

In The Matter Of:
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TELEPHONIC OPEN MEETING

May 28, 2020

Capitol Reporters
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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, MAY 28, 2020

5 CARSON CITY AND LAS VEGAS, NEVADA

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7
8 The Board: LAURA FREED - Chair
9 LINDA FOX - Vice Chair
10 LEAH LAMBORN- Member
11 DAVID SMITH - Member
12 TOM VERDUCCI - Member
13 JET MITCHELL - Member
14 DON BAILEY - Member
15 JENNIFER KRUPP- Member

16
17
18 For the Board: BRANDEE MOONEYHAN
19 Deputy Attorney General

20 For Staff: LAURA RICH
21 Executive Officer
22 WENDI LUNZ
23 Executive Assistant
24 BRETT HARVEY
Chief Information Officer
CARI EATON
Chief Financial Officer
NANCY SPINELLI
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1 THURSDAY, MAY 28, 2020, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN FREED: It is 9:04 by my clock. So I
4 will call, go ahead and call the meeting of the Public
5 Employees' Benefits Program to order, and I will call the
6 role even though I can see most of you. I'm here.

7 Don Bailey, you're here.

8 MEMBER BAILEY: Here.

9 CHAIRWOMAN FREED: Linda Fox?

10 VICE CHAIR FOX: Here.

11 CHAIRWOMAN FREED: Marsha Urban is excused this
12 morning.

13 Leah Lamborn?

14 MEMBER LAMBORN: Here.

15 THE OPERATOR: You are muted. You can mute or
16 unmute yourself by pressing star six.

17 CHAIRWOMAN FREED: Jet Mitchell?

18 MEMBER MITCHELL: Here.

19 CHAIRWOMAN FREED: David Smith?

20 MEMBER SMITH: Here.

21 CHAIRWOMAN FREED: Tom Verducci?

22 MEMBER VERDUCCI: Here.

23 CHAIRWOMAN FREED: Jennifer Krupp.

24 MEMBER KRUPP: Good morning.

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1 CHAIRWOMAN FREED: Hi. Welcome to the PEBP
2 Board.

3 MEMBER KRUPP: Thank you so much. It's good to
4 be here.

5 CHAIRWOMAN FREED: Well, yeah, this is a strange
6 way to procure your service. And I -- when we get back to
7 doing normal meetings in person I feel like we're all going
8 to be weirded out because this is the fourth, if I'm not
9 mistaken, virtual meeting we've had.

10 So we have a quorum, and I will now move to
11 Agenda Item Two, public comment, and I will hand it over to
12 Wendi. Actually --

13 MR. CARROLL: Madam Chair, this is actually Chuck
14 that's going to take over.

15 MS. LUNZ: Chuck, will you do me a favor and
16 announce to the public the right number, please.

17 MR. CARROLL: Yeah, and I'm actually going to
18 display it on the screen as well. So as the board members
19 have stated right now it's public comment and as you see on
20 the screen I'm going to go ahead and display the phone number
21 for you to call in. There was a discrepancy on the agenda I
22 believe. The first digits of the phone number is actually
23 669.

24 I'm going to go ahead and call off the last three
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1 digits of the phone number. When the number is announced the
2 line will be unmuted. You will hear an audible tone stating
3 that your line is unmuted and you may proceed with your
4 testimony. Let me get the first one pulled up here. So the
5 first number I have is ending in 920. Your line is unmuted.
6 The last three numbers of 920 your line is unmuted. You can
7 go ahead with your public testimony.

8 The next number I have ending in 642, your number
9 is now unmuted. 642, your number is now unmuted.

10 Okay. The next number I have is ending in 404.
11 404, your line is unmuted.

12 Okay. The next number I have is 920.

13 688, you're now unmuted.

14 THE CALLER: Just listening.

15 MR. CARROLL: Okay. 837, your line is now
16 unmuted.

17 MR. ERVIN: Hi. This is Kent Ervin. Can you
18 hear me?

19 MR. CARROLL: Yes, we can hear you.

20 MR. ERVIN: Okay. Good morning. This is Kent
21 Ervin, E-r-v-i-n with the Nevada Faculty Alliance. I was
22 able to get in this way.

23 Thank you all for your continued perseverance
24 with remote operations and the budget cuts during these
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1 difficult times. I hope you're all staying safe and well. I
2 would like to highlight one aspect of the executive officer's
3 report, Agenda Item Five.

4 In January the Board asked the staff for various
5 analyses on potential program changing -- changes, including
6 an RFI on an independent actuarial review. While the
7 COVID-19 budget situation has changed the calculus on some of
8 those, it is our understanding that the RFI on the review, on
9 the actuarial review has already been finished. The Board
10 and the public deserve a full report on results of the RFI,
11 and the Board request is still active.

12 An actuarial review of the one-time expense that
13 could offer solutions for operating PEBP more efficiently.
14 The cost is modest compared with millions of the dollars of
15 excess unspent funds that have been generated nearly every
16 year since the CDHP was implemented. Board members asked for
17 a full report on the RFI's that have already been done for
18 your examination and for the public at the next meeting.

19 On agenda Item Eight the contract solicitations,
20 we fully support moving ahead with request for proposals on
21 the various contracts. It is really important to push the
22 vendors to provide competitive bids. I encourage Board
23 members to actively participate on the evaluation committees
24 on the major contracts. The PPO and HMO contracts in

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1 particular are essential to the operation of PEBP, and they
2 will influence plan design for years to come. Board members
3 need to be involved of the evaluations of these contracts.
4 Thank you very much.

5 MR. CARROLL: The next one I have is 688. Your
6 line is unmuted.

7 THE CALLER: I'm just listening.

8 MR. CARROLL: Thank you. The next line I have is
9 755. Your line is unmuted.

10 MS. LOCKARD: Yes, this is Marlene Lockard with
11 the Retired Public Employees of Nevada. I would like to
12 associate my Kent Ervin comments.

13 We absolutely feel that the information obtained
14 cost, et cetera from doing the RFI should be released and
15 evaluated and considered by the Board to move forward. Thank
16 you.

17 MR. CARROLL: 837, your line is now unmuted.

18 MR. ERVIN: That's Kent Ervin. I don't know why
19 I'm back on, but I don't have any further comments.

20 MR. CARROLL: I apologize for that.

21 755, your line is unmuted. 755, your line is
22 unmuted for public testimony.

23 MS. LOCKARD: This is Marlene again.

24 MR. CARROLL: I apologize. We had somebody jump
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1 in out of order here so it screwed up the jumble. Sorry
2 about that.

3 And that looks like all numbers have -- for
4 public testimony, Madam Chair, have been addressed already.

5 CHAIRWOMAN FREED: Okay. Thank you very much,
6 Mr. Carroll.

7 Let's move to Agenda Item Number Three, PEBP
8 Board disclosures for applicable Board meeting agenda item.
9 I will turn it over to Deputy Attorney General Mooneyhan.

10 MS. MOONEYHAN: Okay. Sorry I had it on mute for
11 a second there.

12 Thank you, Madam Chair. On behalf of the Board
13 members who are eligible for PEBP benefits which I believe is
14 everybody except Mr. Verducci. I'm making this disclosure
15 pursuant to NRS 281A.440 as the Board members may vote on
16 items that effect their benefits or benefits available to
17 their family members.

18 It appears all of the items on today's agenda
19 have an indirect benefit, but I'm making the disclosure in
20 abundance of caution, and if any Board member has something
21 to add I invite them to do so now. Thank you.

22 CHAIRWOMAN FREED: Okay. Agenda Item Four, the
23 consent agenda. So if the Board has reviewed the minutes
24 from the last three meetings and please speak now if you have
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1 any corrections to offer to the staff. I myself have one for
2 the minutes of the March 31st meeting. On action minute page
3 two, I believe Mr. Ranft's, from AFSCME, last name is
4 misspelled. I would ask for that to be corrected. Other
5 than that, I didn't see anything else, and I'm not hearing or
6 seeing anybody unmute so I would accept a motion to approve.

7 MEMBER VERDUCCI: Tom Verducci for the record.

8 So moved.

9 CHAIRWOMAN FREED: With the correction.

10 MEMBER VERDUCCI: With the correction on the
11 spelling of the name, yes.

12 CHAIRWOMAN FREED: Okay. Do I have a second?

13 MEMBER MITCHELL: Jet Mitchell. Second.

14 CHAIRWOMAN FREED: Okay. All in favor -- shoot.
15 Maybe we should do this role call, Laura, do you think so we
16 don't talk over each other? Okay. I will role call. I vote
17 aye.

18 Mr. Bailey? Uh-oh.

19 MEMBER BAILEY: Okay. Madam Chair, I second that
20 motion.

21 CHAIRWOMAN FREED: Well, we got -- we got a move
22 for approval as corrected from Mr. Verducci, and we got a
23 second from Ms. Mitchell. So I'm actually doing a role call
24 though because if I ask for everybody to say aye at once I'm

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1 not sure we would all hear it, so.

2 MEMBER BAILEY: Aye.

3 CHAIRWOMAN FREED: Okay. Ms. Fox?

4 VICE CHAIR FOX: Aye.

5 CHAIRWOMAN FREED: Ms. Lamborn?

6 MEMBER LAMBORN: Aye.

7 CHAIRWOMAN FREED: Ms. Mitchell?

8 MEMBER MITCHELL: Aye. I seconded it so yes.

9 CHAIRWOMAN FREED: Yeah, I figured you're an aye.
10 Mr. Smith?

11 MEMBER SMITH: Aye.

12 CHAIRWOMAN FREED: Mr. Verducci?

13 MEMBER VERDUCCI: Aye.

14 CHAIRWOMAN FREED: Ms. Krupp?

15 MEMBER KRUPP: Aye.

16 CHAIRWOMAN FREED: Okay, great. Motion carries.
17 Agenda Item Five, the executive officer report.

18 I'll turn it over to the executive officer.

19 MS. RICH: All right. Good morning everyone.

20 For the record Laura Rich, the executive officer.

21 This is an executive officer report that provides
22 an update on the overall activity of PEBP. So one thing
23 we're going to talk about is plan year '21 open enrollment.
24 As you know, open enrollment is under way. We're actually
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1 almost -- it's almost done and then in a few days, at the end
2 of May.

3 So plan year '21 open enrollment under normal
4 conditions basically we have an all staff on deck type of
5 approach. We -- everyone is answering phones. You know,
6 typically people, even our IT people are answering phones
7 during open enrollment because of the volume of calls that
8 come in.

9 For the circumstances this year have changed
10 quite a bit and we have a staff -- staff that is rotating in
11 and out throughout the office. So we do -- we have many less
12 people answering calls. We're trying to get members to,
13 encourage members to e-mail, send e-mails instead of calling
14 in order to get through, but I'm happy to report that we've
15 been able to adapt to the conditions pretty well, and we're
16 still being -- we're still able to service our members given
17 that excellent customer service and support that we have been
18 or that they have been so used to getting. We just have had
19 to put some accommodations in place in order to do that. So
20 it's just a little bit different this year, but we're still
21 able to -- it's still been pretty smooth, and there's been no
22 real big issues throughout open enrollment so that is -- that
23 is great.

24 The department of labor guidance, so several, it
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1 was actually over a month ago, the department of labor
2 recently they released COVID-19 related regulatory guidance,
3 and this guidance really loosened a lot of the participant
4 and plan deadline. So, you know, for example we have a lot
5 of plan rules where you have to submit supporting documents
6 within the certain amount of time. So for example if you get
7 married and you want to add your spouse, we need to have a
8 marriage certificate.

9 Because of the obvious delays in file, records
10 and things like that, you know, there's -- there's members
11 that are having difficulty meeting these deadlines, and
12 because of that the department of labor recognized this and
13 issued this guidance. Although, that rule only applies to a
14 list of plans, it really strongly encourages plans like PEBP
15 to comply.

16 So PEBP has used this guidance as a roadmap, and
17 we have also loosened up our rules a little bit on a case by
18 case basis. So, you know, for example if a member is not
19 able to obtain a marriage certificate in time, we extended
20 that deadline a little bit just so that we can, you know,
21 ensure that members have -- are receiving the coverage that
22 they need and that these office workers, the state office and
23 government office closures are not effecting their ability to
24 get coverage. So we have done that.

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1 The next one is just an update on the Unum
2 long-term care product. If most of the Board members
3 remember back in September, we talked about the Unum
4 long-term care contract that PEBP had had. Back in the day
5 we transitioned to -- to -- away from contracts with
6 voluntary benefit providers and instead we -- we transitioned
7 that onto the Voluntary Benefits Platform that we have with
8 Morneau Shepell and Corestream, and those relationships are
9 now emitting from Morneau Shepell and Corestream rather than
10 PEBP. So the last contract we had was with Unum long-term
11 care which was expiring on June 30th of this year.

12 At the time the Board voted to not renew that
13 contract and instead let that contract terminate. However,
14 the decision was made that just like all of the other
15 products, if they were able to transition onto that Voluntary
16 Benefits Platform and -- and make that change that we would
17 continue to offer it through the Voluntary Benefit Platform.

