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In The Matter Of:

*PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS*

September 29, 2022

*Capitol Reporters
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Carson City, Nevada 89706
775 882-5322*

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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
THURSDAY, SEPTEMBER 29, 2022
CARSON CITY AND LAS VEGAS, NEVADA

The Board: LAURA FREED - Chair
LINDA FOX - Co-Chair
JIM BARNES - Member
LESLIE BITTLESTON - Member
APRIL CAUGHRON - Member
TOM VERDUCCI - Member
MICHELLE KELLEY - Member
BETSY AIELLO - Member
JANELLE WOODWARD - Member
JENNIFER MCCLENDON - Member

For the Board: MICHELLE BRIGGS
Deputy Attorney General

For Staff: LAURA RICH
Executive Officer
WENDI LUNZ
Acting Executive Assistant
TIM LINDLEY
Quality Control Officer
NIK PROPER
Operations Officer

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1 THURSDAY, SEPTEMBER 29, 2022, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN FREED: Good morning, everybody.
4 Welcome. It is Thursday, September 29th. And I will call
5 the meeting of the Public Employees' Benefits Program meeting
6 to order.

7 And, staff, will you please call the roll.

8 MS. LUNZ: Laura Freed?

9 CHAIRWOMAN FREED: Here.

10 MS. LUNZ: Linda Fox?

11 VICE CHAIR FOX: Here.

12 MS. LUNZ: Betsy Aiello?

13 MEMBER AIELLO: Here.

14 MS. LUNZ: Jim Barnes?

15 MEMBER BARNES: Here.

16 MS. LUNZ: April Caughron?

17 MEMBER CAUGHRON: Here.

18 MS. LUNZ: Leslie Bittleston?

19 MEMBER BITTLESTON: Here.

20 MS. LUNZ: Jennifer McClendon?

21 MEMBER MCCLENDON: Here.

22 MS. LUNZ: Tom Verducci?

23 MEMBER VERDUCCI: Here.

24 MS. LUNZ: Janelle Woodward?

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MEMBER WOODWARD: Here.

MS. LUNZ: And Michelle Kelley?

MEMBER KELLEY: Here.

MS. LUNZ: Thank you. We have a quorum.

CHAIRWOMAN FREED: Okay, thanks.

Agenda Item 2 is public comment. So, again, I will turn it over to PEBP staff to get us set up for that.

MR. HOPKINS: One moment, Madam Chair. I'll get the slide up.

As a reminder, Zoom is used for public comment only. This meeting is streaming live on YouTube. If you just want to listen to the PEBP Board meeting, the YouTube link is located on the agenda.

For those who have joined public comment, your name or last four digits of the phone number will be announced and you will be advised you have been unmuted. As a reminder for those on the phone, please press star six to unmute. Please slowly state and spell your name for the record and then proceed with your comments. Due to time considerations, each caller will be limited to three minutes.

Will the caller -- would the caller with last four digits 0891, please slowly spell and state your name for the record and please press star six to unmute. Caller with the last four, 0891, please press star six to unmute if you

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1 wish to make public comment.

2 MS. LAIR: Thank you. Good morning, Chair Freed
3 and fellow Board Members. My name for the record is Terri
4 Laird, T-e-r-r-i. Last name L-a-i-r-d. I'm the executive
5 director at RPEN, the Retired Public Employees of Nevada. We
6 are a nonprofit nonpartisan organization where we represent
7 close to 7,500 members within 17 chapters statewide and we've
8 been around since 1976.

9 We are happy today to learn through PEBP
10 Executive Officer Laura Rich's report that staffing levels
11 have improved. Although, that same report suggests it can be
12 months before the new staff is fully trained and able to
13 assist the many active participants, as well as the many
14 retirees who needed assistance and guidance through the many
15 issues that PEBP has had with vendors over the past year or
16 so.

17 We remain hopeful that PEBP will receive
18 legislative assistance next year to return PEBP to pre-Covid
19 funding levels. And RPEN, along with our fellow advocacy
20 members will lobby to support that effort.

21 Until then, I would like to thank Ms. Rich and
22 her staff for going the extra mile to help our members in
23 need when asked and in such an expeditious manner. Thank you
24 for your time.

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1 MR. HOPKINS: Thank you. Will Kent Ervin, please
2 -- you have permission to speak. Please make your public
3 comment.

4 MR. ERVIN: Thank you. Kent Ervin, K-e-n-t
5 E-r-v-i-n, State president Nevada Faculty Alliance. Good
6 morning, Chair Freed and Executive Director Rich and Board
7 Members. Thank you for your service.

8 The State of Nevada has a dire employee crisis on
9 its hand. The State agencies, including PEBP and NSHE cannot
10 fill vacant positions because the compensation and benefits
11 are deficient compared to the private sector and compared to
12 cities and counties and nearby states.

13 The PEBP benefits should have been restored for
14 the current plan year using American Rescue Plan Act funds.
15 We don't understand why not. But now Governor Sisolak has
16 told the Nevada Faculty Alliance that he supports restoring
17 PEBP benefits.

18 The highest priority for FY2024 is to fully
19 restore benefits and premium to pre-pandemic levels or
20 better. My written comments provide details for some
21 consideration. For the high deductible plan, deductibles
22 should be kept at the IRS minimum. The out-of-pocket maximum
23 should be reduced, and HSA contribution should be
24 substantially increased including for dependents.

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1 For the HMO/EPO plans, the deductibles and
2 co-insurance should be zero. The point of HMO type plans is
3 that the higher monthly premiums are paid with expectation of
4 fixed co-pays and no surprises in billing.

5 The low deductible plan should be structured to
6 be in the middle with a low deductible.

7 Long-term disability insurance should be
8 restored. It's also time to increase the maximum annual
9 dental benefit, which is at the same dollar amount as it was
10 in 1990 while dental costs have increased three or four
11 times.

12 We are opposed to the idea of eliminating the
13 Northern EPO plan without providing another alternative
14 comparable to the HMO in the South. One of the stated core
15 values of PEBP is fairness, and it would be patently unfair
16 to eliminate this option for one group of employees based on
17 geographic location. PEBP perhaps should explore other
18 options as outlined in my written comments.

19 Finally, as also shown in my written comments, we
20 see, again, that the new excess reserves -- that new excess
21 reserves were generated in FY2022 despite spend down plans.
22 This has been going on for a dozen years. You now have at
23 least 9.5 million to work with for employee benefits that
24 should have been used now for -- to benefit current employees

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1 and it should not wait until more State employees quit.

2 Restoring basic plan benefits to pre-pandemic
3 levels should be the highest priority before investing in new
4 and unproven programs. Thank you.

5 MR. HOPKINS: Thank you, Mr. Ervin.

6 Would the caller with the last four 9199, please
7 slowly spell and state your name for the record, and you have
8 permission to speak for public comment.

9 MS. OPERMAN: Good morning, Chair Freed and
10 Members of the Board. For the record my name is Tess,
11 Opserman. That's T-e-s-s O-p-s-e-r-m-a-n, speaking on behalf
12 of AFSCME Retirees Chapter 4041. As Ken just addressed,
13 excess reserves continue to be generated yearly at PEBP. And
14 despite recorded efforts to spend down the reserves, we still
15 see nearly \$40,000,000 in excess reserves for fiscal year
16 2022.

17 These excess reserves are monies that could be
18 used to provide better benefits for our retirees and restore
19 benefits to pre-pandemic levels. Additionally, the
20 continuous cuts at PEBP benefits have made a notable impact
21 on the ability to hire for State positions in every
22 department.

23 Historically, somewhat lower wages were
24 counterbalanced with strong retirement benefits with the
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1 State. Now with low wages and decreased benefits, the State
2 is in employment crisis. Restoring benefits should be the
3 top priority for fiscal years, including a full restoration
4 of long-term disability, increasing the HSA employer
5 contribution, keeping employee premiums at no more than
6 current premium or preferably pre-pandemic premiums. And for
7 the HMO/EPO plan, restoring zero deductibles and zero
8 co-insurance.

9 Finally, the proposed elimination of the Northern
10 EPO plan should only be considered if it is replaced by a
11 plan comparable to the Southern HMO plan. Limiting medical
12 care options based on geographical locations is inherently
13 unfair and goes against PEBP stated core values. We look
14 forward to the presentations today. And thank you for your
15 time this morning.

16 MR. HOPKINS: Thank you.

17 Will the caller with the last four digits 0962,
18 you have permission to speak. Please press -- please slowly
19 spell and state your name for the record and unmute your
20 phone if you want to make public comment.

21 MS. FILSOM: Hello?

22 MR. HOPKINS: We can hear you okay.

23 MS. FILSOM: All right. Thank you. My name is
24 Natalia Filsom. Last name F, as in Frank, i-l-s-o-m. I am
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1 an administrator for a private dental practice in Carson
2 City, Nevada, Dr. Funke, DDS.

3 Our public comment is on a recent switch of State
4 employees and retirees benefits to administrator UMR. We've
5 encountered multiple issues with that administrator. Our
6 patients have been advised that none of their benefits will
7 be changed. However, we've noticed multiple changes where
8 services have been downgraded for an insurance company called
9 Alternative Treatment which is usually a lower cost which
10 puts more pressure financially on the patient.

11 This practice by insurance companies forces
12 patients to choose a treatment that might not be optimal for
13 their dental health needs, and it can cause long-term impact
14 on their dental and overall health, but it does benefit
15 insurance companies financially and insurance companies
16 should not just take patients treatment.

17 Also, from the administrator standpoint, very
18 difficult to deal with this administrator. It generates
19 enormous amount of time and resources, which small businesses
20 cannot provide at this time. And lots of denied claims are
21 put back on the patients, forcing them to either deal with it
22 or pay out-of-pocket, which denies them the benefit that they
23 are entitled for.

24 That's our statement. Thank you.
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1 MR. HOPKINS: Thank you.

2 Will the caller with the last four digits 8673,
3 please slowly state and spell your name for the record and
4 proceed with your comment.

5 MR. MAYLATH: Good morning. My name is Brooke
6 Maylath. That's B-r-o-o-k-e M-a-y-l-a-th. I have spoken
7 before this Board numerous times, last in the May 24th
8 meeting where Chair Freed stated that the issue that I
9 brought forth about the precertification for transgender
10 patients accessing hormone replacement therapy is technically
11 illegal.

12 During this May 24th meeting, Chair Freed stated
13 for the record, I will ask for this to be brought back at
14 least as a discussion item perhaps in the action item,
15 depending on what the lawyers have to say next meeting
16 because I would like to see. I would like to understand
17 better the legal standard for making the master plan document
18 change midyear.

19 I would like to understand the pros and cons of
20 Member McClendon suggests because if we don't have prior
21 authorization for someone going through menopause, why do we
22 have prior authorization for people going through gender
23 transition? Those are some very good questions that never
24 were brought up in the July meeting, which was the next
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1 meeting.

2 A discussion is not even agendized for this
3 meeting. Words matter, especially in a public meeting
4 context. Why are we not having this discussion? We need to
5 understand what you're going to do to remove the liability
6 that continues to compound.

7 Please refer to my written public comments to be
8 able to see how these liabilities are stacking up with recent
9 additions of the updated standards of care for transgender
10 health version eight from WPAN, as well as the new rule
11 defining discrimination under the Affordable Care Act.

12 And last, which is not included in the written
13 statement, the August 10th ruling for a permanent injunctive
14 relief in Federal Court by U.S. District Judge Biggs that
15 found that the exclusion discriminates on the basis of sex
16 and transgender status in violation of equal protection in
17 Title 7. You're out of compliance with federal law. You're
18 out of compliance with State law. Please, let's get this
19 resolved before we have to resolve it in court.

20 Thank you for your time. I look forward to
21 seeing this agendized and advanced as quickly as possible,
22 perhaps even in this meeting. I'll be watching. Thank you.

23 MR. HOPKINS: Thank you.

24 Will Constance please slowly state and spell your
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1 name for the record.

2 MS. SHELTTREN: Yes. Good morning, Board. I'm
3 Dr. Constance Shelttren and the name is spelled, Constance,
4 C-o-n-s-t-a-n-c-e. Last name Shelttren, S-h-e-l-t-r-e-n. I
5 am a licensed psychologist and owner of the and clinical
6 director for the Center of Psychological Wellbeing. I have
7 been treating State employees for 14 years, and I employ
8 three other clinicians as well as myself.

9 I pay my clinicians at the time of service and
10 which works fine as long as I'm getting paid. Prior to
11 July 1st, we generally receive from HealthSCOPE payments in
12 two weeks after electronically submitting claims. There was
13 initial lag when Aetna took over last year and it was about
14 45 days. But the transition to UMR has been a real
15 challenge.

16 Finally, I contacted the Governor's Office at day
17 81 of not being paid. I'm a small business and do not have
18 the cash flow to sustain my business without receiving
19 payments. Prior to calling the Governor's Office, my office
20 manager had contacted UMR numerous times. The responses from
21 UMR were things like we're working on it. We will check with
22 this and get back to you, which did not happen. You will get
23 checks in two weeks. That did not happen. It will take up
24 until a total of 60 days. We were at day 81. And then

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1 shifted to blaming the State of Nevada with comments like the
2 State wants to have all of this training and processing
3 claims correctly.

4 We have not been able to get the staff trained on
5 their process. PEBP is very picky. So and my office manager
6 also tried to reach out to PEBP but was either put on eternal
7 hold. I'm talking about one to two hours and then got
8 transferred to UMR. So it was like this vicious cycle that
9 got nowhere.

10 But after contacting the Governor's Office, Laura
11 Rich reached out to me and everything changed. We could see
12 claims being processed within 24 hours, and we did receive
13 payment on Tuesday, September 27th, our day 89. We're hoping
14 the process of claims will continue to move forward from this
15 point on, but it was obviously a big problem.

16 One other side comment that I would like to make
17 about contracting with insurance companies like for next year
18 is that I would like you to consider mental health coverage.
19 Some insurance companies want to pay absurdly low rates that
20 only those who work from home on-line could afford to accept.

21 Furthermore, when insurance companies show you a
22 list of mental health providers for those low paying
23 insurance, most of the providers are not willing to accept
24 any new patients. Simply they can't stay in business if they

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1 do. I'm just simply suggesting that you consult with mental
2 health providers prior to making decisions about what
3 insurance company you will use for the following year. Thank
4 you.

5 MR. HOPKINS: Thank you.

6 Will Doug Unger please slowly state and spell
7 your name for the record if you wish to make public comment.

8 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r,
9 President UNLV Chapter, Nevada Faculty Alliance and
10 Government Affairs representative.

11 Thank you, Chair Freed and Members of the Board,
12 for your consideration. Nevada is in the midst of a State
13 employee shortage that has driven many State agencies and
14 vital services into partial disfunction. If not remedied,
15 this crisis will become catastrophic and may be so already in
16 some agencies.

17 Deficient entry level salaries, including
18 starting salaries for many ranked levels of NSHE faculty and
19 staff are clearly one reason for this. So our PEBP benefits
20 widely perceived as inadequate compared to what they once
21 were and ever in danger of unanticipated cuts.

22 In some, State employees are sick and tired of
23 seeing their salaries and benefits used like a bank account,
24 raided and emptied to balance Nevada's budget so they are
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1 quitting. Very few applicants are willing to replace them
2 for subsistence or less.

3 Implementing the budget, the PEBP Board submitted
4 to restore health and other benefits to pre-pandemic levels,
5 including life insurance and long-term disability insurance
6 is one part of a remedy needed to address sufficient
7 compensation for State workers, a remedy that is going to
8 take years. Thank you for submitting that second budget. We
9 hope it's approved.

10 For today's agenda, we support Executive Officer
11 Rich's proposal, the study and report costs for augmentations
12 of the plan design, especially the Cancer Concierge, Medical
13 Travel and Hinge Health.

14 In the interest of fairness, we do not support
15 elimination of the EPO in the North without preserving a
16 third choice HMO, either self-funded or by seeking a new
17 contract. However, more impactful to State employees than
18 proposed augmentations would be reducing maximum
19 out-of-pockets, increasing contributions to the HSA and HRA
20 accounts for the HDHP plan and to lower co-pays and
21 deductibles for the PPO to make it more desirable. Thank you
22 all for your support and service.

