11 for, and then we printed out from, and this is the middle of
12 page 11, the exact wording from the Appropriations Act as to
13 how excess reserves could be utilized to include the
14 requirement that it must be approved by the interim finance
15 committee, and everyone has talked about that to include our
16 advocates, but don't forget the last few words, upon the
17 recommendation of the Governor.

18 So if the Governor doesn't recommend it, it
19 appears, and Ms. Mooneyhan can tell me if I'm wrong, that IFC
20 doesn't have anything to approve, and so it's got to go
21 through a two-step process. Then moving -- well, three-step
22 process, thank you. There will be a recommendation -- well,
23 four really. PEBP will recommend to the Board. The Board
24 will recommend to the Governor. The Governor will recommend

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1 to the legislature, and IFC will approve it.

2 Then the next area that we did some changes to,
3 you'll see starting on page 16 and into 17, we added some
4 updates. One, we added the EPO plan which we should have
5 added that last year but didn't, and then we added now the
6 additional voluntary benefits for transparency on the middle,
7 top middle page of 17.

8 And then last but not least, back on pages 19 and
9 20, we adjusted some of the language there. How we -- how we
10 used to create the employer contribution differential between
11 the HMO plans and the Consumer Driven Health Plan, and we
12 added the EPO plan in here now because that is married up
13 with the HMO plan.

14 But we -- the purpose of that reserve adjustment,
15 you know, there was a reserve adjustment that we don't use
16 anymore. So we do not use excess and we haven't for years.
17 We don't use excess reserves to buy down the HMO rate.

18 And that -- the actual subsidy allocation, this
19 is further down on page 19, it's no longer determined but we
20 changed it to recommend by the Board to the Governor during
21 the agency request phase of the biennial budget, which is
22 what we do anyway, and that the legislature through the
23 various money committees will approve the final employer
24 contribution percentage for each biennium when approving
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1 PEBP's budget, right. That's the result of the last session.

2 So we ensured that the rest of the language here
3 was changed to adhere to that, and that it's based upon their
4 determination, and we plug it into our rate setting and as
5 Ms. Ervin likes to say turn a knob and out comes the rate and
6 that's what they will be for our membership.

7 And with that I'll take any questions.

8 CHAIRWOMAN CONTINE: Are there any questions?

9 I have a question. Do you update these every two
10 years?

11 MR. HAYCOCK: For the record Damon Haycock.

12 That's the plan. We can update them faster or
13 sooner based on what the Board would like or if we see
14 something that is missing but, yes, generally every two.

15 CHAIRWOMAN CONTINE: I'm just asking because
16 the -- that language changing the processes in the back, you
17 know, it's back language. It's not in statute. So, you
18 know, each year it would maybe be updated if it's changed,
19 okay.

20 Are there any other questions? Do you just want
21 a motion to update the -- yeah, okay.

22 Okay. So if there's no other discussion, is
23 there a motion then to approve the updates to PEBP Board's
24 duties, policies and procedure?

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1 MEMBER VERDUCCI: Madam Chair, I would like to
2 make that motion.

3 CHAIRWOMAN CONTINE: Okay. I have a motion. Is
4 there a second?

5 MEMBER PACKHAM: John Packham. I'll second.

6 MEMBER MITCHELL: Second, Jet Mitchell.

7 CHAIRWOMAN CONTINE: A motion by Mr. Verducci and
8 a second by Dr. Packham. All those in favor or is there any
9 other discussion? All those in favor please signify by
10 saying aye. Any opposed?

11 (The vote was unanimously in favor of the
12 motion.)

13 CHAIRWOMAN CONTINE: Okay. The motion carries
14 six zero.

15 All right. Moving onto Item Number Ten,
16 discussion and possible action to review and approve the
17 Morneau Shepell eligibility and enrollment system performance
18 improvement plan. And it looks like somebody from Morneau
19 Shepell is at the table here in Carson City. Go ahead, sir.

20 MR. BORGES: Good morning. Bruce Borges,
21 B-o-r-g-e-s, representing Morneau Shepell. I am the customer
22 relationship partner assigned to PEBP and am here to present
23 a summary of the performance improvement plan that Morneau
24 and PEBP have agreed to in relation to our role in supporting
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1 the enrollment eligibility and billing management solution
2 for PEBP.

3 We have constructed this plan because last year
4 we agreed to a series of enhancements. These included
5 migrating from the existing enrollment platform to
6 Morneau's -- Morneau's most current version, making that
7 enrollment tool accessible and formatted to smart phones and
8 tablets, the integration of an expanded voluntary benefits
9 offering supported by Corestream, the automation of a number
10 of current administrative processes moving from PEBP's
11 current document management system to Morneau's system and
12 putting in place an HRAS feed and employer portal for agency
13 reps to automate data collection.

14 While these enhancements were meant to be fully
15 functional and live by May 1st, some were delayed to various
16 degrees. In the end we did not deliver all elements of the
17 planned enhancements. We are here to commit to our
18 partnership and have developed a performance improvement plan
19 with resources, milestones and delivery dates that will
20 resolve these issues.

21 The key elements of the plan include a number of
22 tactical items for completing the solution such as the HRAS
23 interface, decommissioning of the AX document management
24 system currently in place and launching an on-line portal to
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1 capture data changes from the agency representatives.

2 Additionally, these include revisiting some of
3 the areas of the delivered solution and fine tuning them to
4 better to deliver -- to better deliver to PEBP plan
5 participants and PEBP staff.

6 There are also a number of elements at the
7 partnership level that we will be adjusting that will help
8 avoid recurrence of these types of issues and provide a
9 better long-term solution for PEBP.

10 Our goal overall is to deliver a fully integrated
11 member facing intuitive portal that will improve the member
12 experience when enrolling in both standard medical offerings
13 and Board approved voluntary benefits.

14 PEBP also desires an upgraded client side system
15 where manual processes conducted by PEBP staff are placed
16 with less risky or replaced with less risky thoroughly tested
17 and valued automated processes for eligibility and enrollment
18 and program services.

