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In The Matter Of:

PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA

March 24, 2022

Capitol Reporters
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Carson City, Nevada 89706
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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA

4 THURSDAY, MARCH 24, 2022

5 CARSON CITY AND LAS VEGAS, NEVADA

6

7

8 The Board: LAURA FREED - Chair
JIM BARNES - Member
9 LESLIE BITTLESTON - Member
APRIL CAUGHRON - Member
10 TOM VERDUCCI - Member
MICHELLE KELLEY - Member
11 BETSY AIELLO - Member
JANELLE WOODWARD - Member
12 JENNIFER MCCLENDON - Member

13 For the Board: MICHELLE BRIGGS
Deputy Attorney General
14
For Staff: LAURA RICH
15 Executive Officer
NICOLE BROYLES
16 Acting Executive Assistant
TIM LINDLEY
17 Quality Control Officer
NIK PROPER
18 Operations Officer

19

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5 Public comment will be taken during this agenda item. No action may be taken on any matter
6 raised under this item unless the matter is included on a future agenda as an item on which
7 action may be taken. Persons making public comments to the Board will be taken under
8 advisement but will not be answered during the meeting. Comments may be limited to three
9 minutes per person at the discretion of the chairperson. Additional three minute comment
10 periods may be allowed on individual agenda items at the discretion of the chairperson.
11 These additional comment periods shall be limited to comments relevant to the agenda item under
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1 THURSDAY, MARCH 24, 2022, CARSON CITY, NEVADA
2 -oOo-
3 CHAIRWOMAN FREED: Good morning, everyone. It is
4 9:04 a.m. Welcome to the March 24th, 2022 meeting of the
5 Public Employees' Benefits Program Board.
6 PEBP staff, will you please call the roll.
7 MS. BROYLES: Laura Freed?
8 CHAIRWOMAN FREED: Here.
9 MS. BROYLES: Linda Fox is excused.
10 Betsy Aiello?
11 MEMBER AIELLO: Here.
12 MS. BROYLES: Jim Barnes? Jim Barnes, are you
13 here?
14 MR. HOPKINS: Jim was here, yeah.
15 MS. BROYLES: April Caughron?
16 MEMBER CAUGHRON: Here.
17 MS. BROYLES: Michelle Kelley?
18 Leslie Bittleston?
19 MEMBER BITTLESTON: Here.
20 MS. BROYLES: Jennifer McClendon?
21 MEMBER MCCLENDON: Here.
22 MS. BROYLES: Tom Verducci.
23 MEMBER VERDUCCI: Here.
24 MS. BROYLES: Janelle Woodward?

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1 MEMBER WOODWARD: Here.
2 MS. BROYLES: And just to check again, do we have
3 Michelle Kelley?
4 MEMBER KELLEY: Here. Can you hear me?
5 MS. BROYLES: Thank you. We have a quorum.
6 MEMBER BARNES: Yes. This is Jim Barnes. I'm
7 here too.
8 CHAIRWOMAN FREED: Okay. Thank you. And I would
9 like to extend a warm welcome to newest Member Janelle
10 Woodward. Welcome to the Board. The rates meeting is a heck
11 of a first meeting to join us at. So congratulations on your
12 appointment. And it's always interesting to be a PEBP Board
13 Member.
14 With that, I will move to Agenda Item 2, public
15 comment. As per the agenda, I'm going to limit each comment
16 to three minutes per person. And if we get a whole bunch of
17 public comment, I'm going to let you guys know right now
18 because we have rates and some other rather large items to
19 get through, I'm going to limit public comment to one hour in
20 total. And there is a second public comment period at the
21 end.
22 So with that I'm going to turn it over to PEBP
23 staff.
24 MR. HOPKINS: Okay. As a reminder Zoom is used

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1 for public comment only. This meeting is for live stream on
2 YouTube and if you want to just listen to the PEBP Board
3 meeting, the YouTube link is located on the agenda.
4 For those who have joined for public comment,
5 your name or last four digits of the phone number will be
6 announced and you'll be advised you've been unmuted. As a
7 reminder for those on the phone, please press star six to
8 unmute to please slowly state and spell your name for the
9 record and proceed with your comments.
10 Okay. The person with the last name Gladstone,
11 you have been unmuted. You have permission to talk.
12 MR. GLADSTONE: Morning, Board Members. And
13 thank you for the opportunity to speak today. My name is
14 Jeremey Gladstone, J-e-r-e-m-e-y. Gladstone,
15 G-l-a-d-s-t-o-n-e. I am a PEBP member under the Consumer
16 Driven Health Plan. I'm here today to voice my concerns
17 regarding PEBP subrogation process.
18 This process which results in the delayed payment
19 of members' claims is an unnecessary burden on state
20 employees. While I support subrogation of claims, I feel the
21 process should be restructured to lessen the burden on PEBP
22 members.
23 To lessen the burden, I recommend that PEBP
24 should do the following. One, process the claim first and

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1 then subrogate the claim. Two, PEBP's claim administrators
2 should review patient history to determine if the procedure
3 is part of an ongoing treatment or the result of treatment
4 for a chronic illness or condition before referring to claims
5 PEBP subrogation attorneys.
6 Three, the process should be applied in a fair
7 and consistent manner. On more than one occasion, this
8 process is paid to lower cost claim related to a procedure
9 and deny the higher cost claim despite both being related to
10 the same issue.
11 I respectfully request that the Board give
12 direction to PEBP staff to revise the current subrogation
13 process related to this program. And I appreciate the
14 Board's time on this matter. Thank you.
15 MR. HOPKINS: Thank you for your comment.
16 The person with the last name Johnson, you have
17 been unmuted. You have permission to talk.
18 MS. JOHNSON: Good morning. My name is Jenny
19 Johnson. I have worked for the State of Nevada for 20 years.
20 I'm just here to support the rescinding of the additional
21 fees that were voted on for unvaccinated state employees.
22 And I think it's unfair and kind of a slippery slope of when
23 do we start charging people who are obese. And when do we
24 start people who are, you know, have other, smoking. And so

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1 I support rescinding that on today's meeting. Thank you.
2 MR. HOPKINS: The person with the last name
3 Ervin, you have permission to speak.
4 MR. ERVIN: Good morning. Kent Ervin, E-r-v-i-n,
5 State President of the Nevada Faculty Alliance. Today Nevada
6 PEBP is literally adding pregnancy to its list of items
7 requiring preauthorization. That's in the master plan
8 document for the high deductible health plan. It's hidden in
9 the PEBP's Board Consent Agenda 4.8 on page 103 out of 975.
10 The full list of services requiring
11 precertification or prior authorization starts on page 101
12 and continues through the new paragraph on pregnancy on page
13 103. The inclusion in the preauthorization precertification
14 list means that PEBP's benefits administrator, not a doctor
15 or your doctor can deny related claims per a new delivery of
16 services section which is on page 99 of 975. These are all
17 items where an administrator, not your doctor or a medical
18 team can decide whether health care services should be
19 provided.
20 Sure, the state employees can choose to pay
21 themselves and they can also go into medical bankruptcy as
22 collections mount up. The preauthorization for pregnancy,
23 that language is already in the master plan documents for the
24 new low deductible plan. But those master plan documents

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1 were never approved by the Board. They weren't on the agenda
2 a year ago.
3 These master plan documents are the policy of
4 PEBP for determining benefits provided in each plan. And
5 they should be carefully and fully vetted by the full Board
6 every year, any changes, any new items. Thank you.
7 MR. HOPKINS: Okay. The person with the last
8 name Burgeon, you have permission to speak. Please unmute
9 your mic. Person with the last name Burgeon, please unmute
10 your mic if you wish to make a public comment.
11 MS. BURGEON: No comment.
12 MR. HOPKINS: Okay. The caller with the last
13 four 1715, please press star six. You have been unmuted.
14 Caller with the last four of 1715, please press star six.
15 You have been unmuted if you wish to make public comment.
16 MR. BRAD: Hi. My name is Brad. I just wanted
17 to support the rescinding of the surcharges for the -- for
18 the unvaccinated people. I think it's pretty discriminatory
19 to do that to them. Everybody's personal health is their own
20 choice and we shouldn't be punished for that.
21 And I would like to just express my concerns
22 about that. As the previous caller said, that's a slippery
23 slope. And I would really like to see those surcharges be
24 rescinded. Thank you for your time.

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1 CHAIRWOMAN FREED: I'm sorry. This is Laura
2 Freed. Callers, would you please state your full name for
3 the record and if it's a difficult to spell name, go ahead
4 and spell it for the benefit of the court reporter and the
5 staff. Thank you.
6 MR. HOPKINS: Okay. Caller with the last four
7 phone number 4114, please press star six. You have
8 permission to talk. Caller with 4114, please press star six
9 if you want to make public comment. We'll go back to you
10 later.
11 The person with the last name Cortez, you have
12 been -- you have permission to talk. Person with the last
13 name of Cortez, please unmute your mic. You have permission
14 to speak.
15 Person with the last name Druger, you have been
16 unmuted. Please make public comment.
17 MS. DRUGER: Good morning. Can you hear me?
18 MR. HOPKINS: Yes, we can.
19 MS. DRUGER: Great, thank you. Jenny Druger.
20 And I also would like to support the rescinding of those
21 charges for the unvaccinated. Thank you for your time.
22 MR. HOPKINS: Caller with the last four 9532,
23 please press star six if you would like to make public
24 comment. Caller with the last four 9532, please press star

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1 six if you wish to make public comment.
2 Call-in person with the name Brad, please unmute
3 your mic. You have permission to speak. Brad, are you able
4 to hear us okay? Brad messaged on the chat. He called on
5 the phone earlier.
6 Okay. For those who are still in here and have
7 already made public comment, please leave the meeting. You
8 can just watch it on the YouTube link.
9 We have a few more. Person with the last name
10 Maylath, you have permission to speak. Please unmute your
11 mic.
12 MR. MAYLATH: Good morning. For the record
13 Brooke Maylath. Once again, I must call out the inaction of
14 the Executive Officer to provide remedies on the master plan
15 exclusions but that are discriminatory towards transgender
16 persons.
17 Under the Affordable Care Act and it's
18 interpreted by the Nevada Insurance Commissioner in 2015, the
19 denial, exclusion or limitation of benefits relating to the
20 recovering of medically necessary health care services on the
21 basis of sex as it relates to gender identity or expression
22 it prohibited.
23 The Supreme Court of the United States' ruling
24 under Bostock clarifies employment law under Title 7. Its

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1 sex discrimination includes discrimination on the basis of
2 sexual orientation or gender identity. I've been bringing
3 this matter to the Board's attention for over one year and
4 there is yet to be any action taken. Let's be very very
5 clear. Excluding transgender related health care is
6 discriminatory.
7 Singling out transgender health care for
8 exclusion is a form of discrimination. Just as it would be
9 sex discrimination if the plan were to exclude all coverage
10 for gynecological care. And it would be a disability
11 discrimination if a plan were to exclude all treatments for
12 HIV, both sex and disability discrimination when a plan
13 carves out and excludes medically necessary care simply
14 because it's for the purpose of treating gender dysphoria is
15 discriminatory.
16 Transgender employees pay the same premiums as
17 other employees that receive unequal benefits in return.
18 Employees who are transgender when we have transgender
19 dependents subsidize the health care of their co-workers.
20 They were denied doctor recommended care for themselves and
21 their families. Transgender care is medically necessary.
22 And there is no legitimate nondiscriminatory
23 basis to single out transgender care for exclusion. It is
24 precisely for that reason that insurance companies developed

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1 explicit exclusions for transgender related care because it
2 would otherwise fall under standard surgical mental health,
3 physician diagnostic pharmaceutical benefits.
4 Transgender care is neither experimental nor is
5 it cosmetic. An existing plan definition of medical
6 necessity are sufficient to make sure only medically
7 necessary services are provided.
8 I urge this Board to make this a priority for the
9 executive officer to address immediately so that those in
10 need can access the medical interventions that they need to
11 mitigate the symptoms of gender dysphoria. Everyday lost is
12 another day of agony and anxiety for people with specific
13 needs. Everyday lost is another day closer to the Board
14 having legal action taken that will force the plan to comply
15 and add significant financial penalties as well. The
16 supposed pennies that you are saving today will cost
17 thousands of dollars in the future if you continue to delay.
18 Please take action. Thank you for your time.
19 MR. HOPKINS: Okay. The caller with the phone
20 number ending with 0271, please press star six. You have
21 permission to speak.
22 MR. TYNING: Hello?
23 MR. HOPKINS: Hello. We can hear you.
24 MR. TYNING: Yeah. My name is Joel Tyning,

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1 J-o-e-l T-y-n-i-n-g. I just want to call in for support
2 Agenda Item Number 6 for repealing the surcharge against
3 those that didn't take the COVID-19 vaccine. I just want to
4 say from the beginning this was clear discrimination.
5 There's many ways it can be labeled as discrimination.
6 So the biggest one actually protected by law is
7 religious discrimination. So those of us that chose not to
8 take the vaccine due to our religious preference, that
9 surcharge would then become religious discrimination. It's
10 just punitive punishment for us not jumping on that political
11 bandwagon.
12 Now that all the COVID-19 stuff is going away
13 just in time for the election, this is the perfect time to
14 get rid of the surcharge because and it also behooves PEBP to
15 get rid of that surcharge as well because I'm not only one
16 that was planning on dropping my health insurance permanently
17 July 1st, I was just going to drop my PEBP coverage which
18 then would hurt PEBP. If just 1,000 of us dropped our
19 coverage PEBP would lose over $3,000,000 a year. So it's
20 probably not the best idea to keep that surcharge.
21 Also it's unfair charging to keep that surcharge
22 because we don't charge extra for people that smoke. We
23 don't charge Roman Catholics for not using condoms. We don't
24 charge black people because they are the only ones that can
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1 get sickle cell anemia. So, yeah, now is the time to get rid
2 of that surcharge because I think a few other commenters used
3 the word slippery slope. I think that's a perfect way to
4 describe it. It is a slippery slope and it's going to cause
5 quite a bit of problems if that surcharge that stays in
6 effect. So it's really a thing to go ahead and rescind that.
7 Thank you for the opportunity to comment. And have a great
8 day.
9 MR. HOPKINS: Okay. Person with the last name
10 Slope, you have permission to speak. Please unmute your
11 microphone. Person with the last name Slope, you have been
12 unmuted.
13 The next one, person with the last name McDonald,
14 you have been -- you have permission to speak. Please unmute
15 your mic.
16 Caller with the last four 7862, you have
17 permission to speak. Please press star six to unmute your
18 phone.
19 MR. DAWSON: Good morning, esteemed Members of
20 the Board. My name is Will Dawson. I'm a retired detective
21 that served the State of Nevada and a Board Member of the
22 Nevada Police Union. I'm here today to advocate on behalf of
23 our members and their brotherens in state service regarding
24 the proposed surcharge for unvaccinated employees.

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1 As you're aware, the State of Nevada has a
2 retention problem with their employees. Tragically this
3 turn-over issue is even worse among our public safety
4 personnel in supporting staff that make their jobs possible.
5 As employees who are often paid 30 to 50 percent
6 below the wages offered by competitive employers, there's
7 little enough incentive employees to remain in state service.
8 Taking more of their hard earned money to pay for the effects
9 of the terrible disease which was unleashed on us in the past
10 two years is going to make retaining employees even more
11 difficult and result in unnecessary losses to our public
12 safety community.
13 In a time of expediential cost growth due to the
14 skyrocketing cost of housing, food and energy, the budgets of
15 state employees are already strained. Just like the budgets
16 of our private sector brothers and sisters. Unfortunately,
17 however, state employees cannot readily negotiate pay
18 increases to offset these increased costs like the private
19 sector can.
20 Our employees must rely upon the legislature who
21 has failed to adequately address the cost of living increases
22 necessary to remain competitive in the workplace for decades.
23 The only other option is to leave state employment, something
24 that has been happening at an ever increasing rate to the

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1 detriment of our state.

2 Due to the noncompetitive pay of state jobs,
3 often one of the saving graces was the insurance package
4 which has traditionally been reasonably affordable for most
5 employees. This surcharge will destroy that incentive.
6 Charging a single parent of three children an extra $580 a
7 month because they choose not to receive a medical
8 intervention, side effects can include permanent disability
9 and death is travesty.

10 You are forcing employees to choose between a job
11 and possible harm to their health, as well as the health of
12 their children. Something that is apparent I can assure you
13 is only going to have one reasonable answer. Especially for
14 our lowest paid employees, that amount would be more than
15 25 percent of their take-home pay.

16 Instead of making current and former employees
17 bear the undue burden of paying for unfunded mandates, there
18 are other options you can pursue. The choice is yours to
19 make. But I assure you the decision to discriminate against
20 employees and retirees who are on a fixed income can be very
21 costly to your members, as well as the organization due to
22 the cost which will ensue. Thank you for your time and this
23 opportunity to speak on behalf of our members.

24 MR. HOPKINS: The person with the last name

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1 Menicucci, you have permission to speak. Please unmute your
2 microphone.
3 MS. MENICUCCI: Hello. Can you hear me?
4 MR. HOPKINS: Yes, I can.
5 MS. MENICUCCI: Hi. I work for NDP and I don't
6 think that it's a good idea to increase our health benefits
7 at this time. The State of Nevada has not had a comp in
8 class study since Governor Guinn was in office.
9 And right now the administrative class which I'm
10 in, I'm basically hardly making it paycheck to paycheck. And
11 this will just cause more of a hardship on all of these
12 families who -- who are -- who are struggling during these
13 times and through this recession.
14 And you just did a huge -- you just raised our
15 fees last year. So I don't understand why this is a yearly
16 thing. Our -- our paychecks aren't going up and our wages
17 aren't going up. And our wages haven't gone up in over
18 20 years. So I think that it's very unfair that you're
19 putting this on the backs of these people who are barely
20 making it. And some of us are working two and three jobs to
21 make ends meet. And I would -- I'm just -- I'm begging you
22 please do not do this. That's all I have.
23 CHAIRWOMAN FREED: Ms. Menicucci, can you state
24 your full name for the record.

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1 MS. MENICUCCI: My name Paige Menicucci.
2 CHAIRWOMAN FREED: Thank you.
3 MS. MENICUCCI: M-e-n-i-c-u-c-c-i.
4 CHAIRWOMAN FREED: Thank you.
5 MR. HOPKINS: Okay. The caller or person with
6 the last name Martinez-Boyd, you have permission to speak.
7 Please unmute your mic. Person with the last name Martinez,
8 please unmute your mic. You have permission to speak.
9 Caller with the last four phone number 4404,
10 please press star six to unmute your phone. You have
11 permission to speak.
12 MR. RANFT: Good morning. Can you hear me?
13 MR. HOPKINS: Yes, we can. Good morning,
14 Respective Board Members. This is Kevin Ranft, labor
15 respective of AFSCME Local 4041. We're labor representatives
16 for state employees for numerous bargaining units. And
17 ultimately the state employees throughout the state that are
18 the non-bargaining units.
19 We have serious concerns in regards to the
20 increases in the PEBP premium rates. We ask the Board
21 Members to respectfully look at it due to the economic
22 concerns of inflation and other costs to state employees who
23 are continuously putting the burden on them.
24 We seriously ask the Board to reconsider and to

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1 look at other options instead of putting it on the backs of
2 state employees. State employees cannot continuously afford
3 these higher premiums with lower benefits. At the end of the
4 day it comes down to the Board having to make these tough
5 decisions to be able to find the funds somewhere else.
6 There are some excessive reserves to look at. We
7 need to take a look at this and, again, not put this on state
8 employees. We respectfully request to speak on that today.
9 Again, this is not something the state employees can afford.
10 We appreciate your time. Have a great day.
11 MR. HOPKINS: Caller with the last four 7832,
12 please press star six. Your phone has been unmuted.
13 MS. LAIRD: Yes. Thank you and good morning,
14 Chair Freed and fellow Board Members. My name for the record
15 is Terri Laird. Last name L-a-i-r-d. I'm the executive
16 director of the Retired Public Employees of Nevada where we
17 represent mostly retired public employees. Although, we do
18 have quite a few members who are still working.
19 Created in 1976, RPEN lobbies to protect the
20 pension and health care benefits all public employees earn
21 while working and deserve once they have retired.
22 We currently have nearly 8,000 dues paying
23 members and we are a nonprofit, nonpartisan membership based
24 501C organization. RPEN works alongside other employee

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1 groups. And as you will hear from them today, I will tell
2 you we agree with everything they will talk about, especially
3 concerning the massive problems PEBP is experiencing with its
4 enrollment and eligibility system that has impacted many
5 active participants, as well as retirees.
6 I've spoken with several of our members who
7 called us with their issues. And when trying to resolve the
8 problem on their own ran into long delays from PEBP's call
9 center who as you will hear from Executive Officer Rich is
10 willfully understaffed. In her own words to us, the current
11 problems with the enrollment and eligibility system is a
12 complete nightmare.
13 All state employees and retirees and PEBP and the
14 Medicare Exchange deserve better. The staff shortages are
15 inexcusable and it's something that has been noted many times
16 just not for PEBP but for all state agencies. It's time for
17 the situation to be rectified.
18 And we are hopeful to once again highlight this
19 problem relating to recruitment and more importantly
20 retention at the 2020 pre-legislative session. The state
21 needs to have the ability to hire good employees, pay them a
22 liveable wage and then keep them with good and more
23 importantly reliable benefits.
24 We thank Ms. Rich for keeping our advocacy groups

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1 informed and for the assistance she and her staff were able
2 to offer our members who came to us for help. And who when
3 we brought their plight to Ms. Rich, she got the problem
4 solved in a timely manner.
5 Our greatest concern is those participants who
6 are impacted by the problems with enrollment and eligibility
7 and may not even be aware of it. So we urge action to be
8 taken as soon as possible, to move away from the current
9 vendor and back to the previous system that works.
10 Finally RPEN is happy to hear too that the
11 proposed COVID surcharge of $55 a month for unvaccinated
12 participants and $175 a month for each dependent over 18 is
13 possibly going away. We have testified several times against
14 the surcharge which represented yet another financial impact
15 to state employees who didn't need the additional burden.
16 I thank you for the time to speak and add our
17 thanks to the Board for the work you do for state employees
18 and retirees.
19 MR. HOPKINS: Caller with the last 4114, please
20 press star six to unmute your phone if you wish to make
21 public comment.
22 Caller with the last four phone number 6787,
23 please press star six. You have permission to speak if you
24 want to make public comment.

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1 MS. GALLAGHER: Good morning. My name is Sean
2 Gallagher. Last name is G-a-l-l-a-g-h-e-r. I'm the
3 President of the Nevada State Law Enforcement Officer
4 Association. I'm very grateful for the opportunity to speak
5 to the Board today in regards to PEBP and what many of our
6 members perceive to be a lot of its failing programs, up to
7 and including even just the on-line portal and the ability
8 for members to even access and take advantage of even their
9 voluntary benefits.
10 We have members who here in late March are unable
11 to even get an ID card, an insurance ID card, if that
12 highlights some of the problems with the PEBP program.
13 I would also be in support of rescinding the
14 surcharges that are being considered for unvaccinated
15 individuals. We believe that's a pretty outrageous and
16 shameful way to connect with employees among all of the other
17 problems that PEBP, frankly that PEBP does have. And we
18 would definitely support rescinding those surcharges.
19 History is going to come full circle. And I
20 don't think history is going to be kind to events like that
21 where employees are being coerced into doing something,
22 especially when the State of Nevada has such a hard time
23 retaining employees and being a competitive public employer.
24 Thank you very much for your time.

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1 MR. HOPKINS: Caller with the last phone number
2 7101, please press star six. Your phone has been unmuted if
3 you wish to make public comment.
4 MS. PHILLIPS: Hi. My name is Jamie Phillips.
5 And I just want to support the rescinding of the surcharges
6 for the unvaccinated individuals. As a single mother of two
7 small kids, I -- there's no way that I would be able to
8 afford it. So I would end up having to get a second job or
9 quit and find different insurance. Thank you.
10 MR. HOPKINS: Caller with the last phone number
11 7832, please press star six to unmute your phone if you wish
12 to make public comment.
13 MS. LAIRD: Yeah, this is Terri Laird. I've
14 already spoken. Thank you.
15 MR. HOPKINS: Okay. Thank you.
16 I'm going to go through a couple that I tried to
17 do earlier so just real quick because we have still got 12 in
18 the attendees room.
19 Caller with the last name Slope, please unmute
20 your mic. You have permission to speak if you want to make
21 public comment.
22 The person with the last name Martinez-Boyd,
23 please unmute your mic. You have permission to speak if you
24 want to make public comment.