18 As of a couple of weeks ago, AGIS, the broker
19 that represents Unum and Corestream, they have been able to
20 coordinate and are in the process of fully transitioning that
21 product to the Voluntary Benefits Platform. So I just wanted
22 to update the Board and let them know that although we have,
23 that contract is expiring that product is going to continue
24 to be offered through the Voluntary Benefits Platform. So

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1 that's actually a benefit to members who have those long-term
2 care policies, and they are going to be able to enroll. They
3 are going to be able to have those voluntary benefit
4 deductions through their payroll deductions as well for this
5 product. So I'm happy to report that.

6 The budget enhancement options, so if you
7 remember at the January 23rd Board meeting, the Board
8 approved staff to perform additional analysis on several
9 different requests that we had to it be included in the
10 budget that would be submitted in August. The intent was to
11 bring this analysis back to the Board so that we could
12 discuss the budget submission at this Board meeting.

13 Unfortunately things have changed quite a bit
14 since January, and in that time we've sent that to make
15 budget cuts versus budget enhancements. So I think and its
16 safe to say that these are no longer on the table. So, you
17 know, we did -- we did actually put out the RFI's. We have
18 those RFI responses. I know that the actuarial review team
19 opened public comment. We did get responses on that.

20 I'm happy to bring this back to the Board meeting
21 in July and talk about those responses if that is something
22 that the Board would like to -- to do. But, you know, we've
23 done all of the analysis. It was just a, I guess a fruitless
24 effort to discuss it given the -- the situation that we're

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1 facing as far as the budget. So if that is something that
2 the Board would like me -- would like us to do in July we
3 would be happy to bring that information back, including the
4 responses to the RFI.

5 In conclusion I think we all know PEBP is facing
6 many, many challenges ahead, not just PEBP but the State, the
7 uncertainty surrounding the economic impact that COVID-19 on
8 the state and the rising cost of healthcare will likely force
9 significant changes on the program.

10 So we continue to work with leadership, and we
11 will ensure that the program continues to meet the mention of
12 providing employees, retirees and their families with access
13 to high quality benefits at affordable prices.

14 The one thing I did not include in this report
15 because we actually just wrapped it up yesterday is our
16 strategic planning. We did have our annual strategic
17 planning session over the last two days, and I don't know if
18 maybe Chair Freed would like to say a couple of words and
19 maybe recap a little bit of that strategic planning.

20 CHAIRWOMAN FREED: Yeah, I would be happy to.

21 So we did -- four of the Board members did meet
22 with PEBP executive team and a couple of us and talked
23 through some program ideas about how we might structure the
24 benefit offering for the next biennium. So to Executive

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1 Officer Rich's question about do we want to bring that back
2 to the Board in July, yes, please, on my part.

3 And I think Aon did a nice job developing some
4 program offerings that might please the participant group
5 while still making the cuts in subsidy revenue that we expect
6 to see. And no idea at this point what the -- the reduction
7 target might be. The GFO has not given PEBP any idea of that
8 yet. So really it was -- it was about program, not
9 necessarily about fiscal but you kind of can't divorce those
10 two things. So the discussions have that, you know, under --
11 underlying, you know, worry about, okay, how can we offer
12 something that is -- that is ween but still makes
13 participants feel like they are getting something pretty good
14 from the plan.

15 I don't know if any of the other Board members
16 want to chime in. As I told Laura last evening there were
17 some things I didn't know. So thanks to Aon and thank you to
18 HealthSCOPE and thank you to Hometown, who gave us a little
19 bit of historical context about some of the stuff that has
20 happened with the plan over the years. So that's my two
21 cents.

22 Mr. Bailey, I see you have unmuted yourself.
23 Would you like to add? Would you like to ask a question?

24 MEMBER BAILEY: The question -- I'm sorry. I'm
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1 misunderstanding you. Are you there?

2 CHAIRWOMAN FREED: Yes. I see that you've
3 unmuted yourself. I wondered if you had a comment or a
4 question.

5 MEMBER BAILEY: No, I didn't. I didn't touch the
6 phone. I think they cut me off.

7 CHAIRWOMAN FREED: Okay.

8 MEMBER BAILEY: I do not have -- I do not have a
9 question, Madam Chair.

10 CHAIRWOMAN FREED: All right. So with that shall
11 we move on to Agenda Item Six, presentation on the impact of
12 COVID-19 on the plan.

13 MS. MESSIER: That's me. Let me try to share my
14 screen.

15 CHAIRWOMAN FREED: All right.

16 MS. MESSIER: You can hear me so that's good.
17 I'm just going to bring it up from the website. So hopefully
18 you're all able to see that. Does that work? Did it show up
19 for you all? Perfect, okay.

20 So I hate having to put all of these disclaimers
21 on it. But as you might imagine, we're all in a very fluid
22 situation. Not only are the recorded numbers changing rates
23 of infection, and then the numbers that are being recorded
24 get corrected because they have combined antibody testing
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1 with infection rates, states are also making new
2 announcements by the day in terms of the reopening
3 strategies.

4 So for example I submitted this presentation to
5 PEBP I believe it was last Wednesday or Thursday, and since
6 then your Governor has announced additional reopening actions
7 that you all will be taking. So those were not incorporated
8 in this presentation, but I still hope you'll find some value
9 in it, just and maybe some additional knowledge basis that
10 you didn't have before.

11 So let's just move on to the second slide.
12 Again, I hated to put all of these disclaimers on it, but it
13 is such a fluid situation I felt like it was important.

14 Okay. So Aon has put together a model and we
15 actually released this model and it's called the employee
16 impact model released at the beginning of April. And what
17 it's doing is it's trying to about over half a dozen different
18 epidemiological, I'm always happy when I say that correctly,
19 as well as other, like John Hopkins and other I guess
20 industry groups that are reporting on different metrics
21 throughout the nation.

22 So sometimes, you know, those sources are
23 recording the same things. Sometimes they are recording
24 different things. So the model is trying to triangulate the
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1 best source of the data and take all of that into account as
2 it's trying to estimate for different employer groups what
3 could the potential infection rates be for your population
4 over time. How might that change as different employers go
5 back to work.

6 We also had different employer groups who have
7 been working. Let's say hospital systems throughout this
8 entire pandemic have not been able to work at home. We also
9 have tech companies, right, who are pretty easily able to
10 work at home.

11 For PEBP's population what we modeled is about
12 64 percent of your employees had to report to the workplace.
13 It's kind of our best guess based on your blend of industry.
14 Certainly if we went person by person, you know, we may find
15 that PEBP actually of the people that it covered had
16 75 percent of employees who had to report to the workplace.

17 As you might imagine, again, a lot of models
18 depends on the input that it's given, and I just wanted to
19 let you know that we did a 64 percent industry estimate in
20 terms of that particular dynamic.

21 What it does is it takes PEBP's census data. It
22 looks at zip codes. It looks at the infection rates by zip
23 code. It also looks at your self-funded group versus your
24 fully insured group, and it's able to filter on all of those
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1 different metrics. And we'll move on, just a snapshot from
2 the model. I thought it would be easier than trying to pull
3 up the model live.

4 So what the model currently does is it takes on
5 today's information and trends against, projects all of that
6 forward, and right now the model has an end date of
7 September 30th. I think we all recognize this COVID-19 is
8 not going away on September 30th, but the model is really
9 intended to help employers try to figure out how much risk do
10 they have, how much potential lost days of work for example
11 might their work force be experiencing over the next six
12 months. How do they safely return folks to work? How many
13 folks may be in the hospital? Unfortunately, how many folks
14 in the membership population may pass away as a result from
15 COVID-19 illnesses.

16 So it's taking into account a bunch of different
17 factors and just trying to give employers, again, a good feel
18 for what might happen and how they might be able to control
19 those infection rates by different measures that they are
20 taking either in the work force or either in the state. So
21 clearly with PEBP is very much tied to the State of Nevada in
22 what they are doing.

23 So this first sample from the model, we're
24 assuming that Nevada maintains safer-at-home policy that you
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1 all were in I would say at the beginning of May. Where there
2 was partial business reopening, right, but it wasn't full to
3 the restaurants and certainly wasn't the casinos, only to
4 those other places of larger gatherings where, again,
5 infection rates could possibly go up. It's also assuming
6 everyone follows not only social distancing but doing
7 everything the CDC is suggesting in terms of face masks and
8 all those things.

9 And as you might imagine, these numbers again
10 could change by the day or even by the week. As we are
11 moving those things around people's infection rates change
12 and how well people are actually doing in terms of following
13 the guidance.

14 So to orient you to this page, here is just a
15 heat map in terms of where PEBP's population is. No
16 surprise, all of your folks, the majority are in Nevada. You
17 do have a few folks from your pre 65 that are located in
18 other states throughout the country.

19 Here it is showing what the model estimated was
20 your peak infection date which was April 19th. So it
21 happened over a month ago. And how the plan would continue
22 to see infection rates, again, through that end date of
23 September 30th.

24 At the bottom it's showing your member counts by
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1 five or four different buckets, excuse me. The first is just
2 folks that are susceptible. So that could be people that
3 were asystematic, never got a test, could be those folks that
4 were never infected, as well as those folks that maybe had a
5 test but didn't post positive.

6 The next group are those that tested positive.
7 By the end of September 30th it's estimating of your 47,000
8 members and, again, this is on a member basis not just an
9 employee count, about 1,400 would likely have been infected
10 with COVID-19 throughout that six-month period costing the
11 plan on average about zero to \$2,000 for these cases. It
12 probably means they went to the doctor to get tested.
13 Possibly they went to the center that cost more, maybe they
14 showed up at the ER but then were later released, et cetera.
15 They did not need to be hospitalized. So all of those cases
16 kind of fell into this bucket.

17 And the, again, it's also trying to say how many
18 work days might you have lost from those folks either from
19 being sick, like I was in early April. Granted, it took me a
20 few weeks to get back to work at full capacity. It's
21 estimating an impact about 9,400 work days for those group.

22 The next one over is kind of in the orange
23 section is your hospital life and/or critical cases. So this
24 model is currently estimating that you would have had about

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1 100 folks that were infected. They were ones actively
2 infected by September 30th. 99 would have recovered. On
3 average we're seeing these patient costs between 30 and
4 \$80,000. So it's a total of 3.6 million dollars claims cost
5 they are incurring and less days lost but more days per
6 person as you might imagine for this particular group facing
7 hospitalization.

8 The best estimate of the model and it's not
9 something to talk about, it's possible that you would lose
10 ten members due to COVID. More likely those tend to be the
11 elderly or those with comorbidities. But, again, we are
12 seeing a little bit of a fatality rate obviously with COVID
13 and that's this model's best estimates of your self-funded
14 impact at this time.

15 All of this to say when you sum up all of this
16 information, it's expecting in the medium scenario, and we'll
17 get to that in just a bit that PEBP's claims cost through
18 September could potentially be 4.9 million dollars and
19 that's, again, assuming that you guys are staying in a stay
20 put home, partial businesses reopen strategy, but we all know
21 you are not, especially not as the announcement made on
22 Tuesday.

23 Any questions before I move on to the next grid?

24 Okay. Feel free to interrupt me at any time.
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1 This next grid kind of shows all of the different
2 metrics that are in play, probably not all. I probably
3 shouldn't use that term, the majority of the metrics that are
4 in play. So the top part is trying to say if PEBP falls into
5 claim cost on the higher end of the spectrum that's
6 highlighted in the high column and also highlighted in the
7 color orange because that means it's more cost to PEBP.
8 Likewise, there's a low scenario which costs less and then
9 the medium scenario is self-explanatory.

10 On the bottom or the, sorry, not the bottom. The
11 left side as you go down, it goes from actually being a high
12 cost in the orange bucket which is called low, right, because
13 it means you had a low claim suppression. What we are seeing
14 is a lot of folks not going and getting, right, those
15 elective procedures done. You were not able to go into the
16 doctor's office and get those things because they were trying
17 to save PPE. So if PEBP ended up being in the low claims
18 suppression bucket that means there was not a lot of claims
19 being avoided. So that's why it's highlighted in orange.
20 There was less claims being taken out in that particular
21 scenario which is the negative 4.7 that carries across that
22 row.

23 The next one down is the medium claim
24 suppression. In medium scenario we would expect that PEBP
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1 likely saved 7.7 million dollars of claims that did not incur
2 in those six months between March 1st and September 30th.
3 And then likely there's a high scenario in the model. Again,
4 it's projecting ranges that says up to \$11,000,000 in claims
5 were suppressed. And when we're seeing claims suppression,
6 some of those will possibly be returning after a lockdown,
7 but only 50 percent of them are likely to return within the
8 next six months, and that information is based on a lot of
9 interviews that we've done with the national carriers and
10 with experiences they have had over the years with let's say
11 large natural disaster type of events, like Hurricane Sandy
12 or Katrina.

13 It's a similar type of mass events where people
14 are not going to the doctor for normal things. So it's kind
15 of our best estimate of recent I guess natural phenomenon
16 occurring what impact does that have on folks' behavior. So
17 that's where that 50 percent assumption is coming from.

18 These costs are based on PEBP's March 31st
19 reproductions for claims cost in terms of a PDPM basis, and
20 so our best estimate of the medium impact scenario by
21 quarter, and I apologize. This rectangle got shifted when we
22 created the PDF. Is that in this scenario if PEBP again
23 chose to stay-at-home, it probably would be a savings
24 actually to PEBP's plan through September of \$3,000,000.