19 Morneau Shepell shall create a fully integrated
20 benefits platform incorporating voluntary benefits where
21 possible into an intuitive industry leading member portal and
22 will streamline to the extent possible based on PEBP rules
23 and procedure requirements, all in scope client side
24 operations through collaboration with PEBP employers, and we

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1 will ensure a strategic and robust automation of internal
2 PEBP processes.

3 In November we will come back and again in
4 January and again in March and finally in May to provide an
5 update on our progress and demonstrate our commitment to
6 resolve all items in the plan to PEBP's satisfaction by
7 April 1.

8 And with that I will take any questions you may
9 have.

10 CHAIRWOMAN CONTINE: Are there any questions at
11 this point? Mr. Verducci?

12 MEMBER VERDUCCI: Thank you, Madam Chair. Tom
13 Verducci for the record.

14 I first want to acknowledge the reduction in your
15 cost from \$1.78 to \$1.50. That saves the plan well over
16 600,000. And how are we in terms of going from a paper
17 environment to paperless? How is the technology in terms of
18 your platform? Are we seeing any improvements or where do we
19 stand?

20 MR. BORGES: Bruce Borges again for the record.
21 So that's a very good question.

22 We -- first of all, to your first point, again,
23 we are constantly looking at ways where we can partner with
24 PEBP to make our relationship and the services we provide to
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1 PEBP participants as valuable as possible. So we were happy
2 to make that change on the PEPM rate.

3 Regarding going paperless, we have made
4 significant strides and continue to work on and that's also
5 part of the performance improvement plan where we're putting
6 more automated processes in place and getting rid of the old
7 document management system through the more automated Morneau
8 document management system.

9 CHAIRWOMAN CONTINE: Are there any other
10 questions or I don't know if PEBP staff have any comments on
11 the plan or.

12 MR. HAYCOCK: For the record Damon Haycock. As
13 Mr. Borges has stated, PEBP has worked very diligently and
14 will continue to work diligently with Morneau Shepell on
15 getting this system that we all know and we all deserve to
16 have moving forward. We're dedicated partners. We've been
17 with Morneau Shepell since I believe 2006. And as one person
18 has told me many years ago the heartburn to replace the
19 system has to be less than the heartburn to keep a system or
20 it's a bad decision.

21 And so before we come to the table and talk about
22 the potential changeover, we want to ensure that Morneau
23 Shepell has every opportunity to provide a good system as
24 they have promised. We feel confident they will, and we feel
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1 confident that this performance improvement plan is a great
2 accountability for that to be showcased. As Mr. Borges said,
3 he will be attending these Board meetings every two months
4 and will be reporting on the actual status.

5 The one from PEBP who's doing, you know, the
6 lion's work is Ms. Rich. She's been in charge of this
7 process, and so her and her team will be working with a
8 designated technical expert that will be onsite I believe at
9 PEBP in a couple of weeks, and they are going to manage this
10 process moving forward.

11 We've already seen some great strides by Morneau
12 Shepell from what we were handed in May 1st to today, and we
13 believe that they are going to be able to meet those
14 requirements by April. If not, it won't be a surprise
15 because you'll see them coming up here in November and in
16 January and in March, and you'll know just almost as soon as
17 we do if they are going -- if they are going to make good on
18 it.

19 But if you recall we had some concerns with
20 another vendor many years ago where we were concerned about
21 the client side service and the customer service, and they
22 turned it around using the same exact process, and so it's
23 not in PEBP's best interest to walk away from long-term
24 partners, but it is in our best interest to hold them

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1 accountable, and that's all I have.

2 Laura, do you have anything else you want to say?

3 MS. RICH: For the record Laura Rich.

4 I just wanted to address Mr. Verducci's question.
5 We're actually starting that testing process in mid-October
6 and we hope to go paperless, I'm crossing my fingers, by
7 January.

8 MEMBER VERDUCCI: Great. It's much easier
9 without having to fumble through paper and we're in a digital
10 age. So good to hear.

11 CHAIRWOMAN CONTINE: Are there any other
12 questions or anything else? Anybody? If not, I just wanted
13 to note on the last -- it says a target resolution date of
14 1-31-19 on the very last row so I just think that should
15 probably be '20, right, 1-3-20.

16 And then the other thing I would ask, you know,
17 as we come back and look at this and when we have these
18 target resolution dates that it's very clear that if a date
19 hasn't been met in this that we have some indication of the
20 original date and then an explanation or a status on why the
21 original date wasn't met.

22 So for instance if we come back, you know, and
23 this last one says 2-28-20, you know, if it's just replaced
24 there then we would have to go back to the original

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1 spreadsheet to know that that was changed. So if there are
2 changes and dates and things aren't being met that it's clear
3 in the information that we receive, so that we know -- and
4 it's fine. I mean, sometimes target dates have to change,
5 but we should know when they do change, a way that this could
6 be set up so we could know that and then any explanation of
7 why. That would be my only comment.

8 All right. So do you want to make a motion to
9 approve this, okay. So is there a motion to approve the
10 Morneau Shepell eligibility enrollment system performance
11 improvement plan with obviously the date change, the one
12 typo?

13 MEMBER PACKHAM: John Packham for the record.
14 I move that we approve the plan with changes
15 noted.

16 CHAIRWOMAN CONTINE: Okay. Is there a second?

17 MEMBER MITCHELL: Second. Jet Mitchell, Las
18 Vegas.

19 CHAIRWOMAN CONTINE: Thank you. So there's a
20 motion and a second. Is there any other discussion?

21 MEMBER VERDUCCI: Madam Chair, Tom Verducci.

22 In terms of the discussion, should we have a date
23 be brought up in April. Should there be a date that's
24 incorporated with deliverables?

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1 CHAIRWOMAN CONTINE: I think all of the dates --
2 well, is there the target resolution dates are in the --
3 we're going to go ahead -- we're going to get an update every
4 or every six weeks or two months. So go ahead, Damon.