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1 MR. MARTINEZ-BOYD: Thank you for your time and
2 patience in listening to us today. I'm a state employee and
3 I'm a member of AFSCME Local 4041. And I just ask that you
4 guys don't have any rate increase for state employees who are
5 making a sacrifice to better our community. You know, we
6 continue to see our health insurance rates, you know,
7 increase. And we're seeing those services cut every year
8 which impacts, you know, our family and our ability to be
9 able to provide and also to take care of our loved ones.
10 We're paying more for less and it just continues
11 to spiral, you know, out of control. So we just ask that you
12 guys be mindful as we continue to stay dedicated to what
13 we're doing and protecting us in our community. Thank you.
14 MR. HOPKINS: Person with the last name Cortez,
15 could you please unmute your mic if you wish to make public
16 comment.
17 Person with the last name Druger, please unmute
18 your mic. You have permission to speak if you want to make
19 public comment.
20 MS. DRUGER: I spoke earlier. I'm sorry.
21 MR. HOPKINS: It's okay. Thank you.
22 The person with the last name Fulton, can you
23 please unmute your mic if you wish to make public comment.
24 Okay. We're going to try Cortez again. They

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1 just messaged the chat. Person with the last name Cortez.
2 Can you try it again. You have permission to speak.
3 MS. CORTEZ: Hello. Can you hear me?
4 MR. HOPKINS: Yes, we can. Sorry for all that.
5 MS. CORTEZ: My name is Carmen Cortez. I am a
6 state employee and member of AFSCME Local 4041. I ask you to
7 vote no on any rates on the state employee health insurance.
8 PEBP continue to increase health insurance rates and continue
9 while cutting services.
10 For example, PEBP staff covering some medication
11 this year and now I have to pay in full. I also have to look
12 for different places for labs that will have lower cost
13 because PEBP has changed those services too. Thank you for
14 your time and for your consideration.
15 MR. HOPKINS: Okay. That's more or less the
16 list. If anyone experiences any technical issues and didn't
17 get a chance to speak during public comment there will be
18 another session towards the end of the Board meeting. And
19 those who are still hanging out as attendees, please drop off
20 and watch the YouTube stream instead. And if you wish to
21 make a public comment, please re-attend as an attendee.
22 Madam Chair, that concludes public comment.
23 CHAIRWOMAN FREED: Okay. Thank you. All right.
24 With that, we will move on to Agenda Item 3, PEBP Board

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1 disclosures for Board meeting agenda items. I will turn it
2 over to Chief Deputy Attorney Michelle Briggs.
3 MS. BRIGGS: Thank you, Madam Chair. This agenda
4 item is to allow me to make a disclosure regarding conflicts
5 of interest on behalf of the Board Members who are eligible
6 for PEBP benefits pursuant to NRS 281A.420. On behalf of
7 those Board Members who are eligible for PEBP benefits or
8 whose families are eligible, I offer this disclosure that
9 they will be voting on these matters that may affect the
10 benefits available to them or their family members.
11 The law does not require abstention from voting
12 merely because the Board Member or their family member is
13 eligible for PEBP benefits.
14 And at this time I would invite any other member
15 that has a potential disclosure to make to make that now.
16 Thank you.
17 CHAIRWOMAN FREED: Okay. Hearing no disclosures,
18 we'll move on to Agenda Item 4. This is as you know, Board
19 Members, a whole series of consent items, a bunch of various
20 reports, I trust you all reviewed as per usual. Is there any
21 one of these sub items in Agenda Item 4 that anybody wishes
22 to pull for discussion? Ms. Aiello, yeah.
23 MEMBER AIELLO: I would like to pull 4.6, the
24 Clifton Allen financial audited statements.

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1 CHAIRWOMAN FREED: Okay. Anyone else? Okay.
2 Hearing none I will accept a motion to --
3 MEMBER KELLEY: Hello.
4 CHAIRWOMAN FREED: Oh, Ms. Kelley, go ahead. We
5 can't hear you. You're muted somehow.
6 MEMBER KELLEY: Can you hear me now?
7 CHAIRWOMAN FREED: Yes.
8 MEMBER KELLEY: Okay. Apparently I have to hold
9 my hand on it, okay. Can I pull 4.8, the master plan
10 document, please.
11 CHAIRWOMAN FREED: 4.8, master plans, okay.
12 MEMBER KELLEY: Thank you.
13 CHAIRWOMAN FREED: Anybody else?
14 Okay. Hearing none, I will accept a motion to
15 accept all of the items on the consent agenda except for 4.6
16 and 4.8.
17 MEMBER BITTLESTON: This is Leslie. So moved.
18 CHAIRWOMAN FREED: Thank you. Do I have a
19 second?
20 MEMBER CAUGHRON: I'll second.
21 CHAIRWOMAN FREED: Okay. Thank you.
22 All in favor signify by saying aye or hold up
23 your hand in your little box.
24 (The vote was unanimously in favor of the

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1 motion.)

2 CHAIRWOMAN FREED: Okay. Motion carries.

3 With that, we'll go to Item 4.6.

4 MEMBER AIELLO: Hi. Yes, this is Betsy Aiello.
5 And I would like to have staff address the information. It
6 was on page two of the report that there was some missing
7 GASB requirements, including schedules and management
8 discussion. I'm going to just go through the things because
9 maybe it can all run together.

10 I also wanted to understand the sections where
11 they did identify deficiencies because some of the
12 deficiencies reported were in fairly high millions of dollar
13 level. So I'm trying to understand how that could occur and
14 not be identified prior to an audit and what impact that
15 might have on PEBP itself.

16 And I think the last thing was, and I know I
17 brought it up last year at this time, but I noted that the
18 retiree report continues to have an increasing lost position
19 that's going higher. So the fact that we were missing some
20 schedules and management discussion, the fact that there were
21 three I believe reports that had identified financial issues
22 into the millions and then the retiree loss position.

23 MS. EATON: This is Cari Eaton for the record.
24 For the GASB schedules, I may have to kick that over to

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1 Clifton Larson because I'm not quite sure on that one.
2 The deficiencies, is there a specific one or some
3 that you would like discussed because there are -- there are
4 a few. And I -- I can explain them all or just an overview
5 because these are basically adjustments made to entries that
6 were posted to the state financial mark papers, but they all
7 have like an explanation.
8 MEMBER AIELLO: I -- let me get -- if Clifton
9 Larson can talk about the GASB, I'm going to get to that part
10 of the report and I'll let -- because I hadn't scrolled all
11 the way down into my agenda yet that far and I will bring it
12 up. But I know there was some pretty high level ones so I'll
13 get back to you.
14 MS. EATON: Okay.
15 MS. SLIFE: Yeah, hi, Cari. This is Allison
16 Slife with CLA, the principal that led the audit efforts this
17 year. I'm joined by Dylan Garrison, who is the manager who
18 also worked through the audit. So I can address the item
19 that was asked about within our audit opinion that talked
20 about what was omitted.
21 So I think the primary one you're calling out is
22 the management discussion in the analysis section. So that
23 is a section that for a lot of kind of full government
24 financial statements usually is included which is an

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1 unaudited section. We do typically on a government that does
2 present those, we do review it for consistency, but it's a
3 lot of narratives that kind of talks about changes year over
4 year and then talks about future economic or changes that are
5 kind of happening in the subsequent fiscal year.
6 So that is something that is optional for
7 governments to present. And historically I know this is the
8 first year we are the auditors, but I believe that's
9 typically been omitted in the past as well. We just have to
10 call it out as that is a section within government financial
11 statements that are able to be presented.
12 So it's not that it's wrong. You know, we
13 certainly have a lot of governments that don't present that
14 additional narrative. But certainly it's something in the
15 future if the Board, you know, would like that additional
16 section included, that's something we can work on with Cari
17 and her team. Really, it's, like I said, kind of a narrative
18 written by management about changes year over year.
19 So that's really the primary aspect I think that
20 was, the question was around. But I'm happy to expand on
21 that if there's anything further on that.
22 MEMBER AIELLO: So then my question, this is
23 Betsy again, probably would go back to Cari. Are we planning
24 to change the process in that area for next year or is it

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1 something that really isn't so much of an issue to PEBP?
2 MS. EATON: This is Cari Eaton for the record. I
3 don't believe PEBP has ever had that included so I don't know
4 why we would change the process but we are able to if the
5 Board would like that.
6 MEMBER AIELLO: Okay, thank you. The second half
7 was on pages 30, 31 and 32 of the report listed as 0012021
8 which indicated the trust fund had to be, an adjustment had
9 to be made and it said that it had an increase or claims
10 expenses, related liabilities by an amount of 5.7 million and
11 1.5.
12 The next page, it's the next three pages, that
13 was 8,000,000 and a decrease in related receivables by
14 34.6 million. I'm just trying to understand because these
15 are pretty big amounts, self-insurance trust fund, an
16 adjustment to decrease the premium revenue by seven and a
17 half million. Those are big amounts. So those were the
18 three pages that jumped out at me. And maybe I'm just not
19 understanding the report there.
20 MS. EATON: This is Cari Eaton for the record
21 again. And if I misstate anything, Clifton Larson, please
22 interrupt me. So for the 2021001, it was two journal entry
23 adjustments for claims expenses. So the 5.8 was an error
24 that occurred through the state controller's office

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1 basically. They just recorded the transaction backwards. So
2 CLA found that and corrected that error.
3 The 1.5 million of claims expense, I believe the
4 HRA liability needed to increase by this amount because of a
5 formula error that was in our spreadsheet that we provided to
6 the controller's office. So we found that calculation error
7 and we'll correct that for the future.
8 On the next page, the 2021-002, for accounts
9 receivable, there were also two journal adjustments. The
10 8,000,000 is to record prescription rebates for quarter three
11 and quarter four of -- of fiscal year '21. And this is
12 because those amounts were not yet received and unknown when
13 the financial sheets were given to the controller's office.
14 So these were adjustments that were needed once those amounts
15 were known.
16 And then the 34.6 million of accounts receivable
17 was a double counted entry in the work papers. And this is
18 the state subsidy amount that was still due as of June 30th.
19 And then the 2021003, prior period restatement
20 for 7.5 million, I'm not as familiar with this one. There
21 were additional receivable recorded based on postings of
22 three months in fiscal year '21. So I believe these were
23 adjustments to revenue that happened after June 30th but
24 before the close of the fiscal year. So I believe I stated

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1 all.

2 MEMBER AIELLO: So what is the impact or what --

3 what did that do to us or not do to us or was it just some

4 report somewhere? I'm trying to figure out because to the

5 average person those look like pretty large numbers.

6 MS. EATON: To my -- this is Cari Eaton again for

7 the record. To my understanding, the impact is basically our

8 auditors found items that needed to be corrected and they

9 corrected them. So they are corrected for the future so

10 there's no impact per se. I don't know if Allison wants to

11 jump in.

12 MS. SLIFE: Yeah. No. I mean, Cari is correct.

13 So we did classify these in terms of kind of severity

14 findings, if you will, because to your point, they are

15 considered material error. So basically if they were not

16 corrected in your audited financial statements, the financial

17 statements would not be considered materially correct. But

18 they are correct because management agreed on these

19 adjustments. We made sure that those were properly recorded

20 and presented in the financials.

21 So that's really the biggest take away is that,

22 you know, they were found, discussed with management.

23 Management has a plan to address these going forward. We

24 will be following up on the status of these findings next

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1 year. So that is part of our required, you know, audit
2 procedures and certainly would let the Board know if we see
3 similar issues happening.
4 I will say, you know, certainly, you know, us as
5 a new audit firm, we do a different set of eyes on things and
6 different -- different questions maybe that are, you know,
7 traditionally asked. So I think it just does help emphasize
8 having a different set of eyes on things. And we are happy
9 to work with the state throughout this process.
10 It certainly maybe took a little bit longer than
11 all of us wanted because of working through these, you know,
12 adjustments as we talked about. But I think we've already
13 had good discussion between Cari and her team, as well as the
14 state controller's office about how to address this going
15 forward and kind of having a plan going into this next fiscal
16 year.
17 So I think that's the biggest take away from a
18 Board perspective and certainly from my thought I guess would
19 be if the Board does see continuing issues for several years,
20 you know, that's certainly a concern. But this kind of sets
21 the precedence, if you will, of, you know, we had these
22 findings. They were corrected. Let's see how it kind of
23 shakes out next year. So that would just be my general
24 thoughts but happy to address questions or comments on that.

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1 MEMBER AIELLO: I do have a final question. So
2 these are reports and these have some numbers but they didn't
3 make cash flow issues. They didn't make us think we needed
4 to ask for more money or less money or change any policy
5 decisions based on these numbers being off then I'm guessing
6 or asking.
7 MS. SLIFE: I would probably defer, yeah, to Cari
8 on that. I would say in general we certainly have control
9 recommendations. So, you know, from a policy review, what's
10 kind of done from an internal control perspective would
11 certainly be our focus. But I guess, yeah, Cari, if there's
12 anything I missed there, thoughts on the impacts.
13 MS. EATON: This is Cari Eaton for the record.
14 No, this doesn't affect how we budget or anything like that.
15 What PEBP basically does is we report all of our actual
16 expenses and revenue on a cash basis and what we expect to
17 receive and things like that to the state controllers office.
18 And then they take all that information and ask questions and
19 then make adjustments to include in the state coffer. And I
20 am not 100 percent aware of how that affects the state as a
21 whole. I probably should look into that a little bit more.
22 But it does not affect health plan budget or anything like
23 that.
24 MEMBER AIELLO: Okay. That makes me feel better

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1 then. Thank you.
2 CHAIRWOMAN FREED: Okay. If there are no more
3 questions on 4.6, why don't we move to 4.8. Member Kelley.
4 MEMBER KELLEY: Can you hear me? Yes. I'm
5 looking for the yellow thing. It actually comes up in delay.
6 Thank you, Chair Freed.
7 So my question is on the master plan document,
8 and I've got some questions around utilization management, as
9 well as the exclusion. So I'll ask my, all of my questions
10 on the utilization management though. Perhaps Executive
11 Officer Rich can just answer it all at the same time.
12 So I'm kind of curious about the utilization
13 management, the preauthorization. The area and the scope
14 continues to expand I think. You know, I think that's true
15 probably of all plans. But I'm just wondering who determines
16 what services require preauthorization. And then what is the
17 process to come to that?
18 And then the second part of that question is does
19 PEBP do or have you ever done a market check to kind of see
20 our peers, so other government employer provider plans
21 actually treat the services that they're requiring
22 preauthorization.
23 And then lastly and very specifically, can you
24 talk about the addition of services relating to pregnancy.

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1 Like, you don't need to get preauthorization to get pregnant.
2 But I think the plan document talked about services after the
3 diagnosis. What are those services and what does that
4 process look like to our participants?
5 MS. RICH: So Laura Rich for the record. And I'm
6 going to start out with I'm going to defer some of this to
7 our quality control officer, Tim Lindley. But I will address
8 some of your questions, Member Kelley, first.
9 So first of all, we, PEBP uses a utilization
10 management company which today is American Health Holdings.
11 During the negotiation process or the implementation process
12 of that vendor, and just to clarify, this occurred prior
13 to -- to me being Executive Officer, but I'm familiar with
14 that process.
15 PEBP works with utilization management company to
16 establish proper and industry standard preauthorization
17 processes. I do know that when we implemented American
18 Health Holdings, we actually removed a lot of the prior
19 authorizations that we had determined just didn't make sense,
20 right. They weren't -- they were -- when pre-authorizations
21 are getting approved at, you know, 9,900 percent, right, it
22 just doesn't make sense to make people go through a
23 preauthorization process where it's very very likely going to
24 be approved and it's just an administrative burden, right.

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1 So we removed a lot of those.
2 And so you want to make sure that you are
3 implementing UM processes that make sense, right, that --
4 that need preauthorization for legitimate reasons. So that
5 is typically done through -- with in partnership with the
6 utilization management company.
7 And so that is, we are now implementing because
8 of the contract that was awarded. We are implementing a,
9 we're transitioning to a new utilization management company
10 to where that process has not happened yet but will be
11 happening shortly.
12 Unfortunately, we're delayed in that transition
13 process because of some other implementation that had
14 downstream affects. But we will be having those
15 conversations with United Health and UMR moving forward.
16 Typically they are pretty standard among
17 utilization management companies. You know, the
18 pre-authorizations are fairly standard regardless of who,
19 what company you're using because their industry standard
20 processes, right. They are just -- they are, and I'm
21 probably going to call on Ms. Bergren on this because she can
22 probably speak to it a lot better than I can. She's the
23 subject matter expert on utilization management. But she can
24 talk about what kind of industry standard processes that they

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1 use in that, you know, in their decision making, you know, as
2 to what requires preauthorization and what doesn't. So,
3 Chanelle, are you on? I know she is. I just don't know if
4 she's, are you able to speak? Okay, there you go.
5 MS. BERGREN: Chanelle Bergren for the record.
6 So just speaking about precertification, American Health
7 actually does a process where we do an analysis of our entire
8 book of business. And we look for a couple of factors. We
9 will first do a review based on the common recertification
10 requirements that we see and for -- I should clarify. For
11 our book of business we have many different supplemental
12 plans in addition to PEBP.
13 And with that, we support, you know, multiple
14 precertification requirements. So when we do a study of our
15 book of business we look at a couple of different factors.
16 We'll look at all of the requirements that we are currently
17 reviewing as an organization or precertification. And we
18 will do a study based on those requirements, do we see that
19 we have save any days or units, meaning we've completed a
20 review of those services and determined that services are
21 being noncertified based on medical necessity. So that's the
22 first function of the review.
23 So we take a look at those services. And we take
24 a look at the percentage of services being authorized and the

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1 percentage of services being noncertified. And Laura Rich
2 had touched on that. So that's the first process. So then
3 we take a look at the services that are high percentage of
4 being authorized. We will take a second look at that.
5 The second review is we then take a look at those
6 services and see if they have provided triggers into our case
7 management program. So that's where we provide services in
8 support with a registered nurse and provide coordination of
9 care and service.
10 Now through the CM process, if we realize any
11 estimated savings and those savings would be attributed to
12 averted use of services, moving members into a lower level
13 setting as an example, if we realize savings through that
14 process it's another consideration. So we could have
15 services that are highly certified. However, because we're
16 doing that utilization review, it's creating a trigger into
17 our case management program which is identifying estimated
18 savings.
19 And the third step is we then do a clinical
20 review. So we have our clinical team actually take a look at
21 the services, taking a look at are there services of being
22 precertified or noncertified. Are they driving estimated
23 savings through the case management program. And then we'll
24 do a clinical review just based on national guidelines,

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1 industry standards, seeing what services we're seeing out in
2 the market being reviewed. And then we come up with a
3 recommendation.
4 So American Health has a standard of a
5 recommended precertification list after completing that
6 review. And the things that would be considered pretty
7 standard as far as you will always see these items on a
8 precertification list are inpatient admissions, so anything
9 related to an inpatient admission where you can see variants
10 as to the different pre-service requirements is going to be
11 in outpatient services, so outpatient diagnostic services,
12 outpatient surgery and any other outpatient, we call it
13 coordination of care.
14 And in that category is where you can see
15 variants and recommendations based on what we're seeing in
16 our book of business. But we do do that review on an annual
17 basis. So when we were going through the implementation
18 process with PEBP, we did complete an analysis of the current
19 precertified requirements in the plan. And we did a
20 comparison against our recommended precertification list.
21 And like Laura Rich said, we made a number of recommendations
22 to remove certain items that we didn't establish any value
23 from a financial value, clinical value and made some
24 revisions.

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1 I'll pause there just to see if there's any
2 questions about what I covered.
3 MS. RICH: Michelle, did that satisfy -- did that
4 satisfy your question?
5 MEMBER KELLEY: Yeah, I think one part of it.
6 But then if she can specifically talk about the pregnancy
7 precertification or case management piece and what that looks
8 like to a participant and perhaps to their provider as well
9 because I think we get a lot of complaints. And pregnancy
10 seems to be, I don't know the percentages but I would figure
11 there's a lot of people who use it, right. So if I can
12 understand that I would appreciate it.
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13 MS. RICH: So let me defer that first to
14 Mr. Lindley who can speak to that. I think we've been --
15 we've been working in the past few months to make the master
16 plan documents a little bit more consistent. They have been,
17 you know, it lacked consistency between the three, the three
18 master plan documents. So he's been doing a lot of work
19 to -- to make them more consistent along the program and not
20 just, you know, in the plan itself.
21 So, Tim, do you want to speak to that before we
22 have Chanelle address that specifically?
23 MR. LINDLEY: Thank you very much, Director Rich.
24 Tim Lindley for the record. Member Kelley, one thing this

1 actually brings to light what was done when reviewing the
2 master plan documents, currently the low deductible in the
3 premier plan have this verbiage that states the UM Company
4 should be notified upon confirmation of pregnancy so that
5 they may better manage our benefits. You must comply and
6 cooperate with the UM Company. Services are subject to all
7 terms of this plan.
8 And when reviewing the plan documents this
9 verbiage was not in the CDHP plan document. So what I did is
10 I lifted that specific paragraph to the CDHP and I added a
11 header to that, the header being pregnancy specifically.
12 That way when we generate the table of contents it does show
13 on the table of contents. So that was added to the CDHP for
14 continuity between all three plans. There was no changes
15 between the current plan year and the proposed changes for
16 the next plan year.
17 Now I will want to defer to our subject matter
18 expert, Chanelle Bergren, to speak a little bit more further
19 on that. But I hope that answers your question on why that
20 has been added to the CDHP.
21 MEMBER KELLEY: Actually, just a follow-up, if
22 you will. So are you saying that while the master plan
23 document for the CDHP didn't specifically lift out pregnancy
24 that, in fact, UM, the UM Company has been requiring

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1 preauthorization of that piece for the CDHP or are you just
2 saying that it was a miss and now it's in?
3 So, you know, like has it been done and just not
4 noticed in the SPD or has it not been done on this plan but
5 it was done on the other plans and the continuity will now be
6 done on this plan.
7 MR. LINDLEY: This is Tim Lindley for the record.
8 Yeah, for continuity sake it was added to the CDHP between
9 all three so all three plans read the exact same.
10 MEMBER KELLEY: Okay.
11 MS. BERGREN: Chanelle Bergren for the record to
12 address the second part of that question. So for
13 pregnancies, the only pre-cert requirements that are actually
14 within the SPD for delivery. So member providers and members
15 need to follow precertification if the delivery admission
16 extends beyond the current federal mandate and the federal
17 mandate specifies precertification is only required if the
18 day succeeds 48 hours for vaginal delivery or 96 hours for a
19 C-section.
20 So if a member is admitted for delivery that
21 falls within that time frame precertification is not
22 required. Precertification would also be required if during
23 the duration of the pregnancy the member was admitted for
24 related or unrelated diagnosis.

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1 The only other pre-cert requirements that would
2 come into play related to pregnancy would be things like
3 diagnostic testing. And those services are listed within the
4 plan document itself and could include things like genetic
5 testing for example.
6 There is no specific pre-cert requirement just
7 related to the pregnancy itself or confirmation of the
8 pregnancy.
9 MEMBER KELLEY: Thank you for that information.
10 Then I'm actually confused about that addition to the master
11 plan document. It sounds like -- it sounds like it's already
12 covered under different areas. So you're either inpatient
13 admin or you're imaging services. These things already
14 require pre-cert, right.
15 So why are we then pulling that one out and
16 focusing it on, because it also allows you in the future to
17 kind of change it however you kind of feel like it without
18 any advance notice, right. If one day you decide that people
19 do need their OBGYN appointments precertified then that won't
20 change the master plan document but it's a real change to our
21 participants and kind of how they see our program.
22 So I am a little confused. I understand the
23 continuity argument. But I don't see why it's pulled out
24 like that. You know, knee surgery, for example, I don't

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1 think is pulled out like that. You know, if someone just
2 needs a -- it's the services themselves as opposed to the
3 condition. But thank you for that explanation.
4 MS. RICH: So this is Laura Rich. And actually
5 this is an area that we were speaking to American Health
6 Holdings about specifically as well because it was
7 identified. And, again, we're still -- unfortunately there
8 is still some cleanup work that needs to happen, especially
9 with -- with the transition over to UMC.
10 So there is an opportunity or potentially a
11 chance that we'll bring this back to -- these master plan
12 documents may come back to the May Board meeting with some
13 additional changes.
14 The -- my suggestion here or what I plan to ask
15 for request from the Board in this -- in this area
16 specifically is for staff to have the ability to make
17 technical adjustments moving forward because we also do not
18 have -- the master plan documents have to be posted by open
19 enrollment. And, again, this is -- the timing of the next
20 Board meeting is not sufficient.
21 So we would need to have the ability to make
22 technical adjustments. The removal of this is probably one
23 of them after having some conversations with American Health
24 Holdings late last week and early this week as well. But we

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1 will also, while we will not be making major changes to the
2 master plan documents, there potentially could be some minor
3 changes that may need to happen as a result of the
4 conversations with United Health in terms of how that is
5 going to -- how the utilization management is going to look
6 moving forward because we haven't had the opportunity to have
7 those conversations. I don't expect there to be anything
8 significant, at least in that area. But there is a chance
9 that we may need to make some technical adjustments moving
10 forward in those master plan documents.
11 MEMBER MCCLENDON: May I ask a follow-up
12 question?
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13 CHAIRWOMAN FREED: Please, feel free.
14 MEMBER MCCLENDON: The way that it reads, it says
15 the UM Company should be notified upon confirmation of
16 pregnancy. Is it the pregnant plan member's responsibility
17 to notify the company of her pregnancy. And if so, what is
18 the penalty for not doing that? For example, would there be
19 some way that her prenatal coverage wouldn't come through or
20 is there -- would some expenses need to be paid
21 out-of-pocket?
22 I'm just concerned if somebody didn't know they
23 had to notify the utilization management company of their
24 pregnancy that they could then be financially liable for more

1 prenatal services and then maybe declined prenatal services
2 which would have a negative effect.
3 So is there a penalty for not notifying
4 utilization management companies I guess is my question.
5 MS. RICH: Chanelle, are you able to address that
6 specifically from a UM standpoint.
7 MS. BERGREN: So from a UM perspective, the
8 majority of precertification notification comes directly from
9 the provider. I would say 98 notification from the provider.
10 As far as any requirement related to just being
11 notified of the pregnancy themselves there isn't any issuing
12 of the non-certification for those that would adversely
13 affect their benefits.
14 Precertification for the specific services
15 outlined as an inpatient admissions or outpatient diagnostic
16 test, if pre-cert was not required for those services, and
17 HealthSCOPE can confirm this, what would happen is when the
18 claim was submitted from the provider to HealthSCOPE and they
19 were adjudicating that claim, they would potentially deny
20 that claim for payment, indicating that pre-cert is required.
21 However, members, non-providers have the ability to request
22 retrospective review, submitting clinical information for
23 those services and American Health would then complete that
24 retrospective review.