23 MR. HOPKINS: Thank you.

24 Will Julie -- will speaker Julie Kay, can you
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1 please slowly spell and state your name for the record if you
2 wish to make public comment.

3 MS. KAY: My apology, I didn't request to speak,
4 so sorry.

5 MR. HOPKINS: Okay. Can you please leave the
6 Zoom meeting then. It's only for public comment. Thank you.
7 If you wish to watch, please watch on the YouTube that's
8 being streamed right now. You can get the link on the
9 agenda.

10 MS. KAY: Got it. Thank you.

11 MR. HOPKINS: Madam Chair, that concludes public
12 comment.

13 CHAIRWOMAN FREED: Okay. Thank you very much.
14 Wait a second for the slide to come off and move on after
15 that.

16 So, okay, Agenda Item 3 is PEBP Board disclosures
17 for applicable Board Member items. I will toss it to Chief
18 Deputy Attorney General Briggs. Good morning, Ms. Briggs.

19 MS. BRIGGS: Good morning, Madam Chair. Thank
20 you. This agenda item is to allow me to make a disclosure
21 regarding conflicts of interest on behalf of the Board
22 Members who receive or are eligible for PEBP benefits.
23 Certain items on the agenda may have a direct or indirect
24 affect on those benefits.

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1 Pursuant to NRS 281A.420, on behalf --

2 CHAIRWOMAN FREED: I'm sorry.

3 MS. BRIGGS: I'm sorry. Go ahead.

4 CHAIRWOMAN FREED: No. No. I realized I was
5 still -- I have no disclosure. I'm just sitting here
6 coughing and not saying much. I should have been on mute.

7 MS. BRIGGS: Okay. So pursuant to NRS 281A.420,
8 on behalf of the Board Members who are eligible for PEBP
9 benefits or whose families are eligible for those benefits, I
10 offer this disclosure, that they will be voting on those
11 items that may affect the benefits available to them or their
12 family members. The law does not require abstention from
13 voting merely because the Board Member is eligible for PEBP
14 benefits.

15 At this time I invite any member of the Board who
16 has any other additional disclosure to make to do so now.
17 Thank you.

18 CHAIRWOMAN FREED: Okay. Hearing none, I will
19 move on to Agenda Item 4 then. As you all know, Agenda Item
20 4 is our basket of reports that we typically get, including
21 the budget report, equalization report, vendor reports.

22 Members, do you wish to call any of these reports
23 for discussion before I take a motion to accept all of them?

24 Mr. Verducci, you got your hand up.
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1 MEMBER VERDUCCI: Yes, Tom Verducci for the
2 record. I would like to pull section 4.2.1, the budget
3 report, 4.2.1.

4 CHAIRWOMAN FREED: That sounds good. Thank you.
5 I was going to do the same. Thanks for saying that for me.

6 Any other? Okay. Hearing none, I will take a
7 motion to accept all of the items on 4 except for 4.2.1.

8 MEMBER BITTLESTON: This is Leslie Bittleston.
9 So moved.

10 CHAIRWOMAN FREED: Thank you, Ms. Bittleston.
11 Do I have a second?

12 MEMBER KELLEY: Michelle. Second.

13 CHAIRWOMAN FREED: Okay, thank you. It's been
14 moved and seconded to approve everything except 4.2.1. All
15 in favor say aye or raise your hand in your little box.

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

18 CHAIRWOMAN FREED: Any opposed say no. Okay,
19 motion carries. Thank you.

20 Okay. I don't know whether we'll turn it over to
21 Ms. Rich or Ms. Eaton for the budget report, but I'll let
22 staff take it away.

23 MS. RICH: I will pass this off to Ms. Eaton
24 since I know that she went back and forth with GFO quite a
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1 bit on this. So but I think we can start off maybe with
2 that, you know, if there's any questions from Mr. Verducci so
3 she knows what exactly to address.

4 CHAIRWOMAN FREED: Oh, sure. Thank you for that.
5 Mr. Verducci, take it away.

6 MEMBER VERDUCCI: Okay, thank you. Tom Verducci
7 for the record. In reviewing the budget, I wanted to see if
8 we could just get some clarification on the differential cash
9 that's available. I see some, you know, different figures
10 that have been presented in public comment. And I see the
11 word the revision forward. I was wondering if we could get
12 that defined with the wording revision forward, how that
13 would affect the differential cash.

14 And I do see that there is an actual 2022 fourth
15 quarter member in the report of twenty-three million four
16 ninety-one. And I was wondering if we could just get some
17 clarification of the actual close of the differential cash or
18 excess reserves is for six thirty twenty-two that is
19 available.

20 MS. EATON: Thank you. This is Cari Eaton for
21 the record, excuse me. The reversions that are shown in this
22 report of the 8.7 million dollars, the eight six six seven,
23 that is, if you'll recall back in December, the Board voted
24 to enhance the plan design with using \$26,000,000 of excess
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1 reserves and over a three-year -- three-year time period.

2 So the GFO requested that PEBP move the FY22
3 funds to FY23 for the FY23 plan design prior to closing. So
4 that's why they call it a reversion. So it kind of
5 complicated the closing a little bit.

6 So technically you could add that 8.7 million
7 onto the differential cash available of 30.2 million for
8 where we actually closed 2022. And that's why I added the
9 not including reversion in the '23 section of this report.
10 So it all does just pan out, and we still are opening fiscal
11 year '23 with 33.1 million of differential cash.

12 CHAIRWOMAN FREED: Mr. Verducci, may I -- may I
13 interject?

14 MEMBER VERDUCCI: Of course.

15 CHAIRWOMAN FREED: Because I was going to have
16 the same question. The difference between what I see in the
17 State accounting system of total balance quote of 33.1 as
18 opposed to the twenty-three four ninety-one zero fifty-six
19 shown in the chart on page two, and it sounds like GFO wanted
20 PEBP to do a partial balance forward first and then do the
21 closing work program. Sure, why not.

22 MS. EATON: This is Cari Eaton. Yes, they did.
23 And I -- it made closing pretty interesting and I already --

24 CHAIRWOMAN FREED: I bet.
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1 MS. EATON: -- said I am not doing that again
2 this year.

3 CHAIRWOMAN FREED: Okay, cool.

4 MS. EATON: I hope. I hope.

5 CHAIRWOMAN FREED: Thank you for the
6 clarification. Okay. So where we are basically, balance
7 forward 148.9 million. Of that, we've set aside 26,000,000
8 plus actually for or I'm sorry, 23, 24 and 25 for plan
9 design. And now we're, as we're going to talk about later in
10 the meeting, we have got nine and a half million that's true
11 excess cash.

12 MS. EATON: Cari Eaton for the record.

13 CHAIRWOMAN FREED: Correct, yes.

14 MS. EATON: So with the 33.1 million that we're
15 starting with does not include the 8.6 because that's already
16 in an expenditure category because --

17 CHAIRWOMAN FREED: Oh, okay.

18 MS. EATON: -- it's included in the plan design.
19 So the 33.1 includes the 24 and 25.

20 CHAIRWOMAN FREED: Okay. So that was the
21 rationale for the partial balance forward?

22 MS. EATON: Yes.

23 CHAIRWOMAN FREED: You have --

24 MS. EATON: I mean it could have happened at
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1 closing as well.

2 CHAIRWOMAN FREED: Well, right, yeah.

3 MS. EATON: It would have all shaken out the same
4 in a little more confusing.

5 CHAIRWOMAN FREED: That's an extra work program.

6 MS. EATON: Correct.

7 CHAIRWOMAN FREED: All right. That's super.

8 Thank you for the clarification.

9 Mr. Verducci, please. I just -- now I got that
10 straight in my head but please continue.

11 MS. EATON: It might only be -- it might only
12 makes sense to you and I.

13 MEMBER VERDUCCI: Thank you so much, Chair Freed,
14 and, Ms. Eaton. So, you know, I believe we've had discussion
15 of spending down on excess reserves, and I see some figures
16 here that they have actually gone up for 13 years. And, you
17 know, we have two budgets that are going to be presented I
18 believe at the December 5th meeting.

19 And in terms of fully restoring benefits, I
20 recall it was in the neighborhood of 6.3, 6.4 million. Do
21 you recall the figure that we were working with earlier in
22 the year that would entail a full restoration of the benefits
23 to the pre-pandemic level? I know it's not in this budget.

24 But I kind of remember it was in the 6,000,000 dollar range.

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1 Where I'm going at with this is it seems that it
2 may be somewhat affordable in all of the public testimony,
3 you know, requesting that we have full restoration of
4 benefits and I like that idea too. It think it will be -- it
5 will make the State of Nevada a premier employer with
6 enhanced benefits.

7 Raises have gone on for a long time with --
8 there's been no raises. And I think what we can do is we can
9 put in a request to restore the benefits and it seems
10 affordable unless I'm missing something.

11 CHAIRWOMAN FREED: Mr. Verducci, I think I'm
12 going to ask to table this until we get to Agenda Item 9.
13 I'm sorry, Agenda Item 10 because that's where we're going to
14 discuss what the Board's desire is with this nine and a half
15 million dollars.

16 MEMBER VERDUCCI: Okay. Thank you very much.
17 I'll table my comments until we get there.

18 CHAIRWOMAN FREED: Okay. With that does, anybody
19 else have questions on the budget report? Okay. Hearing
20 none, I will accept a motion probably from Mr. Verducci to
21 accept the budget report.

22 MEMBER VERDUCCI: Tom Verducci, so moved.

23 CHAIRWOMAN FREED: Thank you. Do I have a
24 second?

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1 MEMBER WOODWARD: Janelle Woodward. Second.

2 CHAIRWOMAN FREED: Thank you. All in favor say
3 aye.

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

6 CHAIRWOMAN FREED: Any opposed say no. Okay
7 motion carries.

8 Okay. So that takes care of Number 4. Let's go
9 to Agenda Item 5. And Agenda Item 5 is election of the
10 Board's Vice Chair. Pursuant to NRS 287.0415, the Governor
11 has designated me as Board Chair. And so until he designates
12 somebody else, which he could do, I'm the Chair and I get to
13 continue to be the Chair.

14 But in NAC 287.172, at the first meeting in the
15 new plan year, we are to elect a Vice Chair from among
16 ourselves, and so we didn't do it at the first meeting
17 because we were waiting on some vacancies on the Board to be
18 appointed. Then we still have I think one vacancy. We need
19 to do this since we didn't do this in July.

20 So before I ask for nominations, I want to thank
21 Linda Fox for being the Vice Chair. She's been the Vice
22 Chair for what is it, two years, Linda or three maybe?

23 VICE CHAIR FOX: I think it's been three years.

24 CHAIRWOMAN FREED: Three years, yeah. Thank you
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1 very much.

2 So with that I will accept, you may nominate
3 yourself or you may nominate somebody else so I'll open it
4 up. Mr. Verducci, you have your hand up.

5 MEMBER VERDUCCI: Tom Verducci for the record. I
6 wanted to point out that I believe that Jim Barnes has been
7 chairman of Washoe County Planning Commission, chairman of
8 the OSHA Board, I believe Truckee Meadows Planning Commission
9 and deferred compensation, the deferred compensation
10 committee and he's done that in the '80s, '90s, 2000s, 2010s,
11 and 2020s. And I've seen Mr. Barnes conduct meetings going
12 back to the late '80s.

13 In terms of his legal background, his commitment,
14 I think he would do a fine job stepping in and being able to
15 conduct meetings in a very professional manner. And I would
16 like to nominate Mr. Barnes as Vice Chair, if that is
17 possible at this point.

18 CHAIRWOMAN FREED: Thank you, Mr. Verducci.

19 Mr. Barnes, do you accept?

20 MEMBER BARNES: Yes, I would be happy to accept.

21 CHAIRWOMAN FREED: Great, all right.

22 Ms. Briggs, Ms. Rich, do I need a motion and a
23 second on this one? I assume I do.

24 MS. BRIGGS: Yes, you do.

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1 CHAIRWOMAN FREED: All right. Thank you.

2 VICE CHAIR FOX: Linda Fox for the record. I
3 will second.

4 CHAIRWOMAN FREED: Okay, great. So it's been
5 moved by Mr. Verducci and seconded by Ms. Fox to have
6 Mr. Barnes serve for the next year as Vice Chair of the PEBP
7 Board. All in favor, signify by saying aye.

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

10 CHAIRWOMAN FREED: Any opposed? Great. Motion
11 carries. That was so easy. I thought I was going to have to
12 browbeat you guys by threatening to pick somebody myself.
13 Thanks, everybody.

14 Congratulations, Mr. Barnes.

15 MEMBER BARNES: Thank you.

16 CHAIRWOMAN FREED: I think.

17 MEMBER BARNES: Thank you.

18 CHAIRWOMAN FREED: Okay. With that, I think we
19 can go to Agenda Item 6, and this is an interesting one.
20 This is a discussion item only, but it is, as we heard in
21 public comment and as I've been made aware of and I think
22 other Board Members have been made aware of, we have some
23 delays in claims payment cropping up in the transition from
24 HealthSCOPE to UMR.

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1 And so I think I will ask Ms. Rich to give a
2 little bit of context. And then I will ask UMR to walk us
3 through the series of charts that they have provided and give
4 Board Members a chance to ask questions. Does that sound
5 okay? All right. With that, I'll let Ms. Rich take it away.

6 MS. RICH: Great. Laura Rich for the record. So
7 just to provide a little bit of background, and I think we've
8 got some folks on here from UMR who are going to go into it
9 in more detail.

10 But to provide some insight on it, I was first
11 made aware, it started out with dentists, dentists in,
12 especially in Carson City where there's a large percentage of
13 State workers were calling PEBP and making our office aware
14 that, you know, hey, there's some issues there. UMR is not
15 paying. There's some lag time. You know, we're getting
16 close to 90 days. That then became a larger problem because
17 it was more providers. We started hearing from more
18 providers.

19 So at that point I engaged with UMR to see what
20 was going on. There was definitely a delay. Part of it was
21 due to some coding issues, which you'll hear about today from
22 the UMR group, in that transition. It is -- when we go from
23 one TPA to another, there's certain -- every client has
24 certain, different benefits, right, and how those benefits

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1 are applied. And so the coding rules have to be changed
2 specifically for that -- for that client.

3 What ended up happening was a lot of the PEBP
4 rules, and this is what actually you'll hear me talk about in
5 the Executive Officer Report, I'm going to mention the
6 compliance. But we are -- we're doing a deep dive compliance
7 and review, and so this really does -- it highlights how
8 important that compliance review is because what we found out
9 is that there was a whole lot of coding that was needed
10 because PEBP has a lot of antiquated nonstandard benefit
11 rules and how we pay our benefits and so specifically for
12 dental. But this is, you know, also for things in, you know,
13 on the medical side as well.

14 So -- so there was a lot of coding that needed to
15 occur to transition. You don't want to process claims until
16 you know that they can be processed correctly because then if
17 you have to reprocess them, it creates a whole lot of
18 disruption, not just for providers but also for members. You
19 know, you have to redo the accumulators and things like that.
20 So there's -- there's a whole lot of disruption. So it is
21 better to do it right the first time than to have to
22 reprocess it, but that obviously caused some issues in the
23 provider community.

24 And so I think -- I think I'm going to pass this
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1 over to the UMR folks because they are going to give you a
2 lot more detail to this. There is -- there has been a lot of
3 progress that's been made in the last couple of weeks. I
4 know a lot of payments have gone out. They are getting back
5 to normal, but this was a bumpy transition in terms of those
6 claim payments.

7 So I know it looks like Rhonda has joined.
8 Rhonda Huckaby, are you going to be giving this report or
9 Nathan Maier?

10 MR. MAIER: Yeah.

11 MS. RICH: Nathan, okay, you're going to take it.

12 MR. MAIER: Yeah, I'll just give a high level and
13 pass over to Rhonda and then Darren. So Nathan Maier for the
14 record, director of account management for UMR. Yeah, you
15 know, I echo everything Laura said.

16 We certainly uncovered some things through the
17 migration, you know, some expected, some unexpected. There
18 are some complexities to the PEBP benefits. And, you know,
19 there was some misinterpretation between the teams as we were
20 setting up the system which to Ms. Rich's earlier point
21 caused us to, the need to put the claims on hold as we worked
22 through those and, you know, to ensure that claims correctly,
23 but that certainly did cause claim delays like we heard in
24 public comment.