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1 Questions here?

2 Okay. The next scenario is trying to get closer
3 to what we think will actually potentially happen with
4 Nevada. So what I was doing here was there's different
5 points in the model where I can flip the different phases of
6 reopening. I went ahead and taken a stab of guessing that
7 you might have gone to the next level phase two of your
8 reopening strategy on June 1st and then went to a broader
9 more open strategy on July 1st.

10 July 1st basically with an assumption that people
11 are still doing social distancing and there's a little bit of
12 capacity reductions that say restaurants, but for the most
13 part everybody is back in the office, back at work. But
14 because of all of that opening and rate of infection we have
15 seen historically with COVID, it was creating a peak
16 infection rate happening in PEBP's plans and its membership
17 on August 3rd, and seeing these cases rise and the estimate
18 was that the Governor may put Nevada back into a stay-at-home
19 or shelter-in-place policy.

20 Certainly I have no insights on that. I'm not
21 predicting what the Governor may do, but the model
22 specifically is trying to take into account what may
23 logically happen should we see a spike in cases and so any
24 move to all into a shelter-at-home status starting on

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1 September 1st, and so that's where the claims and the
2 infection rate started going down on this graph.

3 And the nice thing about the model is you can put
4 it in different stages of reopening and see how it impacts
5 the membership over time. So it's been a good tool for some
6 folks to try to again help them figure out, you know, how
7 much of the workforce should they be trying to move back into
8 the workplace versus continuing to shelter-at-home where
9 possible.

10 So here is the same boxes that we went through
11 before, and you all noticed obviously there's more people
12 infected. There's more people being hospitalized.
13 Unfortunately there's more people that have a fatal result of
14 COVID, as well as the total medical claims cost in this
15 scenario could be upwards of \$16,000,000. This does not take
16 into account any of the claims suppression. We will see that
17 in the next slide, but here's kind of the stratification of
18 how based on what we know today with infection rates and
19 things being open and how that might impact.

20 Obviously, as we now have some states that have
21 been in the more open situation now for about three weeks,
22 this data and the models because it's linking to direct data
23 sources, it does update by the day. So I could run this
24 model today. This is last week's information, and you might
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1 be getting a different number here. We've seen it move up
2 and we've seen it move down. So I just want to also make
3 that disclaimer.

4 Any questions on this model versus the other one?

5 And then not to be the bearer of bad news but
6 here is that same grid that we looked at before with the
7 different claims cost scenarios, the different levels of
8 claims suppression. So here it could potentially be a
9 20,000,000 dollar impact to PEBP if there's low claim
10 suppression but high claims cost, high rates of incidents,
11 infection that caused PEBP's membership to become
12 hospitalized versus you still could potentially see a
13 3,000,000 dollar savings even with all of the reopening.
14 Again, just depending on how much claim suppression PEBP has
15 seen or will see through the end of September.

16 And all the disclaimers are limitations but you
17 can fit onto one slide here. Again, we still don't know how
18 much repercussion we're really seeing in these noncritical
19 medical services. We are getting your weekly invoice from
20 HealthSCOPE Benefits. They are seeing a little bit of
21 decrease coming through, but you all do have a very long lag
22 on the terms of claims payment. And on my other clients
23 we've seen a more immediate impact in terms of their claims
24 invoices really dropping in terms of the volume of medical
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1 claims that are being processed for being incurred in say
2 April.

3 You're all going to take a little bit longer to
4 process so maybe hopefully in June you might start to see
5 some of that that you've actually seen more suppression than
6 currently is being reflected in those invoices. And then the
7 other things, of course, to take into account if any new
8 drugs or vaccinations are developed for treatment, as well as
9 again the really big we call, of course, how we all act when
10 we're out in public and how many of us are out there
11 hopefully not infecting each other.

12 Questions?

13 MEMBER VERDUCCI: Yes, Madam Chair. This is for
14 Stephanie. We don't have any guidance in terms of federal
15 disaster relief, but at what point do we look at going into
16 catastrophic reserves? Is there any trigger or indication if
17 this does get out of hand and starts weighing very heavily on
18 the plan, at what point do we start looking into that?

19 MS. MESSIER: I think we would need to work with
20 Cari and Laura Rich in terms of the cash that they have
21 available to pay the claims. Let's say when things reset for
22 their plan year in July, you know, you might not see those
23 larger claims coming through until say September, especially
24 if things open up and those claims are being incurred in
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1 July, I would expect it might even be in October when you
2 start to see that, and then we might be able to know from
3 there or potentially let's say a November Board meeting how
4 things are looking.

5 I think the majority of it may have to happen
6 closer to when we're trying to set rates and know how the
7 prior year's plan ran before we're trying to underwrite the
8 next year because that's usually when a claim shortfall or a
9 claim's windfall, if you will, for lack of a better term,
10 kind of cycle through the underwriting, right. It gets
11 caught up for the next years.

12 But certainly I know based on what Cari has told
13 us in prior meetings is that like for example the retire
14 regroup under REGI is saying higher claim than what is coming
15 in the door. So just from the financial perspective, you
16 know, she's running a shortfall in that bucket now. I think
17 you may see the same thing should COVID claims really take
18 off for you all in the next plan year. We may be in a
19 situation like that where we need to tap into those cap
20 reserves in order to have the cash to pay the claim.

21 And, Cari, or, Laura, I hope you can correct me
22 if I misstated anything there.

23 MS. RICH: This is Laura Rich for the record.

24 No, you're right, Stephanie. And I just want to
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1 add we do have as of, was it last week I think, yeah, last
2 Friday, we had about a little over a million dollars worth of
3 claims, COVID related claims. Some of those are pending.
4 Obviously, some of them are paid, but we're over that million
5 dollar mark now.

6 CHAIRWOMAN FREED: This is Laura Freed. You cut
7 out a bit. Can you restate paid claims versus claims that
8 are still with the TPA, bill charges I guess.

9 MS. RICH: Yeah. For the record Laura Rich.
10 I don't have that right in front of me, but I
11 know that the paid claims are somewhere in the high 100s
12 whereas the pending claims are somewhere in the high 800,000.

13 CHAIRWOMAN FREED: Got it. Thank you.

14 MEMBER VERDUCCI: This is Tom Verducci for the
15 record.

16 Do we know the number of members that have been
17 tested positive with COVID? You may have covered this. And
18 is there any trend that we're seeing? And have we had any
19 members that have deceased from COVID at this point?

20 MS. RICH: For the record Laura Rich. We don't
21 get the results. Obviously, that is -- we don't get HIPAA,
22 that type of HIPAA information on a plan level, but I can
23 tell you, yes, we have had that I know of at least one member
24 who has -- who has passed away from COVID-19 related.

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1 MEMBER BAILEY: That's very sad. Thank you very
2 much.

3 CHAIRWOMAN FREED: Board members, do you have any
4 other questions or comments?

5 Okay. With that then I guess we'll go to Item
6 Seven, update on the Morneau Shepell performance improvement
7 plan.

8 MR. BASSIN: Good morning. This is David Bassin
9 from Morneau Shepell. Can everyone see and hear me okay?
10 Excellent. Laura, I see you nodding. Thank you very much.
11 So good morning everyone. For the record my name is David
12 Bassin, spelled B-a-s-s-i-n, and I'm representing Morneau
13 Shepell for this agenda item.

14 My role at Morneau Shepell is to oversee our
15 administrations, solutions, operations. I presented to the
16 Board in July of 2018, and it's a pleasure to be back in
17 front of you again, albeit virtually to speak to you again
18 and present our progress report on the performance
19 improvement plan.

20 Our last update to the Board was in January and
21 since then we have made excellent progress on our plan to the
22 point where in discussion with PEBP we have agreed that the
23 PIPA successfully closed -- sorry. PIPA is a performance
24 improvement plan acronym, outside of the areas where we agree
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1 to monitor and measure around open enrollment which as you
2 know is in process as we speak.

3 While the full update is in the Board materials I
4 would like to speak to a few key areas. The items pending
5 from our last presentation, which was in January, such as
6 event processing rules, configuration, project management,
7 quality assurance and requirements, management deliverables
8 were all obtained and closed with PEBP's sign-off.

9 We have closed approximately 98 percent of the
10 internal service ticket backlog and 97 percent of the service
11 tickets originating from PEBP staff, both material
12 improvements on what was reported at the end of January.

13 The employer portal which allows agency
14 representatives to report changes in realtime has been
15 successfully ruled in. We invested to improve the experience
16 in how PEBP members enroll in voluntary benefits and to date,
17 even given the current situation, the statistics are very
18 positive. As of yesterday 46 percent of members who visited
19 the PEBP's benefit site have enrolled in at least one
20 voluntary benefit. To date this represents a 20 percent
21 increase to members enrolled in voluntary benefits before
22 open enrollment began. I'm sure you'll agree that's very
23 positive.

24 As stated in the meeting materials and in the
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1 meeting earlier today, open enrollment has been successful to
2 date with no major problems reported by members, and the
3 upgrades in system corrections are working as anticipated.

4 In closing, outside of items that require
5 monitoring during open enrollment we have successfully
6 executed on our plan. Given my involvement in these
7 enhancements since 2018, I thought it would be fitting to
8 come in front of the Board, and I wanted to take a moment to
9 speak to our relationship with PEBP.

10 As noted in the Board materials PEBP has been a
11 valued client and partner to Morneau Shepell since 2006. We
12 have worked with PEBP over the years, and we have been proud
13 to support the state and its members.

14 In 2008 we were presented with a challenge.
15 Improve our system and lower our cost to PEBP and its
16 members. Since then, as stated in the meeting materials, we
17 have improved the member enrollment experience, introduced a
18 suite of new benefits for PEBP members and helped PEBP
19 eliminate manual processes. This was all done at no cost to
20 PEBP, and late last year we reduced our fees to PEBP
21 effective for the remainder of the contract term.

22 The agreement we made in 2018 to support this
23 plan was to extend our contract for two years so we could
24 continue proudly serving PEBP until the end of 2023 and
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1 hopefully for much longer.

2 Early this morning we learned of PEBP's
3 recommendation to cancel this two-year amendment extension
4 which is tabled in the next agenda item. We believe there
5 are a lot of good reasons why the extension should not be
6 cancelled and that this decision may not be in the best
7 interest of PEBP and its membership.

8 Morneau Shepell is requesting that the decision
9 to cancel the contract extension be delayed so that we can
10 work with PEBP and the Board to present our case. Given the
11 length of the relationship and the successful execution of
12 this plan, I hope PEBP and the Board take this request under
13 consideration.

14 With that, I want to thank PEBP and the members
15 of the Board for the time to provide our update, and I would
16 be happy to answer any questions anyone has.

17 CHAIRWOMAN FREED: Board members, any questions
18 of either PEBP staff or Morneau?

19 MEMBER VERDUCCI: Yes. Tom Verducci for the
20 record.

21 You know, I wanted to direct this question
22 towards Laura Rich. I know at one of the last Board meetings
23 there was one issue with the amount of paperwork and mistakes
24 that were happening and, Laura, has there been any noticeable
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1 improvement on your end? What has the experience been?

2 MS. RICH: For the record Laura Rich.

3 Yes. So I would like to -- let me just go back
4 to yes, last year, last open enrollment leading up to the
5 rollout of the Voluntary Benefits Platform. There were
6 definitely a lot of challenges. We had issues on the member
7 side. We had issues on the staff side, and we've spent the
8 last year working with Morneau Shepell to resolve those
9 issues and really enhance the system to where we thought it
10 should be.

11 And to Morneau Shepell's credit, you'll hear in
12 this next report to Morneau Shepell's credit, they have
13 resolved all the issues. Every once in a while we still of
14 find ourselves still, you know, with having to resolve some
15 issues on the back end. It's usually staff, administrative
16 side problems. But as far as the member side, yes, there
17 have been -- all of the issues have been resolved. We have
18 successfully rolled out and smoothly rolled out the -- the
19 enhancements. Open enrollment has gone relatively smoothly.

20 CHAIRWOMAN FREED: This is Laura Freed.

21 I would ask Executive Officer Rich to estimate
22 the amount of staff hours spent fixing things on the back end
23 just in a given pay period for example.

24 MS. RICH: So for the record Laura Rich.
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1 Are you -- would you -- are you asking me to
2 include last open enrollment because that number goes up
3 dramatically.

4 CHAIRWOMAN FREED: Let's say -- let's say in the
5 last six months, if you can do it on a monthly basis.
6 Because I'm just looking for an estimate of PEBP staff time
7 that would not otherwise have been expended on this.

8 MS. RICH: It's difficult to estimate. I would
9 say the operations officer spends a good 50 percent of their
10 working time on issues like this. I would say when I was the
11 operations officer I spent a lot of time on this.

12 Nik, I don't know if you would like to chime in
13 and talk about, you know, what your estimated hours have been
14 because I know even though he has just been appointed as the
15 operations officer, he hasn't been in that role very long.
16 He really stepped in while I was the interim. So I think
17 that he can speak to this as far as what's been going on in
18 the last five to six months.