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1 MEMBER MCCLENDON: Thank you.
2 MEMBER KELLEY: Michelle here. The other area,
3 and this is really a general question. So the exclusions
4 that start on page 93 of the document, 165 of the PDF, I was
5 really confused when I was reading these exclusions,
6 especially the ones that pertain to NRS changes.
7 It seemed like the one on contraception, the
8 continued medical treatment, controlled substances, they are
9 in the plan under exclusions. But it's really confusing to
10 me because they're actually -- the NRS's are saying that
11 health management organizations need to cover these and then
12 PEBP has got them in their exclusion.
13 So can someone kind of talk about contraception,
14 continued medical treatment, controlled substance. I think
15 there was more but because it was a general question, I just
16 feel like those are one of those directions to health
17 management organization in the PEBP plan as exclusions.
18 MR. LINDLEY: This is Tim Lindley for the record.
19 Once again, this was a continuity between all plan documents.
20 So if you look at the term plan documents, the low deductible
21 and EPO plan has those listed under exclusions. Obviously,
22 it was copied over to the CDHP so it's more for ease of use
23 and easy understanding.
24 Now the NRS, the subheading is benefit limitation

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1 and exclusions. And the NRS does show if there is a
2 limitation or exclusion, for example contraceptives, this NRS
3 supercedes any potential limitations and exclusions in the
4 document.
5 CHAIRWOMAN FREED: This is Laura Freed. I have a
6 question and I think this is probably for Mr. Lindley. So in
7 listening to all of this discussion, what I'm getting is that
8 nothing about delivery of care, because we started the
9 question, you know, discussion about pregnancy, nothing of
10 delivery of care is changing. We're aligning the MPD's for
11 all of our plan choices to law and each other; is that right?
12 Can you please confirm or deny that.
13 MR. LINDLEY: This is Tim. Chair Freed, that is
14 correct.
15 CHAIRWOMAN FREED: Okay. Thank you.
16 MEMBER KELLEY: This is Michelle here. So I
17 appreciate that clarification. I think -- I think what I
18 experience as I read through this is that, you know, this is
19 the rules of how the plan operate and how PEBP managed the
20 plan.
21 But I do think that it's not very understandable.
22 You know, it's not from an exclusion point of view and then,
23 you know, from the -- the utilization management, it's
24 contradictory. And so I would suggest that once -- I

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1 understand that you're lining the plans up and the language
2 up and that's great.
3 But I do think that's there needs to be work done
4 on plain, using plain language to describe what is covered
5 and what's not covered because participants should be able to
6 understand this easily. And we should be able to point to
7 pages and say this is where it's outlined. You know, like as
8 plans where mandated to operate it per the plan document.
9 But if an employee can't understand it or we have
10 things listed that need preauthorization but, in fact, when
11 they call to preauthorize it, someone who has just been
12 diagnosed as pregnant is going to be told oh, no, you don't
13 need to do that now. It's only when you're going to give
14 birth and if you're going to be past a certain number of
15 days.
16 So it's confusing for our participants who
17 utilize the plan for it to kind of be circular. And so my
18 request would be, and I know everyone is just trying to get
19 by at the moment. But over the next 12 months that we should
20 also be looking at summarizing and clarifying what is
21 actually meant in these exclusions in the utilization
22 management. Thank you.
23 MS. RICH: So Laura Rich for the record. I
24 appreciate that, Member Kelley. Actually, the master plan

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1 documents and the development of master plan documents were
2 added to our TPA RFP and so it is part of it. Specifically
3 to address your comments right there because we recognize
4 RMPD's are a product of, you know, over a decade of just
5 additions and edits and it's gotten to the point where we can
6 probably do better. And so but with the limited staff we
7 have, we don't have the ability to do it in-house completely.
8 And so we added that to the RFP as a requirement
9 and we plan to make that something that we work with UMR on
10 moving forward. Unfortunately, we haven't transitioned yet
11 obviously, but we expect these to look a little different
12 next year. Not only do we expect them to look different but
13 there's probably going to be some work done in terms of our
14 benefits and making some recommendations and changes moving
15 forward.
16 You know, specifically that the one thing I can
17 think of is dental, right, some dental changes and then
18 specifically two other medical subjects as well or topics as
19 well. But this takes time. And unfortunately we just -- the
20 last few years have been a little chaotic for PEBP and we
21 have not had time to really dive into this. But this is on
22 our radar and something we have put on our, you know, on our
23 white boards as projects that we want to work on moving
24 forward.

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1 CHAIRWOMAN FREED: Okay. This is Laura Freed.
2 Okay. Thank you.
3 If there are no more questions about -- oh, there
4 are.
5 MEMBER AIELLO: Well, chair, actually not about
6 this item but I missed at the 4.6, when we moved from it, I
7 was comfortable with the deficiency discussion but I still
8 wanted to talk about the retiree loss position. Okay, so but
9 I don't know if everyone else was done with that other one.
10 CHAIRWOMAN FREED: Okay. So, yeah, right, let's
11 wait on 4.6 for a minute. 4.8, going once, going twice.
12 Okay. Let's go back to the retiree loss.
13 MEMBER AIELLO: Sorry about that but I missed
14 that and then we moved on.
15 CHAIRWOMAN FREED: Not at all.
16 MEMBER AIELLO: I'm looking at page five of the
17 state retiree health and welfare benefit statement of
18 changes. And I know I discussed this a little bit last year
19 because in 2019 the net position at the end of the year was a
20 positive number. In 2020 it was the retiree net position was
21 negative 5.6 million. And now the retiree net position is
22 basically a negative 10,000,000.
23 And so I'm just curious about if the retiree net
24 position keeps going down and down and down, is it funded,

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1 that negative position then by the actives or just curious
2 about that because that is definitely going down.
3 MS. EATON: This is Cari Eaton for the record.
4 And yes, you are correct. This is what we call our REGI
5 subsidy and it is built into our budgets and then it is put
6 into law during legislative session so it is a set subsidy
7 amount. So even if our rates increase, we're only receiving
8 this smaller amount of subsidy.
9 So this is something that has been getting worse
10 each year. We are not getting enough retiree subsidy to
11 support the amount that we need. So this next budget
12 building session, this is something that we are going to have
13 discussions with to try to see if we can reduce the active
14 subsidy increase, the retiree subsidy or talk about ways how
15 to fix this issue because this is going to be a prolonged
16 issue that keeps compounding.
17 And I know Director Freed may have more to say.
18 She knows about this as well, but I'm not sure if I
19 sufficiently explained that.
20 CHAIRWOMAN FREED: No, I don't think I want to
21 venture into this one. Thank you though, Cari.
22 MS. EATON: Sorry about that.
23 CHAIRWOMAN FREED: It's okay.
24 MEMBER AIELLO: So this is Betsy. I mean, it

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1 doesn't really have to do with approving the audit report or
2 not because it is what it is. But I don't know at what point
3 there's an obligation from the Board or the budget.
4 Obviously, everyone is getting the care. But I know retiree
5 care is more expensive than active care.
6 MS. EATON: Right. Cari Eaton for the record
7 again. This is something that differently has to be fixed
8 budgetarily and legislatively. So it is definitely on all of
9 our radar and we will do our absolute best to try to get,
10 un-dig this hole.
11 CHAIRWOMAN FREED: Okay. With that, if no one on
12 the Board has additional questions about either 4.6 or 4.8, I
13 will accept a motion to accept both of those items at once.
14 MEMBER VERDUCCI: Chair Freed, Tom Verducci. I
15 would like to accept 4.6, 4.8. But I would like to add the
16 language on 4.8 to allow staff to make technical adjustments.
17 CHAIRWOMAN FREED: Okay. Do I have a second?
18 MEMBER BITTLESTON: This is Leslie. I'll second.
19 MS. RICH: Okay. So 4.6 and 4.8 and
20 Mr. Verducci's motion includes authorization for staff to
21 make technical adjustments on the plan year 2023 MPD's. Does
22 everyone understand what that means in the context of
23 Executive Officer Rich's previous comments about needing to
24 do that going forward? Ms. Kelley?

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1 MEMBER KELLEY: Michelle here. Just about --
2 thanks, Chair Freed. I'm just wondering as a friendly
3 amendment to the motion, if we could ask for once these
4 amendments are made that master plan documents be brought
5 back to the committee for review even if it's just
6 informational.
7 CHAIRWOMAN FREED: Is that okay with you,
8 Mr. Verducci? Ms. Bittleston?
9 MEMBER VERDUCCI: Tom Verducci for the record.
10 Yes, that would be just fine.
11 MS. BITTLESTON: Yes, that's fine.
12 CHAIRWOMAN FREED: Great. All in favor, signify
13 by saying aye. Any opposed say nay.
14 (The vote was unanimously in favor of the
15 motion.)
16 CHAIRWOMAN FREED: Okay. Motion carries. Thank
17 you very much.
18 With that, we'll move on to Agenda Item 5, the
19 Executive Officer Report. This is an informational item
20 only.
21 MS. RICH: Thank you for that clarification. I
22 actually see that it's an action item on the report. Sorry
23 for that.
24 CHAIRWOMAN FREED: No, it's okay.

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1 MS. RICH: We -- we reuse the reports when we
2 write these and sometimes we miss that area. So I apologize
3 for that.
4 Laura Rich for the record. This is the Executive
5 Officer Report to provide the Board and members of the public
6 information on general PEBP operations.
7 First is staffing update. Unfortunately, PEBP is
8 not immune to what I think most other state agencies are
9 going through and the nation in general. We continue to face
10 staffing challenges, particularly in the member services unit
11 which is the PEBP call center.
12 We've had some recent promotional opportunities
13 where staff has gone to other agencies. We had a long time
14 staff member retire as well. And so we've got a decent
15 amount of vacancies at PEBP. And all supervisory staff are
16 actively working to fill these vacancies. There's -- even
17 when we fill these vacancies there's going to be a
18 significant amount of training that is required in all of
19 these roles.
20 So having sufficient staffing available during
21 open enrollment is definitely a concern of ours. We are
22 doing our best. But PEBP is a very complicated and intricate
23 program and so it takes staff quite a long time to get up to
24 speed. Of the 34 staff right now we have nine vacancies. So

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1 we're operating basically on, you know, slim pickings there,
2 right. Everyone is doing two or three jobs at this point.
3 Five of those vacancies are in the member
4 services unit. So you did hear from public comment that hold
5 times are long. We -- historically if you call PEBP, we
6 typically answer the phone very quickly and we're able to
7 help our members very very quickly usually. That is not the
8 case.
9 We are very understaffed. And on top of, you
10 know, some of these other issues we're going to hear in
11 future agenda items, there's -- there's a lot going on and
12 not a lot of staff. And so that is -- it's an unfortunate
13 situation but I just want to thank all my staff because
14 everyone is working very very hard. And, like I said,
15 everyone is doing the job of two or three people right now.
16 I want to go on record and thank everybody at
17 PEBP and thank them for, you know, doing the hard work that
18 has been necessary the last few months, few years.
19 The next one is budget and legislative session
20 preparation. On March 9th as it happens every other year,
21 the Governor's Finance Office helps the state's budget
22 kickoff meeting. That is when state agencies are basically
23 told, they are given directions on how to build their budgets
24 and prepare for the -- for the Governor's recommended budget.

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1 So at that time state agencies were given
2 direction to maintain flat budgets. That means that we are
3 working with the state and dollar amount in the next two
4 years as we did in the biennium that we're in. So because of
5 that that's concerning. Because of that, the rising cost of
6 health care budgets for PEBP really amount to budget cuts.
7 And the reason why is the same dollar doesn't stretch as far.
8 And so in order to stay within those dollar amounts and that
9 budget benefits are going to be necessary in order to stay
10 within those same budget requirements.
11 So literally right after this meeting was over,
12 I -- I definitely communicated PEBP's concerns about this to
13 the Governor's Office and the Governor's Finance Office.
14 We're already in discussions regarding possible solutions and
15 alternatives to avoiding this. They are very receptive to
16 the need for PEBP to possibly get an exception from these
17 flat budgets and so we are working with them to see what we
18 can do to avoid a budget cut situation for us or a benefit
19 cut situation for us.
20 In addition to budget building, bill draft
21 requests are another area that must be considered as we
22 prepare for legislative session.
23 Those are, you know, program changes that we
24 need, things that might be addressed and might need to be

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1 changed in NRS. So non-budgetary BDR's, those are things
2 that, you know, don't have a fiscal impact are due by May
3 20th, 2022 and budgetary BDR's that fiscal impact greater
4 than $2,000 are due by September 1st of 2022.
5 PEBP will be bringing budget enhancements and
6 possible budgetary BDR proposals to the Board for
7 consideration in May. But in that time, Board members are
8 encouraged to propose any kind of suggestions or idea that
9 they may have, and PEBP staff is happy to incorporate into
10 our Board report in May when this comes to the Board.
11 Also an FSA update, the possible screening
12 arrangements, they are currently offered at no cost for
13 HealthSCOPE Benefits. When I say no cost no cost to PEBP.
14 It's a three dollar per month monthly fee to -- to members
15 that use this, but it is no cost to PEBP.
16 Because of the low utilization and work that is
17 required to maintain a zero dollar contract, PEBP chose to
18 offer this product as a voluntary benefit. And initially
19 Benefit Focus did indicate they were able to support this
20 decision and could offer it through their voluntary benefits
21 platform. However, recently we received confirmation that
22 this is not the case.
23 And so instead what we did is we decided to
24 implement this benefit through the UMR contract. That's the

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1 TPA. Since it was included as part of that RFP and it's not
2 going to increase the contract amount, there's no contract
3 amendments or anything like that that will be necessary, but
4 I did want to bring it to the attention of the Board that,
5 you know, this is not going to be offered as for a method
6 benefit instead through the TPA, but it will continued to be
7 offered similar to how it is today.
8 So with that I will take any questions.
9 MEMBER KELLEY: Michelle here. Executive Officer
10 Rich, regarding FSA, so giving it to UMR as opposed to HSA
11 provider, can you talk about how are they going to verify
12 kind of that people are eligible and which plan, whether it's
13 the full FSA or limited scope. How will that work?
14 MS. RICH: So Laura Rich for the record. I do
15 not have the details on how their processes work. But I will
16 see if someone from UMR is able to speak on this. And I know
17 we do have representatives from UMR on.
18 MS. HUCKABY: Laura Rich, this is Rhonda Huckaby
19 from HealthSCOPE Benefits. So every year the PEBP
20 participants, if they elect to enroll in one of the SA
21 options, they have to complete an enrollment form and that is
22 sent directly to HealthSCOPE and our CDH team, which was also
23 the team that currently does the HSA/HRA administration
24 handles the FSA administration. And once that is loaded into

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1 our system they work directly with the pay centers.
2 MEMBER KELLEY: Thank you. Just a point of
3 clarification just so that I can line everything up in my
4 lineal head. So we keep referring to them as HealthSCOPE.
5 But come July 1 the contract with UMC and no longer with
6 HealthSCOPE, can you confirm is staffing staying the same?
7 Is the team staying the same or are we going have a process
8 shift since Ms. Huckaby referred to -- I'm just trying to --
9 MS. RICH: So Laura Rich for the record. Yeah,
10 so much of the HealthSCOPE team and I would say all of the
11 HealthSCOPE team that is assigned to PEBP right now, it will
12 continue with PEBP. Obviously, there's going to be, you
13 know, some transitional changes going over to UMR. I think a
14 lot of changes that you'll see are going to be beneficial,
15 especially to members through the member portal and things
16 like that. But the staffing is generally staying the same
17 with some possible additional resources as well.
18 MEMBER KELLEY: And so the FSA process that
19 Ms. Huckaby talked about, is that -- so it's the process that
20 they use today and it will continue to be the process for the
21 new biennium; is that right?
22 MS. RICH: Correct. That process will remain in
23 place.
24 CHAIRWOMAN FREED: Okay. This is Laura Freed.

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1 Anybody else have questions, comments, concerns on Agenda
2 Item 5?
3 Okay. So with that, why don't we take a
4 five-minute break. Perfect. It's 10:45. So come back at
5 10:50 and we will dig into Agenda Item 6.
6 (Whereupon, a brief recess was taken.)
7 CHAIRWOMAN FREED: Okay, everyone, it is 10:50.
8 I'll call the meeting back to order and we'll move on to
9 Agenda Item 6, COVID-19 update which is an action item. And
10 I'll let Executive Officer Rich take it away.
11 MS. RICH: All right. So this is a COVID-19
12 update. I'll start out with a little bit of a background
13 here. On February 21st of 2022 the Governor reinstated the
14 weekly testing requirements for unvaccinated employees. And
15 the administration and the costs associated with that, with
16 the testing, the weekly testing was transitioned from the
17 division of public health or department of -- division of
18 public and behavioral health over to PEBP.
19 So through partnership with HealthSCOPE Benefits
20 and Quest Labs, March 14th PEBP had purchased and distributed
21 approximately a little over 40,000 tests to state agencies at
22 a cost roughly of about 1.3 million dollars.
23 Those tests were to be used to -- to -- for the
24 department to distribute to unvaccinated state employees so

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1 that they could then perform their weekly testing
2 requirements.
3 The Board as a response approved the
4 implementation of COVID surcharges for unvaccinated members
5 starting July 1st of 2022. So we continued to work very
6 closely with the Governor's Office to track and monitor the
7 impact of COVID on the employee workforce and also
8 additionally on health claim cost. Recent data shows a
9 steady downward trend of cases and positive results among the
10 state workforce dropped less to one percent of the workforce.
11 So the employee vaccination and testing program
12 was designed as a public safety measure. And that data shows
13 that, you know, that the State is achieving it goals. So in
14 response to the Governor's Office provided with guidance,
15 that has basically providing each agency head discretionary
16 authority to administer testing in a way that best manages
17 their workforce. However, the State will be formally
18 dropping its weekly testing requirements for unvaccinated
19 employees moving forward. And that actually became official
20 earlier this week. The Governor's Office did distribute a
21 memo to employees addressing this.
22 So along with the sharp increases in
23 vaccinations, the state had seen a decline with the number of
24 employees with COVID and the severity of those requiring

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1 hospitalization. This coupled with the end of a formalized
2 testing program lessens the fiscal impact on PEBP and thus
3 the need for a future surcharge.
4 So instead the Governor's Office and Governor's
5 Finance Office will be supporting PEBP with other funds to
6 cover the cost of employee mandated testing that has been
7 incurred up until this point. And they are prepared for any
8 potential spikes moving forward.
9 So the recommendation here is that the commitment
10 from the Governor's Office to provide fiscal support for
11 COVID costs eliminates the need for PEBP to impose the policy
12 to add COVID surcharges effective 2022 as approved by the
13 Board in December. Staff is recommending the removal of
14 those surcharges.
15 So I will stop right there. The rest of this is
16 really just COVID related utilization on self-insured plans.
17 And I think that that's just informational for the Board to
18 review on just what's happening with COVID.
19 CHAIRWOMAN FREED: Okay. Board Members,
20 questions, comments?
21 MEMBER VERDUCCI: Tom Verducci for the record.
22 CHAIRWOMAN FREED: Okay.
23 MEMBER VERDUCCI: You know, my meeting notes on
24 this, I wrote down slippery slope. And I heard that twice

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1 during the public comments. And, you know, I want to point
2 out I really felt on this we were going down a slippery
3 unknown path that no other states were doing. And, you know,
4 a surcharge is basically a tax. And state -- state employees
5 haven't had raises. They can't afford it.
6 And I'm very thankful for the Governor's Office
7 dropping it at this stage. I really felt it was wrong.
8 Member Barnes and I stand up against this and spoke out,
9 still opposed to. State employees cannot afford it. And I
10 still do not support any kind of surcharge. And I'm very
11 hopeful and confident that the Board doesn't move towards an
12 unnecessary tax or surcharge who cannot afford it. And I
13 think we should do the right thing and drop this and move on.
14 That's my comment.
15 CHAIRWOMAN FREED: Any other comments? Okay.
16 Boy, this is going to be quicker than I thought it might be.
17 So one clarification on my end just for Ms. Rich. So the
18 staff report says instead, the Governor's Office and
19 Governor's Finance Office will be supporting PEBP with other
20 funds to cover the cost of employee mandated testing incurred
21 up to this point and about how much was that? Did I miss
22 that somewhere in the report?
23 MS. RICH: Yes. So it's in the report. It was
24 1.3 million dollars. That may have changed --

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1 CHAIRWOMAN FREED: Okay.
2 MS. RICH: -- since the report was written. But
3 they have committed to provide reimbursement to PEBP at
4 whatever that cost is.
5 CHAIRWOMAN FREED: Okay. So more over and above
6 the 1.3 million that PEBP has already spent for the test,
7 they are committed to providing claims reimbursement to PEBP.
8 I'm sorry, I didn't mean to talk over you.
9 MS. RICH: No. No. It's fine. Laura Rich for
10 the record. Not claims reimbursement but specifically for
11 those testing costs.
12 CHAIRWOMAN FREED: Okay.
13 MS. RICH: So at the time that this report was
14 written that was what had been ordered thus far. That
15 changes everyday based on the need of the agencies. And so
16 that may have changed slightly since the time that this
17 report was written.
18 CHAIRWOMAN FREED: Okay. I don't want to have a
19 situation where we go back and forth. God forbid there will
20 be another variant and another surge. So if we remove the
21 surcharges, which is great for participants, but we incur a
22 whole bunch of high cost claims, do you have a commitment
23 that these other funds will pay for those?
24 MS. RICH: Laura Rich for the record. That

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1 commitment was to pay for those funds that are -- that have
2 been used so far to cover the testing costs. And if there is
3 another variant that there were -- there was -- it would be
4 open to discussing obviously solutions for PEBP and in the
5 future, you know, should there be any issues moving forward
6 where PEBP is on the hook for high cost claims because of the
7 new variant.
8 CHAIRWOMAN FREED: Okay. Betsy?
9 MEMBER AIELLO: Give me a minute to unmute. And
10 I'm supportive of not having a surcharge. I don't like it
11 very much. But I'm just curious about these reports you said
12 that are just reporting. In February 10th it said that we
13 had paid dollars per year one point or one -- almost two --
14 no. Yeah, almost $2,000,000 paid by year, almost 2,000,000.
15 And then in March it was over 3,000,000. So we -- was there
16 a huge claims that ran with increasing by over a million in
17 one month?
18 MS. RICH: Laura Rich for the record. That is
19 what I would suspect in that there is always a claims lag and
20 there was obviously that variant that we experienced over the
21 winter.
22 Is there anyone from HealthSCOPE that can maybe
23 speak to the data on this and experience specifically with
24 COVID. Because I know that is -- I know as Betsy mentioned,

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1 there's a very significant cost with COVID specific claims.
2 So it's something that, you know, moving forward if there are
3 anymore variants is this a cost that PEBP is going to have to
4 absorb. It's definitely a concern.
5 It looks like Nathan Maier from UMR can speak to
6 this a little bit more as well.
7 MR. MAIER: Yeah, Nathan Maier for the record.
8 So, Betsy, can you point out where you're talking about, I'm
9 looking at the February report.
10 MEMBER AIELLO: I'm looking at the slide put in
11 the power point presentation that's right after Laura's
12 report.
13 MR. MAIER: Okay.
14 MEMBER AIELLO: And it says COVID-19 diagnosis
15 confirmed. This is dollars paid by year. And
16 February 10th -- I'm thinking that the 1.9 million is from
17 June to February 10th because it says paid by year, so I'm
18 thinking it's our fiscal year. So we're under 2,000,000 for
19 the fiscal year. And then about three pages down you have a
20 March 1 that says now it's 3.2 million so it went up over a
21 million just in one month when it was under 2,000,000 for
22 like six, seven months and that could be all of the January
23 surge. I don't know.
24 MR. MAIER: So it's an accumulative number by