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1 We have made a lot of progress in the last few
2 weeks on the inventory. And, you know, happy to report that
3 we are, you know, nearing historical inventory levels and
4 we'll go through some detail on that shortly.

5 And, you know, like I said, we made some good
6 progress, and we feel good about going forward. But, yeah,
7 you know, all of the things I just mentioned certainly did
8 cause claim delays and some disruption in the provider
9 community. And, you know, we do apologize for that. But,
10 like I said, we have made some really good progress in the
11 last few weeks.

12 So with that, I'm going to turn it over to Rhonda
13 to go through some of the specifics of the transition items.
14 And then she's going to turn it over to Darren Ashby in our
15 operation leadership to go over inventory levels as of
16 Monday, turnaround times, post migration, claim turnaround
17 times. And then also I think we have got some updates as of
18 this morning in terms of the inventory levels as of today.

19 So with that, I'm going to turn it over to
20 Rhonda.

21 MS. HUCKABY: Good morning. This is Rhonda with
22 -- Rhonda Huckaby for the record with UMR. And as Laura and
23 Nathan have both previously stated, during the controlled
24 releases that we did starting in July, as the claim inventory
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1 came in for the new plan year effective 7-11 of '22 forward,
2 we discovered some discrepancies which were, as Nathan
3 stated, misinterpretations between HealthSCOPE and the UMR
4 staff.

5 With that, we decided to put the claims on hold,
6 and then we went back through each type of benefit to make
7 sure that everyone understood the client's intent, as well as
8 to ensure that the claims were processing accurately with the
9 initial release. Because as Laura stated, when we do have to
10 reconsider claims, especially on the high deductible where we
11 have the interface with the prescription accumulators, it
12 does cause issues for the providers as well as the members.

13 We did send e-mail blast to the dental community
14 with the assistance of Diversified Dental. And we also did a
15 medical e-mail blast to all of the contracted providers, just
16 to kind of give them a heads up that we were hearing what
17 they said. We understood and we were working on getting
18 their claims paid.

19 And as Laura Rich mentioned, some of the things
20 that we identified are just the PEBP nuances of the plan.
21 Most of them, especially with the EPO, where that is a
22 regional plan that is specific to the 14 counties in Northern
23 Nevada. Some of the challenges that we have is just when
24 people -- when we have participants and their dependents do

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1 not reside in the 14 counties. So it's kind of like a split
2 plan. Those require extensive programming and those are some
3 of the things that we had to put the claims on hold and go
4 back and look at.

5 Because anything outside of the counties requires
6 GAP exception by the UM vendor. And then we have programming
7 in place in the system to try to catch every scenario, but
8 sometimes that requires a lot of manual intervention.

9 Some of the other items that Laura Rich mentioned
10 were the, I wouldn't call them discrepancies but it was
11 differences in the PEBP dental current plan design and how
12 UMR hold very specific down to the ADA code. And that
13 generated, you know, some conversation between UMR and PEBP.
14 And we have already scheduled a call with the quality control
15 officer and claims technology who is the auditor to do a deep
16 dive into the plan documents, as well as what Segal is
17 performing the compliance review on behalf of PEBP.

18 Some of the other items are just as Laura said,
19 the PEBP nuances around the 50-mile rule. How we do what we
20 refer to as the ology benefits. When they are at a
21 contracted facility and/or provider and that provider send
22 them or uses a non-contracted provider. So we had to go in
23 and tweak what we call the ology rules to make sure that the
24 UMR claims platform was applying the benefits in the same
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1 manner that the HealthSCOPE platform had previously done.

2 All of this, as Laura said, led to some
3 conversations, you know, that we need to have. You know,
4 understanding the plan's intent and making recommendations to
5 update the MPD with those clarifications because that's an
6 ongoing process. We do this every year with the PEBP staff.

7 But this year we are going to take a deeper dive
8 into the plan documents to ensure the plan's intent is well
9 stated in the plan document just to support us during
10 provider disputes and member appeals.

11 Laura, do you need me to address any other type
12 of benefit?

13 MS. RICH: No. I think you got it all covered.
14 Thanks, Rhonda.

15 MS. HUCKABY: Okay. And certainly if there's
16 questions, we can ask them. And based on public comment from
17 Dr. Sheltren, we have, you know, ensured her claims were
18 paid, and we ran a report this morning. And at this time, we
19 have no pending claims on file. And we would like to
20 publicly apologize to Dr. Sheltren, and we should not have
21 this issue going forward. Thank you.

22 CHAIRWOMAN FREED: Thank you, Ms. Huckaby. I
23 appreciate that. I have questions. I knew if I had
24 questions for the Board Members, they would jump on it. So I
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1 think Ms. Kelley rang in first. So I'm going to go Ms.
2 Kelley, Ms. Bittleston and Ms. Aiello.

3 MEMBER KELLEY: Good morning. Thank you, Chair
4 Freed. My question I guess is for UMR, someone from UMR.
5 I'm not really sure. I guess I'm just really surprised and
6 actually unhappy. It seems like whenever I implement a large
7 contract, which certainly claims plan is a massive contract,
8 there's significant testing done. And there's a whole lead
9 where I would have expected you go through the plan
10 documents. Even though UMR and HealthSCOPE are related, if I
11 understand it correctly, it was still a new implementation,
12 and it seems like the implementation failed frankly.

13 You know, I mean, on July 1st you guys should
14 have been ready to pay the claim. The plan design did not
15 change very much. And so I guess, you know, I would like to
16 hear what the implementation plan was and how that clearly
17 wasn't executed.

18 And then secondly, I guess I -- I guess I just
19 wanted to put on record that I kind of take exception to
20 using antiquated benefit rules to antiquated benefit rules
21 and nonstandard benefits. In all honesty that makes me feel
22 like that there is a goal to maybe diminish the benefits as
23 we would through the plan document.

24 And so my request after hearing that kind of
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1 language is that any changes to the plan document that comes
2 out through this detailed review, each and every one,
3 language change, benefit change, highlighting actually come
4 to the Board so that we can see what UMR is actually
5 requesting.

6 And the reason for that is that any change in
7 language, any change in interpretation of how something works
8 will impact our members. And if a member is used to paying
9 something -- something being paid one way and suddenly it's
10 paid a different way and potentially it's paid at a less of a
11 percentage so the employee share goes up, that's a concern.
12 You know, we will hear about that, and we need to be in front
13 of that. And with that, thank you.

14 MS. RICH: Can I address that before UMR, if
15 possible? All right. Laura Rich for the record. So I just
16 wanted to -- I want to address both of your points,
17 Ms. Kelley. Being devil's advocate here, I do have to say
18 that there were many many implementations going on at once
19 and that is not the norm.

20 And so there were -- you know, we were
21 implementing the HSA. We were implementing the -- you know,
22 going over to the new TPA, the network, things like that. So
23 all of it kind of runs through the TPA. So there's
24 multiple -- multiple integrations with the TPA happening at
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1 once.

2 And if you recall, the biggest one of all was the
3 enrollment eligibility system. HealthSCOPE and UMR were very
4 very integral in that part and had to dedicate a lot of time
5 and hours to fixing that in going back to LifeWorks. And so
6 there was some -- there were definitely a lot of things going
7 on at once.

8 And while I do agree that more testing should
9 have been done and that we probably should have addressed
10 that because of it's importance, I do just want to put that
11 on the record that there were a lot of integrations happening
12 at the same time and that is not normally the case. We would
13 try to avoid that at all costs because of these types of
14 situations specifically.

15 The second one is you're absolutely correct,
16 that's why we're doing this compliance review. We will be
17 bringing it to the Board. I'll be talking about it in the --
18 during the Executive Officer Report, but we will be bringing
19 it to the Board. And that's why we're doing it during this
20 time frame so that we can bring it to the Board before,
21 hopefully by January so that we can get this all into the --
22 into the next plan year documents.

23 It does not mean that these are benefits that
24 we're looking at downgrading. It's actually the ones that
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1 I've seen are the opposite, especially regarding dental.
2 It's things like, you know, do we want to continue paying for
3 silver fillings. Maybe we need to look at, you know, the
4 standard now is composite. Maybe that's what we need to
5 start looking at and changing to adhere to, you know,
6 antiquated. Most people aren't getting silver fillings
7 anymore. Most people want those composite fillings, right?
8 So those are the things we're looking at. They are not
9 exactly downgraded.

10 Like the 1,500, that was -- I think that was
11 brought up during public comment. We haven't changed that
12 1,500 max in like a decade. So we're looking at, you know,
13 is that still appropriate, right? So there's things like
14 that that we're looking, and we will bring everything back to
15 the Board. We're expecting to bring it back to the Board in
16 January.

17 So, Rhonda, or, Nathan, if you want to add
18 anything to what I just said, feel free.

19 MR. MAIER: Yeah, hi. Nathan Maier for the
20 record. So we did do testing, of course, as we always do for
21 migrations, implementations. And obviously, you know, we
22 missed some items in testing. You know, some things have to
23 be in the production environment to test, so the network for
24 example. So PEBP has got a pretty complex network

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1 configuration. And with the change to the new network and
2 the routing to the various networks can only happen in the
3 production environment.

4 So, you know, that's just an example of, you
5 know, something that we had to wait until production to
6 thoroughly test. And if you think about, you know, the way
7 claim building works, so, yes, we went live 7-1. But most of
8 the claim volume was -- was being paid on Health Access
9 throughout all of July. So we really didn't start seeing
10 claim volume come into the UMR system until end of July,
11 early August until we could start our control release and we
12 started identifying some of the issues that Rhonda
13 identified.

14 Yes, I would have like to have seen us catch
15 whatever we could through the test environment. Again, there
16 were some misinterpretations of the benefits between the
17 teams which caused us, you know, missed opportunity there on
18 some of the benefits.

19 And to Laura's point, you know, not making
20 excuses but, you know, we -- we got eligibility pretty late
21 in the process, which has kind of put us behind schedule.
22 Again, not making excuses, just putting that out there for
23 context.

24 So, you know, yes, we did testing. There was
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1 some misinterpretation between the teams as to how the claims
2 should have paid that we have identified in production. And
3 then to what Rhonda spoke to earlier, you know, made the
4 decision to put everything on hold as we worked some of those
5 discrepancies.

6 Rhonda, anything you would add to that?

7 MS. HUCKABY: Can you guys hear me?

8 CHAIRWOMAN FREED: We can now.

9 MS. HUCKABY: Okay. Yes, I would just like to
10 kind of elaborate on what Laura Rich and Nathan both had
11 presented. And, yes, Ms. Kelley, we were doing several
12 installation meetings. At one time we had about 13 different
13 install and implementation meetings going on and PEBP staff
14 were included in most of those, as well as implementing some
15 of the new vendors for 7-1.

16 And, yes, we did have an approximately six-month
17 implementation where we meet weekly. We discuss -- you know,
18 we write down the benefits one at a time, from the office
19 visit to chiro to hospital. But as Nathan said, there were
20 some misinterpretations where some of the staff did not truly
21 understand PEBP's intent and/or recommendations that we had
22 previously received from PEBP's auditor that we were trying
23 to put into place to make sure that when we started paying
24 claims on the CPS which is the UMR platform that they were
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1 processed in the same manner that they were while we were
2 doing run-outs on the HealthSCOPE platform.

3 We did spend about the first three weeks in July
4 working through some of the eligibility issues. And I'm sure
5 LifeWorks can, you know, confirm this. We were trying to
6 look at discrepancies on what we had received from Benefit
7 Focus and then what we started receiving from LifeWorks in
8 May. Because in our system some of that information did not
9 synch up. So we spent approximately three weeks cleaning up
10 the eligibility. And as Nathan said, at that time we did not
11 have a lot of claim volume on the UMR platform. Most of the
12 processing was still doing the run out on the health access
13 platform.

14 CHAIRWOMAN FREED: Okay, thank you. I'm going to
15 go to Member Bittleston.

16 MEMBER BITTLESTON: Thank you, Madam Chair.
17 Member Kelley kind of brought this up. But I want to present
18 a question to, I don't know, I guess it's UMR. So anything
19 that's not paid by a provider is usually passed onto the
20 patient, consumer, especially dental, you know, PPO's, all of
21 that.

22 So my question, where it's disturbing to hear
23 that providers were waiting for long periods of time. My
24 question is around were dental providers and other providers
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1 paid but paid incorrectly and cost incorrectly moved to the
2 consumer or the patient based on some confusing algorithms or
3 whatever it is. So I guess what I'm trying to say, will the
4 compliance report pick this information up to see if, you
5 know, some providers were paid incorrectly, therefore,
6 passing cost to consumers incorrectly. I hope that makes
7 sense.

8 MR. MAIER: Darren, or, Rhonda, does one of you
9 want to take that one?

10 MR. ASHBY: This is Darren Ashby for the record.
11 I am senior vice president of operations of UMR in 2019 as
12 part of the HealthSCOPE Benefits acquisition. So in answer
13 to your question, there could have been some claims that were
14 processed early on incorrectly that could have resulted in a
15 balance owed by -- by the member. In most of those instances
16 it was brought to our attention by the provider community and
17 adjustments were completed. Therefore, avoiding any
18 out-of-pocket expense from the member being necessary.

19 CHAIRWOMAN FREED: Okay. Member Bittleston, do
20 you have a follow-up or should I move to the next question?

21 MEMBER BITTLESTON: You know, I don't know if I
22 really have a follow-up. You know, this one I actually
23 experienced myself. So I'm just --

24 CHAIRWOMAN FREED: Okay.
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1 MEMBER BITTLESTON: I'm just kind of wondering
2 if -- if everything was caught. And, you know, especially
3 around the dental claims and stuff like that. So I'm just
4 making a point that -- that I've seen and have heard about
5 folks having co-pays for dental that they never had in the
6 past, and that could be due to some changes or it could be
7 due to claims paid incorrectly.

8 CHAIRWOMAN FREED: Right.

9 MEMBER BITTLESTON: I guess I'm just trying to
10 differentiate were claims paid properly. That's what I'm
11 trying to differentiate.

12 CHAIRWOMAN FREED: Okay. If -- I think with
13 that, I will move to Member Aiello and then follow-up by
14 Member Woodward. I saw Ms. Coughron had her hand up. Then
15 it was down. I don't know if she had a question, but I'll
16 move to Betsy.

17 MEMBER AIELLO: I want to say that actually I
18 agree with both Members Kelley and Bittleston with what they
19 were saying. And I was having the concern that people -- as
20 we've been hearing, a lot of folks have been choosing what
21 they can and can't do, and in this time period it could be
22 dental but it could also be other services, not just the
23 dental that folks have had to been picking up things and it
24 might be part of the dissatisfaction with people thinking
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1 more things have been cut than maybe actually have been cut.

2 And I don't know -- I would ask staff if there
3 was a way now that claims have paid if people can run, either
4 what happened during the delayed pay run reports or claims
5 that were reprocessed and paid differently to try to
6 understand if some of our clients have had to pay things and
7 maybe make them give them some sort of notice that their
8 doctors or physicians are, now have been paid because it
9 might be hard for them to keep track, even the physicians.
10 We're relying on their systems to now say whoops, I charged a
11 client and now I'm being paid this many days out. So now I
12 owe the client money back and that. Just something to throw
13 out there.

14 The other thing I wanted to bring up was the
15 customer service side of this that we heard because that's a
16 concern. I did hear in the report that yes, we -- we sent
17 bulletins out or provided information out but it sounds like
18 that some of those providers that did spend the time to call
19 an outreach both to UMR and then to PEBP, and we understand
20 how short staffed PEBP have been, didn't -- maybe if they
21 understood totally what was going on might have had a little
22 bit more understanding and not kept reaching out.

23 Because I do understand two small businesses that
24 operate on cash flow can't go as long as larger entities.

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1 But customer service and understanding can go a long way.
2 And I could say that I know how short staffed the government
3 has been. But I would have been very very unhappy if I
4 waited two hours on the phone just to be returned to an
5 entity I tried to get help from three or four times. And in
6 this type provider environment, it's just -- so I just wanted
7 to bring that out to the customer service level. If we
8 really knew this was going on, could there have been someone
9 that went to provider's offices. Just throwing ideas out so
10 that maybe something like this wouldn't happen in the future.