19 MR. PROPER: Yeah. So this is Nik Proper,
20 operations officer at PEBP for the record.

21 It really goes in phases, but if I was going to
22 say an amount of extra staff hours for the last six months
23 it's probably a good five to ten extra staff hours per pay
24 period.

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1 CHAIRWOMAN FREED: Okay. Thank you.

2 I have another question. What is -- if PEBP
3 staff could describe what kind of feedback they have gotten
4 from agencies in automating plan -- plan election changes in
5 open enrollment or even outside the open enrollment from
6 qualifying events. Has this been easier on agency HR
7 contacts that need to make health insurance changes?

8 MS. RICH: For the record Laura Rich.

9 I think that you're referring to the employer
10 portal we rolled out.

11 CHAIRWOMAN FREED: Yeah. Thank you.

12 MS. RICH: Okay. So we replaced the old paper
13 system with an employer portal. Instead of agencies having
14 to get their hands on a bar coded form and submit it to, you
15 know, PEBP via snail mail because we have to have the -- the
16 original copy and then as things get lost, things don't make
17 it, and so things happen.

18 The new system has been, I'll have to say it took
19 a lot of time to get it to the point where we could roll it
20 out, but it has been a benefit, a very good benefit because
21 we have been able to -- we've been able to automate a lot
22 more, and so I believe that agencies like this, as with any
23 new system there's a learning curve.

24 Some of these HR representatives of from
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1 different agencies have struggled a little bit with it but
2 that's to be expected. There's that learning curve, but I
3 think overall it's been -- it's been essential.

4 CHAIRWOMAN FREED: Anyone else with questions
5 before we move on? Okay. Then let's move on to Agenda Item
6 Number Eight, discussion and possible action of contracts,
7 solicitation report. Take it away PEBP staff.

8 MS. RICH: All right. For the record Laura Rich.
9 The contract solicitation report is intended to
10 provide information on current PEBP contracts that are
11 expiring within the next year so that we can address future
12 procurement as a result. There's a lengthy solicitation
13 process that is required on some of these, and on top of that
14 we have also the -- we have to accommodate implementation
15 time that is necessary. So we have a long long runway for a
16 lot of these contracts. So we have to look at them well
17 ahead of time and -- and start addressing them literally at
18 least a year in advance.

19 So the general policy of the State of Nevada is
20 to solicit requests for proposals or RFP's every four years.

21 MEMBER MITCHELL: Laura, for the record, you
22 broke up when you said there's a lengthy. I wanted to catch
23 what you were saying when you said overview. So you broke
24 up. I apologize. I wanted to have you repeat what you said
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1 earlier about lengthy something.

2 MS. RICH: No problem. So there's -- there's a
3 lengthy solicitation process. So first you've got to go
4 through that RFP process which is already lengthy to begin
5 with, but you also have to accommodate the implementation
6 time necessary too. So you have a long runway that's
7 necessary. You have to drag all of the expiring contracts
8 well before they expire.

9 So the general policy of the State of Nevada is
10 to request these RFP's every four years. You typically would
11 go out to bid every four years. I am going to say though
12 there's a disclaimer to that. PEBP doesn't necessarily
13 adhere to that four-year rule because we have -- there's so
14 much disruption. You know, especially when it comes to for
15 example our PPO network, right, do we really want that for
16 four years because what happens is you establish a network
17 and then you -- those people, those members that establish
18 medical providers and relationships with their providers and
19 then four years later we switch it all up, right. So you
20 want to take those types of things into account, but
21 typically the general rule is that they go out to RFP every
22 four years.

23 Most of these contracts have not been solicited
24 in quite a while as you'll see. So PEBP believes that it
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1 looks to the situation be well and all of them representing
2 today that an RFP is the best way to move forward with these
3 contracts so that we can adhere to this as well.

4 The other thing I want to add to this and it's
5 not in the report but I wanted to make sure that the Board is
6 aware as -- as the Board has heard before, we have had --
7 we've been under an LCB audit for the last year, and we do
8 not have those formal findings yet. They are not -- we have
9 not been given anything by the LCB just to say here are your
10 formal findings. And even if we had been given that they're
11 confidential until they are presented to the legislative
12 subcommittee.

13 However, what I do want to say is that through
14 the course of the last year I feel like and I believe there's
15 an expectation that PEBP's liberal contract, use of contract
16 extension is going to be highlighted, and so I believe
17 because of what I think is coming down the pipe is probably
18 best that we stay away from contract extensions and we look
19 to RFP, some of these contracts that are expiring because of
20 that. So that's just something I wanted to put out there.

21 We don't have the formal findings. I don't have
22 anything, you know, from the auditors, any formal kind of
23 report from the auditors. So this is just my general feeling
24 that those -- the contracts are based on the conversations
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1 we've had and the questions that have been asked. Those
2 contract extensions will definitely be a -- be something that
3 comes in those findings I believe.

4 So you'll see that table there is five contracts
5 that are expiring that we need to look at today. The first
6 one as you heard is, you heard from David Bassin from Morneau
7 Shepell is the enrollment and eligibility benefits management
8 system.

9 But to give you a little bit of background, I
10 think a lot of the Board members that are on the Board today
11 were around back when this happened. But just for a little
12 bit of background, the PEBP contract did originally with
13 Morneau Shepell back in 2006 and we went out again to RFP in
14 2013 and Morneau Shepell was then again selected as the
15 winning vendor.

16 The current contract began in 2015 and is set to
17 expire in December or on December 31st of 2021. However,
18 back in November of 2018 a contract extension through an
19 amendment for an extension through 2023 was approved.
20 However, it included various vendor requirements and the
21 ability for PEBP to cancel the extension should Morneau
22 Shepell not meet its obligation outlined in that contract.

23 As we already discussed, the lax open enrollment
24 was -- was really really challenging, and Morneau Shepell did
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1 where we probably wouldn't do a four-year just because of the
2 heavy lift and cost that is -- that comes with a new
3 implementation, and so you probably don't want to do this
4 every four years. It would be very costly on the program,
5 and it would also be very disruptive to members as well. So
6 this is probably one of those that we don't want to do every
7 four years, but we're looking at -- it's probably good to go
8 ahead and RFP because it has been a while since we've done
9 that.

10 Additionally, PEBP could be potentially setting a
11 bad precedence by honoring a contract amendment where the
12 terms of the agreement were clearly not met by the vendor.
13 So that's another concern of mine on top of the LCB contract
14 extensions or the audit and the concern with those contract
15 extensions.

16 So at the January 2020 Board meeting PEBP
17 recommended and the Board approved proceeding with a request
18 for information for a replacement eligibility and enrollment
19 system, and the reason we did this was just in case, right.
20 If we were to be put in a situation where we were going to go
21 out to RFP we needed to have that information available. So
22 PEBP did receive eight responses with estimated pricing based
23 on the criteria outline in that RFI.

24 And the estimated pricing for all of the
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1 proposals included higher per member per month fees than what
2 PEBP is currently paying today. That was expected, but many
3 of the responses also address the ability to develop
4 alternative and creative solutions which could drive down the
5 PMPM fees or reduce the implementation cost.

6 So you'll see a draft overview on scope of work
7 for this RFP is at the end of this -- this document or the
8 report. I do want to say that the proposed timeline
9 there's -- there's probably going to be some changes to that
10 proposed timeline. There's going to be -- we need to extend
11 that implementation time and things like that. So that will
12 probably need to be changed. So I want to -- I'm going to
13 stop right there for questions on this one before I -- I
14 continue.

15 CHAIRWOMAN FREED: Okay. Board members, comments
16 questions, clarification?

17 MEMBER BAILEY: Madam Chair?

18 CHAIRWOMAN FREED: Mr. Bailey, go ahead.

19 MEMBER BAILEY: I have a question for Laura. In
20 the last year I guess the vendor has cooperated and actually
21 shows improvement; is that correct?

22 MS. RICH: That is correct, Mr. Bailey.

23 MEMBER BAILEY: Okay. Now, if we go to an RFP,
24 probably that is needed I think because of the long term.

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1 You know, I go back and I look at these documents and the
2 expiration dates are all 2021 but if we adhere to that
3 four-year policy, which we have not, I know a number of our
4 member groups have actually complained about the extension
5 program. They -- they would like to see it in many cases
6 with RFP's because they think it's a better deal that this
7 thing is going to get into negotiations. If we go with an
8 RFP with this vendor we would actually, your organization be
9 in a position to negotiate some better terms. Would that be
10 correct?

11 MS. RICH: Right. You know, we never -- we don't
12 know what kind of responses we'll get from the RFP. There's
13 certainly some things that we can put into the RFP, as I
14 said. There's -- there's -- we can put them in there, you
15 know, any alternative or creative solutions that these
16 vendors could come up with to drive down those PMPM or
17 implementation cost. So we can leave it open ended so that
18 we can -- we can -- we have a little bit more room to
19 negotiate, not just the service but also the pricing as well.

20 So we don't know what's going to come back via
21 the pricing, and the cost proposals may be higher than what
22 we're paying today. They may be lower. We don't know what's
23 going to come out of that but that's -- that's the purpose of
24 an RFP.

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1 MEMBER BAILEY: Okay. That is correct. I
2 understand. And we've been on board with this vendor since,
3 what, 2006 I believe?

4 MS. RICH: Correct, since 2006.

5 MEMBER BAILEY: Okay. And we made extensions.
6 So -- well, Madam Chair, I won't ask anymore questions but
7 I'm a little -- I'm sort of leaning toward an RFP because I
8 think it's due one year of improvement with all of the
9 problems that our staff has had with this vendor. I'm not
10 sure a one-year improvement is enough that we should take a
11 look at another RFP. So I'll withdraw right now, and I'll
12 let the Board ask some more questions. Thank you.

13 CHAIRWOMAN FREED: Okay. Thank you, Mr. Bailey.

14 I would tend to agree with those comments. I
15 would remind the Board that state administrative manual tells
16 us that it is the general policy of the board of examiner's
17 that contracts be solicited every, at least every four years.
18 So the fact that all five of these contracts are well over
19 four years old causes me some consternation, and you
20 correctly pointed out that, you know, and Laura has correctly
21 pointed out this wasn't for seven years. I think we want to
22 get away from that, but I will let the executive officer go
23 through the PPO network, dental network, financial auditor
24 and the HMO discussion if she wishes.

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1 MS. RICH: Okay. So for the record Laura Rich.
2 The next one is the in-state PPO and EPO network.
3 So PEBP contracted with Hometown Health for the in-state PPO
4 and then later on the EPO network services initially on
5 July 1st of 2010, and it was again selected as the winning
6 vendor in 2013. So the current contract began on July 1st of
7 2014 and then was extended in 2017. So it's now set to
8 expire on June 30th of '21.

9 So also the contract is between PEBP and Hometown
10 Health directly. Hometown Health in their RFP submission
11 excluded a joint proposal between Hometown Health and Sierra
12 Healthcare Options or otherwise known as SHO. The
13 partnership creates this comprehensive statewide network that
14 allows PEBP to maximize their provider contracts throughout
15 the state rather than having to maintain a separate contract
16 in the north and a separate contract in the south.

17 So although there are vendors with the ability to
18 offer statewide networks so for example you have Anthem who
19 is probably one of those networks that would be able to offer
20 a statewide solution, it is important to recognize that
21 there's potential vendors both in the north and the south
22 that are limited geographically. So they can only offer
23 those networks either in the north or in the south.

24 So while a single statewide network is
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1 administratively less burdensome for PEBP to maintain
2 limiting the RFP by a statewide option may likely limit the
3 pool of potential vendors that respond to that RFP and -- and
4 also reduce that competition as well.

5 So as we move forward with the solicitation
6 there's a few options that have been identified. The first
7 one is to create a solicitation requesting proposals for a
8 statewide network. So this option requires the respondents
9 to provide a PPO and EPO network services and coverage
10 throughout the state.

11 The second option is to create a solicitation
12 requiring proposals by region. So this is now we're limiting
13 ourselves to more than one contract essentially so we have a
14 north and a south or maybe a rural as well. This option
15 requires respondents to provide PPO and EPO network services
16 based on the region and will likely result in at least two
17 separate contracts with two separate providers.

18 And then there's option three and that is to
19 create an open ended solicitation that allows respondents to
20 submit either statewide proposal or a region specific
21 proposal. And so this option three really will increase the
22 number of proposals, likely increase the number of proposals
23 and access and cost options that PEBP can consider as a
24 result of -- of the RFP proposals or bids that come in.

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1 So this would result in the word of one statewide
2 network and it could result in possibly two separate regional
3 contracts for PPO and EPO services. It just -- it depends on
4 what comes in, but we're leaving the options open and
5 allowing vendors to tell us what they can -- what they can
6 provide.

7 So, again, a draft overview of this type of work
8 for this RFP is available in the attachment vis-a-vis the
9 report. The recommendation on this one is to approve PEBP
10 staff to proceed with a request for proposals for PPO and EPO
11 network services using that option three.

12 So I'll pause there for questions.

13 CHAIRWOMAN FREED: Board members, any questions?

14 MEMBER SMITH: Yeah, this is David Smith.

15 I have a question. On the attachment B, your
16 staff has already developed this shield for the RFP. Will
17 there be an opportunity to add things to that? For example
18 with respect to the northern or and southern network, those
19 are two different networks, the benefit of having statewide
20 network as an employee moves are going to still be covered
21 within their plan or if they are traveling they are going to
22 be able to get the discounted rates based on that.