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1 year, Betsy. So we had another month of unpaid claims come
2 through which is why there's the increase.
3 MEMBER AIELLO: But it was a huge increase
4 because the first like -- if it's -- it's the state year, not
5 the calendar year I'm guessing, it would have been seven
6 months for 2,000,000 and then eight months it went to
7 3,000,000 so is what I'm thinking I'm seeing.
8 MR. MAIER: I believe that this report is
9 calendar year based and not specific to PEBP's plan year, but
10 let me confirm that for you.
11 MEMBER AIELLO: Okay. And then my question is
12 because the year before we paid 11 and a half million. So
13 we're running about a million a month in claims for COVID?
14 MR. MAIER: Correct.
15 MS. RICH: And this is Laura Rich. Nathan, can
16 you -- can you maybe speak to what UMR received maybe across
17 your book of business in terms of COVID claims and COVID
18 experience and, you know, how the PEBP experience may compare
19 to that.
20 MR. MAIER: I would say generally speaking,
21 Laura, that we will see it come down to the point you
22 referenced about positivity and some of the other metrics
23 that you referenced. So we are starting to see it come down.
24 And, you know, if it's something the Board would

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1 like to see, we can certainly provide kind of a book of
2 business comparison as well so we can compare PEBP to the UMR
3 book of business.
4 CHAIRWOMAN FREED: This is Laura Freed. I would
5 certainly like to see that comparison to the rest of the book
6 of business, yeah.
7 MR. MAIER: Okay. We can put that together.
8 CHAIRWOMAN FREED: Okay. So it looks like nobody
9 has anymore questions. If nobody wants to continue to ask
10 PEBP staff questions, I guess I'll accept a motion to
11 eliminate the surcharges that were previously approved by the
12 Board that were supposed to be effective by July 1, 2022.
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13 MEMBER VERDUCCI: Tom Verducci for the record.
14 So moved.
15 CHAIRWOMAN FREED: Thank you, sir. Do I have a
16 second?
17 MEMBER WOODWARD: Janelle Woodward. I'll second.
18 CHAIRWOMAN FREED: Thank you. All in favor
19 signify by saying aye. Any opposed say nay.
20 (The vote was unanimously in favor of the
21 motion.)
22 CHAIRWOMAN FREED: Okay. Motion carries. Thank
23 you, guys.
24 We are moving on to Agenda Item 7, Enrollment and

1 Eligibility System Implementation Update. I'll turn it over
2 to Mr. Proper.
3 MR. PROPER: Nik Proper for the record. Thank
4 you, Chair Freed. I'll be providing an update on the
5 enrollment and eligibility system. This is a very lengthy
6 report with different categories, including three staff
7 recommendations at the very end.
8 So PEBP's new enrollment eligibility system is
9 managed by Benefit Focus and it went live in January. And
10 although the contract is with LSI. The bulk of the
11 subcontracted work is performed by Benefit Focus. There has
12 been many challenges and risks, which I will go over each
13 including data issues, demographic file feeds, accounting and
14 billing, system functionality and file integrations with
15 associated work orders for each.
16 The first I'm calling data discrepancies, but
17 this is data integrity and reconciliations that occurred from
18 the system change. This means that there are differences on
19 some member accounts other than what they are supposed to be
20 or what they were prior to the conversion. And this occurred
21 due to two main reasons. The system change was some member
22 data, including coverage levels, working to something other
23 than what they should be. And then this also occurs to the
24 transmission of incorrect data on file feeds to the carriers.

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1 So think of it as bad data in, bad data being transmitted
2 out.
3 And so when the transition and data conversion
4 occurred from a prior system, some member coverages were
5 changed to not what they had, and this includes years of
6 service also being changed or calculated differently. And
7 all of these changes or discrepancies contributes to wrong
8 deductions taken out and wrong billing, as well as wrong
9 coverage levels causing disruption with members accessing
10 services.
11 Benefit Focus has attempted to reconcile to audit
12 the data but it was not done properly because any time PEBP
13 staff looked up historical data on many accounts and it's
14 absolutely different than to how Benefit Focus converted it.
15 And, again, this includes members in a different status, plan
16 or coverage tier. And PEBP staff many times will come across
17 an error for one that impacts many more, up to thousands more
18 being impacted.
19 Unfortunately the impact is currently unknown as
20 we're relying on member feedback, internal audits and
21 feedback from carriers and agencies. So staff is continuing
22 to do their best to manually reconcile and correct accounts
23 as immediately as possible, including performing urgent
24 updates with the carrier so services can be accessed.

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1 This implementation focused heavily on
2 demographic file feeds with central payroll and NSHE. The
3 idea with this is that agencies know what the statuses their
4 employees are supposed to be in, meaning their personal
5 information. But there have been complications and added
6 workloads on all sides. Because central payroll and NSHE
7 employees for an example are no longer able to have just one
8 address in their HR system and a separate address with PEBP.
9 And so employees wish to have these separate addresses are
10 effected. So we're receiving many complaints about this
11 currently.
12 Another category or issue is seasonal workers or
13 critical hires coming back to central payroll and NSHE. When
14 they are being sent on demographic file feeds it's overriding
15 the previous coverage which is typically retiree coverage and
16 PERS reduction. And it's moving them back to active
17 coverage, complicating the billing component even further,
18 requiring adjustments and refunds. And so to get these files
19 to work correctly it requires further configuration on both
20 the Smart 21 and NSHE sides.
21 To mitigate this, we have paused both demographic
22 files and are reverting back to a manual process in which it
23 worked before. Agency representatives go into the system,
24 but the employees and whatever status they should be and

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1 nothing is overriding with this manual entry process.
2 Now on to billing, which has been a bane of our
3 existence since last Board meeting, as last board meeting LSI
4 went on record and promised in February a billing platform
5 would be available. And PEBP staff and members still do not
6 have access to the billing platform, even a basic billing
7 platform, not a complete solution, but a basic platform is
8 scheduled for mid-April, a complete billing solution to meet
9 PEBP's needs and carriers' needs, agencies' needs is at least
10 12 months away which will require a completely one off
11 customized development with unknown costs at this time.
12 To continue with all of the accounting and
13 billing issues, invoices continue to not be produced.
14 Employees in a direct bill status have not received bills for
15 their health insurance, causing PEBP to manually create
16 letters to ask direct billed members to pay premiums based
17 off of old information.
18 Deduction files with PERS, central payroll and
19 NSHE continues to need constant fixes and development work
20 for deductions to be conveyed appropriately. And file
21 integrations with our Medicare Exchange vendor via Benefit or
22 Willis Towers Watson needs new files developed so exchange
23 members can be reimbursed appropriately through their HRA.
24 But there's an issue there because with the data

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1 conversion, members years of service subsidies were
2 calculated differently effecting their HRA. Again, the
3 volume of impacted members is unknown. Some members are
4 continuing to have incorrect deductions without being
5 refunded for almost four months.
6 Direct billed members with voluntarily benefits
7 have never received a direct bill. And PEBP cannot create
8 the voluntary benefits direct bill to its members since we do
9 not administer voluntary benefits whatsoever so we have no
10 visibility into this.
11 The long-term effects of billing is that PEBP
12 will not have the required documentation to write auditors
13 for this time period which may lead to delayed audit results
14 and audit exceptions.
15 Again, PEBP staff are coordinating with all
16 agencies and members on a very manual basis to keep track of
17 what refunds or deductions need to be corrected as we
18 continue to have zero visibility to the billing platform.
19 Now to system functionality, which this will be a
20 various -- this list includes various items that all
21 contribute to manual work on PEBP staff and members and just
22 frustration across the board.
23 So Benefit Place is the name of the member portal
24 and admin staff portal. And it is not a true CRM system as

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1 it lacks much needed functionality. For example, Benefit
2 Focus notified us in January of some fixes to the system,
3 including a message center function to be deployed in
4 February. It never happened. Staff cannot -- cannot add
5 notes directly into a member's record. Staff and members
6 themselves cannot cancel out a life event that they started.
7 So every time they need to make a change or cancel out a life
8 event, we have to send a case to Benefit Focus to cancel.
9 And a very important item for system
10 functionality relates to PEBP's open enrollment. PEBP's
11 rules for open enrollment is a passive open enrollment,
12 meaning that members who wish to do nothing will keep their
13 same exact coverage or elections for the upcoming plan year.
14 It was recently conveyed to PEBP that members in
15 an HSA plan will have to retest their eligibility and select
16 their contributions essentially turning a passive open
17 enrollment into an active open enrollment for everyone with
18 an HSA account. What that means, it will cause thousands of
19 tasks on PEBP eligibility staff to have to approve and heavy
20 communication to everyone to basically turn this passive open
21 enrollment into an active open enrollment so these members
22 don't get missed.
23 The impact of just the system functionality
24 causes internal operational processes and procedures to take

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1 longer, being more manual which also means new coverage and
2 coverage changes for members will take longer to take effect.
3 The mitigation, there really is no mitigation on
4 this, as the current system functionality will remain
5 continuing to the added workload on PEBP. Their system is
6 what it is, which isn't good.
7 Now to a very large category being one of the
8 largest risks in my opinion are the vendor file integrations
9 with the associated work orders. So vendor file integration
10 with our vendors are still not set up and working as expected
11 with multiple integration calls continuing weekly with still
12 new issues being discovered on a weekly basis blindsiding
13 PEBP entirely.
14 PEBP recently found out through our own research
15 that when members initiate a qualifying life event, marriage,
16 birth, divorce to have dependents either added or dropped, if
17 they have not submitted the documentation loaded, the entire
18 coverage tier is dis-enrolled from benefits. This is really
19 unacceptable. So if anybody wants to add a new spouse and
20 the documentation isn't uploaded day one, all members are
21 dis-enrolled and not sent on carrier files until this
22 documentation is loaded. And we give members X amount of
23 days. Well, with this, if they don't do it day one, it's
24 bad.

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1 Benefit Focus is also unable to send HealthSCOPE
2 Benefits care management enrollments appropriately on
3 dependents. This also was not conveyed until recently
4 causing PEBP, HealthSCOPE Benefits and ESI with the only
5 option to pursue a new care management file amongst ourselves
6 without Benefit Focus.
7 The current estimated cost for just this is
8 $10,000. And with this direction, if we were to go down this
9 path means care management enrollments would not be reflected
10 in the Benefit Focus system at all, forcing PEBP staff and
11 members having to reach out to HealthSCOPE and ESI to confirm
12 enrollments every single time.
13 So the impact of these file integration issues is
14 numerous, members being dropped entirely or conveyed in a
15 different coverage level than what they should be on files
16 causing their deductions to be incorrect and causing them
17 unable to access services again with added manual workload on
18 all PEBP staff carriers and agencies.
19 Unfortunately, the current system, functionality
20 and processes will, again, remain unless more work orders
21 with unknown costs occur for development if even possible
22 that future development would correct these.
23 So now I'll go through each invoice relating to
24 each file integration. And the total of these invoices here

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1 are a half a million dollars almost, total 470 but we're
2 recommending to not pay given they are not working as
3 expected, still in the testing configuration or creation
4 process still with needed workarounds and future work orders.
5 So the first and largest work order is the
6 central payroll advantage integration. So what this means is
7 Smart 21 was scheduled to go live in January. And all of the
8 work that we've been doing in the summer and fall was to
9 prepare to go live with Smart 21. While that was delayed,
10 causing a shift to the current and prior advantage payroll
11 system with central payroll. And we're recommending to not
12 pay this because LSI owns all the Smart 21 and PEBP contracts
13 and the shift was caused by a Smart 21 go live delay, nothing
14 in PEBP's control or even central payroll's control.
15 And the only actual option presented to us from
16 Benefit Focus was to continue with LifeWorks for January
17 which was not possible to have two separate systems at the
18 same time not speaking to each other. It's just not
19 possible.
20 And so the spiral integration is not working as
21 deductions are incorrect for every single central employee --
22 central payroll employee, every single one, whether it's for
23 HSA contributions, voluntary benefits or premiums due to
24 Benefit Focus' one cent rounding rule because they can't

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1 accommodate splitting deductions equally even though that's
2 how they set up the system.
3 And so there are not adjustment files being sent
4 to provide members with necessary refunds causing central
5 payroll, especially KEYNA and PEBP to manually keep track of
6 all members needing refunds. That's just the first work
7 order.
8 The second one is the ESI integration file. And
9 it's not working as expected, with, again, members having
10 disruption in coverage. The proposed next step to correct
11 this is a second work order estimated to be another 20,000 on
12 top of the current 20,000 just so Benefit Focus can convey
13 the necessary information in a manner that ESI can load.
14 Again, unknown outcome.
15 The third work order is for the HealthSCOPE
16 Benefits file integration. And I just want to preface this
17 that HealthSCOPE Benefits' IT department has spent hundreds
18 of hours customizing, configuring, creating brand new files
19 and formats and reconciling past files to accommodate Benefit
20 Focus, still with some members not being sent to them
21 properly with member disruption.
22 As I previously stated, we recently found out
23 Benefit Focus cannot accommodate conveying care management
24 enrollments appropriately despite this being in the RFP and

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1 having integration calls for over a year.
2 The next two work orders are both for Medicare
3 Exchange with Willis Towers Watson. One is an HRA file. And
4 this is, relates to HRA reimbursement. And so this is a
5 two-part component. One, it requires an HRA dental
6 reimbursement file which has not been implemented until just
7 last week or so and was implemented incorrectly. As we just
8 found out they doubled dental deductions on roughly 4,600
9 members that will now need refunds in April. So we're
10 working with PERS and everybody to come up with a solution
11 and send out a mass communication on this hopefully tomorrow.
12 Also, with this HRA file, if a year's of service
13 is calculated incorrectly on many members it changes the
14 amount of their HRA, causing more member disruption and added
15 manual workload on PEBP and Willis Towers Watson.
16 The second file with Willis Towers Watson is the
17 eligibility file which it's almost April is currently still
18 on the testing and QA process because it hasn't been correct
19 yet. We just recently finalized requirements and
20 specifications after over a year of calls, and the outcome is
21 currently unknown. Willis Towers Watson actually waived a
22 10,000 dollar vendor change fee assuming this integration
23 file fee would be simplified which has not been case.
24 And the last work order is for a Medicaid

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1 comparison file. And this is still in the testing and QA
2 process as well without an estimate completion and go live
3 date, requiring further configurations on both Benefit Focus
4 and the Medicaid side.
5 Now I'll present the three different options to
6 the Board followed by our three staff recommendations.
7 The first option is stay the course with LSI and
8 Benefit Focus. The positive outcomes, if you can even call
9 it that, are the system and processes remain the same which
10 is not ideal obviously. The risks are everything presented
11 in this report, everything presented in January's report, not
12 including the day-to-day things, just basically the
13 functionality to suit PEBP's needs and processes does not
14 exist without a path forward to make them exist.
15 Final integration with vendors and agencies still
16 need solutioning. The complete billing solution to suit our
17 needs is not in the works any time soon. And to get
18 everything to where we would need it to be will cause
19 hundreds of thousands of dollars on more work orders on top
20 of these ones listed. So in the interim everything stated is
21 causing, again, more manual work and frustration on
22 everybody. That's option one that we do not recommend
23 whatsoever.
24 The second option is LSI pursues a new

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1 subcontractor to replace Benefit Focus with the same contract
2 terms. The positive outcome is unknown obviously. The risks
3 include disruption of members and carriers since it will be
4 another change. And this will start a brand new
5 implementation with all entities, vendors, agencies all over
6 again that will take another 18 months to two years with an
7 unknown outcome. And I can already tell you there will be a
8 reluctancy for everybody to do a brand new implementation
9 with a brand new vendor all over again.
10 If we went down that path, our carriers may start
11 charging us. Like I said in the prior one, HealthSCOPE spent
12 hundreds of hours. So if we switch to a new vendor they may
13 want to send us a work order for all their man hours being
14 wasted. I don't know.
15 And so we're recommending option three which is
16 PEBP to pursue an emergency contract using a solicitation
17 waiver. The contract with prior enrollment and eligibility
18 vendor LifeWorks and concurrently release a new RFP. And so
19 the positive outcomes with this option are system
20 functionality, PEBP processes, file integrations with vendors
21 and agencies and billing processes work to suit all parties'
22 needs.
23 And for the voluntary benefits, we are currently
24 researching the gaps but a recent update from LifeWorks and

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1 their broker Corestream is that they can continue to support
2 the existing offers.
3 Again, there's still risks with this as with all
4 options, but I believe this to be the minimal risks of the
5 three. And, again, this includes a short notice disruption
6 since it will be a change of systems requiring heavy
7 communication. Data conversion and reconciliation will have
8 to start all over again given the data coming from Benefit
9 Focus can't truly be trusted.
10 Another issue is if Smart 21 payroll does go live
11 for July, the timeline to integrate and test with them is
12 shortened. And with all of these three options, we are
13 recommending a change to PEBP's open enrollment to be
14 May 16th to May 31st. So it cuts it by two weeks. But I
15 believe we need that runway regardless of what option occurs.
16 And so now I'll formally present the three
17 recommendations. Recommendation one is staff recommends not
18 paying the costs of the file integration work orders, as they
19 are either not working as expected, arguably in scope or
20 still in the testing and creation process or a combination
21 thereof.
22 Option -- the second recommendation is we
23 recommend option three, to pursue an emergency contract with
24 LifeWorks while releasing a new RFP in the future.

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1 And recommendation three is we recommend changing
2 open enrollment to May 16th to May 31st.
3 And with that I can either answer questions or
4 pass the presentation off to LSI, whatever you prefer, Chair
5 Freed.
6 CHAIRWOMAN FREED: Thank you, Mr. Proper.
7 I think the first thing I'm going to do is ask
8 for the verbal update on voluntary benefits that is the last
9 paragraph in the staff report before the recommendations to
10 see if, since the packet was printed you have some more
11 information on that.
12 MR. PROPER: Chair Freed, are you asking somebody
13 from LifeWorks to speak on that?
14 CHAIRWOMAN FREED: I'm asking actually you or
15 Ms. Rich to speak on that if you have some.
16 MR. PROPER: Nik Proper for the record. Yes,
17 this update was literally this week that they can support the
18 existing offerings.
19 CHAIRWOMAN FREED: They can?
20 MR. PROPER: Yes. That was this week after this
21 Board packet was put together.
22 CHAIRWOMAN FREED: Right, okay.
23 MR. PROPER: Yes.
24 MS. RICH: Laura Rich for the record. I just

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1 want to add and maybe, Nik, you can add more details around
2 this. Some of this will also depend on what kind of data
3 that we get, that we're able to get from Benefit Focus should
4 we go down this path because in order to ensure that there's,
5 you know, seamless transition I think that LifeWorks is going
6 to need that information and need data from -- from Benefit
7 Focus.
8 And so there's -- there's potentially, we're
9 going to try to mitigate the disruption and potentially to
10 make it seamless. But I think a lot of that is dependent on
11 what LifeWorks gets from Benefit Focus.
12 MR. PROPER: Nik proper for the record. I've
13 also had preliminary talks with some of our benefit carriers
14 just to ensure that if Benefit Focus cannot send those
15 enrollments to LifeWorks that the carriers absolutely will be
16 able to.
17 CHAIRWOMAN FREED: Okay. Thank you very much.
18 I think the first -- now that I've clarified
19 that, I think the second thing I'm going to do is ask the
20 Board Members what questions and clarifications they would
21 like from Mr. Proper on the staff report. Member Kelley?
22 MEMBER KELLEY: Thank you, Chair Freed. So,
23 Mr. Proper, thank you for your report. I think you focused a
24 lot on kind of the risk and issue with the current provider.

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1 Can you talk about the effort from all parties, the state
2 payroll, NSHE payroll, PEBP staff by, you know, going back to
3 LifeWorks because obviously there's been a year where they,
4 what has been, six months, can you talk about kind of what,
5 I've heard the word cleanup used. But can you kind of be
6 kind of specific about what needs to be done to do that.
7 MR. PROPER: Nik Proper for the record. So the
8 biggest component in my opinion is sending the data back to
9 Lifeworks in a manner that they can upload into their system,
10 assuming it's correct. And that will be the biggest
11 challenge. I think everything else will be minimal because
12 the prior file integrations, processes, everything will be
13 turned back on exactly how it was. All of the agencies and
14 carriers are familiar with that process. So really it's
15 going to be the data integrity and the data conversion since
16 it was converted to something other than it was from
17 LifeWorks, and somehow we have to figure out, okay, what
18 should it be to send it back.
19 So, I mean, everyday we're still trying to
20 reconcile this without LifeWorks and without this Board
21 recommendation regardless, and so that's going to continue.
22 We're going to have to look up historical data, look up our
23 carriers and continue that. But the positive is that
24 LifeWorks knows how to calculate rates correctly and

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1 calculate years of services correctly.
2 So we'll send these members over with X amount of
3 years of service. They will calculate it correctly as
4 opposed to what Benefit Focus has done with different HRA
5 amounts or different years of service. So, yes, every one of
6 these options has risks but this will absolutely be the
7 minimal risk presented.
8 CHAIRWOMAN FREED: Member Bittleston.
9 MEMBER KELLEY: And just --
10 CHAIRWOMAN FREED: I'm sorry. Go ahead with your
11 follow-up. I'm sorry, Ms. Kelley.
12 MEMBER KELLEY: Thank you. So just a quick
13 follow-up. So just to quantify the effort, you talked about
14 kind of obviously take new employees, people who make
15 changes. Do you have an estimate on the percentage of the
16 covered population that doesn't make changes and, you know,
17 for example myself, to share personal information. I haven't
18 changed my health plan since the CDHP was introduced. I've
19 just stayed there. I haven't added. I haven't deleted.
20 And I assume for someone like myself, you'll just
21 be able to pick up my record and drop it in, so no harm no
22 foul. What percentage of the population --
23 CHAIRWOMAN FREED: Whoops, Ms. Kelley, you got
24 yourself back on mute and we didn't hear the rest of it.
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1 MEMBER KELLEY: Sorry. I was just saying what
2 the rest of the population, you know, what percentage might
3 be easy versus kind of those problems you have to solve.
4 MR. PROPER: So Nik Proper for the record. So we
5 typically see those numbers after open enrollment. We get a
6 report of how many people actively went in and made a change
7 and how many didn't. And each year the vast majority do not
8 make changes during open enrollment. Of course, that doesn't
9 include all of the changes throughout the year of new hires,
10 terminations or somebody with a qualified life event. I
11 don't have those figures in front of me, but it is not the
12 majority. I can tell you that very, you know, positively
13 that it is not the majority. The majority do not make
14 changes throughout the year.
15 CHAIRWOMAN FREED: Okay. I'll go to Member
16 Bittleston.
17 MEMBER BITTLESTON: Thank you. Leslie Bittleston
18 for the record. I just have a comment that's going to lead
19 to a question. So it sounds to me like we were looking for a
20 vendor that had a product available that can do a bunch of
21 things. And knowing what we know, those of us that have been
22 around a while know that not, you know, a product off the
23 shelf is not going to fit our needs immediately. You know,
24 it might need some changes and some configurations.