11 CHAIRWOMAN FREED: Thank you. I'm not -- is
12 there --

13 MEMBER AIELLO: It's not really a question.

14 CHAIRWOMAN FREED: Okay.

15 MEMBER AIELLO: I think I'm more -- more learned
16 from this.

17 CHAIRWOMAN FREED: Right.

18 MEMBER AIELLO: Because it's in the past. Other
19 than throwing out the idea of is there any way to run reports
20 so that --

21 CHAIRWOMAN FREED: Yeah.

22 MEMBER AIELLO: -- maybe a provide client, some
23 of our clients have paid things they shouldn't have, it would
24 help them.

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1 CHAIRWOMAN FREED: Okay. Okay. With that, I
2 will go to Member Woodward. You're on mute.

3 MEMBER WOODWARD: Thank you. I guess I haven't
4 learned that in the last two or three years. My apologies.
5 Mine is just a comment as well. And I know that I interacted
6 with Laura Rich on this and she took care of it immediately.
7 I heard the same thing when I went to the dentist, and my
8 dentist said your provider is not paying. And she took care
9 of that immediately.

10 I guess my comment is maybe and it echoes
11 Ms. Aiello and everybody else, as soon as you know something,
12 that there's an issue, notify everybody. Communication is
13 always the issue with every incident that we have for any
14 situation. And so the sooner that we communicate there's an
15 issue, it's going to take a little bit to fix, the less they
16 are going to say, hey, your provider is not paying us.
17 What's wrong. They're crappy, whatever. And it's not just,
18 you know, the bumpiness of what happens because we know that
19 that happens any time there's a change. There's issues are
20 going to come up. So that's it.

21 CHAIRWOMAN FREED: Thank you.

22 Does any other Board Member have their hand
23 raised? I'm not seeing anybody.

24 Okay. With that, I'm going to start in on my
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1 questions which are probably tangential to a lot of what
2 other members have said. I have a lot of yes, no questions
3 and a couple of explain this to me questions. I'll start
4 with the graphs that were submitted by UMR.

5 Because there's no narrative, I wasn't sure what
6 I was looking at. And I've got a series of tables of claim
7 inventory -- claim inventory -- claim inventory. And I
8 assume some of these are dental and some of these are
9 medical. UMR, would you please talk me through these charts
10 on these successive pages so I can label them.

11 MR. ASHBY: Absolutely. This is Darren Ashby for
12 the record again. So to start with the top of the page there
13 of the reports where we have claim inventory 7-1 through 9-23
14 of 2022, weekly, that represents the dental claim inventory.

15 CHAIRWOMAN FREED: Okay.

16 MR. ASHBY: And what this is showing you is a
17 week by week.

18 CHAIRWOMAN FREED: Right.

19 MR. ASHBY: Total inventory. And --

20 CHAIRWOMAN FREED: Mr. Ashby, why is there a
21 blank on the September 2nd, 2022 column?

22 MR. ASHBY: I believe that has to do -- you know,
23 I apologize. I'll have to look in and see why that is a
24 zero.

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1 CHAIRWOMAN FREED: Okay. So as of
2 September 26th, we have eight dental claims over 30 days old.

3 MR. ASHBY: That is correct.

4 CHAIRWOMAN FREED: Okay.

5 MR. ASHBY: And then -- I'm sorry, go ahead.

6 CHAIRWOMAN FREED: No, it's okay. Go, please.

7 MR. ASHBY: I was going to say and just to
8 provide an update, as of yesterday we were actually under 200
9 claims in total inventory with zero claims over 30 days. Of
10 course, throughout the week that volume will ebb and flow.

11 CHAIRWOMAN FREED: Sure.

12 MR. ASHBY: So as of this morning, we're actually
13 at 665 claims in inventory but still zero claims over
14 30 days.

15 CHAIRWOMAN FREED: Okay. All right. And so on
16 the next page, we've got, again, that same chart in that same
17 format. Is this medical since we're talking about 25,713 as
18 of 9-23 or what?

19 MR. ASHBY: That is correct.

20 CHAIRWOMAN FREED: Okay.

21 MR. ASHBY: This represents the medical claim
22 inventory.

23 CHAIRWOMAN FREED: Okay. All right. And then on
24 the third page as of 9-24 1,005 claims, which what is that?

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1 MR. ASHBY: Okay. So that represents the health
2 access environment and the number of claims that are in total
3 inventory remaining in the legacy HealthSCOPE Benefits claims
4 processing system.

5 CHAIRWOMAN FREED: Okay. Can you -- do you have
6 an update? I know that's only five days ago. So do you have
7 an update as of yesterday or today about the total number of
8 claims left?

9 MR. ASHBY: If you give me one second, I will
10 check and see if that has come through. I have not yet
11 received that update for today.

12 CHAIRWOMAN FREED: All right.

13 MR. ASHBY: Whoops, I'm sorry. Here it is, it
14 has come through.

15 CHAIRWOMAN FREED: Okay.

16 MR. ASHBY: There are a total of 714 claims in
17 total inventory.

18 CHAIRWOMAN FREED: Okay.

19 MR. ASHBY: Three of those are dental.

20 CHAIRWOMAN FREED: Okay.

21 MR. ASHBY: And the remaining 711 are medical.

22 CHAIRWOMAN FREED: Okay. Okay. That helps.

23 Thank you. So over the course of this discussion, I heard a
24 couple of things. I heard that, you know, coding issues were

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1 discovered. And certainly, like other members, I've had
2 personal experience. When I came in this morning, one of the
3 members of my staff was actually on the phone with UMR about
4 her dental claim because it was crown coded as orthodontia so
5 it was denied. And her dentist was fulminating about how he
6 was not going to talk to UMR anymore so they made her call.

7 So I've heard about peculiarities about the way
8 that PEBP wants things -- wants their claim management
9 organized and I've heard coding issues. Have the coding
10 issues been resolved?

11 MR. ASHBY: Yes, those coding issues have been
12 resolved which has allowed us to --

13 CHAIRWOMAN FREED: Okay.

14 MR. ASHBY: -- expedite the processing of claims
15 of late, yes.

16 CHAIRWOMAN FREED: Okay. One of the other
17 problems is UMR was showing payments, but providers had not
18 received those payments, have no record of them. I heard
19 that we've caught up and given a lot of providers the money
20 they were owed. Has that flaw been corrected?

21 MR. ASHBY: As far as --

22 MS. HUCKABY: Darren?

23 MR. ASHBY: Go ahead.

24 MS. HUCKABY: This is Rhonda Huckaby for the
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1 record. And yes, Madam Chair, some of those things are
2 related to actually how the dental providers accept payment.
3 We certainly encourage all of the providers to do the EFT,
4 but some of them choose not to do that. They do their
5 payments through what they call virtual card payments.

6 CHAIRWOMAN FREED: Okay.

7 MS. HUCKABY: And some of them actually opt out
8 of that, you know, the virtual card payment and the EFT and
9 want their payments to be, you know, sent USPS so certainly
10 that delays some of the things. So a lot of the dental
11 providers, you know, do not want to participate in the EFT,
12 not sure if it's related to fees that their banks may incur,
13 but we actually did send some of the account management team
14 to several dental offices in Carson City.

15 CHAIRWOMAN FREED: Uh-huh.

16 MS. HUCKABY: To kind of work with them, and it
17 was discovered it was the way that they were accepting the
18 payment. And because of a large payment, if they do it
19 through their fax, the virtual card payer that they are
20 working with will choose to drop that to paper and send it,
21 you know, via USPS.

22 CHAIRWOMAN FREED: Okay.

23 MS. HUCKABY: But that -- that is a lot of the
24 providers that we were made aware of that were having issues,
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1 you know, where we show that the payment had been made two
2 weeks ago but they did not have the actual payment in their
3 office yet. But we worked closely with those providers who
4 did report that issue. And, you know, going forward, we
5 always try to encourage medical and dental providers to
6 enroll into EFT so, you know, a direct deposit right into
7 their account.

8 CHAIRWOMAN FREED: All right. And you guys have
9 mentioned that you sent an e-mail blast out to the dental
10 providers. Did I hear that right?

11 MS. HUCKABY: Yes, ma'am.

12 CHAIRWOMAN FREED: Okay.

13 MS. HUCKABY: Once again, this is Rhonda Huckaby.
14 We did work with the Diversified Dental because they are the
15 network.

16 CHAIRWOMAN FREED: Right.

17 MS. HUCKABY: And they have all of the e-mail
18 addresses for the -- for dental provider community. So we
19 told them we would work directly with Diversified and they
20 did send out an e-mail blast to the dental community and then
21 UMR did the same thing for all of the contracted SHO and UHC
22 providers.

23 CHAIRWOMAN FREED: Okay. So dental providers and
24 the medical providers were all communicated with --
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1 MS. HUCKABY: Yes, ma'am.

2 CHAIRWOMAN FREED: All right.

3 MS. HUCKABY: If they were contracted.

4 CHAIRWOMAN FREED: Okay.

5 MS. HUCKABY: Yes, ma'am.

6 CHAIRWOMAN FREED: All right. Are there -- what
7 was the feedback from the providers from the e-mail blast, if
8 any? And are there more communications plan to say, all
9 right, we've got this under control. Please let us know if
10 you guys are experiencing more problems.

11 MS. HUCKABY: Yes, ma'am. So, you know, we work
12 closely with Diversified Dental because a lot of the
13 providers, even though they are the network, not the claims
14 payer.

15 CHAIRWOMAN FREED: Uh-huh.

16 MS. HUCKABY: They will reach out directly to
17 Diversified. And we have that working relationship that
18 we've had with the Diversified team for the last 11 years.

19 CHAIRWOMAN FREED: Okay.

20 MS. HUCKABY: So they're very quick to reach out
21 directly to the claims manager or the account management
22 team. And, you know, if they're getting a complaint, we
23 work, you know, with them to ensure that the complaints are
24 being addressed, and the same thing applies to the medical

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1 community. A lot of the hospitals, just because they worked
2 with the HealthSCOPE staff for so many years, they have our
3 e-mails and our phone numbers so they will either reach out
4 to Laura, you know, or to Tim Lindley at PEBP and/or directly
5 to the claims manager or myself.

6 CHAIRWOMAN FREED: All right. Okay. Thank you
7 very much for that. Okay. It seems like the Board has asked
8 all -- closed all of the questions it wants to. Again, this
9 is an information item. So I think I expressed the sense of
10 the Board of, you know, disappointment. But I'm -- I'm
11 looking forward to I suppose a deeper dive on looking at our
12 own dental processes and perhaps this may stimulate some
13 change in the master plan document down the road.

14 So but, yeah, this was deeply unfortunate. I
15 think we have -- I think UMR -- oh, Ms. McClendon, you raised
16 your hand. Go ahead.

17 MEMBER MCCLENDON: Thanks. I just want to make a
18 quick comment that we've been talking a lot about the impact
19 on dental providers and they have been really proactive as
20 reaching out for help. But as we heard in public comment, I
21 think that this has also had an enormous impact on mental
22 health providers. And it's extremely concerning to live in a
23 state that doesn't have enough mental health providers
24 already that some of them might drop being part of our plan,
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1 which would make it even harder for employees of the State to
2 access mental health services.

3 And I know that we're all thinking the same
4 thing. We all have concerns, but I just wanted to make a
5 point that this has a real impact on mental health providers
6 who really rely on a swift reimbursement to keep their
7 businesses open, so thanks.

8 CHAIRWOMAN FREED: No, thank you for that.
9 That's a good point.

10 Ms. Bittleston.

11 MEMBER BITTLESTON: Thank you, Madam Chair. I
12 forgot to make a comment. I had a second comment and I
13 forgot to make it. I just want to thank Executive Officer
14 Rich because it seems like she's the one that got the ball
15 rolling with UMR. Though, you know, to express the
16 frustration with the Board, you know, it shouldn't take
17 Executive Officer Rich's involvement to get UMR to do the
18 right thing and to reach out to providers if there's a
19 problem.

20 But anyways so I just want to put that on the
21 record and to thank, you know, Laura Rich for that. And I'm
22 glad that we're moving forward. But, again, I just don't
23 think it needs -- you know, Laura needs to get involved for
24 them to do the right thing. Thank you.

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1 CHAIRWOMAN FREED: Thank you for that. I echo
2 the thanks to the Executive Officer, as well as to Tim
3 Lindley for the birddogging they've done on this. Thank you,
4 UMR, for your testimony. And, yeah, I think we -- it's --
5 it's only fair that we all own our hearts in this. And so if
6 PEBP is peculiar, maybe we'll try and be less peculiar moving
7 forward.

8 But, anyway, thank you again, everybody. And I
9 think unless there's anymore discussion, I will move onto the
10 next agenda item which is Number 7. So we're talking about
11 audits now. And we have Michelle Suckow, I believe who is
12 going to talk to us about number seven and number eight. So
13 with that, I will turn it over to you, Ms. Suckow.

14 MS. SUCKOW: Thank you, Madam Chair. Michelle
15 Suckow for the record M-i-c-h-e-l-l-e S as in Sam -u-c-k-o-w.
16 If you're following along with your packet, this is report
17 number seven. I will be reviewing the executive summary on
18 page three. What I'm presenting to you today is a quarter
19 brief of fiscal year 2022. The audit period was January 1st,
20 2022 through March 31st, 2022. This was an audit of
21 HealthSCOPE Benefits. During that time period for medical
22 and dental claims, there was just over \$53,000,000 paid,
23 188,000, 118 claims paid, denied or adjusted.

24 For the health reimbursement arrangement, during
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1 that same time period, there was \$880,745 in claims paid.
2 And total transactions was 9,828. Our comprehensive audit
3 included an operational review over performance guarantees,
4 100 percent electronic screening with targeted samples, a
5 statistically valid random sample audit and data analytics.
6 In our auditor's opinion, HealthSCOPE met its financial
7 accuracy measurement for fiscal year 2022 and no penalty is
8 owed.

9 You can see at the bottom of that page that both
10 financial accuracy and payment accuracy were not only met but
11 they were actually exceeded with regard to the targeted
12 measure.

13 There were a few findings with regard to the
14 targeted sample, and there was one error with regard to
15 random sample. And so we do recommend in there that
16 HealthSCOPE and, you know, ultimately now UMR take these
17 filings of this report to determine the proven opportunities
18 to prevent the payments of duplicate claims payments made
19 outside the time of filing and just to make sure that the
20 correct co-insurance is applied to claims going forward.

21 All in all for this quarter, HealthSCOPE
22 performed very well. We are working on the reports for
23 quarter four right now. And we already engaged UMR to kick
24 off quarter one fiscal year 2023.

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1 Any questions on this report or the summary that
2 I've provided?

3 CHAIRWOMAN FREED: Board Members, any questions
4 on Item 7? Ms. Coughron?

5 MEMBER COUGHRON: Yes. April Coughron for the
6 record. Question, probably more for Director Rich. On page
7 17 of the audit report, it does speak to the application of
8 NCCI editing for potential cost savings to the State. I
9 realize this audit was conducted for HealthSCOPE. But
10 looking forward for UMR or future vendors, how does PEBP take
11 into consideration what options we might have around applying
12 those NCCI edits or how they could potentially impact future
13 cost savings?

14 MS. RICH: Laura Rich for the record. We have
15 not looked into this yet, but this is also part of that
16 greater -- greater plan to look into, you know, all of the --
17 all of the suggestions and recommendations made by not just
18 CTI, our auditors, but our, you know, UMR and Stalar
19 Consultants as well. So we're all getting together as far as
20 this compliance audit in talking through a lot of these
21 things. So I'm sure this is something that is going to be
22 discussed as well.

23 CHAIRWOMAN FREED: Any other questions? Okay.
24 Hearing none, I'll accept a motion to accept CTI's audit of
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1 HealthSCOPE.