23 So I would just want to make sure that if we are
24 going to look at them submitting regional networks that we
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1 ask them whether or not they would cover -- you know, they
2 would provide a reciprocal discount if a northern employee is
3 down in Las Vegas and gets hurt or gets sick, those types of
4 things. So I just don't know if the development of the RFP,
5 if the people, if the Board members that are going to be
6 participating in the evaluation of the RFP and be able to
7 participate in the development of the requirements of the RFP
8 so we can make sure we have some input. I guess that's my
9 question for.

10 MS. RICH: So for the record Laura Rich.

11 The RFP is not developed. There's obviously a
12 scope and we do have the -- the previous RFP to kind of use
13 as a roadmap. We are definitely willing to take any input
14 and suggestions and requirements from the Board members, you
15 know, to -- in that development process as well.

16 So I'm all ears if there's anything that the
17 Board would like to have included in that. I'm happy to hear
18 your questions.

19 MEMBER SMITH: Okay. Thanks. At this meeting
20 and, Laura, I'm not sure if we're going to decide, if we're
21 going to take volunteers today or if that's going to be
22 different or later as far as participation, but I would just
23 recommend that whoever is going to be part of the evaluation
24 team that perhaps they be part of the development of the RFP
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1 as well with staff obviously. Just my thought.

2 CHAIRWOMAN FREED: Are you volunteering,
3 Mr. Smith?

4 MEMBER SMITH: I'll volunteer --

5 CHAIRWOMAN FREED: Okay.

6 MEMBER SMITH: -- to participate. I'm interested
7 in the network. So, yeah, I'm happy to volunteer.

8 CHAIRWOMAN FREED: So noted.

9 MEMBER MITCHELL: Jet Mitchell for the record.
10 I actually have a question for Chair Freed.

11 CHAIRWOMAN FREED: Okay.

12 MEMBER MITCHELL: On the discussion of the
13 four-year guideline policy.

14 CHAIRWOMAN FREED: Yep.

15 MEMBER MITCHELL: I know in attachment, for
16 example in attachment B we're discussing now like the
17 contract anticipated six years. We're obviously not drafting
18 any kind of overview now. But just as a general guideline
19 for general discussion, can you say a couple of more things
20 about that four-year. I just want to be clear because I
21 don't have any color around that four-year guideline or
22 policy.

23 CHAIRWOMAN FREED: Yeah. You broke up there, but
24 I think I got the substance of the question. Yeah, in the
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1 attachment, both the enrollment and eligibility, the PPO
2 network and the dental network in those scopes of work, the
3 suggested length of the contract of I think it's from the
4 purchasing division, maybe not necessarily specified by PEBP,
5 but I'm sure Laura Rich will correct me if I'm wrong, in
6 those three scopes of work, the suggested term is longer than
7 four years and that caught my attention too.

8 So Ms. Rich did make some comment as to why that
9 might be advantageous, but I think that's discussable because
10 the state administrative manual specifies that it's a general
11 policy of the state that contracts should be bid at least
12 every four years.

13 With respect to big provider contracts like you
14 would see in PEBP and Medicaid I think that there's some good
15 reasons why some of those contracts could be longer owing to
16 the need to move IT files to say new vendor disruption to
17 participants, possibly having to get new providers. But in
18 general and if the LCB is going with this audit where I think
19 they are going, I think they are trying to tell us that PEBP
20 has gotten into a bad habit of extending its existing
21 contracts rather than going out to bid.

22 So that was really the stimulus for my comments
23 but I'll let Ms. Rich talk about the possible fiscal
24 advantages of having a contract term longer than four years.

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1 MS. RICH: Right. So Laura Rich for the record.
2 Yeah, sometimes if you have a longer contract
3 term you can obviously leverage better pricing. So
4 there's -- there's that. But just as important, especially
5 in this one, and I think we can justify a longer -- a longer
6 contract term on this one because of the disruptions to
7 members, you don't want to switch up your -- your network
8 because the members, they establish relationships with those
9 providers. If that provider is not in the new network they
10 have to switch providers. So you don't want to do that. You
11 want to minimize that disruption as much as possible.

12 This is also something we would look at when we
13 do the RFP and during that evaluation committee it would be
14 a, we would do a data analysis of, you know, what providers
15 do we have in the network today versus what providers are
16 being offered in the -- in these proposals, and so it really
17 does make sense to maintain that contract for continuity.
18 This one I believe we would be able to justify a longer
19 contract for.

20 MEMBER MITCHELL: Jet Mitchell for the record.
21 Thank you Laura Rich for clarifying that.

22 Now, my comment is it may make sense in the RFP
23 proposals in documentation to have that really good verbiage
24 about the -- the importance of the continuity to show the
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1 rationale. So that it just doesn't look on its face to say
2 the length of the contract is six years and then have someone
3 be looking at this saying, well, this may not be best
4 guidelines because it's greater than four years because the
5 continuity made outweighs the length of contract
6 consideration. So I think it may make sense to put a couple
7 of sentences in there just to show that because that
8 definitely makes sense.

9 And then I will join David Smith and volunteer to
10 Chair Freed for the statewide PPO.

11 CHAIRWOMAN FREED: Thank you. All right.

12 MEMBER SMITH: Madam Chair, if I can chime in one
13 more time.

14 CHAIRWOMAN FREED: Yeah.

15 MEMBER SMITH: This is just a thought that
16 perhaps looking at all of the contracts -- contract that the
17 -- they be staggered so that they are not all coming due at
18 the same time. This is -- each one of these are a tremendous
19 amount of work, and I know Laura Rich's staff does a great
20 job putting things together, but to have to have do them all
21 at once is going to be really tough.

22 So if we're looking at some of them being longer
23 than four years perhaps grouping those ones should really be
24 coming up together, and then do the other ones at a shorter

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1 time so that they fall in an option cycle.

2 CHAIRWOMAN FREED: I agree. Thank you.

3 MEMBER VERDUCCI: Yes, Madam Chair, Tom Verducci
4 for the record.

5 You know, as a private sector person, RFP's would
6 always scare me in the past, but I've learned over the years
7 that the nature of the competition you always end up getting
8 better deals, price breaks. And, you know, there's a lot of
9 costs that are associated in the private sector, but I do
10 think it is well worth it with the time.

11 And, you know, if there's room on this evaluation
12 committee I would also like to volunteer to be on it.

13 CHAIRWOMAN FREED: Thank you. Okay.

14 MS. RICH: And for the record Laura Rich.

15 Yes, I think this was an unintended consequence
16 of some extensions, and so all of the contracts aligned and
17 believe me, you know, no one at PEBP is happy about all of
18 the work that is in front of us with eyes, you know,
19 contractors. Actually, there's another one which is a much
20 smaller website one that we'll be bringing to the Board at a
21 later time.

22 But, yes, we have a lot of work in front of us
23 and this is something that I definitely want to fix because
24 this is not ideal for PEBP staff and definitely not ideal for
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1 the program in general because of the, you know, overlapping
2 that is required and budget building also on top of that. We
3 have a lot of unknown variables at this point.

4 So and also I know I am appreciative of the
5 volunteers and which is great, but we have -- we have four
6 others too, so just reminding you might not want to volunteer
7 all at once because we do -- we have four other contracts as
8 well.

9 CHAIRWOMAN FREED: Yeah. Board members, fair
10 warning. You're probably going to be voluntold.

11 MEMBER VERDUCCI: Tom Verducci for the record.
12 It might even be a good goal for us, for each one of us to be
13 on two of these evaluation committees. I do think the more
14 involvement from the Board at the stage we're in right now
15 would make a lot of sense.

16 CHAIRWOMAN FREED: Okay. That sounds good.

17 MEMBER BAILEY: Well, Madam Chair?

18 CHAIRWOMAN FREED: Mr. Bailey, go ahead.

19 MEMBER BAILEY: Yeah. For the record today,
20 Laura, maybe we want to go through the process of RFP and it
21 involves state purchasing. It involves a number of Board
22 members that should be on an RFP. These are already
23 structured roles that we must follow and I'm not sure
24 everybody understands that.

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1 It's gracious that everybody volunteer and I
2 would be one of them, but I'm just pointing out that there
3 are five, probably going to be six contracts to be reviewed
4 and they put what they do in the past. They have taken Board
5 members that separated them, and I think it's been two per
6 contract. I think that's what purchasing likes and
7 purchasing has two people on for review, and then they have
8 an outsider on for the review. So it's -- it's a simple
9 mechanism but it takes a lot of people but I thought I would
10 bring you up-to-date on that one. Thank you.

11 CHAIRWOMAN FREED: Thank you. On the usual
12 composition of a review panel, if you know it off the top of
13 your head because I don't think I know it off the top of my
14 head.

15 MS. RICH: I think you cut out but Laura Rich for
16 the record.

17 You were asking for the composition of the panel.
18 Yes, I -- you know, Cari Eaton, you may -- you're the contact
19 person. You probably would know, but I know there has to be
20 an outside person, one outside person on the evaluation
21 committee that is unbiased. So it can't be staff. It can't
22 be a Board member. It's got to be an outsider. Beyond that
23 I don't think that there's any specific rules.

24 Cari, do want to chime in on that one?
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1 MS. EATON: I think there are specific rules. I
2 don't know all of them off of the top my head so don't hold
3 me to everything I'm going to say. I know as far as staff
4 you can't have more than two staff that report to someone on
5 the committee. And you as the executive officer cannot be
6 on -- on any of them. Lucky. And then, yes, an outside
7 person could be from another state agency, could be just a
8 general member of the public. It could be anybody. And then
9 I don't recall the number of Board members but I know that is
10 encouraged to have at least one board member.

11 CHAIRWOMAN FREED: I don't believe we've gone
12 through the financial auditor portion of the staff items. Is
13 that --

14 MS. RICH: Yeah, so we need to do the general
15 network and financial.

16 CHAIRWOMAN FREED: I'm sorry. Dental.

17 MS. RICH: So the dental network, PEBP contracted
18 with the Diversified Dental for those services initially on
19 July 1st of 20 or 2005, and then an RFP was again completed
20 in 2008 and again in 2013. A panel was selected as the
21 winning vendor in those.

22 The contract is set to expire on June 30th, 2021
23 and, again, a draft overview and scope of work for this RFP
24 is available in attachment B for the Board to review.

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1 And the last one is for the financial auditor.
2 So PEBP contacted Casey Nealon for financial auditing
3 services. This initially was tested in 2010. Another RFP
4 was done in 2015 and Casey Nealon was again selected as the
5 winning vendor. So the current contract began in 2016 and is
6 now set to expire in 2021. And I'm sorry. I skipped it.
7 The above for the dental network the recommendation was to
8 proceed with an RFP for a dental network provider and again
9 the same recommendation is for the financial auditor as well
10 to approve PEBP staff with an RFP for the financial auditor
11 itself.

12 MS. EATON: Laura, I think you may have skipped
13 over the HMO contract.

14 MS. RICH: And I did. Thank you. So the --
15 there's the Southern Nevada Health Maintenance Organization
16 or HMO. That Southern Nevada HMO contracts was offered by
17 Health Plan of Nevada initially in 2012 and an RFP again was
18 completed in 2016 and again HPN was selected as the winning
19 vendor. That contract is due to expire in 2021.

20 As you heard Chair Freed discuss, we have been
21 looking at, you know, different plan options and a different
22 structure moving forward, but we want to make sure that we
23 have that -- the option to maintain the HMO in the south.

24 So in plan year 2018 PEBP opted to eliminate the
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1 northern HMO. So we don't have a northern HMO. We do -- we
2 do have a southern HMO, and right now that Board policy is to
3 blend the higher and the higher price in Northern Nevada
4 market with the lower price Southern Nevada market cost with
5 that, you know, southern HMO.

6 That has caused some migration away from the HMO
7 plan and it's probably producing a problem that will
8 eventually, it's not immediately need to be addressed.
9 However, those discussions have happened through strategic
10 planning and I believe we have addressed some of those
11 potential solutions for that.

12 So as PEBP works with our partners to develop
13 potential solutions we need to simultaneously move forward
14 with an RFP to ensure that PEBP is able to meet those
15 solicitation and implementation timeline and we can continue
16 to offer those products in the spouse.

17 So the PEBP recommendation for this is to approve
18 PEBP staff, to proceed with a request for proposal for a
19 Southern Nevada Health Maintenance Organization or HMO
20 provider.

21 And I'll take any questions.

22 CHAIRWOMAN FREED: It doesn't sound like the
23 Board has very many questions or comments.

24 MEMBER SMITH: David Smith for the record.
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1 Laura, if you can, if it's okay send out an e-mail of the
2 contracts that you would like Board members to participate on
3 and we can all respond which ones we're interested in. I'm
4 happy to volunteer for two of them, so.

5 MS. RICH: And, Brandee, I don't know if you want
6 to add anything as far as, you know, we need to ensure that
7 we maintain, we adhere to open meeting laws, you know, as far
8 as working with Board members to maybe develop the scope of
9 the RFP. Do you want to maybe give some guidance on that?
10 You're on mute.