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1 But from what I heard from Mr. Proper, it sounds
2 like the product we were given lacked some basic
3 functionality that should have already been there. And now
4 the vendor is trying to charge PEBP for adding some of that
5 basic functionality. So I guess that's what I think I'm
6 hearing.
7 So my question to Mr. Proper or to Chair or
8 Director Rich is why does PEBP think that this implementation
9 was so poor or went so badly. And, you know, kind of what
10 caused this horrible process.
11 MS. RICH: Laura Rich for the record. I think I
12 can take that. And if Mr. Proper wants to add anything to my
13 response but I think I can take that.
14 So I'll just explain that we were -- PEBP has
15 been with LifeWorks for I think prior to this easily
16 15 years, if not longer. And so if the Board recalls, this
17 was our first I think now 16 RFP's that we've done in two
18 years. And there were a lot of factors in play that part of
19 this was a response to going out to RFP was a response to the
20 audit, the LCB audit that found, you know, that had some
21 findings about our contracting practices in the past.
22 And so this was a first RFP that we had to go out
23 and it was -- it was rushed. I will admit it was rushed. It
24 was something that we knew, PEBP knew that we at least needed

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1 a year for implementation. Really, it was probably longer.
2 And now for sure we know it is, we require a longer
3 implementation period. But because of the time constraints,
4 we literally just recycled the RFP. We updated the previous
5 RFP that had gone out.
6 And -- and so we expected, we didn't know what
7 was out in the, you know, in the market. We expected this
8 was a product, if LifeWorks could, at the time it was Morneau
9 Shepell, provide it to us, why couldn't other organizations
10 out there.
11 So we went out to bid. And, you know, we
12 presented things in the RFP that, you know, that we felt
13 pretty accurately captured what our requirements were. And
14 so I think that the, those who responded, I can't remember
15 off the top of my head how many responses we had, but I think
16 we had at least three or four, probably four I think. So the
17 responses did include, you know, responses to all of our
18 requirements and agreements to meeting those requirements.
19 I specifically remember during the RFP or the --
20 the implementation kickoff meeting, we were in the middle of
21 COVID. And things had been shut down and so one of my
22 questions to LSI, Benefit Focus was, we're in the middle of a
23 pandemic. I understand we're closed down. In a typical
24 transition, IT transition situation like this, you would

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1 bring in your own team. You would sit with PEBP staff. You
2 would identify business processes and, you know, and do a gap
3 analysis between what your off-the-shelf product does versus
4 what PEBP needs.
5 Given that, we are facing the COVID situation.
6 PEBP made the offer that we would accommodate if they did
7 want to bring folks into the office. That we would
8 accommodate that and wear masks and -- and accommodate those,
9 you know, the circumstances that we were being faced with.
10 But they did indicate that they could do this remotely and
11 that they would interview staff, the rates and things like
12 that and this could be done remotely.
13 I think what ended up happening was that they did
14 sit with staff. They did interview with staff. They figured
15 out the processes. But I think really where this failed is
16 that they interviewed staff and asked the questions that
17 would fit their off-the-shelf product. But they didn't
18 identify the areas that PEBP was currently responsible for
19 that did not get addressed in their official product. So
20 basically that gap analysis was not done.
21 So they got the answers they needed to fulfill
22 their, what their off-the-shelf product could perform, but
23 they didn't identify what -- what was missing essentially.
24 And so, you know, as we go closer to go live and we kept

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1 asking about billing, you know, we kept asking about
2 invoicing and what's going on and why is this -- you know,
3 this is a, to us this was a very major function of our
4 system, and it just kept getting dismissed.
5 And so I think it was just -- it wasn't
6 discovered until the 11th hour that there were some
7 assumptions made that, okay, well, you know, normally
8 industry standard, clients don't need what PEBP needs. And
9 the complexity of the accounting and the reconciliation to,
10 even it was not in the RFP, the reconciliation to specific
11 pay centers and things like that. So that -- that effort was
12 determined to be much more complex and intense than the
13 vendor had originally anticipated. And that wasn't
14 discovered until the 11th hour.
15 I think the failed error was it should have been
16 discovered on day one had a gap analysis been performed. So
17 that's my opinion on, you know, where this -- where this was
18 missed potentially. We know that going forward that we have
19 a system that obviously is built, customized and built for
20 PEBP specifically, and it is not industry standard.
21 So moving forward, we'll probably do an RFI.
22 We'll do and then follow-up with an RFP and take our time
23 doing this. And so there's been a lot of lessons learned
24 throughout this period. And fortunately with this option

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1 that staff is recommending, we do have the ability to take
2 our time and to really vet any new system that is implemented
3 versus the time constraints that we have previously.
4 CHAIRWOMAN FREED: I see that Member Woodward has
5 a question.
6 MEMBER WOODWARD: I just wanted to clarify you
7 are recommending option number three, did that include the
8 issue with invoices and such being, either being reimbursed
9 or not being reimbursed, that type of thing?
10 MR. PROPER: Nik Proper for the record. Yes,
11 option three includes billing and invoicing components.
12 CHAIRWOMAN FREED: Member Aiello?
13 MEMBER VERDUCCI: Tom Verducci for the record.
14 CHAIRWOMAN FREED: Okay. Mr. Verducci, I'm going
15 to ask you to hold on because Member Aiello had her hand
16 raised and then I'll go to you next.
17 MEMBER VERDUCCI: Thank you.
18 MEMBER AIELLO: Just a quick question. So with
19 the billing not going to our members, those members that have
20 chosen voluntary benefits, are they getting them? Do the
21 vendors know they belong to them if they haven't been billed
22 and paid if they're not getting their benefits, I mean if
23 they needed them?
24 MR. PROPER: Nik Proper for the record. So not

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1 everybody in voluntary benefit is going to direct a billed
2 status. Most are payroll. Like, if you worked for NSHE, if
3 you're a PERS retiree or work for central payroll, those are
4 payroll deduct.
5 And of the members enrolled in voluntary benefits
6 that are direct billed, the volume is a little over 400, they
7 have not received any voluntary benefits direct billed. But
8 I received confirmation from Benefit Focus that their
9 policies are in effect and have not been cancelled. If that
10 is not the case, I mean I've been asking for updates on that
11 regularly. And this last update was over a month ago so
12 hopefully that is still the case as I've not heard otherwise
13 from Benefit Focus.
14 MEMBER AIELLO: Okay. Because virtually then
15 they are not getting a voluntary benefit if they have been
16 cancelled, but.
17 CHAIRWOMAN FREED: Okay. Member Verducci, and
18 then I'll go to Member Kelley.
19 MEMBER VERDUCCI: Thank you. Tom Verducci for
20 the record. So my question is what is LifeWorks doing
21 differently than LSI that would solve the billing issue in
22 terms of processing the payments and what is the difference
23 between the two firms in terms of having a process in place
24 that resolves this billing issue?

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1 MR. PROPER: Nik Proper for the record. So
2 LifeWorks was our prior vendor, previously known as Morneau
3 Shepell. So their billing solution was a complete loop
4 billing solution. This includes adjustment files and
5 reconciliation files that show how much a member should pay,
6 how much they actually were deducted and then if they need a
7 refund what that would be on future adjustment files. So
8 it's completely set up and integrated correctly with all
9 agencies and carriers as opposed to the current path which
10 there are not adjustment files and there are not
11 reconciliation files. And we don't even have the billing
12 platform to begin with.
13 So aside from that, just the processes are not
14 there, and to get the full processes and functionality we
15 need with LSI and Benefit Focus we're at least a year out.
16 So what would we do in the year interim going down this path,
17 we don't know.
18 MEMBER VERDUCCI: So just as a follow-up prior to
19 implementation, was any of these issues discussed with LSI or
20 was this post contract implementation?
21 MR. PROPER: Nik Proper for the record. So
22 before go live nothing was actually discussed with LSI. LSI
23 was not involved with any of the meetings or integration
24 calls whatsoever until go live when, okay, now things aren't

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1 working, better get involved now.
2 We did have preliminary talks with Benefit Focus.
3 But every time we requested billing calls or billing
4 information, it was always from Benefit Focus we need to
5 circle back eternally. We'll get back to you. We'll get
6 back to you. Well, now it's go live and now we're at where
7 we're at.
8 MS. RICH: This is Laura Rich. I do want to add
9 that staff on at least two occasions brought concerns to me
10 where I elevated them to LSI leadership and Benefit Focus
11 leadership and had calls on the concerns with the leadership,
12 and both times, and this was prior to go live and both times
13 I was -- I was assured that, you know, all of those were
14 being directed towards this product, and that go live would
15 be -- would be fine. And that, you know, the risks involved
16 with minor, that everything would be fine on January 1st.
17 MEMBER VERDUCCI: So do we know that LifeWorks is
18 willing to put the resources forward to make this successful
19 and resolve the issues that have led to this? Have there
20 been discussions with LifeWorks with a plan of action that's
21 going to resolve the mess that we're in right now?
22 MS. RICH: Laura Rich for the record. We
23 actually have representatives here from LSI, from Benefit
24 Focus and from LifeWorks. I don't know if Paul or David from

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1 LifeWorks, if you would like to address that question
2 specifically.
3 MR. SYWULYCH: Sure. This is Paul Sywulych from
4 LifeWorks for the record. Just to kind of answer your
5 question, so we've been essentially thinking through the
6 process to be able to catch up to present. One of the pieces
7 that is important to understand is we have the data available
8 on our backups. So when we talked earlier about reconverting
9 the data, you know, back from Benefit Focus to LifeWorks,
10 that's not actually exactly how we would do it. What we do
11 is restore that data. So folks like, I can't remember who it
12 was, I think it was Michelle Kelley mentioned, you know, she
13 hasn't changed things for many years. And so her data is
14 actually going to be just fine. And there's going to be the
15 vast majority of people that really haven't had a
16 demographic. There will obviously be new hires. There will
17 be people terminating. People changing pay centers. People
18 changing address. Those kind of things will happen, but it
19 won't be the vast majority of the population.
20 There will also be people making benefit changes,
21 having children, you know, changing tiers, those sorts of
22 things. So our plan, really high level is we restore things
23 to the way they were at the end of last year. We have a
24 bench essentially three months of catchup work. So what we

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1 would need from Benefit Focus is a list of what are the
2 transactions that have actually been made in this system to
3 do with demographics, to do with benefit changes, to do with
4 dependents. And that information will have to be reloaded
5 into our system.
6 We'll show you how to do that. Some things can
7 be done automatically. Some things are better done via human
8 resources. So we talked a little bit about doing some staff
9 augmentation to support, you know, the catchup for a lot of
10 that activity that occurred.
11 From a billing reconciliation perspective, our
12 system was built on the context of being able to support a
13 closed loop payroll environment. And back when we
14 implemented PEBP originally, we have that ability to do close
15 loop payroll as well as to do group based invoices, as well
16 as individual.
17 And, you know, that's something we grew into
18 because we were doing public sector and multi employer
19 clients as well as the traditional, you know, corporate type
20 clients within our platform. So all of those billing
21 capabilities still exist as they were. There will be
22 balances for people as of the end of the year.
23 What we'll need to do from a catchup perspective
24 is essentially replay history as if it had occurred in our

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1 system in the first place. Meaning, you know, run the
2 regular payroll files, get drills, run the regular invoices.
3 The PEBP staff, you know, carries folks from a payment
4 perspective, they will be able to upload batches of payments
5 that have been received from the various different paying
6 agencies as well as individuals.
7 We'll need to load data from central payroll from
8 PERS from NSHE to be able to simulate the environment of
9 actually us kind of operating in realtime over the last three
10 months. The goal, of course, then is by the end of the time
11 that this reconciliation has occurred things will have been
12 played out in our system as if they had never been taken from
13 the system.
14 So that's kind of the high level plan. You know,
15 it's obviously going to be a joint effort. It's not just
16 LifeWorks on our own. It's LifeWorks. It's in the PEBP
17 staff. And I think we'll need a bit of support from some of
18 the agency reps because, you know, if you don't trust the
19 demographic feeds that have been coming through, you might
20 want to actually have the agency reps' eyes on the data to
21 make sure it's actually clean by the time we turn things on
22 for open enrollment. So that's kind of our high level plan
23 we've been working through with the PEBP staff.
24 CHAIRWOMAN FREED: Okay. This is Laura Freed. I

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1 think what I'm going to do is try to keep the focus. Thank
2 you, Mr. Sywulych. I apologize if I butchered your name.
3 MR. SYWULYCH: So that's fine.
4 CHAIRWOMAN FREED: I think I'm going to keep the
5 focus on Board Member question time for staff. And I'm going
6 to have Board Member question time for vendors. So with
7 that, if you don't have a follow-up, Mr. Verducci, I'll go
8 back to Member Kelley if she has another question for PEBP
9 staff.
10 MEMBER KELLEY: Thank you, Chair Freed. So my
11 question, I'm going back to the voluntary benefits because I
12 think there's a pull that one of the big I think talking
13 pieces about Benefit Focus from, you know, when we became
14 aware of them was that they would -- we would, PEBP would be
15 getting out of the voluntary business or the contracts and
16 whatnot because Benefit Focus hold all those contracts. And
17 we would kind of just be dipping into their playing field, if
18 you will.
19 And so, of course, during, you know, the special
20 open enrollment, a lot of voluntary benefits were actually
21 offered. So when we -- if we revert to ourself per the
22 recommendation, who would be contracting with all of those
23 voluntary benefit providers? Who is going to hold the
24 contract? Are we getting group pricing? Are they going to

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1 maintain the pricing?

2 You know, I think obviously when you offer these

3 products, as you all know, they're kind of, employee's bank

4 on kind of the price they are offered at and that it's an

5 employee employer program and it sounds like maybe not. So

6 can you talk about that, Mr. Proper, please.

7 MR. PROPER: Nik Proper for the record. So many

8 of the voluntary benefits that are currently offered were

9 previously offered with LikeWorks. And they used their

10 broker Corestream, and that would continue if you go back to

11 LifeWorks. So their broker is Corestream who's licensed and

12 in good standing to continue to administer all voluntary

13 benefits. So PEBP will not be the broker and not be directly

14 administering them.

15 MS. RICH: Laura Rich for the record. PEBP

16 actually got out of the voluntary benefits game many years

17 ago when we did this with LifeWorks originally. So we

18 initiated that original voluntary benefits platform through

19 LifeWorks. And so when -- when Benefit Focus took over, LSI

20 and Benefit Focus took over, it then transitioned to

21 essentially a very similar platform just through a different

22 vendor.

23 But they do have the same carrier relationships

24 and things like that. And so a lot of the contractual

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1 relationships that Corestream would have is very similar to
2 what Benefit Focus has with, you know, the carriers as well.
3 CHAIRWOMAN FREED: Okay. I am not seeing
4 additional questions for the PEBP staff.
5 Okay. All right. With that, I think I will -- I
6 think I will ask a question of LSI because when Member
7 Bittleston had said during her question to Mr. Proper that,
8 you know, her impression and mine too was that LSI has asked
9 us to pay for all of these change orders, I saw Mr. Muir
10 shake his head.
11 So, Mr. Muir, is it not so that you would like
12 PEBP to pay for these change orders to fix things?
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13 MR. MUIR: Yes, sure, Chairman Freed, thank you
14 for that question. And Scott Muir for the record. So let me
15 answer that specific question. I'm going to go to the PEBP
16 Staff Board Report here. And I'm going to talk about Items 2
17 through 6 which Mr. Proper talked about. And I believe, and
18 Mr. Proper can correct me if I'm wrong, those were all
19 approved via an amendment in the contract that was approved
20 by the PEBP Board and signed off I believe on January 3rd as
21 agreed to. And we have been working through those diligently
22 as we've gone through and tried to understand all of the
23 requirements, make sure there's a quality fashion to
24 delivery. And I agree, some of this has been delayed as we

1 keep turning over new and further and further requirements.
2 But as I sit here today, of those five and
3 I'm looking at -- and I know that this is a little data
4 between when Nik sent in his report last week and today. But
5 I'm everything I'm looking at as we sit here today is either
6 in working or by 3-25, which I believe we conveyed all of the
7 remediations have been or will have been put in place to
8 solve the outstanding issues that Mr. Proper has --
9 CHAIRWOMAN FREED: Okay. Wait a minute. Wait a
10 minute. Mine was a yes or no question. Are you asking the
11 Board to pay for these change orders, yes or no?
12 MR. MUIR: I didn't know it was a yes or no.
13 Yes. Scott Muir for the record.
14 CHAIRWOMAN FREED: All right. And I'll go to
15 Mr. Proper now about to explain to us how that relates
16 contract amendment and if there was a scope change to
17 accommodate the Smart 21 delay and its payroll wave rollout
18 and so go ahead.
19 MR. PROPER: Nik Proper for the record. I'm not
20 too familiar with the contract terms and scope of what's been
21 approved and whatnot. But that LSI work order for the Smart
22 21 delay, that's news to me.
23 The other estimates we were provided before but
24 they're not working. Bottom line, they're not working. So

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1 you can ask us to pay whatever you want but they're not
2 working. All of these remediation efforts have not worked
3 and continue to not work.
4 I have verbal and written confirmation that on
5 many of these we're going to require future work orders.
6 Everything presented in my report is completely accurate as
7 of today right now in time.
8 MS. EATON: This is Cari Eaton for the record. I
9 can address the amendment. The amendment was just adding
10 additional work order authority to the contract. It was not
11 approving any change order or work orders. There was a
12 change request for change orders that did outline all of
13 those. But as far as I know that was never signed or
14 approved.
15 CHAIRWOMAN FREED: Okay. Thank you.
16 Board Members, questions that you might have for
17 Benefit Focus, LSI, LifeWorks?
18 MEMBER VERDUCCI: Tom Verducci.
19 CHAIRWOMAN FREED: Okay. Okay. Member Verducci,
20 and then I'll go to Member Bittleston. Thank you.
21 MEMBER VERDUCCI: You know, did I hear earlier in
22 this meeting, is the former executive officer of PEBP
23 employed with LSI?
24 CHAIRWOMAN FREED: No, sir. He's employed with

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1 Benefit Focus.
2 MEMBER VERDUCCI: Yes. And do you know if the
3 individual receives commission on these products with Benefit
4 Focus?
5 CHAIRWOMAN FREED: I think I'll go to Ms. Winters
6 from Benefit Focus to field that one.
7 MR. MUIR: Well, chairperson Freed, I'll speak
8 because the contract is under our name and Benefit Focus is
9 our subcontractor. I can confirm to the Board that that
10 individual does not have anything to do with this project.
11 We went through a complete vetting process when that was
12 brought up last year to the PEBP staff that that person would
13 not have any involvement in this contract and does not
14 receive any compensation as a result of PEBP revenue or PEBP
15 contract that we have.
16 MEMBER VERDUCCI: Okay. Thank you. I was just
17 trying to determine if there was any conflict of interest
18 that exists. So I appreciate you answering the question.
19 MR. MUIR: Yep. Okay, fair.
20 CHAIRWOMAN FREED: Member Bittleston?
21 MEMBER BITTLESTON: Thank you. Member
22 Bittleston. This is directed towards LSI. So I mentioned in
23 my question to staff earlier, you know, products off the
24 shelf, and we realize sometimes, you know, we need to make

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1 some changes. So I'm trying to reconcile what I heard from
2 Mr. Muir and Mr. Proper. Mr. Muir is saying things are
3 working. And Mr. Proper is saying things are not working.
4 So my question to Mr. Muir is let's say, you know, I mean how
5 many more change requests are we going to need?
6 So if we test something and it doesn't work, how
7 much more do we have to pay to make it work? How many more
8 change orders are we going to need because we can't just be
9 in this cycle of we don't know with people's benefits. And,
10 you know, so I guess I'm just trying to reconcile with what
11 you're saying, with what Mr. Proper is saying, you're both
12 saying two different things. So I want to hear from you,
13 Mr. Muir, on what -- you know, what your thought is going
14 forward on that whole thing.
15 MR. MUIR: Thank you, Board Member Bittleston,
16 and thank you for the opportunity. And before I give a final
17 answer, I think it would be helpful for me to give the Board
18 some context. As we sit here 16 months later, we have not --
19 while we have billed a few things, PEBP has not paid a single
20 dime for this contract, number one.
21 Number two, outside of the, and I'll talk about
22 the central payroll advantage, the big change order and I'll
23 explain where that came from here in a minute. But all of
24 these other ones, ESI, Willis Towers Watson, it was outlined

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1 as normal sustaining work that needs to be done as you all
2 change your style specifications, your benefits, your
3 structures and all that kind of thing.
4 So to answer your question, and I will also
5 mention that as it results to fixing billing or getting PEBP
6 to a good place on billing and all of the work that we've
7 done in two and a half months to fill-in all of the custom
8 elements that as Executive Rich had mentioned outside of the,
9 you know, the normal or best off-the-shelf product, we have
10 done on our dime. And there is no intent to charge PEBP for
11 that.
12 As a good partner we recognize that we could have
13 done, like all of us could have done better in discovery,
14 better in preparation, better in go live, but we are who we
15 are. We're 16 months or 15 months into this thing and we are
16 committed to delivering what we said we were going to
17 deliver. I would like to correct again for the record, it's
18 not another year to get billing live.
19 And I will agree with Mr. Proper that we in the
20 27th Board meeting came to you and said we will have billing
21 live. We have a plan to go live by I think it was the 14th
22 of February with new requirements and new functionality that
23 we discovered. I'll take the ownership for that. We put a
24 plan, a corrective plan in place with PEBP on February 11th,

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1 and we showed them a complete runway to get them everything
2 they wanted except this closed loop, and it's really a
3 financial management engine sitting inside a benefit
4 solution.
5 And so we said we can get you live. Here's the
6 step by step, and by the way we've been executing against
7 that plan, with the complete visibility of the PEBP staff and
8 we are confident -- we just had a meeting this week. We are
9 confident that on April 18th we are going to deliver outside
10 of the financial management engine the entire group and
11 direct and consolidated billing functionality and in a
12 fashion that does have customizations specific to PEBP
13 without any other further charges. So I just, I want to get
14 that on the record.
15 I also want to get on the record that we just had
16 a meeting this week where we have put a tremendous amount of
17 effort to ensure PEBP's open enrollment on 5-1 as planned and
18 we -- we have provided a detailed, you know, step by step
19 plan, remediation, risk, mitigation, the whole nine yards to
20 ensure that PEBP goes live with open enrollment as planned
21 5-1 with no additional costs.
22 So I just want to make sure that everybody -- you
23 know, my job here is to give you context and information from
24 our perspective and a commitment that we're not giving up.

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1 And this is a function in my opinion of two factors
2 primarily.
3 As Director Rich mentioned, PEBP is a very
4 complex organization. It is -- it has been on a 16-year-old
5 system that we can debate whether it was designed for them or
6 not. But it sure looks like a lot of that functionality
7 inside of that step product was designed for PEBP. We're now
8 having to go back and try to form fit into a best of resource
9 which we're happy to do to the extent we can.
10 We've also said that from a best practice
11 perspective, the financial accounting should be in a
12 financial accounting module. And we have recently stepped up
13 and said we are willing to provide that. It will take us a
14 little time to get there, but we are not running away from
15 that because it's our belief that that should be in a module
16 that is truly built for financial accounting. And be it
17 integrated back to the Benefit Focus platform.
18 So I know there's a lot of frustration. I get
19 all of that. I think the other thing I need to say is that
20 we are working through two major transformational projects
21 here. The PEBP project is concurrently going on with the
22 Smart 21 project. And on top of all that, we've had to sit
23 in the middle with interfacing back in the state's legacy
24 payroll system. That in and of itself has caused all sorts

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1 of challenges. Which by the way, my team at Benefit Focus
2 has stepped up and did everything we could to keep
3 band-aiding this thing together until we can get to Smart 21
4 because when we get to Smart 21 a lot of these issues are
5 going to go away because of the functionality sitting inside
6 of that payroll system versus what we have right now.
7 And I have to state also because I'm concerned,
8 if we're talking about the limited PEBP staff and its already
9 big workload, you've just heard you want to go back to
10 rekeying in everything from the HR system of record into a
11 separate system because you all don't trust the integration.
12 And the reason why you don't trust the integration is because
13 we're in the middle zone, between the old world and the new
14 world.
15 And I don't think that it's realistic to think
16 that you're going to get -- PEBP is somehow going to flip a
17 switch and go back to a vendor that you all went to RFP on
18 for a reason. I'm guessing they weren't providing you what
19 you needed and you wanted to move into a more
20 transformational position.
21 So I just want to reemphasize, if we're talking
22 about all of these as problems, then I would look at this as
23 a cause situation and put it out so I didn't have the ability
24 to respond to the staff recommendations. I'm happy to. And

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1 I'm not going to -- it's not a back and forth. I'm just
2 trying to give you guys real world data that sits here today
3 to bring you guys to make an informed decision.
4 And also we're not running away from this thing
5 and it would be a shame to flush away 15 months of effort as
6 we have all learned together how to get to the other side.
7 Hopefully that helps.
8 CHAIRWOMAN FREED: Member Bittleston, do you have
9 a follow-up for Mr. Muir before I ask Mr. Proper to discuss
10 those comments.
11 MEMBER BITTLESTON: So I have a follow-up. So he
12 mentioned, Mr. Muir mentioned that, you know, he was making
13 some changes all on the dollar of your organization. So now
14 I'm back to what are all of those change orders for because
15 there are almost $500,000 in extra charges. So I'm trying to
16 in my own mind figure out what you're talking about.
17 MR. MUIR: Sure, yeah. So, Member Bittleston,
18 I'll let Nik chime in here as well. But let's talk about the
19 big one, the 261,424. So this is the function of there are
20 two separate contracts. Even though we as LSI own both of
21 them, they are not the same terms. They are not the same
22 objectives. They are not necessarily the same structure.
23 Yes, I tried to bridge as the program director
24 the best I can between these two, but I don't control -- like