2 MEMBER BITTLESTON: This is Leslie. So moved.

3 CHAIRWOMAN FREED: Thank you. Do I have a
4 second?

5 MEMBER COUGHRON: Second.

6 CHAIRWOMAN FREED: Thank you. All in favor say
7 aye.

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

10 CHAIRWOMAN FREED: Any opposed say no. Okay.
11 Motion carries.

12 And we will move on to the audit of ESI.

13 MS. WEISSMANN: Good morning, Members of the
14 Board. I am Julie Weissmann, J-u-l-i-e W-e-i-s-s-m-a-n-n.
15 Today I'll be reviewing the prescription benefit management
16 audit of Express Scripts. The audit scope was for fiscal
17 year 2021, which was July 1st, 2020 through June 30th, 2021.

18 The components reviewed in this audit were
19 pricing and fees, reconciliation of pricing guarantees,
20 benefit payment accuracy review, a rebate review and an
21 overall performance guarantee review. The overall findings
22 for fiscal year 2021 were that ESI did meet the financial
23 accuracy performance standard listed in the contract for the
24 retail guarantee. However, they did not meet it in the mail
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1 order guarantee. In aggregate, ESI's overall performance did
2 not meet PEBP's contractual financial accuracy guarantee.
3 Further acts agreed were the ESI calculated under-performance
4 amount of \$125,443.43. This penalty was paid back to PEBP on
5 November 12th, 2021.

6 The processing accuracy is measured comparing the
7 intended plan benefit as listed in the summary plan
8 description and the claim processed by the PBM. ESI's
9 overall performance in both the retail and mail order met the
10 contractual processing accuracy guarantee.

11 Within each original guarantee that was met, the
12 retail claim financial was met. ESI reported an overall
13 over-performance of \$110,879.21 for the retail financial
14 accuracy, including \$110 347 -- 110,000, excuse me, \$347.20
15 for discounts and \$532.20 in dispensing fees.

16 The retail processing accuracy guarantee was also
17 met as noted with 100 percent, noted no errors for retail
18 processing accuracy.

19 The mail order claim financial accuracy guarantee
20 was not met. It was calculated at 95.92 percent. ESI
21 reported an under-performance of \$31,262.59 for the mail
22 order financial accuracy, including \$301 -- \$301,262.59 for
23 discounts and zero dollars for dispensing fees. The mail
24 order claim processing accuracy guarantee was met with no
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1 errors.

2 The specialty claim financial accuracy guarantee
3 was met. ESI reported an overall -- over-performance of
4 \$64,939.95 for the specialty financial accuracy. This
5 includes 64,900 and -- \$64,939.95 for discounts and the
6 dispensing fee accuracy was not included in the guarantee.
7 The specialty claim processing accuracy guarantee was met
8 with no issues.

9 Rebate amount minimum guarantee was met. ESI
10 reported and paid a rebate amount of \$14,602,000, which is
11 above the pillar X calculated amount of \$14,590,240.

12 The rebate remittance time to PEBP guarantee was
13 not met. We calculated that as zero percent because all four
14 quarters of the rebate payments for fiscal year '21 were
15 remitted after the required 90-day time frame.

16 In regards to the claim processing turnaround
17 guarantee for both normal and intervention types of claims,
18 the mail order claims processing time was completed in less
19 than a guaranteed standard number of days. No issues were
20 reported.

21 For the telephone service guarantees, they were
22 met. Customer service telephone response times, to answer
23 was less than the guaranteed time. And the telephone
24 abandonment rate was also less than the contracted guarantee

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1 amount.

2 It is Pillar X's recommendation that PEBP
3 consider removing any offsetting language from their
4 financial accuracy guarantees in their pharmacy benefit
5 contract. For example, if ESI performed in any of the
6 current over-performed in any of the current categories and
7 under-performed in separate categories, as they have,
8 currently ESI offsets that difference and figures out the
9 net. But using this audit as an example, the PEBP would have
10 received an amount of \$412,632 in penalties if offsetting was
11 not allowed in their contract, instead of just the 125,000.

12 Additionally, PEBP should consider updating the
13 performance guarantees around other financial accuracy
14 dollars to calculate the results based on financial numbers
15 and not just the claim counts to make it a little bit easier
16 to calculate the actual percentage rate.

17 That is all I have.

18 CHAIRWOMAN FREED: Okay. Thank you,
19 Ms. Weissmann. I appreciate the report.

20 Board Members, questions? Comments? Thoughts?
21 Mr. Verducci?

22 MEMBER VERDUCCI: Yes, Tom Verducci for the
23 record. As far as the rebate remittance time to PEBP, it
24 appears there were four quarterly rebate payments that were
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1 missed after the 90-day time frame causing the performance
2 guarantee not to be met. Is there any plan in place since
3 all four were missed so that could be corrected moving
4 forward?

5 MS. RICH: This is Laura Rich. We have Nancy
6 Langelend on from ESI. Nancy, would you just like to give
7 some context to the rebates and -- and the delays in them.

8 MS. LANGELEND: Yeah, sure, Laura. Nancy
9 Langelend for the record. I'm the account executive that's
10 assigned to PEBP. The reason for the delays were primarily
11 due to staffing challenges that ESI face during this time
12 period. We have since hired additional staff that have been
13 up-trained, and hopefully we won't experience these delays in
14 the future. But during the time frame in question, that was
15 the main reason why we experienced those delays in payments.

16 MEMBER VERDUCCI: Thank you. And just as a
17 follow-up question, are there any performance penalty
18 guarantees associated with missing the rebate remittance?

19 MS. RICH: So Laura Rich for the record. So yes,
20 so that was a -- if you look at -- maybe CTI can jump in here
21 and tell me exactly where it is at in their report. But yes,
22 there are. I'm looking at it right now.

23 Julie, do you have it right off the top of your
24 head what that is?

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1 MS. WEISSMANN: I'm hunting through right now to
2 see exactly what that dollar amount was, what the difference
3 was. I'm --

4 MS. EATON: This is Cari Eaton. The contract was
5 I believe two percent of annual admin fees for every four
6 percent or fraction thereof below the performance guarantee.
7 Unfortunately that would be extremely high in this instance
8 since they were 100 percent missed.

9 MEMBER VERDUCCI: Just one follow-up question.
10 Has the performance penalties already been assessed or is
11 that something that becomes an agenda item in the future?

12 MS. RICH: Laura Rich for the record. The report
13 from the auditor is presented to the Board once it is
14 approved by the Board. Those -- unless the Board chooses to
15 waive those penalties, the penalties are assessed after the
16 fact, yes.

17 MEMBER VERDUCCI: Thank you very much.

18 CHAIRWOMAN FREED: Okay. Member Kelley has a
19 question.

20 MEMBER KELLEY: Thank you, Chair Freed. This is
21 a question for Ms. Rich. I'm just wondering regarding the
22 CTI recommendation to update the penalties or some of the
23 penalties or the language around them, I know that we've
24 just -- I think we've entered into a new contract with
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1 Express Scripts. So I'm wondering if there is an opportunity
2 to update that language, how will that work. If you can just
3 maybe talk about kind of the process that you follow to
4 implementation -- to implement recommendations such as to
5 that CTI made around the service level agreement.

6 MS. RICH: Sure. So Laura Rich for the record.
7 I actually took a look at the contract after reading these
8 recommendations from the auditors. And the new contract is
9 definitely different. The performance guarantees are not set
10 up in the same way. I think we did a much better job in this
11 new contract, but there's still some, in my opinion some --
12 some things that need to be clarified. So it is on my list
13 of things to do to address this with ESI just so that we can
14 get some of these performance guarantees clarified as to, you
15 know, making sure that these recommendations are
16 incorporated. So we are taking a look at it.

17 MEMBER KELLEY: Just a follow-up, Chair Freed.
18 Has -- has ESI indicated whether or not they are open to
19 renegotiating the service level agreement language now? Have
20 you spoken to them about it? Is there anyone here from ESI
21 that might be prepared to answer that question?

22 MS. RICH: Yes. So Nancy Langelend is on for ESI
23 that can speak to us. We typically when we engage in these
24 conversations, as we have in the last contract, they are

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1 typically pretty receptive to compromising on when making
2 these changes.

3 So, Nancy, do you have anything to add on this?

4 MS. LANGELEND: Nancy Langelend for the record.
5 I agree with Laura. I mean, anything that's brought forth as
6 a concern, we would happily negotiate and enter discussions
7 to try and come to, you know, an agreement on how we would
8 proceed moving forward.

9 We also have the annual market checks where, you
10 know, amendments are created for the contract that exists.
11 So there's definitely opportunities to have further
12 discussions on any concerns related to the existing contract.

13 CHAIRWOMAN FREED: Okay. I'm not seeing any
14 other question or comments from the Board, okay. Well, I'll
15 accept a motion to accept this audit of ESI.

16 Vice Chair, why don't you make that motion.

17 MEMBER BARNES: Yes, so moved. So moved.

18 CHAIRWOMAN FREED: All right. Do we have a
19 second?

20 MEMBER AIELLO: Betsy. Second.

21 CHAIRWOMAN FREED: All right, thanks. Okay. All
22 in favor say aye.

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

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1 CHAIRWOMAN FREED: Any opposed? All right,
2 motion carries.

3 Thank you very much, Ms. Langelend, and
4 Ms. Weissmann. I appreciate that.

5 I'm going to call a five-minute break before we
6 get into Items 9 and 10. It's 10:41. Come back at 10:46,
7 please, and that way everybody can go to the bathroom and get
8 a beverage. Thanks.

9 (Whereupon, a brief recess was taken.)

10 CHAIRWOMAN FREED: We're back. Let us move to
11 Agenda Number 9, the Executive Officer Report.

12 MS. RICH: Laura Rich for the record. Let's
13 start with staffing and operations. I know we've talked a
14 lot about this. I know it is on everybody's radar. We are
15 pleased to announce we have a small improvement from a
16 32 percent vacancy rate up to a 20 percent vacancy or down to
17 a 20 percent vacancy rate. We have on board some new
18 employees to fill four of the 11 vacancies. We thought there
19 for a moment we had five or six, but those fell through, so
20 we're down four.

21 But it's going to be several months before many
22 of them are fully trained. As you heard, you know, our call
23 center, there's a whole lot of training that goes into that,
24 just because you have to know a lot of information to be able
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1 to answer member questions. And so there's a lot that goes
2 into training some of those entry level staff.

3 We've been looking because lower call center
4 volume has resulted in improved call center wait times. But
5 the e-mail times, the response times for us to get through
6 those e-mails are still longer than normal. We love to turn
7 them around pretty quickly, within a couple of days. That's
8 still not happening. We just don't have the volume of staff
9 that is trained to be able to do that.

10 We have temporarily reinstated a one day a week
11 walk-in by appointment. We used to have walk-in's prior to
12 the pandemic. We would have walk-in's, you know, available
13 to those members who needed in-person assistance. That
14 stopped during the pandemic. We have since been able to add
15 the one day a week. We were not able to do that for a while
16 just because of the staffing. So we have made it by
17 appointment only, just to accommodate those members that need
18 to have that in-person or would like to have the in-person
19 assistance.

20 But if call volumes do increase, so for example,
21 we typically see call volume increasing during the Medicare
22 open enrollment period in October/November. Then we're going
23 to have to take those walk-in's away, at least temporarily
24 until -- until we have the staffing available to do that.

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1 A quick budget update, so State agencies,
2 including PEBP were required to submit agency request budgets
3 by the end of August. At the request of the Board, PEBP did
4 submit two budgets that which one of them included the
5 reinstatement of all benefits to pre-pandemic levels.
6 Agencies began presenting their respective budgets to the
7 Governor's Finance Office during the
8 September/October months. This allows the GFO staff to ask
9 questions in preparation for the agency request for how the
10 agency request will eventually become a part of the
11 Governor's recommended budget released in mid-January.

12 And I do want to add just a little bit to this
13 because I know there's been some confusion by public comment.
14 I've heard it in public comment. I've also heard it from
15 Board Members. So PEBP does submit budgets, and we have
16 submitted our budget, in this case two budgets. But that
17 is -- we don't present it again. We do not present it to the
18 Board or in any kind of public setting because then it
19 becomes part of the Governor's recommended budget, right.

20 So then the Governor and the Governor's staff
21 make whatever changes that they deem are necessary to that
22 budget, and it makes it into the overall Governor's
23 recommended budget, which is then presented publicly because
24 this is all confidential until it is presented publicly in

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1 the middle of January.

2 At that point it is handed off to the legislature
3 and the legislature gets to review those budgets. And
4 eventually some time, usually it's around April or May the
5 PEBP budget is heard. And at that point legislators have the
6 flexibility to make changes to the budget that was submitted.
7 So there's a whole lot of steps in that. And in every step
8 of the way there is an option to potentially, you know, or
9 changes that can be made.

10 So speaking of the legislature, the 2023
11 Legislative Session is scheduled to begin on February 26th,
12 2023. PEBP has already started to track bill draft request
13 or BDR's as they get posted. To date, 90 of the 446 posted,
14 I think there's a little bit more now, have been identified
15 as bills impacting health care or issues that may have an
16 impact on the agency in general.

17 So right now there's -- there's not a whole lot
18 of language that is released. The BDR will say something
19 like changes to health care or this bill -- this BDR makes
20 changes to health insurance, right. So we don't know
21 anything more than that. So that's what we're tracking at
22 this time.

23 Once that language comes out, I hope that the 90
24 people that we're tracking will start to dwindle. However,
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1 we do anticipate a large volume of health care related bills
2 and we expect to be very busy this legislative session, not
3 just health care related bills.

4 But, you know, obviously we've got -- we've got a
5 large or a very significant challenge with staffing. And so
6 I think that compensation of benefits are going to be, you
7 know, under the microscope, and so I think we're going to
8 have a whole lot to do in that space as well.

9 So as we have done previously, monthly Board
10 meetings will be scheduled between February and May of 2023
11 to provide the Board with an opportunity to discuss and weigh
12 in on any proposed legislation.

13 Another thing we've been working on is office
14 relocation. Throughout the last several years there's been
15 some talk about PEBP possibly moving out of the Bryan
16 Building to provide the much needed space for Department of
17 Conservation and Natural Resources which is DCNR. But
18 recently, the Division of Emergency Management, DEM,
19 indicated that they needed to demand their space in order to
20 meet their own federal requirements.

21 DEM shares a space with Division of Forestry. So
22 in order to DEM to expand, NDF has to move. It makes no
23 sense for NDF to take the space here in the Bryan Building
24 because they belong to DCNR. It allows them to have all of
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1 the divisions housed in the same place.

2 So as we've been working through this, it was
3 discussed that, you know, that PEBP would be willing to move.
4 You know, these discussions have included the Governor's
5 Office as well. So we've been looking for new office space,
6 which has been actually more challenging than I expected,
7 especially in Carson City. So that will accommodate the
8 agency's needs.

9 But the timing of this is highly contingent on
10 necessary IT equipment, which unfortunately is on backorder.
11 We think we're going to be able to get this in time for a
12 February move but that is still all up in the air. I would
13 personally appreciate moving either before February or after
14 July because that is when PEBP is most busy, right, and we
15 also have the legislative session and things like that. So
16 if we can make it happen before February, that would probably
17 be the best. If not, we probably have to push it out until
18 July.

19 So that's just to avoid any disruptions and --
20 and allow us to be ready for open enrollment and get through
21 open enrollment and through this -- through the legislative
22 session.

23 A couple of things that I wanted to add that are
24 not on this report, I've got a few of them. So I talked a
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1 little bit about the compliance already. We are in the
2 process of doing that compliance review. We addressed it at,
3 I can't remember if it was the last Board meeting or the
4 meeting before that, but it did come up. We are presenting
5 this in two different buckets because we have gone down that
6 road of doing that deep dive of just going through the MPD's
7 and how we're paying our -- our claims and things like that
8 and what makes sense.

9 Some of these equity type scenarios we heard
10 about, the hormone therapy and things like that, you know,
11 what are we doing that is nonstandard. What do we have
12 that's outdated, right. The, potentially the 1,500 dollar
13 dental max may be too low. So these are all things that we
14 are considering and will be part of that -- that overall
15 recommendation that's brought to you in January. We
16 expect -- actually, it would be the November Board meeting
17 but that's been pushed out to December 5th.

18 So at the December Board meeting, we'll have the,
19 what the Board is used to seeing, that compliance portion of
20 whether we're in compliance with federal and state
21 regulations, so that should be presented in December.