11 MS. MOONEYHAN: Sorry. I was just -- I was just
12 trying to research. I used to be on another board committee.
13 But, yeah, if the Board needs to delegate some of these
14 decisions to a subcommittee of board members then any of that
15 groups, you know, deliberation decisions will need to be done
16 if an open meeting. So we can work together on that and
17 figuring out if you want to have more than one Board member
18 on each committee then we'll figure out how to notice those
19 properly and abide by that or the Chair may just appoint one
20 Board member to each committee if that's appropriate. I'll
21 research that. In which case that would not be the
22 subcommittee of the Board. So definitely we'll keep an eye
23 on that and determine how you want to handle it.

24 CHAIRWOMAN FREED: Okay. I think my preference
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1 would be just to appoint one because I was flipping through
2 my collected contract training materials over time and I --
3 and I think Cari's recollection is probably correct. There
4 is not a set number in composition of folks on review
5 committee, but I'll continue to look at that.

6 So anyway but to avoid any LML concerns I would
7 be happy to appoint one Board member.

8 MEMBER SMITH: Madam Chair, David Smith.

9 I just pulled up NRS 287.0415, and the Board can
10 hold a closed meeting to prepare an RFP. So we can actually
11 meet, you know, and hold a closed meeting to talk about the
12 contents of an RFP. It doesn't look like we're exempt from
13 considering it or as a subcommittee but I know Brandee is
14 going to look into that also.

15 CHAIRWOMAN FREED: Okay.

16 MEMBER SMITH: But it would be good, you know, if
17 Board members meet to at least go over what we would like to
18 see.

19 CHAIRWOMAN FREED: Okay. So for now the business
20 before us is to move -- take action on issuing an RFP for
21 these five different contracts that are up in 2021.

22 So I would entertain a motion to proceed with the
23 RFP process for these five, if that is the Board's feeling.

24 MEMBER SMITH: This is David Smith. So moved.
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1 CHAIRWOMAN FREED: All right. Do I have a
2 second?

3 MEMBER MITCHELL: Jet Mitchell for the record.
4 Second.

5 CHAIRWOMAN FREED: All right. So, again, I'll do
6 the role call so we don't all shout aye or nay and cancel
7 each other out.

8 All right. I vote aye.
9 Mr. Bailey, how do you vote?

10 MEMBER BAILEY: Yay.

11 CHAIRWOMAN FREED: Okay. Ms. Fox?

12 VICE CHAIR FOX: Aye. Could you hear me? I vote
13 aye.

14 CHAIRWOMAN FREED: Okay. Ms. Lamborn?

15 MEMBER LAMBORN: Aye.

16 CHAIRWOMAN FREED: Ms. Mitchell?

17 MEMBER MITCHELL: Aye.

18 CHAIRWOMAN FREED: Mr. Smith?

19 MEMBER SMITH: Aye.

20 CHAIRWOMAN FREED: Mr. Verducci?

21 MEMBER VERDUCCI: Aye.

22 CHAIRWOMAN FREED: Ms. Krupp?

23 MEMBER KRUPP: Aye.

24 CHAIRWOMAN FREED: Okay. Thank you. The motion
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1 passes of all of the members present.

2 Okay. Let's move on to Agenda Item Number Nine,
3 discussion and possible action of contract amendments for Aon
4 and HealthSCOPE.

5 MS. RICH: Actually, can I pause right there. We
6 still need to vote on the cancellation of the Morneau
7 Shepell --

8 CHAIRWOMAN FREED: Oh.

9 MS. RICH: -- contract amendment as well.

10 CHAIRWOMAN FREED: Oh, thank you very much for
11 keeping me on the straight and narrow. Since we are willing
12 to move forward with an RFP for all five I feel like this is
13 foregone advantage. So I'll need a motion to cancel the
14 amendment until 2023 with Morneau Shepell.

15 MEMBER MITCHELL: This is Jet Mitchell for the
16 record.

17 I wanted to clarify what the motion is. Can you
18 say that again, please.

19 CHAIRWOMAN FREED: The motion would be to not
20 honor the contract extension with Morneau until 12-31 2023
21 owing to Morneau's failure to meet its deliverables which
22 they have already acknowledged they failed to make.

23 MEMBER MITCHELL: Jet Mitchell for the record. I
24 would like to make a motion.

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1 CHAIRWOMAN FREED: Okay. Do we have a second?

2 VICE CHAIR Fox: Second.

3 CHAIRWOMAN FREED: All right. I'll make this --
4 I'll make this easier than a roll call. Does -- if anyone
5 votes no please speak now. Okay. I think we all voted aye
6 by default.

7 Brandee, is that okay with you?

8 Okay. All right. Thank you for that, Laura.

9 MEMBER MITCHELL: Hi, Chair Freed. Jet Mitchell
10 for the record.

11 When David Smith earlier was referencing an NRS I
12 thought he was referencing 287.04345 and, in fact, I believe,
13 David, you were referencing 287.0415. So I just wanted to
14 know I think as far as that discussion, 287.04345 may also be
15 relevant here. So as far as our meeting so before we get too
16 far away from that I wanted to throw that.

17 CHAIRWOMAN FREED: Okay. Thank you for putting
18 that on the record. I appreciate that.

19 Okay. Are we clear to move to Agenda Item Nine?
20 Okay. So with that I will turn it over to Ms. Eaton or
21 Ms. Rich, whichever.

22 MS. EATON: Okay. I'll take it. Thank you.
23 Cari Eaton, chief financial officer for the record.

24 PEBP is requesting that the Board authorize staff
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1 to complete zero dollar housekeeping non extending amendments
2 for two contracts. The current Aon consulting contract began
3 July 1st, 2016 for a six-year term. The Aon C schedule
4 restricts contract authority to specific categories or
5 buckets of authority and fiscal year tax. These buckets
6 restrict our ability to utilize Aon as we need from year to
7 year, and the fee schedule on this contract has been
8 incorrect since the beginning of the contract.

9 The original RFP cost proposal included option
10 for a four, five or six-year contract with a corresponding
11 cost option, and the six-year contract of the five-year cost
12 option would be inadvertently in the final contract.

13 So this proposed amendment will restructure the
14 fee schedule to allow more flexibility by eliminating the
15 specific buckets of authority and reallocating the remaining
16 contract authority through the remaining years to ensure PEBP
17 has sufficient contract security to use and pay Aon for the
18 remainder of the contract term.

19 Again, this amendment does not add additional
20 authority or extend the contract and basically just cleans up
21 the fee schedule so PEBP has authority to use and pay Aon for
22 the rest the term.

23 And I can pause here and answer any questions
24 about the Aon amendment?

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1 Okay. Our TPA contract with HealthSCOPE Benefits
2 also began July 1st, 2016 for a six-year term. While the RFP
3 response to this contract included language to allow
4 HealthSCOPE Benefits to conduct medical reviews from nurses
5 and physicians, the fee for physician medical reviews was not
6 included in the fee schedule that was attached to the
7 contract.

8 So this proposed amendment will amend the fee
9 schedule to include physician medical review cost to ensure
10 that the fee schedule encompasses all fees that PEBP could
11 possibly anticipate paying for.

12 So PEBP recommends the Board authorize staff to
13 complete a contract amendment for Aon Consulting and
14 HealthSCOPE Benefits TPA contracts to amend the fee.

15 I can answer any questions.

16 MEMBER VERDUCCI: Yes, Madam Chair, Tom Verducci
17 for the record.

18 CHAIRWOMAN FREED: Okay.

19 MEMBER VERDUCCI: It looks like what we're doing
20 is amending the fee schedule. Did I hear Cari correctly that
21 there is no definite term that we're actually adopting here?
22 Is there any term of this contract, any expiration?

23 MS. EATON: Yes. Both of these contracts end
24 June 30th, 2022, and I just wanted to say we're not -- these
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1 amendments will not extend the term of the contract or add
2 any additional authority to the contract. They are very
3 housekeeping.

4 MEMBER VERDUCCI: Wonderful. Thank you very much
5 for the clarification.

6 CHAIRWOMAN FREED: So how much is a physician
7 medical review as compared to the nurse reviews we do
8 currently and how many of them would we do?

9 MS. EATON: I believe the nurse reviews are \$85
10 per review.

11 CHAIRWOMAN FREED: Okay.

12 MS. EATON: And the physician reviews would be
13 170 per review.

14 CHAIRWOMAN FREED: Okay.

15 MS. EATON: I think the physician reviews are
16 very rare. We haven't done them.

17 CHAIRWOMAN FREED: Okay.

18 MS. EATON: But I think there are a couple that
19 are pending so they're just for specialized cases.

20 CHAIRWOMAN FREED: Okay.

21 MS. EATON: As far as my understanding.

22 CHAIRWOMAN FREED: Okay. All right. So with
23 that, if the Board doesn't have any additional questions or
24 concerns and accepts a motion to approve the processing of
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1 these two contract amendments.

2 MEMBER BAILEY: Don Bailey so moved.

3 CHAIRWOMAN FREED: Thank you.

4 Do I have a second?

5 MEMBER KRUPP: Jennifer Krupp. I'll second.

6 CHAIRWOMAN FREED: Thank you.

7 Okay. I'm back to my role call.

8 Mr. Bailey?

9 MEMBER BAILEY: Aye.

10 CHAIRWOMAN FREED: Ms. Fox?

11 VICE CHAIR FOX: Aye.

12 CHAIRWOMAN FREED: Ms. Lamborn?

13 MEMBER LAMBORN: Did you not hear that?

14 CHAIRWOMAN FREED: I'm sorry. I didn't hear

15 that.

16 MEMBER LAMBORN: Madam Chair, I'm sorry. Yeah.

17 Aye.

18 CHAIRWOMAN FREED: Okay. Ms. Mitchell?

19 MEMBER MITCHELL: Aye.

20 CHAIRWOMAN FREED: Mr. Smith?

21 MEMBER SMITH: Aye.

22 CHAIRWOMAN FREED: Mr. Verducci?

23 MEMBER VERDUCCI: Aye.

24 CHAIRWOMAN FREED: And Ms. Krupp?
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1 MEMBER KRUPP: Aye.

2 CHAIRWOMAN FREED: Thank you. Motion passes
3 unanimately of the members present.

4 All right. Our next item is the Health Claim
5 Auditors -- Auditors, excuse me, audit of HealthSCOPE
6 Benefits.

7 MR. CARR: Thank you, Madam Chair, members of the
8 Board. For the record my name is Robert Carr, C-a-r-r, and I
9 represent Health Claim Auditors. Can everybody hear me?
10 Okay. I see all of the nods. Thank you.

11 Last month Health Claim Auditors performed an
12 audit of the claims administered by HealthSCOPE Benefits
13 during the period of January 1st, 2020 through March 31st,
14 2020 which is PEBP's third quarter fiscal year of 2020. This
15 audit consisted of a random selection of 500 medical
16 inpatient and outpatient hospital and dental claims in
17 addition to numerous large claims audited on a bias basis.

18 Random claims are selected in a testedly valid
19 process from both PEBP's premier plan in a consumer driven
20 health plan to ensure that the plans, the plan benefits are
21 loaded into the HealthSCOPE system and adjudicated accurately
22 per your master plan document. The agreement, benefits and
23 the standards that are utilized for all policies and
24 practices is they pertain to functions such as subrogation,
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1 coordination of benefits and the numerous procedures
2 necessary to ensure the best accuracy and cost containment
3 for PEBP. A review and audit of claims outside the random
4 selection are considered bias and can be reported but not
5 included within the statistical calculations of your
6 performance guarantees.

7 When conducting the audit we also audit ancillary
8 and related claims to the random selected claims. For
9 example, if the random claim brings up a surgeon's bill
10 we'll also review an audit, the hospital bill, the relating
11 claims such as the assistant of the surgeon, the
12 anesthesiologist, the lab and any other related claims to
13 that claim.

14 Most audits will review the basics such as the
15 contract rates, listed applications, duplicates and timely
16 filing. The real shrinkage in your plan and in all plans
17 today incur from one detected actions from the billing
18 communities for claims that contain things such as upcoding,
19 code creating and bundling, multiple surgical reductions just
20 to name a few of the hundred. So the deceptions of the gains
21 that really good administrators such as HealthSCOPE have to
22 deal with.

23 To give you an idea the scope of your audit
24 currently of all of the audits that we do throughout the
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1 United States, about half do not make the performance
2 guaranteements or the industry standards.

3 This audit was conducted to ensure that all
4 metrics within the many, the HealthSCOPE RFP are measured
5 with HealthSCOPE'S performance. However, if any defects are
6 detected that they are not the responsibility or commonbilty
7 of HealthSCOPE such as incorrect pricing of the contract
8 rates by the network, errors caused by providers or outside
9 sources not in HealthSCOPE's control, the errors displayed
10 within the report but not again calculated in the statistical
11 calculations.

12 Findings for this audit reflect that HealthSCOPE
13 passed all negotiated performance guarantee levels pertinent
14 to payment and financial accuracy of claim payments,
15 turnaround times, data reporting, possible data -- any
16 possible data breaches and all customer service levels.