5 MR. HAYCOCK: For the record Damon Haycock.

6 That date that Mr. Borges mentioned is the do or
7 die date for us receiving everything, but each date within
8 these target resolution dates are for each specific area.
9 And, no, we're not going to replace the dates with new ones.
10 If we push those dates, it will either add another column or
11 it will show it in the status as you see on page -- page --
12 the page nine that you'll see that there's this contract and
13 they have specific dates even though they happen to match the
14 ease of things change. I think that's where you'll see it.

15 CHAIRWOMAN CONTINE: The April date,
16 Mr. Verducci, is on page eight. It's right --

17 MR. HAYCOCK: Yeah.

18 CHAIRWOMAN CONTINE: -- April 1st.

19 MEMBER VERDUCCI: Thank you, Madam Chair.

20 CHAIRWOMAN CONTINE: All right. So all those in
21 favor, is that where we are, please signify by saying aye.
22 Any opposed?

23 (The vote was unanimously in favor of the
24 motion.)

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1 CHAIRWOMAN CONTINE: Okay. The motion carries
2 six zero.

3 And we're moving to Item Number 11, discussion
4 and possible direction from Board on potential design changes
5 for plan years '21, '22, '23 for which the Board requested
6 additional information and cost to be presented at the
7 November 21st meeting. And for PEBP is Damon Haycock.

8 MR. HAYCOCK: Thank you, Madam Chair. Damon
9 Haycock for the record.

10 Similar to the last few years and basically on
11 Board policy, we bring to this September Board meeting ideas.
12 Unlike what Mr. Unger had stated, we're not making
13 recommendations today. We're just presenting ideas, and we
14 want to know what you all think, and then we will come back
15 in November and actually make those recommendations on any of
16 the elements that you would like us to look into.

17 The beginning of this report, bottom of page one,
18 it leads into page two is a reserve reconciliation we've been
19 providing for the past few years. It's kind of paint by
20 numbers approach. So you can see where all of the money has
21 come in and where it is being earmarked. So we closed last
22 fiscal year at 150,000,000 and change and that becomes our
23 starting cash on hand, and of that we have to set aside our
24 required reserves.

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1 The first set of reserve numbers there are what
2 is legislatively approved in our budget. So those figures
3 have been approved by the legislature, have been approved by
4 the Board when we initially presented them, and those are our
5 starting figures.

6 Then what we do every June 30th of each year is
7 we go in and we look at what are the actual HRA balances on
8 all of our HRA accounts to include those on the CDHP, as well
9 as those on the Medicare Exchange or on via benefits and so
10 we looked at those and as of June 30th that number was about
11 2.4 million dollars higher than what we have in the HRA
12 reserve budget for, and so we backfilled that HRA reserve
13 budget with 2.4 million of that 150,000,000 cash on hand to
14 make that at 100 percent funded.

15 We also receive every summer from our actuaries
16 the -- the projections for the incurred but not reported or
17 IBNR reserve, as well as the catastrophic reserves and from
18 their estimation on the speed at which we pay our claims, as
19 well as the fact that our claims costs have increased from
20 one year to the next. Those 34 high cost claimants have
21 something to do with this as well that the IBNR reserve
22 needed to increase.

23 Mr. Ervin asked if we could have these separated
24 out. I literally copied the old table and updated it. We
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1 did get it separated out by our actuaries and I can provide
2 that moving forward, but they project that we need in
3 totality over both plans an additional 4.4 million to make
4 that reserve at the level in which the Board sets its
5 policies. So let's not forget that Board policy for many
6 years is to set that reserve at a 95 percent confidence level
7 which means 95 percent of the time we're going to have enough
8 money to handle anything. That is an increase amount on top
9 of what the normal projection reserve would be. So based on
10 policy, Aon sets the reserve level.

11 Then moving forward onto the next page, on the
12 top of page two, you'll see that increase to the cat reserve
13 and there was not an increase. There was actually a
14 decrease. And so what you'll see, there's no parenthesis
15 around it because that money is coming back to the plan. So
16 there isn't a 400 dollar increase to the cat reserve. It's
17 actually a decrease cat reserve or catastrophic reserve, and
18 that's based again on the utilization and their projections
19 and that is across both -- both plans as well.

20 So what does that leave us with? If you started
21 150,000,000 and you took away all of the legislatively
22 reserved figures and you added back or you took away the HRA
23 and IBNR increases and then you gave back 400,000 from the
24 catastrophic reserve, that leaves us 12.9 million dollars.

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1 So that's the amount of available reserves as effective for
2 July 1 after closing of fiscal year for this -- for the next
3 two years. And so 12.9 million dollars is the amount of
4 money.

5 And then we look at, well, what are we required
6 to spend on that already? As we all know, the legislature
7 approved a 400 dollar enhanced CDHP HSA/HRA funding. We had
8 a minor amount of equipment replacement, and we reclassified
9 one of our personal staff. It's a very small amount of
10 funds. The most, I think about 9.5 of that 9.6 million
11 dollars is HSA and HRA funding and it went out the door
12 July 1. It's gone because there was no requirements attached
13 to it. There is no earning process where that would filter
14 in over time. So that money is gone. It's already gone.
15 It's already deducted.

16 Then we also have a legislative requirement
17 through our budget to provide \$3,000,000 worth of additional
18 HSA/HRA funding next plan year. So once you earmark that
19 money and you earmark the money that we have already spent,
20 that leaves us with just under \$240,000. And if you recall,
21 one high cost claim averages \$220,000 on the CDHP, and I
22 think it's closer to 270 on the EPO. So that's one claim
23 away from being gone. It's two claims away from going
24 negative.

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1 And so normally I get to come here to you guys
2 and say look at all of this money we have. Let's talk about
3 how we're going to carve it up and spend it on benefits and
4 different populations and see who we can take care of, but
5 today I don't see the money there. We don't see it.