22 Additionally, I wanted to bring up the patient
23 protection commission cost from benchmark project. We are
24 still working with the PPC on that. And I just wanted to
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1 make the Board aware that these discussions are happening.
2 And there is -- there's lots of potential involvement in the
3 future with PEBP as a result of this. So I would encourage
4 Board Members to begin to watch these board meetings or
5 commission meetings or, but in the future I will be providing
6 updates on that.

7 Additionally, I just want to provide a quick
8 update that PEBP has been offering the flu shot clinics
9 again. We did put on a flu shot clinic here in Carson City
10 and also in Las Vegas on September 19th. We have a follow-up
11 in Carson on October 13th and a follow-up in Las Vegas on
12 October 10th. We're also working with the University of
13 Nevada Reno to potentially schedule something on campus there
14 as well.

15 The great thing about these flu shot clinics this
16 year is that not only are we offering flu shots but we're
17 also offering COVID vaccines and then also shingles vaccines
18 as well for those who qualify. So I'm super happy about
19 that. And, you know, we are getting -- we're getting a lot
20 of participation in that.

21 So with that, I'll take any questions.

22 CHAIRWOMAN FREED: Questions, anybody?

23 Mr. Verducci?

24 MEMBER VERDUCCI: Yes, Tom Verducci for the
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1 record. And thank you so much for the report, Officer Rich.
2 I appreciate all of the information. And I just -- I just
3 had two items that I wanted to bring up. I noticed that we
4 have two budgets that have been submitted, and then they have
5 to go through the GFO and the legislature. And my question
6 is how does it impact Item 10 here on the agenda in terms of
7 plan design changes? Have we already submitted plan design
8 changes that are in the form of a budget and now we're
9 waiting for them to be approved, denied or altered?

10 I kind of just see what the difference is between
11 what we're going to be voting on on Item 10 and what has
12 already been submitted. That was my first question.

13 MS. RICH: Okay. So Laura Rich for the record.
14 So what was submitted was or let me back up. The direction
15 by the Governor's Finance Office was for State agencies to
16 submit flat budgets. So that means whatever their budget cap
17 was last biennium would be somewhere this biennium, right.
18 PEBP got an exception to that. PEBP was able to submit a
19 budget that where we could increase the actual dollar budget
20 based on what the current benefit levels are to maintain.

21 So that budget that we submitted is based on
22 keeping everything the same and not adding any additional
23 costs. So that is -- that was the direction of the GFO. Now
24 the Board also asked PEBP staff to submit an additional

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1 budget request that enhanced, that provided the restoration
2 of all of the benefits that were cut during the pandemic. So
3 we did that as well.

4 We won't know if we are going to -- if PEBP is
5 going to get any additional funding to fund any -- any kind
6 of program. We won't know that until -- until the Governor's
7 recommended budget is released in January. So there's going
8 to be -- I can -- I can tell you right now there's going to
9 be a whole lot of discussion. There's already a working
10 group that has been formed to address compensation and
11 benefits.

12 And so there's a potential that, you know, there
13 could be money allocated to PEBP, but at this point that's
14 not what we're working with. We are working under the
15 direction that we're keeping benefits the same or at least
16 the funding is -- the funding that we're using is to keep
17 benefits the same. We're not using any new funding to
18 increase benefits or to add additional products or services.

19 MEMBER VERDUCCI: Just as a follow-up, since this
20 budget has already been submitted, two of them, does this
21 require another action on behalf of the Board on action Item
22 Number 10, Agenda Item Number 10? I'm trying to figure out
23 if we are --

24 MS. RICH: No. So Laura Rich for the record.
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1 No. At this point, Agenda Item Number 10 is talking about
2 the -- where, you know, what kind of things we can do with
3 what we have today, right. So this is not adding any new
4 money. It is working with the current budget we have today
5 under the -- the -- we do have some excess so we'll talk
6 about that during that agenda item. So we do have some
7 excess. So we do have some money to spend. It's not very
8 much, but that is still working within the budget that we
9 have in the budget guidelines that we were given by the
10 Governor's Finance Office.

11 MEMBER VERDUCCI: Thank you so much for the
12 clarification. The second part of my question is I'm curious
13 how the patient protection commission discussion that we had
14 really affects PEBP. Kind of -- how does that actually
15 affect PEBP? I'm trying to put the two together.

16 MS. RICH: So Laura Rich for the record. So in
17 the cost growth benchmark project, basically we've got
18 Medicaid who is submitting their claims data and PEBP. And
19 so we're all submitting claims data to -- to present and for
20 the commission to discuss and potentially look at ways to --
21 the goal here is to -- it's to slow or curb the cost of
22 health care, right. So health care is increasing, the cost
23 of health care is increasing dramatically. And so they are
24 looking at ways to decrease the cost of health care. Without

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1 data, it's difficult to be able to do that.

2 And so you have got Medicaid and PEBP as State
3 agencies. We're providing that data because you've got the,
4 you know, the commercial market who isn't required to provide
5 that data. And so PEBP is being used as a proxy to the
6 commercial market. There's potentially some -- some
7 recommendations and decisions that could be made, you know,
8 to use PEBP as a, and this would probably, you know, end up
9 at the legislature. You know, the Governor, the legislature
10 would likely be weighing in on these types of suggestions.
11 You know, if there's any kind of changes that can be made as,
12 you know, maybe a pilot program to see if there's ideas that
13 can -- that can impact the growth of -- of health care costs,
14 right, you know, to slow them.

15 And so sometimes what comes out of these types of
16 projects and analysis is ways to use State agencies as a, you
17 know, as a test, right. You know, how do we pilot this to
18 see if it works? So that's just something that potentially
19 could come out of it. But right now it's really just, it's
20 presenting data and looking at that data to see if there's --
21 you know, what -- what areas in the state are impacted by
22 these costs and -- and where can we focus our efforts as a
23 state, not just PEBP but a state to lower the cost of health
24 care.

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1 MEMBER VERDUCCI: Thank you so much. And I see
2 another hand up. I want to throw out one more question real
3 quick. Where are you guys looking at moving to? I mean, it
4 makes sense with Conservation moving into the Bryan Building.
5 But has there been a location determined at this point?

6 MS. RICH: Laura Rich for the record. There is
7 no location determined. We do have it narrowed to we think
8 to one location. It is in Carson City, but there's nothing
9 concrete or in place yet. We're still working on that, and
10 we hope to have something -- we're working really hard to get
11 this -- to get it wrapped up because we want to make sure
12 that if we're gonna move, we move before February.

13 MEMBER VERDUCCI: Well, thank you for all you do.
14 It's much appreciated.

15 CHAIRWOMAN FREED: Member Kelley, you had a
16 question.

17 MEMBER KELLEY: Thank you, Chair Freed.

18 I just wanted to find out more about the benefit
19 and compensation working group that Ms. Rich mentioned. I
20 wanted to understand kind of what level that working group is
21 that and who's on it, if the PEBP Board is on it, if you can
22 share more about that organization and how I guess we can
23 influence that.

24 MS. RICH: Laura Rich for the record. This is
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1 really just something the Governor's Office is looking to get
2 information and data from different agencies within the
3 State, you know, just so that they can better make -- make
4 better decisions, you know, in, as they formulate that
5 Governor's recommended budget.

6 So there's not a whole lot I can share right now
7 on it other than, you know, that we know that the Governor's
8 Office, this is high on the priority list of the Governor's
9 Office. They are looking to get as much information as
10 possible, and this is something they are very very concerned
11 about.

12 CHAIRWOMAN FREED: Board Members, other
13 questions? Okay.

14 Thank you by the way, Laura, for clarifying that
15 you haven't settled on a place to move to because I was going
16 to ask if the fiscal impact is going to merit a IFC level
17 work program since the square foot -- you know, it's a buck
18 square foot for B and G rent but it's two something for
19 commercial rent. So a question on the budget, has PEBP had
20 its budget conference with Governor's Finance Office yet?

21 MS. RICH: Laura Rich for the record. No. And
22 the reason we have not and we actually had to clarify is
23 because normally you put together a formal presentation and
24 you present it to the Governor's Office.

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1 CHAIRWOMAN FREED: Right.

2 MS. RICH: Because of, you know, where we are
3 and -- and the focus on paying benefits. I think we're last
4 and it is -- it's not really a formal presentation. It's
5 more of a discussion.

6 CHAIRWOMAN FREED: Yeah.

7 MS. RICH: So, yes, we have not gotten to that
8 point.

9 CHAIRWOMAN FREED: Okay. I'm going to be
10 interested to see how everyone in that conference reacts to
11 the budget with the subsidies like the so-called flat budget
12 with the subsidies being allowed to grow as opposed to the
13 second budget where the Board restores the plan design to
14 narrow very nearly what it was pre-pandemic and what the
15 reaction is. So thank you for that. I think that's the only
16 question I had.

17 And so with that, this is an info item so we can
18 move on to the next item, which is an action item if
19 everybody is okay with that.

20 It looks like, yes, so let's go to Agenda Item
21 10, discussion and possible direction from the Board to staff
22 on potential program design changes for plan year '24.

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

24 Repeating myself again but it's the PEBP's final FY24-25
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1 budget will remain unknown until it is approved by the
2 legislature in the spring of 2023. We've submitted our
3 budget based on the Governor's Office directives and we
4 built -- it was built to fund the program at current benefit
5 levels for the biennium. The second budget at the direction
6 of the Board was built to fund the program at pre-pandemic
7 levels.

8 So I just want go make clear, since PEBP is
9 already using our access that we -- we got as a result of
10 the -- of the claims suppression during the pandemic, we're
11 using that cash to restore many of the benefits that were cut
12 as a result of the pandemic. So most of those benefits are
13 already restored, with the exception of maybe life insurance
14 and long-term disability insurance. So but the benefit
15 portions themselves, the health insurance benefit portions
16 have been largely restored.

17 As shown in the table below, because we were
18 very -- we were very interested to see -- well, I'm sorry,
19 I'm getting ahead of myself here. So as shown in the table
20 below, PEBP is starting off the current fiscal year with a
21 beginning differential cash or excess cash balance of
22 \$33,000,000. But after we factored in all of what has
23 already been earmarked, right, so that is -- that plan design
24 spend-down, the restoration of those -- those benefits and

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1 then the premium buy-down, if you recall during the last
2 budget cycle we -- we used a little bit of excess to bring
3 down some of those -- the premiums in the second year of the
4 biennium and then additionally the Medicare HRA and things
5 like that.

6 So after all -- all of that that has been
7 earmarked is removed from that \$33,000,000, we're left with
8 about 9.5 million dollars in excess cash. That can be
9 allocated towards new benefits and other enhancements. It's
10 not a lot. Nine and a half million in a billion dollar
11 budget is not really all that much.

12 So not all benefit enhancements will require the
13 use of funds. Some of them -- well, most benefit
14 enhancements come with a cost. So you're adding -- you're
15 adding a benefit of some sort, whether it's a product or
16 service or you're increasing or decreasing deductibles or
17 something like that.

18 There are some things that we can introduce that
19 are cost neutral or even result in overall net savings. So
20 for example, the implementation of a chronic disease for
21 weight loss program may result in an overall reduction in
22 claims or reduce increases in claims. So the -- the ROI or
23 return on investment though is sometimes hard to prove. And
24 if we do miss it, it could require PEBP to dip into

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1 catastrophic reserves to make up for those budgetary
2 differences.

3 So we thought that this was something that was
4 necessary, not just for this discussion but moving forward in
5 terms of, you know, in the legislature and as we start these
6 discussions, you know, with the Governor's Office and things
7 like that.

8 So obviously we've had -- we've been plagued by
9 staffing shortages, not just PEBP, but every other State
10 agency. And it's been our idea that the State is not
11 competitive in wages or benefits when compared to the private
12 sector and other public employers in Nevada.

13 So as a result, we thought it was important to
14 understand how we compare, how did PEBP benefits compare so
15 that we can look to see, you know, we are -- where should we
16 improve. You know, what are other public employers offering
17 that we're not and what do they do that PEBP does not?

18 So we did our best to -- its very difficult. I'm
19 just going to say that right now. It's very difficult to
20 compare apples to apples, but we did our best to put together
21 a side by side comparison here of the different plans. We
22 looked at Washoe County. Unfortunately, Clark County does
23 not make employee benefits publicly available. We've asked
24 for that data. We have not received it.

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1 There's a -- Chair Freed pointed out that there
2 is an error here. It does not -- in that charter it does
3 not, it's missing the word not. We also compared the City of
4 Sparks. City of Las Vegas, we have 2019 data so it's a
5 little bit antiquated. We've asked for new information on
6 that.

7 Clark County School District, Lyon County School
8 District and Carson City School District, basically what you
9 can see from this -- and let me just add. There's one
10 glaring -- one that's missing which is City of Reno. The
11 reason that was not included is because City of Reno has a
12 handful of collective bargaining agreements and everybody
13 gets -- from my understanding, everybody gets different
14 benefits, and so it was difficult to -- to use that as a
15 comparison.

16 So by looking at these, you can see that PEBP is
17 actually not that -- I mean we're pretty competitive, right.
18 We're pretty competitive. We have just chosen -- the State
19 has chosen to focus its efforts to not just the employee but
20 the family and also the retiree. Whereas a lot of other
21 cities, counties, you know, public employers, they focus on,
22 if you look at this chart on attachment A, they focus on the
23 employees.

24 So you can see that most of these employees, the
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1 active, you know, the employee is, they have zero dollar
2 premiums. But once you get into adding family members, it
3 becomes very expensive because they don't subsidize the
4 families quite as highly as they would, you know, the
5 employee. Whereas, the State would kind of spread out that
6 cost, right. We don't give an employee a zero dollar
7 premium, but we do provide pretty decent subsidies for -- for
8 families.

9 The other thing we do too that differentiates us
10 from those other public employers in the State is the way
11 that we treat retirees. So retirees that retire from the
12 State of Nevada do get a -- they get pretty good benefits
13 when compared to other employers, right. So they get a
14 premium subsidy. So they are -- their overall premium is to
15 start with lower. And then they get a year of service
16 subsidy as well. So they can -- based on however long they
17 work they can reduce that.

18 Other employers throughout the state do not
19 provide that. They either provide a very small user service
20 subsidy or like for example, City of Sparks, it depends on
21 collective bargaining agreement. They use -- they can use
22 their sick leave to be converted into a subsidy. But once
23 that sick leave is depleted, then those premiums, you know,
24 go back up again.

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1 So, you know, I thought this was interesting
2 because we are actually pretty competitive in the grand
3 scheme of things. It just depends on how you want to look
4 at, you know, do we want to focus on family or do we want to
5 focus on the employee or do we want to focus on actives
6 versus retirees. The State does a pretty good job spreading
7 it out. Whereas, a lot of these other public employers do
8 not. They focus on their active employees.

9 So with that, on the initiatives, earlier this
10 year, PEBP staff, several Board Members and vendors met in a
11 day-long planning session. Thank you to the Board Members
12 that -- that participated in that. Each partner provided
13 valuable input on plan performance and possible solutions
14 that may be beneficial to plan performance.

15 So basically what we're proposing here is a
16 series of programs that either come with a cost or can be
17 pitched as a potential cost neutral situation. This is not
18 an all inclusive list. This is staff coming to the Board
19 saying, hey, this is what we've come up with. These are
20 things that I think warrant some additional analysis to bring
21 back at the December 5th meeting. But if there's anything
22 else that the Board would like to add to this list, we are
23 certainly willing to, you know, to add to this.

24 If there's something that is on this list that
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1 the Board has no appetite in pursuing, then this is the time
2 to discuss it because there's no point in doing the analysis.
3 This is something that there's, you know, no appetite for.
4 So the list here starts out with Real Appeal. I'm just going
5 to go over just high level, some of these things that we're
6 proposing to bring to the Board in December.

7 Real Appeal is a weight loss program. You're
8 going to hear a lot about these. This is new. This is
9 coming out, a lot of virtual programs. Especially after the
10 pandemic, people are a lot more receptive to virtual
11 solutions. So there's no member per month fees. These are
12 just paid through claims. It's a small, I think it's a 49
13 dollar claim for every member that is participating in this
14 per month, and it's just a claim.