17 In respect to all categories renewed in this
18 audit we followed the HealthSCOPE adjudication system
19 continues to function in a high efficiency level with only 12
20 error types detected within this quarter that were attributed
21 to HealthSCOPE functions. None that possess any large dollar
22 errors or concern on our part.

23 However, we did recognize that some of the
24 non-charged errors were of concern due to incorrect network
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1 repricing causing payment errors by our calculations from
2 \$190 to in excess of \$16,000. All previous findings with
3 recommendations that were approved by this Board were found
4 to be implemented by HealthSCOPE at the time of this audit.

5 The identified overpayment dollar buy-in is
6 within grade levels at 2,076,000. A large portion of the
7 overpayments were found to be primarily as a result of claims
8 sent for collections due to network repricing or network
9 pricing adjustments from all major networks within the PEBP
10 statewide networks.

11 It's important to know that all the most current
12 identified overpayments for plan year 2020 to date,
13 55 percent of the claim count volume were found to be caused
14 by external causes and were not a cause of the HealthSCOPE
15 adjudication processes.

16 Open potential, subrogation cases at the time of
17 this audit remain steady at 3.3 million dollars of paid
18 claims with the soft denial claim level increasing to 4,521
19 claims representing \$25,600,000 valued in charged dollars
20 without discounts of benefits applied.

21 Claims within the denied category were reviewed
22 and they were all found to possess legitimate reasons for
23 each claim being independent status.

24 As for the dedicated Health -- HealthSCOPE
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1 personnel assigned to the PEBP account, changes during this
2 audited period included both at two eligibility specialists
3 and the change of three customer service representatives,
4 retaining a total 18 that are dedicated to that plan.

5 One item of concern in our previous reports
6 associated with the Hometown Health contract letter of
7 associations are LOA's since you know them with PEBP claims
8 have been resolved and is now functioning as it should be.

9 As a final note in observance of the skill sets
10 and the deliverables by personnel and the policies,
11 procedures and system edits applied during this period the
12 remains are unbiased opinion that HealthSCOPE remains a very
13 qualified administrator manager and a good PEBP partner.

14 With that, Ms. -- Madam Chair, that concludes my
15 presentation.

16 CHAIRWOMAN FREED: Thank you, Mr. Carr. That's
17 -- that's good news.

18 Board members, comments, questions for Health
19 Claim Auditors?

20 MEMBER VERDUCCI: Madam Chair, this is Tom
21 Verducci for the record.

22 CHAIRWOMAN FREED: Uh-huh.

23 MEMBER VERDUCCI: Bob, could you just touch on
24 the -- the one fail in the category of customer service and
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1 the survey in terms of satisfaction. I noticed everything
2 has passed, but we do have, you know, one fail there. I was
3 wondering if perhaps you could just address that.

4 MR. CARR: I had one in my next presentation but
5 I don't recall one on this one, Mr. Verducci. Let me take a
6 look what we show here. No, sir, I don't reflect that in
7 with HealthSCOPE. I do reflect it in my next presentation.

8 MEMBER VERDUCCI: Okay. I'm -- I'm reading
9 forward so do excuse me there.

10 MR. CARR: Yes, sir.

11 CHAIRWOMAN FREED: Okay. Anyone else?

12 All right. This is an action item. So we would
13 need a motion to accept the audit.

14 MEMBER SMITH: This is David Smith.

15 MEMBER BAILEY: Madam Chair?

16 CHAIRWOMAN FREED: I heard from Mr. Smith and
17 Mr. Bailey at the same time, so.

18 MEMBER BAILEY: I will second. I will second the
19 motion.

20 CHAIRWOMAN FREED: All right. Okay. So I'll do
21 my role call again. All right. The -- it's been moved and
22 seconded to accept this audit.

23 Mr. Bailey?

24 MEMBER BAILEY: Aye.

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1 CHAIRWOMAN FREED: Ms. Fox?
2 VICE CHAIR FOX: Aye.
3 CHAIRWOMAN FREED: Ms. Lamborn?
4 MEMBER LAMBORN: Aye.
5 CHAIRWOMAN FREED: Ms. Mitchell?
6 MEMBER MITCHELL: Aye.
7 CHAIRWOMAN FREED: Mr. Smith?
8 MEMBER SMITH: Aye.
9 CHAIRWOMAN FREED: Mr. Verducci?
10 MEMBER VERDUCCI: Aye.
11 CHAIRWOMAN FREED: Ms. Krupp?
12 MEMBER KRUPP: Aye.
13 CHAIRWOMAN FREED: All right. The motion carries
14 unanimously.
15 I think we can move on to the next audit which is
16 of ESI.
17 MR. CARR: Thank you again, Madam Chairwoman, and
18 members of the Board. Again, for the record my name is
19 Robert Carr of Health Claim Auditors.
20 Over the last few months we have performed a
21 prescription benefit manager or PPO audit with Express
22 Scripts on behalf of your benefit plan for all of the
23 prescription drugs as per the terms set forth with the other
24 requests for proposal 3220 and the renegotiated terms within
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1 amendment two, attachment EE that was effected for this
2 audited period.

3 This audit included 100 percent reviewable all of
4 the prescription claims processed by Express Scripts from
5 July 1st, 2018 through June 30th, 2019 or PEBP's plan year
6 2019. The audit included all performance metric guarantees
7 in the claim agreement, plus numerous additional categories
8 in addition to operational policies and procedures.

9 We want to ensure you that we audited these
10 categories to the fullest extent, plus provided and reviewed
11 this report with our findings and the data in a non redacted
12 format to PEBP officers. However, Express Scripts considers
13 the guarantees and the majority of the audited metrics to be
14 proprietary and confidential for competitive reasons.
15 Therefore, due to the public's -- general public's exposure
16 today the report provided to you is redacted to the
17 satisfaction and verification of both PEBP and Express
18 Scripts to be in compliance with the contracted agreement
19 language and requirements.

20 Everyone wants to talk to me when I get on the
21 phone. The majority of the discounts provided to PEBP in
22 your contract are based on a percentage measurement of
23 average wholesale pricing known as acronym made up of PBM.
24 Due to our experience with receiving incorrect PEBP data from
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1 prescription management vendors prior to Express Scripts
2 testing on this data was conducted and was concluded that
3 each claim is correct. An accurate AWP was applied per the
4 2009 national class action lawsuit that was effective of AWP
5 pricing.

6 Our results revealed that Express Scripts was
7 found innate or over-performed the agreement guarantees in
8 the categories of discounts for retail name brand drugs, one
9 to 83-day supply and 84 to 90-day supply also.

10 Also within the agreement met was the mail order
11 name brand drug claims and the dispensing fees for all
12 categories with the exception of retail name brand 84 to
13 90-day supply and the retail generics one to 83-day supply.

14 Customer service levels for telephone response
15 time, abandonment rates, first call resolutions and the
16 percentage of network pharmacies in the proximity to your
17 participants were all within the negotiated metrics.

18 The administrative fees were calculated and
19 charged correctly. Shipments of mail order claims to PEBP
20 participants were delivered within the contract wait, fax
21 time guaranteed. Reporting to PEBP was delivered within the
22 agreed time tables and utilization management and
23 applications of drug utilization reviews were applied
24 properly.

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1 It was also recognized that Express Scripts
2 provided an excellent distribution of specialty drugs within
3 the coordination of PEBP's third party administrator,
4 HealthSCOPE.

5 Per agreement PEBP is to receive 100 percent of
6 manufactured rebates with a specific guarantee for each name
7 brand category that was dispensed through retail, mail order
8 and specialty pharmacies.

9 Quarterly rebate and payments made to PEBP for
10 plan year 2019 reflect the Express Scripts satisfied
11 agreement in the remitted amounts were in excess of the
12 guarantees.

13 This report displays the finding of each drug
14 category as independent of the others within the areas of
15 discounts and fees. However, the intent of the agreement is
16 to aggregate the results of all guarantees for distance rates
17 and dispensing fees for one total over or under-performance
18 measurement.

19 Our findings in a script for this audit and
20 Express Scripts year end true up for each category match or
21 differ slightly. However, we both agreed on the aggregate
22 results delivered to PEBP and which is presented to you
23 today. The categories of retail generics, mail order
24 generics and speciality drug claims within the discounting

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1 guarantees and the dispensing fees charged to PEBP in the
2 categories of retail name brand 84 to 90-day supply and
3 retail generics one to 83-day supply independent
4 under-performed their guarantee.

5 The aggregate metric delivered to PEBP for plan
6 year 2019 for discounting and dispensing fees was found to be
7 \$1,924,753 less than the negotiated guarantees within your
8 agreement.

9 It's important, over the last 20 years that we've
10 been your external auditor and conducted and detected
11 shortfalls similar to those that I've presented to you today,
12 it was typically due to a deficiency or errors as a result of
13 manual or systematic malfunctions from the PEBP vendor. It's
14 very important to note that this is not the case here. The
15 1.9 million dollar shortfall is not a result of Express
16 Scripts executing the claim errors for policies, practices or
17 functions to PEBP.

18 This is a result of the PEBP participation mix of
19 drugs and pharmacy utilization, in addition to the
20 distributions within the aggressive new discounts that were
21 renegotiated by PEBP for this period. I say kudos and
22 congratulations to you because of that. What we found and it
23 was verified by HealthSCOPE and there was no exceptions of
24 the guarantee for Express Scripts to deliver claim data files
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1 to PEBP's third party administrator by 12 noon each business
2 day. Per agreement and annual programs satisfaction study
3 this is what Mr. Verducci was talking about is to be
4 conducted of plan participants with use of the pharmacy
5 benefits of which 90 percent or more participants must
6 provide a set of factory level of services that they received
7 or a penalty of one quarter of a percent of the annual
8 administration fees paid for each quarter or fraction thereof
9 below the guarantee can be assessed.

10 Per the customer satisfaction survey results
11 obtained, Express Scripts under-performed with 88 percent of
12 your respondents stating that they were overall satisfied.
13 This under-performance result calculates to a penalty of
14 \$6,301.

15 In conclusion, the Express Scripts adjudication
16 systems edits and drug utilization review edits that were
17 tested found to follow proper protocol and practices in all
18 areas delivered to your participants. We found Express
19 Scripts to be in compliance with all guaranteed metric
20 measurements and that works with the exception the aggregate
21 claim discounting an under-performance in the satisfaction
22 survey.

23 It is our unbiased opinion and recommendation
24 that PEBP collect the \$1,924,753. This coming shortfall in
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1 the 6,301 dollar penalty for the customer service survey
2 under-performance for a total of \$1,931,054 as presented to
3 you today and as per your current administrative contract
4 enforced.

5 As a final note, PEBP, you should be recognized
6 and congratulated for the 80 percent -- seven percent
7 distribution of generic drug utilization of all retail and
8 generic order claims. This distribution is among the highest
9 in the nation and helps in driving an overall cost to PEBP
10 participants in the PEBP plan itself.

11 With that, Madam Chairwoman, this concludes my
12 presentation.

13 CHAIRWOMAN FREED: Thank you very much for that
14 comprehensive report.

15 Board members, questions, comments?

16 VICE CHAIR FOX: I have a question for Laura
17 Rich. This is Linda Fox.

18 When is the contract?

19 MS. RICH: For the record Laura Rich.

20 Cari will have to confirm but I believe it's '23,
21 is it, the ESI contract?

22 MS. EATON: I believe 2023 as well but I will
23 double check right now.

24 VICE CHAIR FOX: Thank you.
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1 MEMBER MITCHELL: For the record Jet Mitchell.

2 I have a question for Mr. Carr. On what page of
3 your very comprehensive report do you list the payment due to
4 the under -- the shortfalls, the 1,000,000 dollar payment to
5 PEBP due because of contract shortcomings? What preference
6 is done when --

7 MR. CARR: There's a couple of different places
8 but the easiest place to find it is in the executive summary
9 conclusions, recommendations on page four of the report.

10 MEMBER MITCHELL: Four?

11 MR. CARR: There was also more directly three of
12 page four. I should say in paragraph four also is the
13 customer survey.

14 MEMBER MITCHELL: Thank you. I was also reading
15 in the weeds of the details as well. Thank you.

16 MR. CARR: Well, thank you for reading them.

17 MEMBER MITCHELL: Thank you for a thorough audit.

18 MS. EATON: And just to clarify, the ESI contract
19 is from -- expiring on June 30th, 2023.

20 MEMBER MITCHELL: Okay.

21 CHAIRWOMAN FREED: Okay. I am not seeing any
22 additional questions. So this also is an action item that
23 requires acceptance of the conclusions and recommendations in
24 this audit of, to include the 1,924,753 dollar
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1 under-performance for plan year 2019.

2 Do I have --

3 MR CARR: Laura?

4 CHAIRWOMAN FREED: Yeah.

5 MR. CARR: The recommendation would also include
6 the 6,301 dollar penalty. I didn't know if that goes
7 together or not.

8 CHAIRWOMAN FREED: I do I think. Yes. So the --
9 so the under-performance guarantee and the penalty would be
10 included in accepting Health Claim Auditors' recommendations
11 and conclusions of the audit of ESI.