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1 Nik said, he doesn't control Smart 21. I don't control Smart
2 21 at the state level. I'm relying on the Smart 21 executive
3 committee to give us direction and guidance. And I think
4 Chairman Freed can confirm with me with that the delay in the
5 Smart 21 payroll was a joint decision that was made I think
6 officially, I think it was time and area or preliminarily
7 made so we're in the October time frame but officially made
8 in the late November, early December time frame and so there
9 was a need.
10 We had to do something to get PEBP live because
11 the, we were up against PEBP was turning off its pervious
12 provider on December 31st, period, end of story. So the goal
13 that we were presented with is you have to provide us a way
14 to get us to go live. And the only way to do that is to
15 build this interim interface. And that's what you see right
16 here. And we did it at cost. We're not trying to gouge
17 anybody.
18 By the way, we did it in two months that should
19 have taken four months. We did in two months with all of the
20 people we had to throw at it to allow us to meet the
21 contractual goal of getting PEBP live on January 3rd as
22 requested.
23 So I'm not sure how to bridge this one because I
24 didn't control necessary -- it wasn't our holistic fault that

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1 the Wave 1.3 payroll for Smart 21 didn't go live on
2 January 31st. It's not going live until July 1st, 2022. And
3 I get that PEBP is not necessarily in control of that either.
4 But that contract said we had to go live on January 3rd and
5 we did, and so that is one where that one comes from.
6 The other ones, and I'll speak to Cari, all of
7 these were outlined in the amendment. And these are normal
8 sustaining, when we go into a file, specific customized file
9 integrations, this is the work effort that we had to form fit
10 those files to meet PEBP's requirements, PEBP's rules, the
11 obligation because we all went into this with the concept and
12 it's in the project chart. We're going to try to use best
13 practices, standard integrations because from a sustaining
14 point that's where you want to get to.
15 Unfortunately, and it's okay, per PEBP is
16 complex. So we're trying to accommodate all of this stuff on
17 the fly and that's where you see these change orders coming
18 from. And, again, there's some updates. I'm not trying to
19 accuse Mr. Proper of incorrect information. But there's some
20 updates that no, there are no more. You don't have to go pay
21 HSB $10,000, you know, those kind of things. So we're trying
22 to mitigate all of these down to everything we can to make
23 this right by PEBP. Hopefully that helps.
24 CHAIRWOMAN FREED: Member Bittleston, before I,

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1 if you have anything else to add please do.
2 MEMBER BITTLESTON: Yeah, one last thing. You
3 know, I hear Mr. Muir talking about it. But, you know, I
4 heard earlier that LSI has both contracts with Smart 21 and
5 with -- with this. And Mr. Muir said just a few minutes ago
6 that he -- you know, it wasn't his fault. Okay, maybe it was
7 not personally your fault but wasn't it LSI's fault. So I
8 guess, you know, I'm trying to figure out, you know, why the
9 right hand isn't talking to the left hand. So and I don't
10 know if that's a question or a comment. It's just --
11 CHAIRWOMAN FREED: Right, understood.
12 MEMBER BITTLESTON: I'm trying to figure it out.
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13 CHAIRWOMAN FREED: Since Mr. Muir invoked the
14 Smart 21 executive committee, I guess I'll weigh in on that.
15 We did decide to push the payroll wave back after a lot of
16 debate at the executive committee. And that was because
17 payroll, otherwise known as Wave 1.3 among those who mess
18 around with Smart 21 wasn't getting as far as it needed to
19 get because Wave 1.1 and 1.2 didn't have the functionality
20 they were supposed to have.
21 And also it's -- you know, the executive
22 committee did make that decision last fall. But it's also
23 not the executive committee of Smart 21's job to inform PEBP.
24 And it's LSI's job to inform PEBP. And I don't think PEBP

1 was informed timely that that was pushed back and it would
2 have some affect on their E and E system.
3 You know, and to the idea of being asked to pay
4 for change orders, I started going back because, Board
5 Members, I know you all weren't here when we approved this
6 contract. This was approved originally at the November 23rd,
7 2020 Board meeting. And the staff report at that Board
8 meeting gives the requirements for the memo functionality of
9 the system. The high level function -- and I'm reading here
10 from the staff report. And I promise I won't bore you all
11 for 15 minutes because it's a lot of bullet points.
12 The high level functionality of the system should
13 include at a minimum but not be limited to a solution
14 providing core line of business functions which include
15 applications that permit the agency to perform operations,
16 including determining member insurance eligibility in
17 accordance with PEBP's eligibility rules, provide a
18 sophisticated eligibility rules engine with automated
19 solutions that increase efficiency in administration of the
20 plan, call center management tools, facilitating benefit
21 enrollment, including transfer of data from and to other
22 internal systems, employers and third-party administrators.
23 Updating and maintaining coverage records. The capability of
24 billing premiums to multiple employers and pay centers.

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1 Generating direct bills to all participants, including COBRA
2 participants. Administer to all accounts receivable and
3 payable while also being able to reconcile invoiced with
4 incoming payments. And then it goes on and on actually for
5 several more bullet points in the entire page.
6 So, you know, I'm perturbed that stuff that was
7 in scope, I mean and the staff report comes directly from
8 your RFP language. So stuff that was in scope, we're being
9 asked to pay for just to make it right. And it's nice that
10 PEBP hasn't put out a penny for this. Just last meeting we
11 assessed a penalty, and that's all nice. But we've had now
12 since the beginning of January a member experience and a PEBP
13 staff experience that isn't what it ought to be. You know,
14 I've received complaints. I think other members of this
15 Board have received complaints. The Governor's Office has
16 received complaints. And I know PEBP is buried and central
17 payroll staff has received complaints.
18 So I'm concerned that things I thought had been
19 fixed, like the PERS deductions from retirees for their
20 premiums, turns out not to be fixed.
21 MR. MUIR: Can I speak to that, Chairman Freed?
22 CHAIRWOMAN FREED: Yeah, you can.
23 MR. MUIR: This keeps coming up. And, again, I'm
24 just trying to be objective here. To your point, this PERS

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1 objective file, we just ran that one down. And, again,
2 here's a situation where we coded to what we were told, what
3 was required. And then all of a sudden we get back from PERS
4 oh, no, no. You have got to do it this way. And codes that
5 were not in our system or in our scope that we had no
6 visibility to, we had to, you know, accommodate.
7 And, again, I just want to say for the Board, we
8 didn't squawk. We didn't yell. We didn't try to create a
9 change order. We said, okay, we'll go fix that PERS and then
10 we just did. So, again, I get the frustration of PERS. But
11 this is an example of we all agreed to a specification. And
12 then we find out there are new requirements and that's really
13 where these change orders are coming in, outside of number
14 one, is where these change orders are coming in.
15 And so I want to say a couple of other things.
16 These change orders are not surprises. They were all
17 outlined. I think you guys reviewed these because I can show
18 you the documentation in the documentation that we have where
19 we outlined here's what the scope is of these change orders.
20 Here's the cost and I have documentation from PEBP that these
21 were all approved.
22 Now some of them, to my point haven't been yet
23 all fully delivered to Mr. Proper's point. But it's not like
24 we're creating new work to say we're just going to keep

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1 billing you and nickel-and-dime you because that's not what
2 this is about. And I just want to -- and, Chairman Freed,
3 with all due respect, PEBP was informed officially by OPM in
4 the summertime that there was a possibility that Wave 1.3 was
5 not going to go live. And that was responsibility of OPM,
6 not LSI.
7 And number two, it was not necessarily what was
8 happening with 11 and 12, as you recall. It was a collective
9 agreement on the move of 13 on the resource availability, the
10 readiness of both organizations to effectively move Wave 1.3
11 to July to be as successful with that massive transformation
12 as possible. So I just want to make sure that's my point for
13 the record.
14 CHAIRWOMAN FREED: I'm going to go to Member
15 Kelley now.
16 MEMBER KELLEY: Thank you, Chair Freed. You
17 know, I guess I feel, I think I'm doubling back to Board
18 Member Bittleston because I still am not clear. I think
19 Mr. Proper was really very specific in his list of items that
20 are still not working. But then I heard Mr. Muir say that's
21 not why. Everything has been fixed but not specifically.
22 And so I just wonder if you could address
23 specifically the items that Mr. Proper talked about not
24 working and still not working and yet you're saying it's all

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1 working.

2 MR. MUIR: Right.

3 MEMBER KELLEY: Like, to me that's obviously a

4 huge disconnect. So can you perhaps be more specific in your

5 response. I would appreciate it.

6 MR. MUIR: Sure, Member Kelley. And I will

7 submit this with the committee. Again, I'm going to be

8 respectful to Mr. Proper. We haven't had a chance with

9 everything going on to get him this information, which is

10 relatively up-to-date, just coming up up-to-date.

11 So there are five items on the list. Item number

12 two on the report, it says is dependent upon the HSB, a file

13 integration below which I'll speak to. The custom HSB file

14 which is item number three, it says the dependent care

15 manager records are being sent to Benefit Focus. Benefit

16 Focus turns around and sends the dependent record to HSB via

17 the 834. Employees are not referenced. This is because care

18 management benefit type has a dependent only plan.

19 The configuration resolutions are being tested.

20 Meaning that my Benefit Focus team has proactively gone in

21 there and understood the problem. And now he's remediating

22 that and testing that to go back to PEBP and say, all right,

23 we've fixed this. And we understand it. And we're through

24 fixing that. So that's actually the HSB and the ESI files.

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1 On the Willis Towers Watson HRA file, number
2 four, it says the production ready file is to be delivered on
3 3-25. When I say for the Board, production ready file means
4 we've gone through all of the unit testing. This is a thumbs
5 up fix. And so it says production ready file to be ready on
6 3-25 to ensure the accounts, format and logic are accurate.
7 On Item Number 5, which is the Willis Towers
8 Watson eligibility file, it again, same thing, because they
9 are kind of tied together. Production ready file to be
10 loaded on 3-25 and that will ensure all of the remediations.
11 And then the final one, Item Number 6, custom
12 being Medicaid file, so here's the update on that. File has
13 been lodged since 2-3-22. That said, we are planning an
14 update to send MIT which is the requirement that we got with
15 a leading zero when the dependent SSN, a social security
16 number is missing. This was a new requirement serviced after
17 initial requirement sign-off pending PEBP's sign-off on the
18 requirements. So, again, dug into this one, this should be
19 fixed in the next update to this file and it will incorporate
20 the customized requirement of having to send the PEBP ID when
21 the SSN service.
22 So hopefully, Chairperson Kelley, hopefully that
23 helps.
24 CHAIRWOMAN FREED: Okay. Mr. Proper, have you

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1 any comments?

2 MR. PROPER: Nik Proper for the record. There's

3 a lot of things I want to say. But I'm going to try to keep

4 it as simple as possible. If everything was working

5 correctly, we wouldn't be having this discussion right now.

6 This wouldn't be a Board agenda item. We would not be

7 recommending to go to a prior vendor if everything was fine

8 as Scott explained. It's just not true.

9 There's a difference between something that

10 should work and is working, big difference. He validated

11 every single point that I stated that the files are either

12 testing or in a testing process and currently not working.

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13 CHAIRWOMAN FREED: Okay. So I'm sorry. Did

14 you -- did I talk over you, Mr. Proper? Okay. So let me

15 move the discussion then to the consideration of the options.

16 So question for Mr. Proper or Ms. Rich. I know

17 we have a solicitation waiver in progress with purchasing if

18 we were to go back to LifeWorks. The way I'm understanding

19 what was described from the PEBP staff as well as the

20 Lifeworks staff is that we would be essentially turning back

21 on the old E and E system. And the challenge is really

22 catching up with the data from the end of December to now and

23 making sure the demographic files are right because the file

24 transfer processees are all in place. Is that a correct

1 understanding?
2 MS. RICH: Laura Rich for the record. That is
3 correct.
4 CHAIRWOMAN FREED: Okay. And how quickly can all
5 of that be accomplished?
6 MS. RICH: Laura Rich for record. We need to
7 have this accomplished no matter what by open enrollment
8 which is why they are delaying the start of open enrollment
9 and shortening that window. It still has to be determined,
10 you know, until LifeWorks gets in and determines what
11 exactly, you know, what the scope of the situation includes,
12 right. It could be that we go live April 15th. It could be
13 that we go, it's not until May 1st. You know, I think that
14 there still needs to be legwork that's done to determine
15 that.
16 But, you know, worst case scenario is that it
17 needs to happen before open enrollment. And hopefully, you
18 know, at least I would say significantly before open
19 enrollment, if we can make that happen.
20 CHAIRWOMAN FREED: Okay, thank you.
21 All right. At this point I'll ask the Board
22 members to give me a sense where they are with respect to the
23 staff recommendations.
24 MEMBER AIELLO: This is Betsy. And I have a

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1 question based on something you said, Laura Freed. We have
2 not gotten an approved solicitation waiver from purchasing at
3 this point.
4 CHAIRWOMAN FREED: My understanding is that PEBP
5 does have an approved solicitation waiver. And Cari Eaton is
6 nodding yes. So thanks for the confirmation, Cari.
7 Member Bittleston?
8 MEMBER BITTLESTON: Yes, Leslie Bittleston for
9 the record. I think I want to restate what the
10 recommendations are for my own mind. So basically the
11 recommendations are, number one, to terminate with LSI.
12 Number two, to go back with the previous vendor, LifeWorks;
13 is that right? Okay, thank you. And the third
14 recommendation is to do, to begin work on an RFP for two
15 years from now or something like that. I just want to make
16 sure I understand what is being recommended.
17 MS. RICH: Laura Rich for the record. In
18 addition to that, we are also recommending that the delay of
19 open enrollment from May 16th to May 31st. And I would also
20 just based on the information that we've learned in the last
21 week or so, that RFP probably needs to start out with an RFI.
22 MR. MUIR: Chairman Freed, may I ask the Board, I
23 think you're heading to a decision here. Can you -- can the
24 Board define what, when you say cancellation, what type of

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1 cancellation are we talking about? Are we talking about
2 termination for convenience or termination for cost?
3 CHAIRWOMAN FREED: Mr. Muir, this would be
4 termination for convenience.
5 MR. MUIR: And I'm sorry. The other question is
6 does the PEBP option three take into account that there is
7 nothing built into the Smart 21 plan as we get to final
8 testing now to accommodate this change by PEBP, thus
9 potentially effecting the go live of the Smart 21 waive 1.3.
10 CHAIRWOMAN FREED: Yes. This is Laura Freed for
11 the record. I believe PEBP and OPM had discussions about
12 this already.
13 MR. MUIR: Okay.
14 CHAIRWOMAN FREED: Okay. Board Members, what are
15 you all thinking?
16 MEMBER BITTLESTON: This is Leslie. I'll take
17 the lead on this.
18 CHAIRWOMAN FREED: I'm going to start calling --
19 just calling people out by name, so thank you for that.
20 MEMBER BITTLESTON: You're welcome. So this
21 gives me zero pleasure because, you know, we want everybody
22 to be successful but also we have to think about, you know,
23 our members.
24 So I think that we should adopt the

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1 recommendations of the staff which includes the termination
2 of the contract with LSI, the picking up with LifeWorks,
3 delaying the open enrollment and then starting the RFI and
4 RFP process.
5 And, like I said, this gives me no pleasure. You
6 know, the whole situation is just downright depressing and
7 sad. But, you know, we as the Board have to think about our
8 members. And -- and we have thousands of them. It's not
9 like we're dealing with three or 400. So that is kind of
10 what I'm thinking, Chair Freed. So those are my thoughts.
11 CHAIRWOMAN FREED: Thank you.
12 Other, Board Members.
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13 MS. BRIGGS: Chair Freed, can I just, just to
14 clarify. The recommendation is to not pay the invoices as
15 well. So I would like you to make sure that is part of
16 whatever motion gets made.
17 CHAIRWOMAN FREED: Okay, got it. That was Chief
18 DAG Michelle Briggs for the record, so.
19 MEMBER BITTLESTON: Do you want me to make a
20 motion, Chair Freed?
21 CHAIRWOMAN FREED: Yeah, you bet. Go for it.
22 MEMBER BITTLESTON: All right. Let me attempt to
23 make this motion because it's kind of complicated. I move
24 that we as the Board terminate the contract with LSI, not to

1 pay the invoices, pick up with our old vendor, LifeWorks,
2 delay open enrollment per staff recommendation and to begin
3 the process to do an RFI and an RFP. I hope I got
4 everything.
5 CHAIRWOMAN FREED: And that's termination for
6 convenience, correct, ma'am?
7 MEMBER BITTLESTON: Termination for convenience.
8 Thank you.
9 CHAIRWOMAN FREED: Got it, okay. So that's the
10 motion. Do I have a second? Second from Michelle Kelley.
11 All right. Board Members, you heard the motion. Any final
12 questions or discussion on the motion?
13 MS. EATON: Chair, this is Cari Eaton for the
14 record.
15 CHAIRWOMAN FREED: Uh-huh.
16 MS. EATON: I just need a clarifying question.
17 CHAIRWOMAN FREED: Go ahead.
18 MS. EATON: When the motion says not to pay the
19 invoices, I want to make sure is that only the change order
20 invoices or any invoices for PMPM and COBRA as well?
21 MEMBER BITTLESTON: Sorry. This is Leslie. I
22 will amend to not pay the invoices per staff recommendations.
23 Does that work?
24 CHAIRWOMAN FREED: I would say specify in the

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1 motion the work orders that are presented in the staff
2 report.
3 MEMBER BITTLESTON: The work orders in the staff
4 report.
5 CHAIRWOMAN FREED: There you go.
6 MEMBER BITTLESTON: My apologies.
7 CHAIRWOMAN FREED: Thank you for the
8 clarification. It's important to get it right.
9 MR. MUIR: Chairperson Freed, obviously the
10 decision has been rendered. I just want to say two things.
11 So I respect that's your process. I'm very disappointed that
12 we're down this road. I believe this is the wrong decision,
13 but that's your decision. And I'm going to put this on the
14 record that we will protest the payments because that is work
15 delivered. So we'll take that up with the Chairman.
16 CHAIRWOMAN FREED: Okay. So, Board Members, let
17 me recap the motion. It's been moved and seconded to not pay
18 the work orders that were presented to us in the staff
19 report. Terminate for convenience with LSI and pursue a
20 solicitation waiver with LifeWorks, the previous vendor.
21 Release an RFI and ultimately an RFP for a new E and E
22 vendor. And shorten open enrollment from May 16th through
23 May 31st of 2022. So that is the motion on the floor.
24 Now I'll call the question, all in favor, signify

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1 by saying aye. Raise your hand in your little box. Any
2 opposed say nay.
3 (The vote was unanimously in favor of the
4 motion.)
5 CHAIRWOMAN FREED: All right. Motion carries.
6 Thank you very much, everybody. Let me make a little note
7 before we go on.
8 Okay. So we will move on to Agenda Item 8, which
9 is our usual contracts item. And I will hand it over I think
10 to Ms. Eaton.
11 MS. EATON: Thank you. Cari Eaton for the
12 record. Item 8.1 is an overview of the current active PEBP
13 contracts. And there's no action necessary. So I will move
14 on to Items 8.2.1 and 8.2.2. They are requesting that the
15 Board approve new contracts resulting from the March 25th,
16 2021 meeting where the PEBP Board approved staff to release a
17 solicitation for an actuarial consultant and life insurance
18 provider.
19 The actuarial consulting RFP for Item 8.2.1 was
20 released on October 18th. On November 29th PEBP received
21 three proposals. The five-member evaluation committee that
22 included one PEBP Board Member and other subject matter
23 experts chose Segal as the winning vendor.
24 Segal will be a new vendor for PEBP so some

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1 disruption is expected. However transition work has already
2 begun to make sure Segal is properly briefed and prepared to
3 begin work on July 1st.
4 Staff is recommending that the Board ratify and
5 approve the evaluation committee's recommendation to contract
6 with Segal for actuarial consulting services beginning July
7 1st.
8 MEMBER AIELLO: This is Betsy. I just want to --
9 CHAIRWOMAN FREED: Member Aiello.
10 MEMBER AIELLO: I'm sorry. I just have a
11 question. It says services and fees are expected to begin on
12 June 1 but you're saying July 1. Is that?
13 MS. EATON: This is Cari Eaton for the record.
14 That must have been a typo in my report. July 1st.
15 MEMBER AIELLO: Okay.
16 CHAIRWOMAN FREED: Board Members, do you want to
17 take all of the new contracts in one bunch or would you
18 prefer to act on all of them independently?
19 MEMBER CAUGHRON: This is April Caughron. Take
20 them all in one bunch.
21 CHAIRWOMAN FREED: All right. Let's move on to
22 the next ones.
23 MS. EATON: Okay. Cari Eaton for the record.
24 The basic life insurance RFP for Item 8.8.2 was released on

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1 October 14th. On November 8th PEBP received six proposals.
2 The five-member evaluation committee included one PEBP Board
3 Member.
4 And United Healthcare was chosen as the winning
5 vendor. United Healthcare will be a new vendor for PEBP so
6 some disruption is expected. However, it is expected to be
7 minimal. And staff is recommending that the Board ratify and
8 approve the evaluation committee's recommendation with United
9 Healthcare for basic life insurance beginning July 1st.
10 Item 8.2.3 is requesting the Board to approve the
11 short-term service contract. PEBP IT staff is upgrading the
12 PEBP boardroom, the technology to accommodate future hybrid
13 in person and virtual meeting solutions. The equipment for
14 this project is being purchased through the state purchasing
15 requisition process. However, because the equipment will
16 need to be installed professionally, PEBP is required to
17 enter into a short-term service contract to allow Vivo Tech
18 to install equipment on PEBP property. The total cost of the
19 services for this contract are not to exceed $6,480.
20 And the last one, Item 8.2.4 is necessary as the
21 Board voted to approve option three and Item 7 from the
22 enrollment eligibility system implementation update report.
23 PEBP staff has an approved solicitation waiver to enter into
24 a new contract with LifeWorks LTD to turn on our previous

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1 eligibility enrollment system. PEBP is still in the process
2 of negotiating this contract for a four-year term. And so
3 staff is recommending the Board ratify and approve all four
4 of these new contracts.
5 And I will be happy to take any questions.
6 CHAIRWOMAN FREED: Board Members, questions on
7 8.2, any of them? Okay, hearing none, I will accept a motion
8 to ratify and approve the valuation committee's
9 recommendation on 8.2.1, 8.2.2 and then ratify the contract
10 with Vivo, 8.2.3 and then the contract with LifeWorks in
11 8.2.4.
12 Member BITTLESTON: This is Leslie. So moved.
13 CHAIRWOMAN FREED: Thank you. Do I have a
14 second?
15 MEMBER CAUGHRON: April Coughron. Second.
16 CHAIRWOMAN FREED: Thank you. All in favor say
17 aye. Any opposed say nay.
18 (The vote was unanimously in favor of the
19 motion.)
20 CHAIRWOMAN FREED: Okay. Motion carries.
21 All right. Moving on to contract amendments,
22 8.3.
23 MS. EATON: Thank you. Cari Eaton for the
24 record. I will take both of these at once, if that's okay.

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1 Item 8.3.1 is requesting the PEBP Board approve a contract
2 amendment to the HealthSCOPE Benefits TPA contract. PEBP
3 contracted with HealthSCOPE Benefits for third party
4 administration services which became effective February 8th,
5 2011 and has a termination date of June 30th, 2022.
6 This amendment increases the contract maximum
7 from 62.6 million to 62.9 million. And this increase adds
8 additional authority to pay for services for the remainder of
9 the contract. This shortfall is likely due to an actual
10 enrollment being higher than the initial contract projected
11 enrollment.
12 And the next item, 8.3.2 is requesting the PEBP
13 board approve the contract amendment to the new UMR TPA
14 contract. PEBP contracted with UMR for third party
15 administration services which became effective December 13,
16 2021 for services beginning July 1st, 2022 and has a
17 termination date of June 30th, 2028.
18 This amendment increases the contract maximum for
19 62.8 million to 65.4 million. This increase adds additional
20 authority to pay for claims run-out services for the one year
21 after the contract terminates which was inadvertently left
22 out of RFP. So PEBP recommends the Board authorize staff to
23 amend the contracts between PEBP and HealthSCOPE Benefits and
24 PEBP and UMR to increase the contract maximum.

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1 CHAIRWOMAN FREED: Question from Member Aiello.
2 MEMBER AIELLO: The question would be the same
3 for HealthSCOPE Benefits as what you're doing for UMR. Does
4 it have the one year claims run-out in it that's needed after
5 because this says June 30, 2022?
6 MS. EATON: This is Cari Eaton for the record. I
7 believe instead there is also a run-in provision to the UMR
8 contract instead of adding that to the HealthSCOPE contract I
9 believe. So instead of HealthSCOPE doing the run-out UMR
10 will take the run-in for the year.
11 MEMBER AIELLO: Okay. So it's being covered that
12 way, okay. I never would have thought of it except the two
13 in row there, okay.
14 CHAIRWOMAN FREED: Okay. Board Members, what's
15 your pleasure?
16 MEMBER AIELLO: This is Betsy. I can make a
17 motion that we approve the HealthSCOPE Benefits and UMR
18 contract amendments per staff recommendation.
19 CHAIRWOMAN FREED: I'll second that myself, all
20 right. All in favor signify by saying aye. Any opposed say
21 nay.
22 (The vote was unanimously in favor of the
23 motion.)
24 CHAIRWOMAN FREED: Okay. Motion carries.