6 And, again, if we do the quick math, seven and a
7 half million dollars were spent on high cost claims above and
8 beyond what we spent last year. Another four and a half
9 million dollars was spent in IBNR reserves. Another -- so
10 that's -- that's 12,000,000, and then we also have given out
11 nine and a half so that's 21 and a half there. We need to
12 give out three next year so that's 24 and a half. We had to
13 increase the HRA budget another 2,000,000. There's
14 26,000,000. There's all your excess reserves. They are
15 already marked.

16 Now, does that mean this time next year that
17 we're going to come back and say, look, we're at zero? Well,
18 we don't know how the rates are going to react and to be
19 completely transparent, the rates the Board approved in March
20 are not the rates that we ended up getting in May so we don't
21 know what it's going to look like. It could be higher. It
22 could be lower. It could be negative. We may have to dip
23 into catastrophic reserves or we may be flushed with four to
24 \$5,000,000 of excess. We don't know, and we're not going to

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1 implement.

2 So the short-term and long-term strategies have
3 been repeated from the strategic planning agenda item, and
4 you'll see there's an additional one which is the advocate
5 request strategies, and they wanted these strategies or they
6 wanted this plan benefit design to be implemented July 1 of
7 next year, and we don't see that there's funding for it
8 today. And I will tell you right now that number is not
9 going to change by November, but it doesn't mean that some of
10 these things aren't good things for our membership or we
11 can't build them into a budget enhancement item moving
12 forward.

13 And so there's a lot of strategies. There's a
14 lot of opportunities. Any major benefit design PEBP
15 recommends, and we're not recommending for a vote today, but
16 PEBP will be recommending that any change -- any significant
17 change to the program be built into our budget submission
18 next August, and we're willing to work with our advocates,
19 with RPEN, AFSCME, Nevada Faculty Alliance and have them give
20 us what they are looking at and build that unit for your
21 approval to go into the budget, and then the Governor's
22 office and the legislature can make that decision. So we're
23 not trying to cut out anybody. We're trying to empower all
24 parties and give them an opportunity to have this go through

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1 the Governor's office and the legislative office for final
2 approval.

3 So to reiterate the short-term things that we see
4 that can be explored for the next Board meeting is narrowing
5 the network for that Smart90 day fill on the EPO plan,
6 implementing second opinions for the high cost -- those high
7 costs services and -- and trying to address chronic kidney
8 disease.

9 One of the things we put down in long term which
10 is implementing additional disease management programs, we
11 think we may have a way to just increase the level of
12 providers that address those diseases that may be able to
13 provide certain services and options to our membership
14 through -- through bringing them into the network to address
15 that earlier. That will be offset by a cost savings and
16 claims. So instead of claims going for one thing, it could
17 go to these other services, and we'll bring that to you guys
18 in November.

19 We also have Mr. Ervin's request and we have no
20 problem. He asks for those every -- every year and we have
21 no problem redoing the analysis and updating those again and
22 bringing those back. But if -- if there's anything you don't
23 want to see or if there's anything additional that you
24 haven't heard today and you do want to see, that's what we
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1 need to do, and we can go back and get our partners to price
2 that out and show what that's going to like look for the
3 November Board meeting.

4 I'll turn it back to you, Madam Chair.

5 CHAIRWOMAN CONTINE: Are there any questions or
6 comments or discussion?

7 MEMBER PACKHAM: John Packham for the record. I
8 just want to confirm that what Kent requested have to have
9 cost out to be done.

10 MR. HAYCOCK: Uh-huh. For the record Damon
11 Haycock.

12 He asked for things like deductible reductions,
13 out-of-pocket reductions, waiving the fee for or waiving the
14 co-pay for vision. All of those things he submitted in
15 public comment were all submitted in the writing, and it's
16 posted on our website. We'll take directly from there and
17 cost those out.

18 MEMBER PACKHAM: Because I think it's inclusive
19 of what Mr. Unger is requesting.

20 CHAIRWOMAN CONTINE: Is there any other --

21 MEMBER MITCHELL: Chair Contine?

22 CHAIRWOMAN CONTINE: Go ahead.

23 MEMBER MITCHELL: Jet Mitchell.

24 Chair Contine, I have a question for Damon
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1 Haycock. At the beginning of your remarks you said that you
2 were not adding additional items for deeper analysis in
3 November. I just wanted to clarify the beginning of your
4 comments because I wanted to add one future agenda item for
5 consideration in November.

6 MR. HAYCOCK: For the record Damon Haycock.

7 I don't think I heard you correctly, but we are
8 here to add whatever we need to for this. It's not that --
9 it's your call. This is your opportunity as Board members to
10 give us direction, and we will add whatever it is that you
11 deem appropriate.

12 MEMBER MITCHELL: Chair Contine, Jet Mitchell for
13 the record.

14 I would like to propose a future item for
15 consideration for November to add an item on the agenda in
16 November to investigate where using Centers of Excellence
17 would be cost effective and provide better health outcomes
18 for PEPM -- PEBP members and all covered by PEBP.

19 CHAIRWOMAN CONTINE: Okay. Is there anybody --
20 anybody else?

21 So I just want to drill down a little bit on
22 something you said earlier that 95 percent on the reserve,
23 and can you kind of explain that a little bit more. You said
24 it was a policy. Is that a written -- is that in the written
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1 policies of the Board and just kind of give the history of
2 that.

3 MR. HAYCOCK: Yeah, for the record Damon Haycock.

4 This -- this 95 percent confidence level predates
5 me. I don't know if it -- how much it predates or if it does
6 predate the implementation of Consumer Driven Health plan.
7 My understanding is it was implemented at least as far back
8 as then. We have folks from Aon here who may be able to help
9 out, but it is a conservative policy to ensure that we never
10 have to go back to the legislature and ask for funding.

11 So back in 1999 the committee on benefits was
12 dismantled and the Public Employees' Benefits Program was
13 created in response to some concerns over a legislative
14 council bureau audit and health benefits of the state.