12 MEMBER BAILEY: This is Don Bailey.

13 I recommend that we accept Health Claim Auditors
14 reports.

15 CHAIRWOMAN FREED: Thank you.

16 Do I have a second?

17 MEMBER MITCHELL: Jet Mitchell for the record.
18 Second.

19 CHAIRWOMAN FREED: Thank you.

20 All right. I will call the role on the vote.

21 Mr. Bailey?

22 MEMBER BAILEY: Aye.

23 CHAIRWOMAN FREED: Ms. Fox?

24 VICE CHAIR FOX: Aye.

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1 CHAIRWOMAN FREED: Ms. Lamborn?
2 MEMBER LAMBORN: Aye.
3 CHAIRWOMAN FREED: Ms. Mitchell?
4 MEMBER MITCHELL: Aye.
5 CHAIRWOMAN FREED: Mr. Smith?
6 MEMBER SMITH: Aye.
7 CHAIRWOMAN FREED: Mr. Verducci?
8 MEMBER VERDUCCI: Aye.
9 CHAIRWOMAN FREED: Ms. Krupp?
10 MEMBER KRUPP: Aye.
11 CHAIRWOMAN FREED: And I vote aye.
12 All right. Thank you. Motion carries.
13 All right. That brings us back to our second
14 public comment period and I will turn it over to I think
15 Mr. Carroll.
16 MR. CARROLL: Thank you, Madam Chair. I'm going
17 to go ahead and start sharing.
18 Okay. Again for the public comment, I'm going to
19 read the last three digits of your phone number. Once those
20 are announced your phone will be unmuted. You should hear --
21 hear an audible tone that says your phone is unmuted, and
22 then you can go ahead and proceed with your public comment at
23 that point in time.
24 The first one on the list that we have is 920.
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1 Your phone is unmuted. 920, your phone is unmuted for public
2 comment.

3 Okay. The next one we have is 207. 207, you're
4 now unmuted.

5 The next one we have is 642. 642, you're now
6 unmuted.

7 Okay. The next one we have is 800. 800, you're
8 now unmuted.

9 Okay. The next number we have is 646. You're
10 now unmuted.

11 MS. MCGILL: Hello? Can you hear me?

12 MR. CARROLL: Yes, we can hear you.

13 MS. MCGILL: Okay, fine. I just have a comment
14 with regard to I've been part of PEBP for like 30 years, and
15 I'm usually outside of Nevada. So I've just had a really
16 really bad struggle over the last few months when I've tried
17 to find a dental provider, and I think Diversified, the
18 insurance card is really confusing, and I would recommend a
19 reformatting of that thing because it says when you're
20 outside of Nevada you use Principal Plan.

21 And when you choose a dentist off of Principal
22 Plan, you find out that, you know -- I found it that Health
23 Scope reviewed it and it was not an eligible dentist. It was
24 also confusing for the dentist. In fact, the other day I had
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1 two dentists trying to contact HealthSCOPE, trying to figure
2 out if they could be used. They were getting hung up on.
3 They were getting -- and I know I've contacted HealthSCOPE
4 before, you know, even about the way because there used to be
5 First Health both for dentists and for the physicians and it
6 was very easy.

7 So I was even trying to find a physician Etna.
8 First Health was telling me the physician is not there, even
9 though I'm staring at it. The other day I called HealthSCOPE
10 about a dentist. I was staring at the dentist, and they are
11 telling me it's not there. I called back again. I get a
12 different person. It tells me yeah, no, that dentist is part
13 of it.

14 So it's really really causing some trouble.
15 Where with First Health I never had these issues. You know,
16 and now HealthSCOPE, the other problem with HealthSCOPE they
17 have become kind of rude, you know, in the last year or so.
18 I sense a great dissatisfaction with them when you call them
19 and I don't know why.

20 The other issue I had with even trying to figure
21 out who to register this complaint or problem with, I had a
22 lot of trouble trying to identify who does anything with
23 PEBP. You know, I called UNLV numerous times, the HR
24 department and they, you know, with nobody there knew who I
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1 was supposed to talk to. So, you know, over 30 years, it was
2 surprising to see you need to figure out who is in charge of
3 anything. I wasn't able to do it.

4 So, anyways, that's my comments and I don't know
5 what to do about the health plan issue. They limit it to
6 like it's almost impossible for me to currently find a
7 dentist that is usable. Most of them are like really low
8 income types. You know, they will make work when you go to
9 their office, you know, which I, you know, had plans years
10 ago where you buy the plan, you know, for like \$49 a year or
11 something, and then you go there and they start making up
12 work and, you know, so that's why in the past I had, you
13 know, a good choice.

14 MEMBER VERDUCCI: Madam Chair, can we have the
15 member state their name for follow-up purposes and for the
16 record.

17 MS. MCGILL: Sure. My name is Deborah McGill and
18 if you need the participant ID I can go find that but I have
19 to pull it off my other -- my other thing.

20 CHAIRWOMAN FREED: No. I don't think that's
21 necessary, Ms. McGill, just a name and if you could spell it
22 for the record.

23 MS. MCGILL: Sure. It's D-e-b-o-r-a-h. The last
24 name is McGill, M-c-G-i-l-l. You know, because in the past,
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1 I mean, I had two premature children that were born at UCLA.
2 I mean, we had a lot of stuff that went on that used to be
3 with the family. But with the dentist, you know, and also
4 recently trying to find physicians that for some reason there
5 is this big problem with them. Even when you call and you
6 say I'm staring at the PEBP website. I'm staring. I see
7 this doctor. And they are saying no. No. He's not there.
8 Because, you know, at this point I don't want to go near a
9 dentist or a doctor before I call HealthSCOPE and make sure
10 they really are on the network, you know, and it's kind of
11 maddening that you have to do that. Anyway, so those are my
12 comments.

13 CHAIRWOMAN FREED: Thank you very much.

14 MR. CARROLL: Okay. The next one we have is 688,
15 688.

16 THE CALLER: I'm just listening.

17 MR. CARROLL: Okay. Thank you.

18 The next one is 837. 837, you're now unmuted.

19 MR. ERVIN: Hi. This is Kent Ervin with the
20 Nevada Faculty Alliance. I would like to thank the Board
21 members very much to volunteer to serve on an evaluation
22 committee. It's a very important function, especially for
23 these major contracts that are going to influence plan design
24 in the future.

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1 I would like to give some background on NRS
2 287.04345. That was created as SB502 in the 2017 session
3 specifically to address concerns really with RFP's of PEBP
4 that went south in a big way and were controversial, and it's
5 meant to help PEBP do this process better.

6 There are several aspects to it. The main one is
7 that any number of Board members may be appointed to the
8 evaluation committee, and that evaluation committee is run
9 by, you know, purchasing department and is specifically
10 exempted from the open meeting law so that you can have a
11 proper confidential evaluation of all of bids. There's some
12 restrictions on that. Obviously, you can't do other board
13 business, but the idea is to allow Board members to serve on
14 that evaluation committee and provide input and then actually
15 buy in for the eventual awarding of the contract.

16 Then once the evaluation committee rates all of
17 the proposals and selects the highest rated vendor, the only
18 thing the Board can do in a public meeting is award the
19 contract that was selected or cancel the whole RFP and start
20 over.

21 So it's really important that Board members are
22 involved in the evaluation committee process, especially when
23 things like full state versus partial regional contracts are
24 going to be considered at that level and will come to the
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1 Board as a take it or leave it proposal.

2 The other thing I want to mention is in NRS
3 287.04345, number two, it says the Board select as the chief
4 of the using agency for the purposes of NRS 335 -- 333.335
5 which is the RFP purchasing statute.

6 What that means is the Board as a whole decides
7 who are the members that serve on the evaluation committee.
8 So I appreciate all of those who volunteered, and it will be
9 the Board who decides who those members are, the Board as a
10 whole. Thank you.

11 MR. CARROLL: The next one that we have here is
12 338. You're now unmuted.

13 MS. MALONEY: This is Priscilla Malone. Can you
14 hear me?

15 MR. CARROLL: Yes.

16 MS. MALONEY: Thank you. This is Priscilla
17 Maloney with the AFSCME Retirees. That's P-r-i-s-c-i-l-l-a
18 for the record, M-a-l-o-n-e-y. I'm sorry. I tried to get on
19 at the first public comment so I'll make this brief.

20 Thank you very much for all of the hard work the
21 Board is doing. We certainly appreciate what the entire
22 state workforce is doing to carry on in Northern Nevada
23 during this difficult time. I just want to join in support
24 of both Dr. Ervin's comments on Agenda Item Number Five and
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1 Number Five was the executive officer report but the
2 reference specifically to the request for information
3 regarding second look actuarial study.

4 And then Agenda Item Number Eight on the contract
5 renewals. And, again, I join Dr. Ervin on that. That we
6 appreciate all of the Board members who are willing to
7 volunteer to be on that evaluation process. So thank you
8 very much for all of the hard work that everybody is doing
9 and please stay safe. Thank you.

10 MR. CARROLL: The next number we have is 755.
11 755, you're unmuted.

12 MS. LOCKARD: Hello. This is Marlene Lockard
13 representing RPEN.

14 And I do was going to point out SB502 of the 17th
15 Legislative Session, and I think Dr. Ervin summarized it
16 correctly, but I did want to say that this bill was a result
17 of tremendous cooperative efforts of the then director, the
18 department of administration, other administration officials
19 and the advocates for the Public Employees' Benefits Program.

20 So we all felt this was very good legislation
21 that was an attempt to resolve some pretty serious issues
22 that had developed over that period of time. So I would
23 recommend that or hopefully suggest that the new Board
24 members take a look and review SB502 because it does have

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1 other issues contained in it other than the contract
2 language. Thank you very much.

3 MR. CARROLL: The next person we have is 404.
4 404, you're unmuted.

5 MR. RANFT: Good morning. Can you hear me?

6 MR. CARROLL: Yes.

7 MR. RANFT: Good morning, Chair and committee
8 members. My name is Kevin Ranft. I'm a labor representative
9 with AFSCME Local 4041 representing numerous state employees.

10 In Item Six during Stephanie's presentation, she
11 stated there were a lot of unknowns and both really impact
12 the pandemic and is very fluid and is continuous as we all
13 know that, you know, we all know what this is going to
14 predict.

15 To say really that this is going to be numerous
16 millions of dollars is an unknown. Recently, consulting firm
17 Willis Towers Watson released a report in April estimating
18 that large health insured employers could see a seven percent
19 rise in the 2020 cost due to COVID-19.

20 But then in May the same group, the same firm
21 released a, redid a reassessment and released a new report
22 projecting that employer costs could decrease by four percent
23 due to COVID-19 pandemic. So there's a lot of uncertainty,
24 and this thing could go back and forth. And, you know, I

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1 appreciate all of the effort and time that everybody is
2 putting into this. It just -- there's so many unknowns that
3 really can't say other than continue to do projections, but
4 we don't want -- we don't want this to be done on the back
5 seat of state employees, especially with these unknowns.

6 There is a great deal of uncertainty and
7 various -- varying projections around the pandemic, whether
8 they are aligned with science so far or whether the level of
9 confidence in those projections, you know, we asked that all
10 claims from the Covid-19 come from the catastrophic reserve
11 funds so the financial help in the plan is not disturbed and
12 PEBP, we ask that PEBP continue to work with the office to
13 request reimbursements from possible federal funds that may
14 be available for COVID-19 funds in general.

15 We are -- we are a me too from Dr. Kent Ervin and
16 Ms. Lockard's opening and closing public comments. In
17 regards to Agenda Five, we would also like to see that
18 actuarial as well.

19 In regards to Agenda Item Eight, on the RFP's, we
20 look forward to seeing an open and independent bid that
21 produces the best outcomes that provide affordable costs and
22 provide the best benefits for all participants.

23 On the RFP's, I am not sure if anything could be
24 written on the RFP to specifically address how vendor plans
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1 could be actually written into that RFP addressing the
2 Covid-19 pandemic benefits and costs, but that would be
3 something to look at. Just kind of see what each individual
4 vendors plan is, and that may help with the selection,
5 especially with the cost.

6 In closing I want to state that the PEBP Board --
7 as the PEBP Board moves forward and discusses changes that
8 impact plan design benefits they could have a significant
9 impact on state employees retainment. Numerous state
10 employees look at the PEBP health plan benefits for them and
11 their families as a factor to decide if they want to make
12 Nevada, State of Nevada a career choice.

13 Between the unknowns of the Governor and his
14 conversation we ask that everything be considered before
15 future benefit design changes are considered for the next
16 biennium.

17 I wish everybody the best of health, and I thank
18 everyone for their time and appreciate all of the hard work
19 that staff is doing as well. Thank you.

20 MR. CARROLL: Madam Chair, that was the last call
21 for public comment.

22 CHAIRWOMAN FREED: Okay. Thank you.

23 That brings us to the end of our business. So
24 unless anybody else on the Board has any comments or staff
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1 has comments, I will just note that our next meeting is
2 scheduled for the end of July. I believe it's July 23rd, and
3 I wanted to thank everyone for their participation this
4 morning and once again with our newest member, Ms. Krupp, and
5 I think we are adjourned at 11:32 a.m.

6 Thank you. Everybody stay healthy.
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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 28th day of May, 2020, I was present on a teleconference 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 100, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 2nd day of June, 2020.

KATHY JACKSON, CCR
Nevada CCR #402

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