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1 All right. So, Ms. Eaton, do we need to do, oh,
2 8.4, yeah, we do. I'm sorry, go ahead.
3 MS. EATON: Cari Eaton for the record. I wasn't
4 aware that recommendation was going to be in the previous
5 report. It's a little bit duplicative but Item 8.4.1 is
6 requesting the PEBP Board approve staff to complete a request
7 for proposal for an eligibility and enrollment system.
8 Ask the Board vote to approve option three in
9 Item 7 from eligibility and enrollment system implementation
10 update report, PEBP recommends the Board authorize staff to
11 complete a request for proposal for an eligibility and
12 enrollment system.
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13 CHAIRWOMAN FREED: I would be happy to make this
14 motion but I would like to add on the RFI in advance of the
15 RFP. So I would like to move to authorize staff to do an RFI
16 and then an RFP for an enrollment and eligibility system
17 vendor.
18 MEMBER BITTLESTON: Leslie. I'll second.
19 CHAIRWOMAN FREED: Thank you. Any discussion or
20 questions on that? Okay. Hearing none, all in favor say
21 aye. Any opposed say no.
22 (The vote was unanimously in favor of the
23 motion.)
24 CHAIRWOMAN FREED: Okay. Motion carries.

1 With that we're on to the rates which is usually
2 the, you know, the marquis event of the -- of the March
3 meeting. I feel like somehow it's the under-card now. I
4 don't know.
5 MS. RICH: Chair Freed, I just want to address
6 8.5 just really quick.
7 CHAIRWOMAN FREED: Okay.
8 MS. RICH: The solicitations. I just want to say
9 after I think 16, 17, something like that, solicitations, it
10 is with great relief to see that there's nothing there even
11 though it will be very temporary. So I just want to thank,
12 you know, all of our partners and, you know, Aon has also
13 been a part of all of the solicitations, the consulting that
14 has gone behind those. It has been a huge effort on and lift
15 on staff and everybody that's been involved.
16 And I don't know if Gideon is still around. But,
17 you know, Gideon Davis has been there every step of the way
18 and has provided a whole lot of support throughout this
19 process. And so I just want to thank him as well because I
20 know it was a huge undertaking for him.
21 MR. DAVIS: Thank you, Laura. This is Gideon.
22 CHAIRWOMAN FREED: Thank you very much for that.
23 And thank you, Gideon.
24 It's 12:45, Board Members. Would you like to

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1 take a 15-minute break before we dive into Agenda Items 9 and
2 10? Okay. So let's do that. We'll come back at
3 1:00 o'clock. I'm sorry, Ms. Huber. Thanks, guys. Come
4 back at 1:00.
5 (Whereupon, a brief recess was taken.)
6 CHAIRWOMAN FREED: We're on Agenda Item Number 9.
7 Our presentation from Colleen Huber from Aon about PEBP
8 claims experience and trend. Welcome, Ms. Huber.
9 MS. HUBER: Thank you, Chairman Freed. I will
10 share my screen and bring up a presentation regarding what
11 we're seeing today as far as not only PEBP claims information
12 and update on trend but then also what we are seeing out in
13 the market, especially as it relates to COVID and what we're
14 expecting going forward.
15 If you all -- can you all see my screen. And I
16 will put it in slide show mode.
17 CHAIRWOMAN FREED: I can see that.
18 MS. HUBER: Okay, great. All right. And with me
19 today, I have my colleague, Tim Zetinger. So, Tim, do you
20 want to highlight the first two slides and then I'll take
21 over from there.
22 MR. ZETINGER: Yeah, sure. That sounds good.
23 We'll kickoff what we're seeing for your PEBP's claim cost
24 over the last few years. So the first slide, we have

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1 aggregate claim cost for each of these different service
2 categories for the last four plan years going back to FY 2018
3 through FY 2021.
4 So in the top subsection of this slide, we have
5 our aggregate claim dollars split by medical and RX. We have
6 our Nevada rebates and enrollment for number of employees
7 that are on the plan in each of these plan years. In the
8 second subsection we have dental. Again, aggregate claims
9 and aggregate enrollment here.
10 When we're looking at trend what we're really
11 trying to get is what is the average cost of an employee for
12 PEBP increasing year over year. So what we do is try to
13 normalize the amount of aggregate claims for the number of
14 employees. So in that bottom section where we have claims
15 done, this is where we're looking at what is that average
16 employee costing per month in each of these plan years and
17 how it is trending year over year.
18 And so we have four different breakouts. We have
19 medical. We have RX. We have combined RX and dental and
20 then some of these together.
21 MS. HUBER: Did we lose you, Tim? Okay. Tim got
22 kicked off. So I will -- I will take over and then when he
23 comes back on, he can take over back for me.
24 If you look at the slide, to Tim's point, the top

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1 part is the CDHP plus the EPO. And then, of course, the
2 middle is the dental. And right below that is the claims
3 trend on a per employee per month basis. We break it down
4 for medical, pharmacy, combined dental and then overall.
5 If you look at the very last line, this is where
6 you'll see the experience trend. So in fiscal year 2019
7 there was a seven percent increase from fiscal year 2018.
8 And then in fiscal year 2020 you'll notice a negative
9 18 percent prior year. And the reason why it's negative is
10 due to the claims suppression that really occurred. It's
11 through the March 2020 through roughly about May 2020 time
12 frame.
13 And then as a result of that to the claims
14 suppression in fiscal year 2020 we see the rebound affect
15 happen in fiscal year 2021 of about a 14 percent increase.
16 The next slide is specific to year all
17 population. This is a rolling 12-month trend. And I know
18 when we discussed this end of the last year in 2021 we were
19 looking at very high trend levels as it relates to the
20 medical side. So if you'll look at the red line, that's your
21 medical rolling 12 trend adjusted for head count. Now there
22 are no changes made for plan design or contract changes, just
23 purely on a head count basis.
24 But if you all may recall, when we last talked

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1 about your trend, you're seeing this uptick at the end of
2 2021 due to the fact that there was a large claims
3 suppression that we saw in 2020, as well as some plan design
4 changes happen. So we saw the rebounding effect. And when
5 we last talked we were really concerned because, excuse me,
6 we were seeing it kind of peak out in November time frame.
7 And the good news is that we are seeing it come back down to
8 normal levels or closer levels along your lines of what year
9 historical trends.
10 The good news is that we're starting to see this
11 even out of the noise from the COVID claims, both the
12 suppression as well as the rebound effect.
13 What we're seeing going forward really is the
14 COVID. If you start from the left-hand side and move to the
15 right, if you look at your last 15 to 18 months of claims
16 experience, really we saw the largest impact be on the
17 medical side. Pharmacy side was fairly level. We didn't
18 really see this huge impact.
19 But we saw a lot lulls and outbreaks between the
20 COVID-19, if you think of different time periods, whether it
21 was the Delta variant, whether it was the Alpha original, you
22 know, we saw it kind of be more circular when the COVID wave
23 hit.
24 So then within the year claims experience today,

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1 you have four components related to COVID, the COVID-19
2 testing. And then we heard about that quite a bit earlier as
3 well, the vaccine cost. Even if the government is paying the
4 cost of the vaccine there is still the administration cost of
5 it. The treatments for your members, whether they had
6 COVID-19, whether they were hospitalized, whether doctor
7 visits, et cetera.
8 And then, of course, the other remaining item
9 would be the suppression of other claims and make room for
10 COVID-19 patients. So keep in mind if your hospitals are
11 setting floors aside for COVID patients that means they can't
12 fill those hospital beds for other types of treatment.
13 So we look forward to the future for COVID-19
14 claims. At this point we're expecting them to be more
15 seasonal in nature, similar to what we see in the flu or cold
16 and really just kind of more of the uptick really at the
17 beginning and the end of each calendar year, similar to the
18 cold and flu waves that we see.
19 We're expecting these slightly -- these are the
20 same or slightly less than previous COVID-19 claims is what
21 we saw with Omicron is how much the severity has lessened,
22 less hospitalizations, et cetera. So we're hoping and expect
23 to see that continue on to the future.
24 The next item, if you look at the gray box is the

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1 deferred care. And at this point the fact that we are almost
2 two years and we are two years out from the initial outbreak
3 of COVID, you know, this rebound is deferred claims. It
4 hasn't occurred as much as everyone thought it would occur.
5 And so the fact that we're two years out, it's kind of to the
6 point where, you know, the markets have started to stabilize.
7 But we're also watching other indicators of increase of
8 treatment through employment levels, cancer cost and
9 specialty drug pricing. But at this point we're expecting
10 little to no expected med cost impact in the future due to
11 deferred care.
12 And then the last item is really on the inflation
13 side. I'm sure everyone is hearing a lot about this on the
14 news today but just the fact that inflation rates are so high
15 today, the highest levels since the 1980s. And we do see
16 inflation lead to health care spending through health care
17 wages. So if you think what it might cost to staff a nurse
18 today compared to what it cost a year ago.
19 So we are expecting the economy wide inflation to
20 continue to add pressure to medical trends, about one percent
21 each other from 2021 to 2022 and then again from 2022 to
22 2023. So we are expecting about a one percent trend level,
23 and that's across the nation from this is Aon's book of
24 business. And we'll get into your specifics here soon as

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1 well as it relates to rate setting.

2 This next slide is really discussing the testing
3 and the vaccine cost and how that may impact future costs.
4 At this point you've seen a waning concern about COVID-19.
5 And the, I guess the real -- the real story is that at this
6 point we're expecting future testing costs to be no larger
7 than past costs. There are different types of tests out in
8 the marketplace. We've seen, you know, more at-home due to
9 government rapid tests. So there's more options than there
10 was at the start of this.

11 So even if we were to say a 33 percent reduction
12 in testing, it has a very little impact on your total medical
13 budget. And, again, this is for Aon's book of business, not
14 specific to PEBP. But just to give you an idea, if we see
15 testing decrease by a third, the overall reduction will be
16 about a half a percent of medical budget.

17 And then at the same time when we look at vaccine
18 cost, what we're expecting to be in 2022 and 2023, if you
19 think about the vaccines today, most of your population is
20 already vaccinated with at least two shots. Some of them
21 have been booster, three shots. So even if your members get
22 vaccines going forward they are not going to be at the same
23 frequency or the same number they were historically. So if
24 you already have three shots today you're not going to need

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1 another three shots in the next 12 months.
2 So if we see about 50 percent reduction in the
3 vaccine cost, that would reduce the total budget by 0.3
4 percent. Now one thing to keep in mind and this is on the
5 news as well, is how the government will handle the cost of
6 vaccines, if they will transfer the cost to the health care
7 or if they will have the budget. But overall we're expecting
8 that impact to little to no impact over 2021, maybe even a
9 slight decrease.
10 So on this slide, this is related to COVID-19
11 treatment and the suppression of other claims. So if you
12 look at, I'm actually going to go to the right to start
13 first. If you look at the U.S. COVID treatment and claims
14 in-depth, you'll see there's a high correlation between the
15 number of treatments and the members that, again, this is
16 based on national specifics, not tied to PEBP.
17 But if you look at the treatment and the U.S.,
18 there's a very high correlation and a very similar pattern to
19 the actual claims and versus the death. Now if you go on the
20 right-hand side, when we look at employer medical claims
21 compared to deaths, again, the deaths is the same between
22 both slides. But the red line shows actual to expected
23 health care costs. So essentially it's been fairly flat.
24 So what this is indicating is even though the

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1 COVID-19 treatments are rising and falling with the different
2 waves of COVID, the other costs fall at the opposite. So if
3 COVID-19 treatments increase we saw other costs decrease.
4 And so what is happening is you see the stabilization of
5 health care claims over that same type claim.
6 So as we look to the deferred care, and it is
7 going to rebound, again, we did see -- we did see deferral of
8 service from that March to May time frame. And really when
9 the last round and the provider started providing services
10 against really with geographic base and really dependent on
11 each state and how quickly they opened or didn't open and so
12 obviously that would directly impact the number of deferred
13 services.
14 But as a result of that there's a temporary
15 period of above normal cost right after. But after the
16 concern we're two years past the onset of the pandemic, we
17 feel like at this point the deferred claims are not going to
18 come back 100 percent.
19 The health care system appears to have returned
20 to an equilibrium state. And is claims are a direct medical
21 plans directly impacted by employment. So if you think if
22 your hospital have staff, if they have beds open that's how
23 quickly they will return some of the deferred services.
24 So if you look at the right-hand side, this is

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1 health care employment is the red line. And then the actual
2 to expected claims is the grayish line right underneath it.
3 So you'll see both health care employment and claims are up
4 considerably in that April time frame. Even if you consider
5 having your provider, a lot of the services that were
6 deferred, some of those offices and providers shut down or
7 provided less services during that time frame. So think of
8 your hips and knees, your orthopedic doctor, maybe not
9 fulfilled with as many services because of the fact that they
10 were on lockdown. So they may have reduced staff and then
11 they tried to increase staff after the lockdown went away.
12 So that's where health care and the claims are
13 directly impacted by the health care employment. That's why
14 it's so important to continue to monitor that and to see how
15 that's really happening in the long-term.
16 The other concern, of course, is long COVID. And
17 what that means now that long COVID kind of replaced other
18 conditions that we saw happening at the same time frame. And
19 so I think that's going to have to be closely monitored,
20 especially as it relates to the heart, blood clots, et
21 cetera. So we're continuing to monitor that, as well as for
22 the members who did not get some of the preventative services
23 that they should have, especially as it relates to some of
24 the cancer screening. So that's another item to keep your

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1 eyes on as well as specialty drug cost.

2 And then this last item trend is really on the

3 impacted trend or, excuse me, the impact of inflation.

4 Again, health care trend is directly correlated to the

5 overall inflation of the economy. Keep in mind, historically

6 health care trends are always a couple of percent higher than

7 inflation.

8 But then at the same time with health care trend

9 it's slower to integrate. It's not as immediate as some of

10 the other groups of services. Mainly due to the fact that

11 provider contracts are normally renegotiated every two to

12 four years. So we're not going to see a large increase

13 immediately but maybe in the near future, in the next several

14 years. And so that's why we're expecting a one percent

15 increase from 2021 to 2022 and then the following year to

16 2023.

17 Are there any questions on the trends or anything

18 related to COVID?

19 CHAIRWOMAN FREED: I can't see all of the Board

20 Members. So, Board Members, questions for Aon? Okay.

21 Hearing none, thank you very much.

22 MS. HUBER: Great.

23 CHAIRWOMAN FREED: So, Board Members, that was

24 just an informational item. It sets the table for Agenda

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1 Item 10. So let's go ahead and move to Agenda Item 10 and
2 I'll turn it over to PEBP staff.
3 MS. RICH: Laura Rich for the record. I think
4 I'm going to start off this report before passing it along to
5 Aon again because I think they are going to do a better job
6 of going over rate development and how these rates were set,
7 but I do want to say a few words before we get into this
8 report.
9 There were, as you just heard, there's --
10 obviously, we're experiencing significant trend. And we are
11 experiencing just overall nationally some factors that, you
12 know, are kind of an anomaly to what we've seen in the past
13 in terms of, you know, high inflation and things like that.
14 And so we're going to see all of this in claims moving
15 forward, right. And this is going to be something that is
16 effected -- is effecting PEBP in the long-term.
17 So there was no appetite from this administration
18 just, you know, from the beginning to increase rates. No one
19 wants to increase rates on a premium on members at this time,
20 right. We're already having workforce issues. You know, and
21 then -- and pay is -- is a topic of discussion right now,
22 right. And so this is not something, a road we really want
23 to go down.
24 However, rates is not something that PEBP, you

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1 know, just pulls out of a hat and this is what we're going to
2 charge this year. It's a math equation. And a math equation
3 is, it's composed of many different variables. And so it's
4 math. It comes down to math and the rate is great and we use
5 Aon to help us with development, right. It's a very complex
6 math equation with a lot of variable and a lot of
7 assumptions.
8 So originally I will tell you these rates did not
9 look this way. The rates we originally started with were a
10 lot higher. And those were the rates that would have been on
11 any given year proposed and presented to the Board. But
12 understanding the circumstances, understanding the goal of
13 the administration to not raise rates, we bent back to Aon
14 and said, okay, how can we look at some of these assumptions
15 and loosen up on some of these assumptions. And so we went
16 through kind of line by line and identified areas where we
17 could maybe loosen up on the assumptions a bit and to make
18 ultimately differences that would bring down these rates.
19 They changed variable and brought down the rates overall.
20 At the end, we were still looking at pretty
21 significant increases and so we did what in the past has not
22 been looked up or it's actually been frowned upon because it
23 creates a fiscal cliff, sorry, and that is using excess
24 money, excess funding to buy down rates.

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1 And the reason that we did this is because we do
2 have excess rate. And we were pretty much, all of it has
3 been earmarked. So we use a very conservative amount, about
4 3,000,000 to buy down those rates. And so the rates that
5 you're seeing today are much much lower than what would have
6 been presented on any other given year.
7 And the reason I'm saying this is because, you
8 know, this -- given the landscape that we're facing and just,
9 you know, COVID and inflation and everything that we're
10 facing today and especially, you know, in the health care
11 industry, there's -- there's a whole lot of volatility.
12 And so we are being -- we're taking a different
13 approach this time as being much much less conservative than
14 we would be in the past. But the last thing also we want to
15 do is accrue more excess, right. And so this is -- we
16 definitely, and you'll hear Aon discuss this, we have
17 basically eliminated the conservatism in rates this year.
18 And I think that just needs to be put on the record and
19 emphasized before we get into this.
20 So, Colleen, I don't know if it's you or Tim
21 that's going to go, that is going to take this over but I
22 will pass it on to you guys.
23 MS. HUBER: Okay, great. I think Tim got booted
24 and got put in as an attendee. So I will take over for this,

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1 but thank you. Oh, sorry. This is Colleen Huber for the
2 record.
3 So just to take a step back, as we look at rates,
4 and as Executive Officer Rich had indicated, it is a
5 formulaic equation, especially if we look to the different
6 assumptions. So we, high levels, we look at all of your
7 claims data, medical, pharmacy, dental over the last several
8 years. And then, of course, we complete it based on prior,
9 claims and trend it forward.
10 Then we use prior claims and future claims by
11 either plan design changes, changes to contract. I know we
12 heard a lot of procurement earlier, PDM, arrangements, market
13 check and any other projected savings that happens
14 historically, as well as we expect them to happen
15 prospectively.
16 And then, of course, we look at the enrollment
17 based on tier and plan and any type of assumption made for
18 utilization or actuarial value. And when we say actuarial
19 value, essentially what we are saying in aggregate what the
20 plan pays as far as a percent of claims as compared to the --
21 compared to what the member pays out-of-pocket.
22 And then, of course, we adjust for any type of
23 enrollment and then load into account year admin fees
24 associated with servicing your client, your account. And

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1 then, of course, on a tier basis. So you have your employee,
2 employee plus spouse, plus children, plus family tier and
3 it's all based on your Board policy regarding the methodology
4 there. And the last, that would be to add into account the
5 life insurance.
6 Overall for plan year 2023 we are projecting an
7 increase of 6.6 percent in aggregate. Keep in mind at 6.6
8 percent actually includes plan design changes of about
9 2.3 percent. But of the 2.3 percent of plan design changes
10 or enhancements that's being funded through the -- that's
11 being absorbed by the excess reserves or the cash
12 differential.

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13 We did look at your most recent 12 months of
14 incurred experience through November of 2021. We actually
15 looked at paid experience through February of 2022. So to
16 Executive Officer Rich's point about adjusting claims, we use
17 as much information as soon as we could get it, and actually
18 it was the annoying back to two-year different vendors asking
19 when data would be ready because we wanted to take into
20 account all of your claims, especially as we are moving away
21 from the COVID adjustment. So for this time period we are
22 actually really using your recent 12-month experience since
23 the prior 12 months were really impacted by the COVID
24 adjustments.

1 We did, and also it's important to note as we
2 looked at this there was no COVID adjustments going forward.
3 So similar to what we just talked about on the trend and the
4 COVID report, we're not increasing your claims assuming
5 there's going to be any uptick in COVID causing treatment,
6 testing or vaccine from current levels today since they are
7 included in your baselines. We included no adjustment going
8 forward.
9 For additional cost we're assuming what you have
10 in your baseline today of your claims, it's your typical
11 medical and pharmacy and dental claims. And then you already
12 have the fact that you have your COVID treatment, vaccine
13 charges. And then we are not assuming that a huge uptick
14 from those current levels.
15 So there's no COVID adjustment going forward.
16 And really it goes back to the fact that we're expecting to
17 have a future COVID-19, similar to what we're seeing with the
18 cold and flu season. And then at the same time, with the
19 deferred care, we're not including any additional bump up for
20 deferred care coming back into the system. We're assuming
21 what you have in those 12 months and then trend is going
22 forward.
23 And we talked about the trend levels going
24 forward for the next plan year. We're using medical claim

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1 trend at 5.4 percent, 6.7 percent for pharmacy, so closer to
2 your historical averages prior to the COVID experience.
3 As we talked about the U.S. inflation, we would
4 normally recommend about a one percent increase in health
5 care trend just due to that inflation in what we maybe see in
6 the next one to two years. But at this point we did not
7 include it into your projections. We heard you all loud and
8 clear that you want to be -- you want a 50/50 shot of this
9 Board policy of trend levels that you want us to assume what
10 we think will actually come in without trying to build in
11 extra conservatism or roughed out being overly aggressive is
12 where we think claims will come in at.
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13 For plan design changes, again, we did include
14 that 2.3 percent but that's all that's funded through the
15 differential cash. So that's -- so that would not increase
16 your rates additionally.
17 And then, of course, with all of the procurements
18 your staff has done over the last 12 months, those are all
19 incorporated whether it's a PDM contract, life insurance,
20 HRA, HSA, transparency, telemedicine, we used all of the
21 current information that we could.
22 And then as a result, the contributions are going
23 to increase for the state and aggregate of about 5.8 percent
24 and to Executive Officer Rich's comments is it does include

1 an additional subsidy of about $3,000,000 to limit that
2 increase for the state actives and retiree premiums. It was
3 not applied to the non-state since their experience did not
4 have an overall increase.
5 So with that, are there any questions or concerns
6 or discussion items for me?
7 CHAIRWOMAN FREED: Seeing none, I think now I
8 will open it up to Board Member questions, comments unless
9 any of the actuaries or the PEBP staff has anything more to
10 add. I see Ms. Woodward with her hand up. Please go ahead.
11 MEMBER WOODWARD: Thank you, Chair Freed. I just
12 want to comment at this, a little bit from the standpoint of
13 the state employee and the people that I have spoken to in my
14 own personal experience. Personally I have the EPO program,
15 and I did notice that it's quite a bump for the EPO and
16 probably HMO but so only a couple of dollars it looks like
17 for the other PPO programs.
18 With the fact that our pay has not increased, in
19 many cases has decreased with the furloughs, the fact that
20 we're only getting a one percent raise when, in July when
21 inflation is at nearly eight percent. The fact that while
22 I'm very appreciative and I think everybody is of the
23 coverage we do have, many of those costs have been moved to
24 the employee side. So it's difficult many times to use

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1 insurance. You can afford to go to the doctor but you can't
2 afford to use the insurance coverage we have because you
3 can't afford what they have prescribed for you.
4 If you want to have -- you know, if you need to
5 have an MRI, not just want to but need one or any of those
6 things, I'm actually a cancer survivor. So I look at those.
7 I have got my share of medical debt from things that have not
8 recovered by insurance.
9 I would like to know if there's any possibility
10 of being what we're using with reserves to cover a little bit
11 more of that raise in policy. I get the -- I get the
12 increase that's needed. It happens every single year. But
13 is there in this year's case a possibility maybe to use a
14 little bit more of the reserves to make it a little bit
15 easier.
16 I know that people who are at a lower grade than
17 I am just simply can't afford to do anything with their
18 insurance. I can do some things but there's a lot of
19 treatment I put off because I can't afford it either. So
20 that would just be, you know, myself putting that out there
21 on behalf of myself and every other employee in the same
22 position that I'm in, so just to put that out there.
23 MS. RICH: This is Laura Rich for the record.
24 Typically, historically PEBP does not come with options for

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1 rates because as I said, it's a math equation. It's not
2 something that we just, you know, develop ourselves.
3 And in the last couple of years that hasn't been
4 the situation just because we've made policy decisions and
5 things like that that do affect the rates. If you do this,
6 then this, right. That is why we in the last, possibly the
7 year before that we had options. But typically we do not
8 present options and there's a reason for that.
9 We have no wiggle room when it comes to the
10 determination of rates and loading those in. So we have a
11 timeline. We cannot have the -- the rates discussion until
12 late March because we need the experience to be able to see
13 what's going to happen and to be able to build that into the
14 rates and take that information into the assumptions that are
15 used. So we can't have that discussion until March.
16 Then at that point, we've only got weeks to take
17 those rates, put them into all the plan documents, all the
18 open enrollment material. We load them into the enrollment
19 eligibility system. They have got to be then tested by
20 staff. So there's -- there is very limited time. And on top
21 of that we're working with obviously the decision that was
22 made with the new eligibility and enrollment system vendor.
23 So we -- we have very limited time to be able to come back to
24 the Board and say, okay, here's a new -- here's a new option.