15 Then in the first two years, 1999, the session,
16 in the first two years the then executive officer had to go
17 back to the legislature and ask for 20,000,000 dollar
18 bailouts because of the solvency of the plan. And so from
19 that a series of policies and processes have been
20 implemented, a couple through statute but mostly through PEBP
21 Board policy. One is the -- through statute based on the
22 budget award process, the implementation of a catastrophic
23 reserve, right. And then how -- how to set those reserves,
24 that 95 percent. I have to do some homework on to get you

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1 the exact answer, but I know it's been here. As long as I've
2 been here, I know it was here. It predated me. My
3 predecessor had it. I don't know how much it predated him.
4 So we can go back but it's a conservative process and policy
5 that the Board sets.

6 Here's kind of the trick to it, the Board could
7 potentially change that, right, but then that is changing the
8 overall required reserve level for those two reserves that
9 then would have to go I would assume to IFC for approval
10 because we're changing how those buckets of money look like,
11 and so I think the policy can be approved, but then we would
12 have to release the funds. I have a suspicion they would
13 release any funding back into excess reserves that they would
14 want to have a say in on how it was spent. So just keep that
15 in mind how that -- would you agree, Ms. Mooneyhan? I see
16 your head nodding. That's the legality part of it.

17 Go ahead, Madam Chair.

18 CHAIRWOMAN CONTINUE: So doing an analysis, doing
19 some type of analysis of the reserve level, the percentage
20 would require IFC approval even if we weren't spending any
21 money?

22 MR. HAYCOCK: No. For the record Damon Haycock.
23 I apologize. I took it three steps forward.
24 Analyzing it, we can do it easily. Changing it may require
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1 IFC approval ultimately or legislation.

2 MEMBER MITCHELL: Chair Contine, Jet Mitchell.

3 I have a clarification question for Damon
4 Haycock. When you talk about the analysis, would that be an
5 independent analysis, an actuarial independent or would that
6 be Aon analysis?

7 MR. HAYCOCK: For the record Damon Haycock.

8 It could be either. If we are going to have an
9 independent party that we don't have on contract perform the
10 service, we have to go through the state solicitation
11 process, develop an RFP, evaluate bids and then put in place
12 a contract for another entity to do this. We can try to get
13 creative and see if there is already an entity with the state
14 that performs these services that we can piggyback on their
15 contract. I don't know if we can do that, but I guess it all
16 depends on what analysis specifically.

17 Do you want to analyze if Aon is actually
18 applying a 95 percent confidence level or do we want to
19 analyze is 95 appropriate or do we want to analyze -- you
20 know, it's really what is the question being asked will
21 determine the process moving forward.

22 CHAIRWOMAN CONTINE: And why is that? Could Aon
23 do some of it or is that -- is that why? So explain that,
24 please.

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

2 If you want to know like the history of it, why
3 it was put into place and what is the process that Aon does
4 to provide a 95 percent confidence level, I can tell you
5 today it's a 30 percent load on the reserves, right. So
6 that's what the math is, but we can ask them to articulate
7 exactly their process in determining what that should be and
8 why they chose a 30 percent load which equals 95 percent, and
9 I can have Aon do that very quickly.

10 If you want an analysis done that says is that an
11 appropriate way to run a plan, that then we can also ask Aon
12 to do, and they can go back to their book of business and see
13 and compare us to the rest of their clients and determine
14 yes, we have this many clients that do it or this many
15 clients don't or you're the only outlier or we can go to an
16 independent third party and say what do you guys think, go to
17 another actuarial firm, like a Milligan or a Segal or a
18 Beloit or whoever and say we want to pay you to determine if
19 we are over conservative, right, ultra conservative, right?
20 Are we too conservative? Do we need to release some funds or
21 are we with best business practices.

22 This wasn't the question asked but I think it's
23 important to state. As costs of care go up our claims will
24 go up which will drive our required reserves up and every

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1 time we give out more money in HSA and HRA funding, we add to
2 the HRA balances of our HRA reserve and if people don't spend
3 it that goes up.

4 Every time our enrollment goes up, we have to
5 give out more HSA/HRA funding even if it's on the HRA side
6 increases that reserve, and some of you were on the Board, I
7 don't think many of you were at the time. It was in 2017
8 that PEBP came and recommended we reduce the HRA reserve from
9 100 percent funded to 85 percent to meet a budgetary need
10 that we thought we had to for that 2017 session.

11 Actually, I think I did it in 2016 for 2017,
12 right, and it turned out that the budget concerns that were
13 coming out of the budget office at the time, the revenue came
14 in from the economic reform refine, and we were able to fund
15 it 100 percent, but we've looked at it before on that
16 specific reserve that doesn't have a 95 percent confidence
17 level and thought about reducing it because we are convinced
18 that all of the members that have an HRA today cannot spend
19 all of their HRA balances in one year.

20 And at the time we did the analysis it averaged
21 somewhere around 60 to 65 percent of the funding was utilized
22 and in the worse year it was something around 72, 75 percent
23 and so we added a buffer of ten and said we can release about
24 I think at the time about \$5,000,000 back in to cover -- to
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1 cover benefits.

2 So there's -- there's all kinds of things we can
3 do, but I know that once you make specific changes to your
4 budget categories, the budget office gets involved and then
5 the IFC will want to get involved. So that's just something
6 to think about, but we just need direction on where you want
7 us to go with the analysis. Do you want us to pitch it to
8 Aon or do you want us to go for an independent one that may
9 add some time but could also be valuable.

10 CHAIRWOMAN CONTINE: I'm not really advocating
11 anything at this point. I just -- I just -- I mean, it seems
12 like we just continue to have reserves, and now there's
13 limited ability to even, you know, consider plan needs to get
14 some of the, you know, spent down. And so, I don't know, I'm
15 just -- you know, and I know, I understand that if the
16 reserve -- if the reserve percentage is less and that just
17 goes to excess and we still have the same problem, but it
18 just seems like we're holding a lot of money that we're not
19 able to utilize for plan participants, and so I was just
20 curious of maybe that looking at some of that could -- could
21 possibly alleviate some of that. So that was -- that was the
22 reason for my question.