15 And -- and really it's -- it's a program that
16 kind of gives those people that meet the requirements of this
17 program may get all kinds of cool little gadgets and a scale
18 and things like that and there's some monthly encouragement
19 to reach their weight loss goals.

20 Why this is important, obesity is associated with
21 most chronic conditions, including diabetes and hypertension
22 and heart disease. So launching an option that assists with
23 weight loss and weight management may help reduce costs in
24 other areas.

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1 Hinge Health, so this is a virtual
2 musculoskeletal, I cannot say that word so I'm going to say
3 MSK clinic and therapy program to address chronic knee, back,
4 neck, hip and shoulder pain. I have heard through other
5 states, other, you know, cities and basically other programs
6 who are offering this lots and lots of good feedback.

7 This is something that, you know, there's a lot
8 of members. MSK is a high cost -- high cost claims in the
9 program, right. So this is one of the highest costs in the
10 PEBP program and really, you know, nationally.

11 It does come with a PMPM cost. That PMPM cost, I
12 would say there's a good chance that we can argue that would
13 end up being cost neutral. It does replace in person or it
14 can replace in person physical therapy, and you'll probably
15 be hearing me talk about access issues here. You know, I
16 believe we already talked about them, but you'll hear me talk
17 about them more, you know, based on what is happening at
18 PEBP.

19 But it's hard -- it's hard to get into physical
20 therapists right now. So if there is a virtual option that
21 is, you know, that's been -- members seem to be -- members
22 that are using for other programs are very very happy with.
23 There seems to be a lot of very positive feedback about this
24 program.

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1 This is something that, you know, we can
2 probably -- we can look at it and do the analysis, but I have
3 a feeling it will come back as a cost neutral type situation.
4 It would provide greater access but also it can help reduce
5 overall MSK related claims cost.

6 Cancer Concierge, so this is really a concierge
7 service that assists the member basically to navigate a
8 critical and stressful situation. The program assists
9 patients by making medical appointments, coordinated care
10 among all the different providers, providing coaching and
11 assisting with the billing and claims submissions.

12 Generally, when someone is undergoing cancer
13 care, there's a lot going on in their life, right. It gets
14 not only on the medical side but on just billing and the
15 finances and keeping track of everything is a -- it's a lot
16 of work. And cancer is the number one cost driver in the
17 program. So patients that are diagnosed with cancer just
18 often do have very complicated medical situation and complex
19 billing scenarios. This is probably not going to be a cost
20 neutral situation. This is going to come with a PMPM cost,
21 but I wanted to bring it up.

22 And I hope -- I'm going to bring up an example.
23 Many of you remember our former Board Member Jet who passed
24 away from cancer. I remember when she went into hospice. I

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1 called her and I asked her, you know, if there was anything I
2 can do for her. Her request of me was to help her partner
3 navigate through all her bills after she was gone. And to me
4 that was just, no one should have to say that as they're
5 preparing for death, you know. And so, you know, this is --
6 if we go down this path, it's a service that we're going to
7 offer people that are going through complex situations that
8 need that assistance and it's the empathy and, you know, and
9 just the hand pooling that they need through this already
10 difficult process.

11 So, you know, I just think it's something we
12 should consider and something I think would be helpful to the
13 patients or the members on our program who are faced with
14 these situations.

15 The next one is medical travel. These programs
16 provide access to a network of specialists for generally high
17 cost surgical procedures. So we already kind of do this
18 anyway. We do this where we've got hip and knee surgeries
19 for example, right. We -- we have reference based pricing
20 for hip and knee surgery. So we basically say these are the
21 facilities where you need to have your hip and knee surgery
22 performed. If you don't have it performed, we are only going
23 to pay -- if you don't have it performed in any of these
24 facilities, we're only going to pay what we would have paid

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1 that facility.

2 And the reason we do that is for example, if you
3 have a hip and knee -- hip or knee replacement in Elko, the
4 plan can pay upwards of \$100,000. Whereas, that same
5 procedure in Reno would be 20,000, right. And so what we do
6 is we pay for the travel for that member and -- and a
7 companion to come and have their -- their procedures done at
8 a high quality low cost facility.

9 This just expands on this. The medical travel
10 expands on this and it really just produces lower cost --
11 lower cost and improved outcomes. This also would come with
12 a PMPM cost. An analysis would be necessary to see if that
13 is something that would be, eventually would be cost neutral
14 or would come at a cost.

15 Premium credits, that's another way. We've got
16 nine and a half million dollars. We could utilize that cash
17 to provide premium credits. Premium credits provide
18 immediate financial impacts to members. So it is a -- it's a
19 way to spend down those reserves.

20 Also Doctor on Demand. You've heard mental
21 health is, it's a problem. We've got mental health shortages
22 all over the nation. But definitely the North and more so
23 even in the rurals we have a major shortage of behavioral
24 health providers, and so people do not have access.

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1 And, I mean, I'll give you an example. In early
2 July, I had a hospital -- actually it was a provider in
3 Northern Nevada who reached out to me, multiple providers
4 reached out to me with the same scenario say, hey, look, we
5 have 100 people that we service and we are out-of-network in
6 this new network that you guys have. What do you want us to
7 do?

8 And so the first thing I had to do was call our
9 network and say, hey, you have to -- you have to contract
10 with this -- with this provider because there is no way we've
11 got 100 people on PEBP that they service and they cannot --
12 they don't have anywhere to go. You know, there's waiting
13 lists months and months long. And if you need a
14 psychiatrist, that's even -- that's upwards of a year.

15 So there's -- there's already a drastic shortage
16 in behavioral health providers. And we have the Doctor on
17 Demand option where there is a -- it's not just your typical
18 kind of urgent care type service that you would use Doctor on
19 Demand, but there's also the behavioral health component too.

20 There's not a whole lot of utilization in that
21 behavioral health and so potentially we can work to
22 incentivize that so that people can start using this type of
23 service for their behavioral health needs. So that's an idea
24 as well.

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1 And then the last one is elimination of the EPO
2 plan. So the EPO plan was developed to replace the fully
3 insured HMO plan previously offered by Hometown Health in the
4 North. And it was intended to mirror the fully insured HMO
5 plan offered by HPN in the South. The problem with this plan
6 is that it is not just administratively burdensome for the
7 staff but very burdensome on the members as well because
8 what's happening is you've got -- it's a regional plan,
9 right. And so there are no out-of-network benefits. You
10 must remain in network and seek services in network.

11 So members on the EPO plan, typically you would
12 choose an EPO because it's -- because it's got the actuarial
13 value is higher, right. So you're getting more -- more
14 benefits, right, so richer benefits through the EPO. Now
15 those premiums are also more costly as well.

16 So typically you get those people who utilize
17 health care. So they are the ones who are going to the
18 doctor. They are the ones who are probably seeking services
19 because they have got conditions that require those higher
20 cost services.

21 So we already have a safer population on this
22 plan. Members likely are seeking services that are not
23 available in Northern Nevada. We -- again, we have a very
24 significant shortage of providers in Northern Nevada and
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1 typically if you've got specialized care, you have to seek
2 services outside of Northern Nevada.

3 So what's happening here is that any time that
4 any member on this plan has to seek a service outside of
5 the -- outside of the network, it becomes an exception. It
6 becomes a, you know, we've got to get this approved. We have
7 to look at, you know, are there any other providers? It's an
8 administrative burden on staff, not just internally at PEBP
9 but also for vendors. It's their manual. And then also, it
10 is a pain. It's a pain for members as well.

11 The other problem is members don't necessarily
12 recognize that this is a regional plan and that there are no
13 out-of-network benefits. So you have a member who signs up
14 for the EPO and they don't realize that their college age kid
15 who is out of state somewhere going to college who they cover
16 on their plan does not have access to health care outside of
17 urgent and emergent type situations. And so those dependents
18 are outside of the state don't get to seek care. And by the
19 time they realize this, you know, they are three or four
20 months into the plan, right, and so it becomes problematic.

21 And so really it's something that we may want to
22 consider moving forward just because of the scenarios, the
23 access scenarios in the North versus the South. Although, I
24 do fully, you know, recognize the fact that the Northern

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1 members would have one less option when compared to those
2 members in the South.

3 So with that, PEBP recommends that Board pick the
4 research of some or all of the above proposed plan year '24
5 initiatives as well as any others that are not listed in this
6 report. So I'll open it up for discussion.

7 CHAIRWOMAN FREED: Okay. Thank you for that.
8 Okay. I've got lots of people jumping in, raising their
9 hand. But Michelle had her hand up for quite a while. So
10 I'll let you go first.

11 MEMBER KELLEY: Thank you. I'm not sure if it's
12 really good to go first, but I put my hand up as soon as I
13 had my first question. So I do have a few questions. So I
14 appreciate your patience with me.

15 So the first question is, I guess probably all of
16 the questions are for Ms. Rich, but I wanted to -- I've been
17 reviewing attachment A, so the comparison of PEBP to kind of
18 our city and county counterparts in public employment. And
19 the first thing, you know, I think -- honestly, I think I pay
20 a lot of attention to this because it is publicly available
21 and it is a summary of our benefits, and so I think it needs
22 to be correct, including the PEBP staff.

23 So my question is around the retirees subsidy
24 line initially that you have got here. You indicated PEBP
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1 pays the premium subsidy for employee and family to use and
2 to use it through the subsidy. And I just wanted to ask you
3 about that because it's my understanding that PEBP no longer
4 subsidizes any retiree health insurance for new employees
5 and, in fact, any new employee hired on or after July 1st of
6 2012.

7 So when I reviewed this, I think it's not correct
8 because for the last ten years we've not been providing a
9 subsidy. So, yes, we do have a grandfather population, and I
10 understand that. But anyone new coming in, we're not
11 budgeting or providing any cost savings for them as far as
12 their retiree health insurance. And I see that, you know,
13 City of Las Vegas, Clark County schools, there's no subsidy
14 listed for any of them. And so I think that, you know, you
15 need to go into detail here for PEBP because I'm guessing
16 that some of these employees in these groups may have access
17 to an old subsidy as well. I don't know that, but I
18 certainly don't agree that PEBP or State of Nevada employees
19 have an option for retiree health insurance anymore. So
20 that's my first comment on that particular sheet.

21 And I look forward -- I wonder if we should also
22 be looking at our neighboring state, city, I'm sorry,
23 neighboring state employees such as Utah, Arizona because
24 they probably fall within our attachment area as well and
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1 they are larger employees -- employers. I've got no idea
2 what their benefits look like, but I think it would be
3 interesting to see if that was possible. So that's my first
4 question.

5 My second question is this list of services or
6 programs that you put together is really interesting, and I
7 appreciate you putting together this. But I do wonder how as
8 a committee do we -- how can we measure their effectiveness,
9 like not just from a budgeting perspective. You know, that's
10 obviously really important but also from a participant uptake
11 and reviews I guess. You know, I do not buy one thing
12 anymore that I have not read extensive reviews on, kind of
13 understand the trends of the service. What do people think
14 of the service.

15 And I know we already have some services that I
16 think some of us scratch our head and wonder why they are not
17 more broadly used by our population. And so as we look at
18 adding new programs, it would be really good to understand
19 how can as a Board Member I go out and actually see what
20 participants think of these services and, you know, how they
21 review them, as well as the budgeting impacts. Because
22 why -- if something is poorly reviewed and people don't
23 really like it who are already using it, why would we add it
24 is my thought there.

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1 Third question, and specifically looking at
2 Cancer Concierge, that's the one that actually sparked this
3 question for me. How would the Cancer Concierge service
4 interact with the pre-approval processes that we already have
5 in the plan right. Because it's my understanding those
6 pre-approval processes provide a nurse and also that
7 outreaches people to make sure that they are kind of taking
8 the services and they're getting their medication and they're
9 taking it. So how would a program like Cancer Concierge
10 intertwine with that?

11 And are we -- is there a concern that we're
12 raising that we're making it more complicated for our
13 participants I guess when the intended course is to make it,
14 streamline it, make it easier, provide them more services.
15 So are we just adding more and more bureaucracies that these
16 things are just too hard to find or to use.

17 And just a comment on the Medical Travel piece.
18 You know, I've heard there's lots of savings around Medical
19 Travel, potential savings, not to mention just better
20 service. My concern with expanding this and potentially
21 offering it for more conditions is that there are some
22 conditions where people need to be -- there's some reasons
23 why people need to be in their own city to have things done.
24 If you are a paraplegic or family member, maybe you need the
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1 support of your children while you're recuperating that this
2 program maybe allows for one person to go with you and, you
3 know, see you through services.

4 So I have concerns about kind of broadening that
5 until we can understand the impact it will have on a person's
6 recuperation because a lot of people need a lot of support,
7 you know, especially for these more serious medical
8 conditions.

9 And with that, I appreciate your patience, Chair
10 Freed. I will cede the floor.

11 CHAIRWOMAN FREED: Okay. Are those questions
12 like to have the staff address to the extent they can now or
13 are those research questions to bring back answers to when --

14 MEMBER KELLEY: I think if they have the answers
15 to those questions now, that would be great. But, and if
16 they need to research them, if they can just indicate that
17 they will bring it back to us in December maybe.

18 CHAIRWOMAN FREED: Okay. Laura?

19 MS. RICH: Okay. So I'm going to start. I know
20 you have four of them. I don't know if I can remember all of
21 them. I'm going to try. You are correct. I will -- I will
22 update that table. Just to the, after 2010, this is no
23 longer a benefit. So I will -- I will definitely update
24 that.

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1 The second one you had asked how do we get
2 feedback? You know, unfortunately the way we gauge feedback
3 is on the negative, right. If you hear a whole lot of ways
4 about how someone just doesn't like something, and typically
5 people don't -- they don't provide feedback when they like
6 something. They only provide feedback when they don't like
7 something, and so that has been really how we've gauged, you
8 know, the satisfaction in the past.

9 Another thing we've done is put out surveys,
10 right. So we have attempted to put out -- we haven't done it
11 recently just because of, you know, the complexity of the
12 pandemic and all of these, you know, different -- you know,
13 different vendor changes and things like that. So we haven't
14 put out a survey out recently, but that's something that we
15 can do is say, you know, have you used Doctor on Demand? Is
16 it something you like? So it's definitely an option we can
17 put together, something moving forward to see if, you know,
18 how people feel about certain things.

19 My thought is that a lot of people just don't
20 know about it. They don't know about some of these options.
21 And as much as we have tried to push it in different ways,
22 we've tried to communicate it in our newsletters. We've done
23 mailings. We've done -- you know, there's different ways.
24 There's still people that just don't, either don't read. You
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1 know, they see something that comes from PEBP and they throw
2 it away, right.

3 And so there's -- there's definitely some issues
4 there, you know, with the communication. And if anyone can
5 solve that problem, I would thank them forever and ever
6 because it's definitely something we struggle with internally
7 at PEBP is that communication and getting people to read and
8 getting people to understand what is offered through the PEBP
9 program.

10 The last --

11 MEMBER KELLEY: Can I interject, Laura?

12 MS. RICH: Sure.

13 MEMBER KELLEY: I'm sorry, I just want to
14 clarify. So I appreciate that about the service we already
15 have in the plan. But what about before we go out? Do you
16 reference check? Do you go out to other organizations that
17 offer these benefits and kind of ask the executive officers
18 of those plans, hey, how is this working? What is the
19 uptake? Can we do some of that pre-work at least on the per
20 member per month cost program? Have you already done that?
21 You know, will you do that? How do we at least before we add
22 them to the plan.

23 MS. RICH: So specifically on Hinge Health, yes.

24 I've spoken to the State of Alaska who has been using them.

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1 And the State of Alaska has a lot of the same problems that
2 we have in terms of access, right. So, yes, this is -- this
3 is where I'm getting not just from the State of Alaska but
4 also I've gone to conferences as well where there's, you
5 know, a lot of people out there who are attesting that, hey,
6 there's -- you know, our people, our members are very very
7 happy with X service or Y service, right.

8 And so we do -- before I'm bringing this to the
9 Board, there is a level of research that we've already done.
10 Now, again, you know, if there's no appetite in this, we
11 didn't want to go down the road of doing all of the analysis
12 and all that, which is why we're bringing it today to the
13 Board because we don't want to do a lot of that work, you
14 know, for something that there's no appetite for.