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1 That's the first piece of it.
2 The second piece of that is that the excess has
3 all been earmarked at this point, the projected access.
4 There's -- we can't use money we don't have. And so there's
5 an inability from staff to say, okay, we're going to take
6 this excess that's already been earmarked for the next two
7 years plan design enhancements and instead we're going to
8 apply it to rates, right. It's one or the other. And so
9 that has, all of it has been earmarked at this point, and so
10 there is no additional monies.
11 The third point I'm going to make is that and,
12 Member Woodward, you're new, and so you probably haven't
13 heard this before. But if rates are at, let's say that they
14 are supposed to be, they are at 45 right now, it's $45 today
15 and the increases are supposed to bring it to $55. But
16 instead we buy that money down or use the excess to buy it
17 down, back down to 45 so there's no increase. Okay. So we
18 have that money. It's been used. We use it to spend down.
19 Next year when we do rates, we're starting at 55,
20 right. And let's say we need to do the same and raise it to
21 65, so people are used to paying $45. And two years from now
22 we don't have potentially excess to apply to it, now we have
23 to double that whammy. And now instead of a 10 dollar
24 increase they are getting a 20 dollar increase. That is the

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1 potential risk that we face by using one-time money to by
2 down rates.
3 And so it is -- it's definitely something that we
4 don't like to do and the more that you use it to buy down
5 rates the riskier it becomes down the road should trend and
6 experience increase and given the inflationary factors that
7 we're potentially facing, especially in health care, right?
8 I don't see health care getting less expensive moving
9 forward. It's only going to get more expensive. And so
10 rates are not likely to come down. They are likely to go up
11 and that's not just with PEBP but with every other insurer in
12 the nation.
13 MEMBER WOODWARD: So if I could just follow-up
14 with that. I do understand all of that. I just think that
15 we have to remember is what good is your insurance if you
16 can't afford to use it. And so we do have to keep employees
17 in mind because that's what we're here for is to decide how
18 we're going to take care of our employees. And, frankly, the
19 state isn't taking care of our employees. They are not
20 paying enough.
21 And the Governor's Office, they know this. Duane
22 Young said this in a PEBP meeting one or two times ago. They
23 realized pay is woefully under what everybody else is
24 getting. And our benefits are getting deplorable and very

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1 costly. I worked in health care many many years. I know
2 health care costs go up and up and up and up. They never go
3 backwards. They only go up, and it's very difficult.
4 But, like I said, I think at the same time we
5 just need to consider who we're representing. And we have to
6 do the best we can. And sometimes those are really hard
7 decisions, I know that too. But we have to remember for
8 people who can't even afford to use their insurance, it's not
9 even a benefit. You're paying for something that's worthless
10 to them because it's a catastrophic plan then and not, you
11 know, anything else.
12 So the state needs to get with the program and
13 invest some more money in the benefits and it's not like the
14 excess. It's the state saying here. We're going to
15 contribute to this because we care about our employees and
16 working really hard for us because we are all the ones doing
17 the work, not the figurehead. It's the worker bees doing the
18 work of the state.
19 So those are who are represented when we're
20 talking about benefits. People who make a lot of money could
21 care less. They pay their bills, their medical bills without
22 a thought. But the regular employee says you know what, I
23 can't afford to even work for the state anymore because they
24 don't pay me enough to cover what the benefits are for health

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1 care.

2 So I guess bottom line is I do really understand

3 the process and the hard hard decisions that have to be made.

4 I just wanted to put that out there and remind all of us that

5 we're talking about the decisions that affect real people who

6 don't have the money to even use it.

7 CHAIRWOMAN FREED: Okay. I think I'm going to go

8 to, I believe Michelle Kelley had her hand up before Betsy

9 Aiello, so.

10 MEMBER KELLEY: Thanks, Chair Freed. So I guess

11 my question is for Executive Officer Rich. In your kind of

12 preamble I guess, you talked about all of the reasons why

13 it's bad to buy down premiums. And I should caveat this.

14 Obviously, there's a closed amount of money. And, you know,

15 it comes into either plan design or it comes into rate. You

16 know, we try to balance the needs of both, the lower rate and

17 higher quality of benefit.

18 But from what I was hearing from you, Executive

19 Officer Rich, you don't actually believe in this buy down

20 that's being proposed today because of all of the reasons

21 why, including, you know, rate shock in a couple of years

22 when we don't have the money.

23 In addition, during our last Board meeting when

24 we were talking about plan design, you and your team were

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1 extremely concerned about spending anymore of the excess,
2 putting it into the plan design, like a few of the Board
3 Members had requested because we needed this.
4 And now, you know, like, now for me hearing that
5 the agency is recommending that we buy down these rates is
6 kind of contradictory to me. And as I said, there's no good
7 decision. You know, it's not going to change how much money
8 you spend on benefits. But I just wonder what -- you know,
9 where did that come from because I don't think it was
10 referenced at the last meeting or and suddenly we're spending
11 extra money.
12 MS. RICH: Laura Rich for the record. It's not
13 that I'm against the buy down of rates. I just -- I want to
14 emphasize that when we do this, we need to be very cognizant
15 of the risk that you're facing moving forward.
16 Now the decision to buy down or to use that
17 excess to buy down rates was made as a, basically if it
18 was -- it's our staff's way of meeting the goals of this
19 administration. So the administration had no appetite to
20 raise to see significant increases in premiums. In that --
21 that initial rate table that we received from Aon had very
22 significant increases.
23 I mean, you know, the one rate I remember is the
24 employee only, the cheapest, the least expensive rate from

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1 the least expensive plan and that is the CDHP employee only.
2 The rate today is somewhere around $44. It was going to be
3 somewhere around $71. That's almost a doubling of rates,
4 right. That was not something we were going to be able to
5 do.
6 So that is where we work with Aon to ensure that
7 we meet the administration's goal of not increasing rates
8 substantially. So that's really where it came from is we
9 tried to get to as close as we could without doing anything
10 drastic to, you know, align with the goals of the
11 administration.
12 MEMBER KELLEY: A quick follow-up.
13 CHAIRWOMAN FREED: Sure.
14 MEMBER KELLEY: Just to close. So has the state
15 subsidy increased then or is that also being subsidized by
16 the excess amounts which is mostly employee premiums, right?
17 MS. RICH: So Laura Rich for the record. So
18 that's the problem we have at PEBP is that second year,
19 right. So the subsidy is set in our budget. That's
20 legislatively set. So that was determined two years ago in
21 our budget. And -- and that was something that is, that we
22 cannot change. So we don't have the ability. If trend is
23 more than what was budgeted for we do not have the ability in
24 the second year to ask for more subsidy dollars. That's a

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1 set amount and that's a dollar amount that's set in our
2 budget.
3 So if there are trend increases in that second
4 year as there are today, all of that has to get absorbed by
5 the employee. And that is -- that is one of the problems
6 that moving forward we are discussing with the Governor's
7 Finance Office and the Governor's Office because it's
8 something, especially with health care, you know, not being
9 able to have that safety net for the second year is very
10 difficult because all of those increases end up on the
11 employee. And that is the only mechanism we have other
12 than -- so either bring in more revenue or cut benefits.
13 That is the only mechanism minus given the fact that the
14 subsidy is set.
15 CHAIRWOMAN FREED: So I'll go with Member Aiello.
16 MEMBER AIELLO: Okay. So what I would like to
17 maybe have you explain a little bit more is the actual rate
18 grid on page four. And I think what it's saying here, and
19 I'm going to say a couple of things I think I thought I
20 heard. So the 3,000,000 would be in the excess subsidy
21 column; is that correct?
22 Okay. We added back some design features paid
23 for by the 26th so that's the design spend down because we
24 added back features. But the cost of those features show in

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1 the rate and then the design spend down is because we pulled
2 some reserves to do that.
3 So then when we're looking at non-state active
4 employees, because they get the new design change too, but
5 there's no design spend down or excess subsidy because they
6 aren't funded by the State funding system or maybe you can
7 explain this grid. You might have in the past. But if you
8 can re-explain it I would appreciate it a little bit.
9 MS. RICH: So this is Laura Rich for the record.
10 The non-state group is a much smaller group. It's a much
11 more volatile group. You can see it swing one way or the
12 other every year much more so than the state actives, right,
13 and state retirees.
14 In this plan year there were no -- there was no
15 trend for that group. And so it doesn't make sense when they
16 are not seeing the increases that the other groups are
17 seeing. It doesn't make sense to lower rates for them. It
18 would -- so what would be more, by creating or applying the
19 excess to the, you know, to that rate. Because, again, what
20 you're doing is creating a situation where, you know, next
21 year, if you're giving them artificially low rates then next
22 year you're having to double those increases and so it
23 creates a shock. So you don't want to do that. So the
24 excess was not applied to that group because it was not

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1 necessary. It would have reduced rates overall
2 significantly.
3 MEMBER AIELLO: So then what you're saying is
4 that group's rates are the same as they were this last year,
5 but they still didn't get the design change enhancements
6 back. So, okay, so that group didn't change. But the
7 non-state retirees did get that because they have some
8 subsidies from the state I guess from -- through the state.
9 CHAIRWOMAN FREED: So I'll go to Member Verducci.
10 MEMBER VERDUCCI: Thank you, Chair Freed. Tom
11 Verducci for the record. I just have a question on the
12 different groups, what the methodology is, why we have
13 somebody going up higher proportionately than other groups.
14 And I'm trying to figure out the rationale why it just
15 doesn't go up proportionately within the same groups and
16 also, you know, and that cause a migration during the open
17 enrollment.
18 MS. RICH: Laura Rich for the record. So the
19 methodology that was applied is methodology that is a Board
20 approved policy and that was explained in the prior -- in the
21 -- actually, it was in this report. It was in this report
22 where you see the -- so you see the -- I'm looking at it
23 right here. In step four, you know, the tiering, right, so
24 participant, participant plus spouse, right. So this is the

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1 Board approved. It's on page two of this report. It's the
2 Board approved methodology.
3 CHAIRWOMAN FREED: Okay. Other questions?
4 Mr. Barnes? You gotta unmute yourself.
5 MEMBER BARNES: Okay. Sorry about that. Jim
6 Barnes for the record. The past 12 months include both Delta
7 and Omicron waves. And I was wondering if that could cause
8 an overestimate if COVID recedes in the future.
9 MS. RICH: Colleen, do you want to take this one.
10 MS. HUBER: Colleen Huber for the record. So it
11 is, to your point, the Omicron and the Delta waves are
12 included in the baseline. At this point we are expecting
13 competing COVID claims for treatment and then the impact of
14 long COVID but more or less along historical averages.
15 We're not including any additional cost for other
16 waves that we may see. We realize that the waves are already
17 included in the underlying baseline claims experience. We
18 did not net them out because we're still expecting to see
19 some type of COVID waves in the future as well as the cost of
20 long COVID.
21 And then, of course, you know, again, if members
22 put off their preventative screenings or services, we may see
23 an uptick in other conditions such as cancer, et cetera. So
24 we didn't net out the COVID claim because we're expecting

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1 some COVID claims to continue into the future as long as
2 including other treatments for, again, long COVID and then
3 for preventative services and any type of deferral of care
4 that they did not get that we may continue to see those
5 claims experience occurring in the future.
6 But we did not include additional costs either to
7 account for any additional cost for continual testing,
8 vaccines, treatments. We've gotta look more like the last 12
9 months versus other time periods. Does that help?
10 MEMBER BARNES: Yes. Thank you.
11 CHAIRWOMAN FREED: Member Kelley?
12 MEMBER KELLEY: Thank you, Chair Freed. I just
13 wanted to have one other clarification point I was hoping to
14 get from staff. When I look at the grid you put together,
15 before we get to the full rates, but kind of where it talks
16 about the dollar increase, the percentage increase and the
17 enrollment. I just want, can you clarify for me or for the
18 record really, so we're talking about depending on the plan,
19 the dollar amount or the percentages, you know, for the CDHP,
20 the dollar amount is smaller than for the low deductible and
21 for the EPO plan. That's a consequence in my mind of the
22 fact that the more expensive plans cover or provide a fixed
23 fee for services at time when people are getting them versus
24 the CDHP that's only going to see employee only 233 increase.

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1 Those participants are going to obviously
2 continue to pay most of their expenses until they get the
3 deductible, you know, and up to the maximum amount
4 out-of-pocket. So is that why we see an increase of 233 on
5 CDHP employee only versus larger increases for the low
6 deductible and EPO. If you can just talk to that a bit.
7 MS. HUBER: This is Colleen Huber for the record.
8 I was going to say, it may help also, Member Kelley, to look
9 at the next page, page four. One thing that you'll notice is
10 the base subsidy in the column is the same across all of the
11 plans.
12 So for example, for employee only, it sets
13 605.16. And the next column, again, is the plan design. So
14 it's in the same range but it's slightly different depending
15 on the elements of the plan design. But then you'll also
16 notice that the excess subsidy, so this is a spend down to
17 help lower the contributions. It's the same across all of
18 the plans.
19 And then to that point that is why the subsidy
20 altogether is the same across all plans. But then the cost
21 share to the member or the contribution to the member may
22 look slightly different depending on which plan option they
23 choose. Does that make sense?
24 MEMBER KELLEY: Yes, it does. Thank you.

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1 CHAIRWOMAN FREED: I have a question. This is
2 Laura Freed. But isn't this a function of Board's policies
3 and procedures about percentage of the total premium that the
4 subsidy is intended to cover. Because, you know, in the CDHP
5 the participant share of the total premium is seven percent.
6 In other words 93 percent of the rate is covered by the
7 subsidies.
8 For the co-pay plan, 90 percent of the total rate
9 is covered by subsidies or excess reserves. I'm using that
10 term together. And then on the EPO HMO it's 79 percent of
11 total premium covered by subsidies.
12 You know, so now I got baffled by the -- the
13 share of design spend down and excess subsidies. I mean,
14 this should be the sign based on previously established
15 subsidy percentage, right?
16 MS. RICH: Laura Rich for the record. So if you
17 recall the Board made the Board decision to apply subsidy
18 equally regardless of plan. So we did that. Oh, gosh, I
19 can't remember when it was. It was last year. It was last
20 plan year. So that the percentages no longer apply because
21 you're just -- you're giving the same amount per plan. And
22 then at that point PEBP doesn't care what plan, right. We're
23 subsiding each plan equally and the employee is paying the
24 difference between what that plan really costs and the

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1 subsidy that the State is willing to give for any plan.

2 CHAIRWOMAN FREED: Okay, yeah, I think this might

3 have been in the January 2021 Board policies and procedures

4 update perhaps. Okay. All right. Thanks.

5 I'm not seeing any other questions or comments.

6 Board Members, what's your sense of this nice rate table

7 we've got here for '23?

8 MEMBER VERDUCCI: Tom Verducci for the record.

9 What are our choices here? I don't see the staff

10 recommendation here. We have the rates here, the grids. But

11 what would be the available options here?

12 CHAIRWOMAN FREED: I believe, Mr. Verducci, that

13 the staff recommendation is to approve the rate table as

14 presented on page four of the staff report.

15 MEMBER VERDUCCI: We have one table in front of

16 us, and I believe that's the only option we see here. I know

17 these rates have to be done so open enrollment happens; is

18 that correct?

19 MEMBER AIELLO: This is Betsy. Is it my

20 understanding the rates we're seeing now is based on our

21 decisions from last fall when we couldn't really see rates

22 because the trends weren't in as far so we had some potential

23 rate information without the trends being fully in.

24 And I think that because we weren't -- inflation

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1 wasn't quite the way it's been in the last couple of little
2 bit and although you didn't include inflation in the rate.
3 So I have to back that out from what I understood. We aren't
4 including inflation in the rates. But the rates might be
5 higher. But it was based on our adding back things to the
6 plan that had been removed and so then costing out the plans
7 with the added back that we asked this fall and there's kind
8 of a disconnect because we don't really always know what our
9 add backs are going to cost. I'm thinking maybe that's it.
10 CHAIRWOMAN FREED: That is correct.
11 MEMBER AIELLO: All right.
12 CHAIRWOMAN FREED: So the Board has already taken
13 the decision to spend down 26,000,000, correct me if I'm
14 wrong, $26,000,000 of our excess cash to restore the plan
15 design to very nearly what it was prior to the pandemic for
16 FY23, '24 and '25. In other words, the plan design won't
17 change, which I think is good, because it gives members some
18 stability about what their deductibles and out-of-pocket max
19 is. And so that's -- that's the design spend down column you
20 see on page four.
21 And then in order to further constrain rate
22 growth, because you're right, Member Aiello, this is not the
23 wider, you know, seven and a half inflation kind of numbers
24 we've seen recently. This is just plain old, correct me if

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1 I'm wrong, Ms. Huber, plain old medical and pharmaceutical
2 trend that happens every year which is why rates go up every
3 year, right.
4 And so that's what -- that's what you're looking
5 at. You're looking at the combination of enriching plan
6 design for the first of the next three years and constraining
7 rate growth just to make life a little bit easier for the
8 participants.
9 MEMBER AIELLO: So in other words it's the cost
10 of what we decided we wanted to buy in the fall.
11 CHAIRWOMAN FREED: Yes. And, you know, I don't
12 think this is too bad honestly. If you look at the -- if you
13 look at participant premiums for just employee only because
14 that's the vast majority of our participants, Member Kelley
15 is right. It's going up -- if you're on the CDHP it's going
16 up two bucks. It's going up four dollars and some if you're
17 on the co-pay. And, yeah, EPO and HMO is really where I
18 think you see the pinch. It's the 140 some to 161.
19 So, yeah, I mean, we're always going to face this
20 increasing medical trend and particularly our pharmaceutical
21 trend goes up every year. We've had in some recent plan
22 years double digit pharmaceutical trend growth. And we're
23 not -- you know, we're really not budgeted for that.
24 So I'm -- you know, I'm supportive of this rate

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1 table. I have to say I don't -- you know, going back to --
2 you know, I was talking -- I just got corrected on the
3 Board's policies and procedure. But I'll tell you what's in
4 the Board policies and procedures is that the Board doesn't
5 use one-time money for ongoing costs. Rates are ongoing
6 cost.
7 And we're using $3,000,000, the last bit of
8 excess reserve we have to constrain rate growth for
9 participants. I don't feel comfortable with that. I
10 understand why we need to do it because, you know, Member
11 Woodward is right. You know, most of the state employees are
12 getting a one percent COLA in FY23. That's not -- that's not
13 very much at all.
14 So, but I'm nervous that this may boomerang back
15 on the Board if we get bad medical trend year or bad
16 pharmaceutical trend year and then we have to raise rates by
17 much more than two bucks or four bucks. So, anyway, I'm
18 supportive with reservations.
19 MEMBER AIELLO: Chair Freed, based on what you
20 just said though, at least next year is the legislative
21 session and people can go and cry at the legislature I would
22 maybe guess hopefully. But for this year we -- I know we all
23 went through that we wanted the plan to move back closer to
24 where it had been so from the cuts.

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1 CHAIRWOMAN FREED: Member Coughron?
2 MEMBER CAUGHRON: I was just going to make a
3 motion to move forward with the plan year '23 rates that are
4 being presented.
5 CHAIRWOMAN FREED: Okay. Thank you.
6 MEMBER BITTLESTON: This is Leslie. I'll second.
7 MEMBER KELLEY: I'll second.
8 CHAIRWOMAN FREED: Okay. I'll give it to
9 Bittleston. Thank you though.
10 All right. You heard the motion to accept the
11 rate table as presented. All in favor say aye. Any opposed
12 say nay.
13 MEMBER WOODWARD: Nay.
14 (The majority of the vote was in favor of the
15 motion.)
16 CHAIRWOMAN FREED: Thank you. I'll record
17 Ms. Woodward as voting no. Motion carries.
18 With that, I think we'll go to Agenda Item 11,
19 public comment. And, again, I'll turn it back to PEBP staff.
20 MR. HOPKINS: Okay. One moment, please.
21 As a reminder Zoom is used for public comment
22 only. This meeting is streaming live on YouTube, if you want
23 to just listen in to the PEBP Board meeting. The YouTube
24 link is located on the agenda.

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1 For those who have joined for public comment your
2 name or last four digits.
3 Ms. Woodward, you're still live.
4 MEMBER WOODWARD: Sorry.
5 MR. HOPKINS: For those who have joined for
6 public comment, your name or last four digits of your phone
7 number will be announced. You'll be advised you'll be
8 unmuted. As a reminder for those on the phone, please press
9 star six to unmute. And please slowly state and spell your
10 name for the record and then proceed with your comments.
11 Speaker with the last name Ervin, you have
12 permission to speak. Please unmute your mic and slowly state
13 and spell your name for the record.
14 MR. ERVIN: Hello. This is Kent Ervin. Can you
15 hear me?
16 MR. HOPKINS: Yes, we can.
17 MR. ERVIN: Kent Ervin, E-r-v-i-n, State
18 President Nevada Faculty Alliance. I would like to thank the
19 Board Members for going through a lot of important issues
20 today.
21 I would like to reiterate that the master plan
22 documents really do need to be cleaned up and made more
23 understandable for participants. On the -- we appreciate
24 that the vaccination surcharges have been rescinded.

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1 On the rates, I would -- I just need to put on
2 the record a few things. Those excess reserves are excess,
3 differential cash if you want to use the euphemism, but it's
4 excess reserves. That's money that wasn't spent on benefits
5 in the last year or two years by participants. It belongs to
6 participants. And so putting it back into rates to
7 stabilize -- stabilize employee premiums is perfectly
8 appropriate.
9 As far as state contributions, the employer
10 contributions for FY 2023, it's $750 per employee per month.
11 That's actually less than it was in FY 2020 when it was 761.
12 And the only reason -- and one of the reasons -- well,
13 there's several reasons we do have excess reserves. This is
14 money that wasn't spent by participants because of COVID
15 claims suppression, as well as federal funds were used for a
16 lot of the COVID claims and other factors over the last two
17 years. But it's participants' money. It's not future
18 participants. It's past participants' money. And so it's
19 entirely appropriate to use it for rate stabilization.
20 In fact, the catastrophic reserves used to be
21 called the rate stabilization reserves until that name was
22 changed, but it hasn't been dipped in to for the last
23 12 years of the Consumer Driven Health Plan.
24 So and there was a statement made that the

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1 $3,000,000 using excess reserves as stabilized rates is the
2 last dollar of excess reserves. That's not in the record.
3 Excess reserves went up from the September budget report to
4 the one for end of December that's on the consent agenda
5 today. Projections are all over the place. I don't really
6 know how those are done or what they mean. But the actual
7 dollar amount of excess reserves went up in the last quarter.
8 It's currently at 35 or 38,000,000 compared with the
9 $26,000,000 that you have reserved over two years,
10 three years I think for the plan design remediations. And
11 now just $3,000,000 of that is being used to stabilize rates.
12 So I just need to put those things on the record
13 that counter various statements made about this being
14 one-time money. It's one-time money that seems to reoccur
15 every year as has done for the last dozen years because of
16 the overly conservative projections. Thank you.
17 MR. HOPKINS: Thank you.
18 The caller with the last four digits 1601, please
19 slowly state and spell your name for the record and press
20 star six to unmute. Caller with the last four digits 1601,
21 you have been unmuted. Please press star six and slowly
22 state and spell your name.
23 The person with the last name Menicucci, you have
24 permission to speak. Please slowly spell and state your name

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1 for the record if you wish to make public comment.
2 The person with the last name Fulton, you have
3 permission to speak. Please slowly state and spell your name
4 for the record.
5 Madam Chair, that is all we have for public
6 comment.
7 CHAIRWOMAN FREED: Okay. Thank you very much.
8 With that we finished our business for today. And it is 2:10
9 p.m. and I will adjourn the meeting.
10 Thank you, everybody, for your participation and
11 your dedication.
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1 STATE OF NEVADA,)
) ss.
2 CARSON CITY.)

3

4 I, KATHY JACKSON, Official Court Reporter for the

5 State of Nevada, Public Employees' Benefits Program Board, do

6 hereby certify:

7 That on Thursday, the 24th day of March, 2022, I was

8 present on a teleconference for the Public Employees'

9 Benefits Program, Carson City, Nevada, for the purpose of

10 reporting in verbatim stenotype notes the within-entitled

11 public meeting;

12 That the foregoing transcript, consisting of pages 1

13 through 184, is a full, true and correct transcription of my

14 stenotype notes of said public meeting.

15

16 Dated at Carson City, Nevada, this 9th day

17 of April, 2022.

18

19

20

KATHY JACKSON, CCR
21 Nevada CCR #402

22

23

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