23 MEMBER PACKHAM: This is John Packham for the
24 record.

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1 I do forecasting in my day job. I'm weary of
2 critiquing people who do that, and I appreciate all of the
3 variables that have to be considered. But I think and I hope
4 I'm not a minority on the Board, at a minimum I would
5 appreciate a presentation on their methodology and the
6 assumptions built into those so I can go back and I can
7 explain or defend, you know, my votes on this Board and what
8 we do or think about doing with reserves.

9 MR. HAYCOCK: For the record Damon Haycock.

10 We can definitely task Aon to provide that at the
11 November Board meeting and walk through how the IBNR and
12 catastrophic reserves are set. PEBP can take the lead on the
13 HRA but, again, it's just 100 percent of available funds, but
14 we can add in some utilization numbers so you can see how
15 much they are actually using of those funds every year, and
16 then excess is just what is left over, right.

17 I think it's important and please stop me if you
18 disagree but PEBP has had excess reserves every year since
19 the inception of the Consumer Driven Health Plan and every
20 year someone who is in my position will sit there and say we
21 think it's going to go away and every year it's not, and then
22 we close the fiscal year and we have a bunch of money and we
23 backfill any other reserves and we still have a bunch of
24 money. So it becomes kind of a who can -- who can come up

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1 with the best idea on how to use them.

2 We all knew, I know, my predecessor knew, his
3 predecessor knew or actually his predecessor, I don't think
4 she created excess reserves. I could be wrong, but we knew
5 that they were eventually going to dwindle, and we cannot
6 develop a program that is based on utilizing excess, and so
7 our plan benefit design that you all approve in its totality
8 is supposed to, I thought was supposed to meet the needs of
9 the membership that utilize it.

10 And if there's a need we're not meeting, we don't
11 have to have excess reserves or create excess reserves or
12 shift other required reserves to meet that need. We can
13 develop an increase in benefits to provide our membership and
14 then ask to cost share that with the State. So we have
15 options. It's not just, well, we're going to wait for excess
16 reserves before we start looking at additional healthcare
17 benefits.

18 So before I continue, those in Vegas, can you
19 still hear me?

20 MEMBER MITCHELL: Yes.

21 MR. HAYCOCK: Okay. Thank you. We must have had
22 a call in number that was reserved.

23 So with that, there are other mechanisms that
24 health plans use to increase or decrease benefits and
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1 increase and decrease costs, and we don't have to rely on
2 this excess reserve bucket every year if in doubt or if
3 indeed, excuse me, that that money gets shifted to required
4 reserves. There's nothing stopping us. And to be honest, we
5 ask for more money every session, and so far we've been
6 getting more money every session in state contributions, and
7 rates have been flat or gone down. So I don't know if it's
8 out of the realm of possibilities to look at some of the
9 things that we want to do for our membership and just build
10 them into our budget submission and see if they want to
11 support it.

12 CHAIRWOMAN CONTINE: So that would essentially
13 involve costing out then those long-term strategies as well
14 by November?

15 MR. HAYCOCK: For the record Damon Haycock.

16 For those long-term strategies we can do some of
17 those, but we're not asking -- I don't think it would be fair
18 to ask the Board to make a decision on what we're going to
19 submit August 30th or 31st of next year by November. I think
20 we'll T up some more of those conversation in November and
21 I'm sure between now and then there will be more
22 conversations. I plan to get with RPEN, AFSCME, the Nevada
23 Faculty Alliance and come up with some strategies that we can
24 build into our next budget that we will also talk about in
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1 November. We don't necessarily need approval on those, but
2 then we'll bring it back in January, and then in March is
3 probably the time we really need to talk about approving
4 these so we can actually go forth and build the budget.

5 CHAIRWOMAN CONTINE: Okay. Mr. Verducci, do you
6 have something else?

7 MEMBER VERDUCCI: Yes. Tom Verducci.

8 As part of this analysis we will be incorporating
9 RPEN's and Nevada Faculty Alliance's suggestions in terms of
10 this item?

11 MR. HAYCOCK: For the record, yes. The answer is
12 yes. Even though I know it sounds like we don't have money
13 and I don't believe that we do in the manner in which we've
14 structured our required reserves, we're still going to
15 perform the analysis by November on everything and as they
16 have asked for.

17 MEMBER VERDUCCI: So this is an analysis as we as
18 a Board no longer actually approve the expenditures of excess
19 reserves so I think it will put us in a position to see what
20 the cost would entail. So I think it's a good idea.

21 CHAIRWOMAN CONTINE: So -- okay. So for -- is
22 there anybody else that has -- that wants discussion on this
23 or has questions on this agenda item?

24 So just to see if I can kind of summarize what we
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1 talked about. So you're asking for a recommendation that we
2 essentially request that you cost the short-term potential
3 strategies so one, two and three for November for discussion?

4 MR. HAYCOCK: For the record Damon Haycock.

5 That and what Ms. Mitchell has asked for for the
6 Centers of Excellence which Dr. Packham for Aon and NFA's
7 request.

8 CHAIRWOMAN CONTINE: Right. Right. So you've
9 asked for one, two, three.

10 MR. HAYCOCK: Yeah.

11 CHAIRWOMAN CONTINE: And then Ms. Mitchell has
12 asked for cost for Centers of Excellence, and then there has
13 been additional discussion that's not in the request to cost
14 for the Faculty Alliance and Mr. Unger's group. They are
15 aligned, their requests that were submitted. So that would
16 be essentially the motion.

17 And then the presentation by Aon we'll just deal
18 with under a different agenda item or do you want to
19 incorporate it into this in some way? Is there going to be a
20 cost to it or?

21 MR. HAYCOCK: For the record Damon Haycock.

22 I think we'll build that into the agenda as a
23 separate item that we can go through the process that we have
24 today to assign that agenda number.

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1 CHAIRWOMAN CONTINE: Okay.

2 MR. HAYCOCK: I don't think we can truly get into
3 it today because it wasn't agendized.

4 CHAIRWOMAN CONTINE: Okay. All right. I just
5 wanted to clarify what the -- what the motion would be. So
6 if we're ready at this point, is there any additional
7 discussions or questions or?

8 MR. HAYCOCK: Do you want to entertain public
9 comment? It's up to you.

10 CHAIRWOMAN CONTINE: Okay. So the motion --

11 MEMBER MITCHELL: Chair Contine, I have a
12 question.

13 CHAIRWOMAN CONTINE: Oh, go ahead.

14 MEMBER MITCHELL: Chair Contine, Jet Mitchell for
15 the record. I have a question.

16 In the advocate requested strategies which is
17 Dr. Unger's UNLV Faculty Senate Employee Benefits request,
18 those included the dental maximum and the lowering the
19 deductibles for the high deductible and those benefit
20 increases were included, but then the Nevada Faculty Alliance
21 requested proposal also included the no cost preventative
22 services and the vision exam as well. So I just wanted to
23 clarify that the asks were fourfold on for Dr. Kent Ervin and
24 twofold on Dr. Unger, just for clarification purposes for
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1 what the advocate requested strategies were.

2 CHAIRWOMAN CONTINE: Yes. So the motion would be
3 that, plus the short-term options one, two and three in the
4 report and your other request for costing the Centers for
5 Excellence. So that would be the motion to bring back to us
6 those things in November. If I have that right, can I get
7 that motion?

8 MEMBER MITCHELL: I will make that motion, Chair
9 Contine. Jet Mitchell for the record.

10 CHAIRWOMAN CONTINE: Thank you. Is there a
11 second?

12 MEMBER LAMBORN: Leah Lamborn. Second the
13 motion.

14 CHAIRWOMAN CONTINE: Okay. So there's a motion
15 and a second. Is there any other discussion? Okay. All
16 those in favor please signify by saying aye. Any opposed?

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

19 CHAIRWOMAN CONTINE: Okay. The motion carries
20 six to zero.

21 Okay. So we're moving onto the executive officer
22 report. This is an informational item and not for nothing,
23 Damon, but we heard from you a lot today so, you know. No,
24 I'm just joking.

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

2 I will be reading page by page word by word this
3 report to you.

4 CHAIRWOMAN CONTINE: What?

5 MR. HAYCOCK: No, I'm kidding. There's only
6 three things on this report that I wanted to share with you
7 outside of any other agenda item. It was the only place we
8 could put it. One, we are very proud to receive URAC
9 accreditation for Core accreditation for a three-year period.
10 URAC has done away with it, and there is no replacement
11 accreditation program that we can participate in. So we were
12 the first and only and now we are the last public sector
13 entity to have been accredited for quality standards on a
14 higher national standard requirement, but that thing will
15 tail out April 1st, 2021 with nothing to replace it.

16 We are -- one of the reasons why we were able to
17 write out the administrative fees for the Medicare Exchange
18 for the HRA administration is because they were going to
19 replace their third party administrator who we were pushing
20 the funding to for that process to an in-house design but
21 based on the ability to make payments to our membership for
22 HRA reimbursements, we ran into a couple of stumbling blocks,
23 and we need a little bit more time to move forward with that.
24 So we're still going to utilize their third party
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1 administrator through it looks like March, and then in March
2 we'll have a period where we will move from their
3 administrator to the internal Willis Towers Watson benefits
4 management process. From a member perspective, they
5 shouldn't see any changes so there shouldn't be a problem but
6 we will notify them through appropriate communication
7 channels closer to March if there's any delays in the
8 reimbursement.

9 And then last but not least, we reached out to
10 Banner Churchill Hospital to try to find a way to bring them
11 back into the network. It's something that was affordable.
12 We have been able to take the first steps in discussing and
13 negotiating emergency services because those are causing
14 balance bills for our members, and we have come to an
15 agreement that we are putting pen to paper on so that way we
16 can continue to have our folks go there, and that there won't
17 be any balance bills to our membership.

18 They were exempt from the balance bill
19 legislation because they are a critical access hospital. So
20 they are the only hospital system that we do not currently
21 have on network, and we're going to be able to have a direct
22 relationship with them. We reached out to Hometown Health
23 providers to see if they would have any concerns about us
24 having that direct relationship. The conversation I had last
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1 week is, no, they had no problem with that, and so we will be
2 able to implement a three-year agreement with Banner
3 Churchill to provide emergency services to our members at a
4 -- at a certain affordable rate, and they have agreed to a
5 cost control keeping that rate flat for those three years.

6 So we think it's the best deal we're going to
7 get, and we don't like having our members get balance billed
8 out in Fallon, Nevada. So we're going to with -- we're going
9 to bring you back the contract. If you decide you don't want
10 to approve it, then we won't move forward on it, but in the
11 meantime we're going to develop that contract so you can see
12 what it looks like and hopefully by the November Board
13 meeting, and that's it.

14 CHAIRWOMAN CONTINE: Thank you, Damon. It's
15 always nice to hear from you.

16 All right. Are there any questions for Damon?

17 All right. We'll move onto Item Number 13,
18 public comment.

19 Ms. Lockard, do you want to go first?

20 MS. LOCKARD: Thank you very much. For the
21 record Marlene Lockard representing Retired Public Employees
22 of Nevada, and I'll be very brief and hopefully a little bit
23 more coherent.

24 With respect to the discussion on excess
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1 reserves, I'm concerned that this whole issue is getting
2 overly complicated. As advocates we would like the review
3 and study done by third party, number one. Number two, we
4 have never advocated using excess reserves for ongoing,
5 one-shop money, if you will, for ongoing expenses. In the
6 past what we have demonstrated where we have had benefits
7 that had been reduced restored for just a limited period of
8 time. We went through enough time that we were able to
9 persuade Damon to put those enhancements back in the base.

10 So when we're talking about additional benefits
11 we are talking about adding them back into the base and are
12 not advocating. It's a Cardinal Rule not to use one shop for
13 ongoing expenses, but we do maintain that and especially with
14 respect to the Medicare retirees, and I have said this
15 before, but when the Medicare retirees exited the system,
16 they are saving the state, and Damon and I disagree slightly
17 on we're between 10 and \$20,000,000 a year of the savings
18 that go back to the state each year. That isn't being
19 expended.

20 So our concern is that excess reserves stay
21 within the health plan system and not eventually be swept to
22 go into other general fund activities, and that's why we
23 think it's important to get a final reconciliation of exactly
24 where we are and what can be funded long term, not short

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1 term, so.

2 And, you know, now increasing the requirements
3 for the required reserves is something new being discussed so
4 I'm a little concerned about that. We'll have conversations.
5 Thank you.

6 MS. MALONE: We're almost afternoon, so good
7 morning to the Board. Pricilla Malone with the AFSCME
8 retirees.

9 And I just want to say, of course again, me too
10 to everything Ms. Lockard said. But for historical reference
11 points, I think this point needs to, and I brought it up
12 before and reminded the Board, but we've got some new
13 members, and we're now through another legislative session so
14 and I expect Mr. Haycock will correct me if I'm wrong, but
15 just so the Board is clear, when Mr. Haycock references his
16 predecessors, plural, it's important to remember the context
17 of how this issue of excess reserves came to be which was my
18 understanding historically from listening to both legislative
19 testimony and then testimony here within the executive branch
20 is that prior to the legislative session of 2011 which was,
21 in fact, as part of the overall change from a standard, for
22 better -- for lack of a better term PPO type employer offered
23 healthcare plan, the Medicare retirees were put on the
24 exchange during -- as part of the legislative acts of that

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1 session. It was not part of the appropriations. It was plan
2 design change.

3 And the plan design change that was fundamentally
4 different from that PPO type plan, and I hope the experts
5 will correct me if I'm using that term improperly, was the
6 bifurcation, if you will, of the offering of the plan for
7 non-Medicare retirees. The Medicare retirees as part of that
8 legislative session were put on the exchange. And then the
9 non-Medicare retirees and the actives were put into a choice
10 of a CDHP and I believe it was just HMO's at that point
11 offered. That is my understanding historically of when these
12 excess reserves started to be generated by that plan design,
13 and I think that was part of the subsequent 2013
14 legislature's discomfiture at, my God, all of a sudden for
15 the first time in the history of our employer State of Nevada
16 offered healthcare plan, we've got these enormous reserves.
17 The question is why.

18 So that's all I have to say, and Mr. Haycock may
19 want to, you know, close the loop for me historically
20 because, again, I think we have some new Board members, and
21 that's where it gets kind of muddy is when did we start
22 generating these excess reserves. What factors contributed
23 to that? And so the CDHP and the HMO plan offered in 2011
24 was the start of that phenomena taking place was my
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1 understanding. So thank you.

2 CHAIRWOMAN CONTINE: Thank you.

3 Is there any other public comment in Carson City?

4 Is there any public comment in Las Vegas? Okay. Seeing

5 none --

6 MEMBER MITCHELL: Yes, there is.

7 CHAIRWOMAN CONTINE: Oh, there is. Sorry.

8 MR. UNGER: I'll try to be very brief. I have to

9 run off to an appointment.

10 CHAIRWOMAN CONTINE: Okay.

11 MR. UNGER: Doug Unger, U-n-g-e-r, representing

12 UNLV Faculty Senate, past chair of the Senate and of the

13 Council of Faculty Senate Chairs for NSHE.

14 I want to thank you all for a very good Board

15 meeting. I also want to add to the historical context

16 because I was there in 1999 with an unpaid bill of \$9,800

17 from the L&H administrators mess. When we had an

18 administrator that basically went insolvent, did not pay

19 claims and we had many state employees with unpaid claims, my

20 claim was presented as evidence in the legislative session

21 that then worked and eventually established PEBP, and I think

22 that's the reason for this -- this great conservatism in the

23 plan that our legislators resolved that they would never see

24 that happen again with employees who went six and eight and

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1 even nine months with unpaid claims. So if that's helpful,
2 as a reason for our long-term conservatism there is a good
3 reason for it, and there may still be a good reason for it.

4 I just wanted to speak to Agenda Item Number
5 Eight in a very positive way, the strategic planning. I note
6 all of the participants in this strategic planning and note
7 that our Board members are really designed to represent us,
8 all of the employees in the state and you all do a very good
9 job at it, but I would like to suggest to the executive
10 director and the Board that maybe a couple of patient
11 advocates be included. It might be a very good idea to ask
12 the NSHE's counsel, Senate Chair, NFA rep, AFSCME rep and
13 RPEN rep to participate in the strategic planning sessions if
14 only for to cement the community participation in our health
15 plan and really encourage our understanding of what is
16 happening and allow us to have a voice in the long range
17 planning of the plan.

18 A good example of where that might be helpful is
19 Item Number Five in long range planning where you're thinking
20 of a tiered income possibility. We know people in other
21 states. We're in touch with them who are participants in
22 such plan, and we can give very active feedback to that kind
23 of thing. I'm just saying that we would I think be very
24 helpful in that process and we would be more than willing to

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1 participate in it and grateful to do so. Thank you.

2 CHAIRWOMAN CONTINE: Thank you.

3 Is that it? Anybody else?

4 All right. Then we'll go to Item Number 14, and
5 we're adjourned.

6 Thank you everyone.

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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 26th day of September, 2019, I was present for 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 130, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 6th day of October, 2019.

KATHY JACKSON, CCR
Nevada CCR #402

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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, 9/26/19

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