15 But, yes, for Hinge Health specifically, we
16 have -- we have looked at that. I have not looked at the
17 Cancer Concierge or Medical Travel. Real Appeal is already
18 used -- members on the HMO already have that so this would
19 actually be adding it to our other plans as well.

20 And then the last question I think you had was,
21 and I'm going to have to call on some of our vendor partners
22 for this, either Richard Ward or Nathan and Rhonda from UMR
23 on that last question about how does Cancer Concierge work
24 with and integrate with the TPA and UCMCM and all of those
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1 different components of the plan.

2 MR. WARD: I'm not sure if I should go first.

3 MS. RICH: Go for it, Richard.

4 MR. WARD: All right. So generally from a,
5 speaking from an industry, a general industry perspective,
6 these programs or point solutions provide services in
7 addition to more broader services than what the carriers or
8 the TPA provided programs provide.

9 So in particular with Cancer Concierge, it would
10 be, Laura was mentioning assistance with billing. And from a
11 true concierge perspective, assisting with other personal
12 needs or some of them do personal care needs. So you may
13 need help keeping your house clean or other -- other
14 personal -- other personal needs. I know I keep using that
15 term. But that's a common additional component compared to
16 programs that are provided by the carriers or the TPA that
17 are more medical care focused.

18 CHAIRWOMAN FREED: This is Laura Freed. So
19 relating this back to our late colleague, Jet, she had
20 complicated or what do they call it, large case management,
21 through our vendor who does that, and this would be broader
22 than just medical RX care coordination that we already have a
23 contract for.

24 MR. WARD: Correct. There's a range on how these
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1 programs are structured. Some are more focused on the care
2 coordination and come with a center of excellence component
3 to their program. Others focus on coordinating care locally
4 and then others add to it, the more personal -- personal
5 needs.

6 CHAIRWOMAN FREED: Okay, thank you very much. I
7 see -- boy, this caused people to put up their hands and I've
8 been trying patiently to put in order. Ms. McClendon was
9 next in line to propose a question on Cancer Concierge or
10 something else but please go ahead.

11 MEMBER MCCLENDON: I just wanted to see if we
12 could -- I was looking at the Travel options and I was
13 thinking about how many states are now making abortion fully
14 illegal. So if we have people on our plan who live in other
15 states, is there a way we can look into the cost of covering
16 transportation for them to get to a state where they can get
17 a medically necessary abortion. Is that possible?

18 MS. RICH: That is certainly possible. We do
19 have dependents who potentially reside in some of these
20 states where abortion care is not -- not available, and so
21 they would have to travel elsewhere. For example, you've
22 got, probably there are -- we have members that have children
23 who are going to college in Utah where it is -- you know,
24 that is not something that would be available to them. They

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1 would have to travel outside the state. It's something that
2 we can look into for sure and can add to this analysis as
3 well.

4 MEMBER MCCLENDON: Thank you.

5 CHAIRWOMAN FREED: Okay. I think Member Aiello
6 was next.

7 MEMBER AIELLO: I have a few questions. But in
8 regards to Cancer Concierge, I thought I would jump in a
9 little bit. Right now I'm dealing with a sister-in-law that
10 has lung cancer and potential colon cancer. And her -- she
11 was going through chemo with an oncologist. And they said
12 she needs to get a GI and they sent a referral. And the
13 company said, well, we can see you in three months. And it's
14 like, no, no, this person has stage four cancer and may be
15 dying. And they're like, well, you can call us every single
16 day to see if there's a cancellation.

17 And her GI sent another referral or her
18 oncologist and it still didn't work, but her staff won't sit
19 there and try to make all of the appointments for you, so
20 there's another GI group in town. Somehow after waiting
21 already six weeks, we finally got into that and then that
22 found something and there was supposed to be a follow-up
23 through them that was having problems getting scheduled. So
24 then there was an ER visit with C. Diff, and so then that

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1 stopped something else.

2 So then there was a referral to a regular surgeon
3 that probably didn't need to be met because people were not,
4 the docs, even though they send reports back and forth, they
5 weren't getting to read exactly what the other guy needed to
6 do. And so I just have to tell you that someone that would
7 help make appointments and the same coordinating care on
8 multiple providers, there's even a prep for colonoscopy that
9 then the colonoscopy got called off because of the C. Diff
10 that hadn't gotten noted even though we called them and let
11 them know.

12 I mean, it's been a nightmare and to have
13 somebody, even though there is case management on her
14 insurance plan, it really isn't to that level. So just
15 bringing that up from something I'm currently going through
16 with someone, I could see where that could be a lifesaver for
17 this person and even the stuff I'm doing.

18 So just on this side, I wanted to bring up some
19 of the same things. My history having worked in insurance
20 programs are there were many plans that vendors and folks
21 have brought to us that said this is what's being done and
22 it's going to save you all this money and do better care and
23 we would implement the programs and nothing would happen.

24 You know, you wouldn't save money or nobody would
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1 take it up. And so the same thing, if we could find actual
2 entities instead of the people that provide the programs but
3 entities like Alaska or whatever when you're doing the
4 research that are saying, yes, people like this. They will
5 take it up. This is the way to communicate it. This is the
6 way to outreach so that there's a little bit more than just
7 starting the program.

8 So that was similar to Michelle Kelley, Member
9 Kelley's comment that I think that we need data on the
10 success of these programs and what made it successful, if
11 there's a state that has made it successful because that may
12 be the key, the what.

13 And then another comment I had was in our
14 comparisons. One of the big griefs I've had, just worry is
15 the elimination of the long-term disability that we had to
16 use since we don't have people on social security so they
17 can't get social security, disability and our life insurance.
18 And I know that you guys did a comparison of the medical, but
19 I don't see that, and I think it would be good to see that.

20 And if they don't have long-term disability, are
21 the entities, because I do know some public employees do get
22 social security so they can get social security disability
23 also. So is there access to disability? Because that for me
24 might make a difference, not just the health insurance plan

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1 but a couple of the other benefits in choosing if I had
2 multiple offers from different public employers.

3 And then I have one more comment. So I don't
4 really need anyone to answer back. They are just comments I
5 want to put on record I guess. And from what we've heard in
6 public comment, and it sounds like the public that's at least
7 interacting with us are not really supportive of the
8 elimination or the EPO. And if one of the biggest issues
9 with it is no coverage on out of area network, maybe we can
10 make that more obvious before someone chooses it, like a big
11 red, if you choose this, these are the benefits but no
12 out-of-network coverage or something. Just a thought because
13 we had a lot of public comment on it and that's my comments
14 on what we've heard though.

15 I tend to think all of these things sound really
16 good. I just hope they really are.

17 CHAIRWOMAN FREED: Okay, thank you.

18 I want to note on the LTD that executive branch
19 employees enrolled in PEBP get disability from PERS. So the
20 LTD elimination mostly affects NSHE professional employees.
21 We had discussed that when we were talking about reducing the
22 budget in advance of the '21 session and this came up. The
23 legislature posed this question to PEBP staff during the '21
24 session and wanted to know how many people that would be. So
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1 it turns out to be NSHE basically.

2 So with that, I'll go to Vice Chair Barnes.

3 MEMBER BARNES: Yes, thank you. I have a
4 question for Laura Rich, please. And I just wanted to
5 clarify that, am I correct that the State is not providing
6 retiree health care benefits for post 2011 hires?

7 MS. RICH: Yes, that is correct. So after post
8 2012, that is completely eliminated.

9 MEMBER BARNES: Okay, thank you. I just wanted
10 to be sure I was right about that. Thank you.

11 CHAIRWOMAN FREED: All right. With that, I'll go
12 to Member Woodward.

13 MS. RICH: It looks like you're on mute.

14 MEMBER WOODWARD: I'm so sorry. Gosh, I'm having
15 a day or week. I wanted to just give a comment regarding the
16 Cancer Concierge from a personal experience. Obviously, I've
17 not had the Cancer Concierge itself through any of our
18 current stuff. But in the past, I was -- I took advantage of
19 that through some of our previous coverage, and it made a
20 huge difference when -- when my case was of advance cancer,
21 breast cancer was dropped by my provider. It kind of fell
22 through the cracks. And I ended up outside, technically
23 outside of the chemotherapy window. Of course, I was pretty
24 livid about that, and I contacted my provider.

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1 And through -- through the provider that the
2 nurse provider through our previous coverage that we had, was
3 able to get me in really quickly with another oncologist in
4 town and kind of facilitate a lot of that stuff, and there
5 were a lot of things that that person was able to do for me.
6 So that means a lot to somebody going through that cancer
7 experience, the treatment and everything that is included in
8 that. It takes some of that stress off.

9 And, you know, I can sympathize or empathize I
10 guess with Laura, your conversation with the previous Board
11 Member who went through that because it's a huge difference
12 in having somebody even on your side. I did not need to take
13 advantage of some of the things that they could do, but I
14 could for important things like getting in for a needed
15 procedure or a test or, you know, getting in with a doctor's
16 office. So it was very helpful, and I just want to put that
17 out there from my experience that that's a great thing to
18 have.

19 CHAIRWOMAN FREED: Thank you.

20 Member Bittleston.

21 MEMBER BITTLESTON: Thank you, Madame Chair.

22 Just a few comments. I do want to thank Laura Rich and her
23 staff for the background research that they have already done
24 in presenting this information to us.

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1 I am a long-time State employee, and I started at
2 the time where health benefits to the employee was zero. So
3 I do remember that and that was one of the reasons to come
4 from the State. I had just left the army at the time and so,
5 you know, military benefits are free. And, anyway, so I just
6 kind of wanted to say that I think that for members looking
7 at lowering the cost of any premiums will always be great.

8 Secondly, I want to talk about the Cancer
9 Concierge. I don't even know if I said that right. I did
10 lose my father, who was a State employee, to cancer several
11 years back. And one of the things that I found very very
12 difficult to deal with after his death were all of the bills
13 that I was getting from the various doctors.

14 Because when you're on the PPO, every single
15 doctor, every single anesthesiologist, every single this,
16 every single that bills separately. And so I would really
17 really like to say that what Laura mentioned with the
18 individual that she talked about is absolutely true. I was
19 getting bills for two years after his death. And it's just,
20 it's so confusing. You don't know if you paid the bill
21 before.

22 So I would also like to say helping family
23 members get through this, you know, I'm -- I was a State
24 employee. My father was a State employee. So, you know, I
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1 just really want to say that that would be very beneficial to
2 families. So thank you for the opportunity for comments.

3 CHAIRWOMAN FREED: Thank you.

4 Member Verducci.

5 MEMBER VERDUCCI: Yes, Tom Verducci for the
6 record. You know, I want to point out, as far as the Cancer
7 Concierge, I have seen what Washoe County does. Washoe
8 County has an employee assistance phone number that any
9 member of the county employee or the family members, you
10 know, they are experiencing stress, mental anxiety, any
11 concerns with bill paying, there's a toll free number. I'm
12 suggesting maybe we look into what the county is providing as
13 far as employee assistance phone number. I think it's even a
14 24-hour number. I've sat through a few presentations. It
15 was very impressive as far as what they do have available.

16 You know, I also wanted to point out or ask, I
17 don't believe we ever stored the HSA contributions to
18 pre-pandemic levels. You know, obviously I haven't seen the
19 budget, the two budgets that have been submitted. I believe
20 it was, you know, single individual, 1,100 and I think it was
21 reduced to 600. I'm not positive if we looked into that.

22 And I also wanted to point out the long-term
23 disability. I heard it said only affects NSHE. I do believe
24 that it affects the average State employee retiree. I think

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1 those were eliminated. So I heard -- I pointed out it was
2 NSHE. I pointed out larger population. I could be wrong.

3 CHAIRWOMAN FREED: This is Laura Freed. Again,
4 like I said, the State population that is on PERS has access
5 to disability insurance from PERS. NSHE professional is not
6 on PERS. That's why they are not able to access that option.

7 MEMBER VERDUCCI: So it was my interpretation --

8 CHAIRWOMAN FREED: Also, Washoe County, you talk
9 about employee assistance. The State of Nevada has an
10 employee assistance contract. It's run out of the Department
11 of Administration rather than PEBP, but we do have EAP, if
12 that's what you're referring to.

13 MEMBER VERDUCCI: Okay, I see. So it's available
14 but ran through a different agency.

15 And in terms of the elimination of the EPO plan,
16 you know, I don't see that really as being an advantage. I
17 see the justification that there's administrative burdens.
18 But I think the intention would be to have a comparable HMO
19 plan that we have set up in the south that would avoid
20 catastrophe in terms of an employee that is trying to have
21 zero co-pays, zero deductibles.

22 And in terms of just complete elimination, I
23 don't think that's the right direction. I think they want to
24 be looking at some kind of replacement. And there's an issue

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1 here of out-of-network, and it was pointed out that maybe it
2 could be advertised in a better fashion. That if someone
3 might be out-of-network perhaps during the enrollment, they
4 can be choosing a different plan. It might be more suitable
5 for them.

6 So those were my comments. And one of the bigger
7 concerns is the HSA State contributions. I'm not really sure
8 if we really are restoring recommending a restoration of
9 those benefits. So I just want to put that out for the
10 record.

11 MS. RICH: So Laura Rich for the record. Tom,
12 our second budget did include an increase, an increase in HSA
13 funding. Now remember, pre-pandemic, the low deductible
14 plan, which does have a zero deductible right now didn't
15 exist. And so you have to have in those three plans, you
16 have to have the three plans differentiate, right. And the
17 way that that's differentiated in insurance fee is called
18 actuarial value.

19 And so you have the EPO or HMO that has a richer
20 benefit but higher out-of-pocket costs initially. Your
21 premiums, right, your premiums are much higher. Then you've
22 got the low deductible plan, which is kind of that middle
23 plan where it's a compromise. In this case though, it's
24 actually fairly comparable to the -- to the EPO today and
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1 HMO. It's not identical but it's fairly comparable and it
2 has lower premiums as well.

3 And then you have the high deductible. And so
4 you can't -- you can't just increase HSA to that high
5 deductible plan without doing something else to the other two
6 as well because otherwise you get three plans that are the
7 same, right. So you want people to have different choices.

8 MEMBER VERDUCCI: Thank you again. If there was
9 an elimination of the EPO, wouldn't have a quite different
10 plan that's offered up North than what would be available
11 down South? You know, I believe it's our intention to have
12 something comparable I believe they have down South.

13 MS. RICH: So the reason -- sorry.

14 MEMBER VERDUCCI: I'm sorry.

15 MS. RICH: So the reason that we did, that we
16 replaced the HMO with the EPO in the North originally was
17 because having a self-funded EPO was, it was better
18 financially for us, right. We were more efficient at lower
19 cost. We were able to do it. There's -- PEBP does not have
20 the overhead. We don't pay the three percent tax, you know,
21 that fully insured provider or insurance provider does,
22 right.

23 So we were able to do it at a lower cost to
24 administer this program at a lower cost. Regardless, because
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1 of the access issues in the North, this is going to exist.
2 It's just whether, you know, PEBP staff and our vendors have
3 to administer it or another -- another provider, insurance
4 provider, let's just say Hometown Health, that was our
5 previous one, that is going to come at a cost, right.
6 Because, again, there's no access in the North. We have very
7 significant access issues. Betsy mentioned GI. That is --
8 it's taking months to get into a GI doctor, dermatologist,
9 things like that, right.

10 So what's happening is that there's -- we're
11 sending these people out of -- out-of-network, right, because
12 there's no providers in the North regardless of who the
13 insurer is because of that model and the way that it's a
14 regional type model, and the reason it's built that way is
15 because it contains costs in a network. There are no
16 out-of-network benefits, right. So it's a narrow network.
17 So replacing it would not -- it would just be a more
18 expensive option of the same.

19 MEMBER VERDUCCI: Has there been any
20 consideration of having a statewide HMO plan that mirrors
21 each other just so we don't disadvantage one group originally
22 or geographically. It seems like the northern part of the
23 state here is no longer going to have a plan available. It's
24 elimination of a benefit and it looks like we forced them
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1 into the low deductible plan.

2 We have researched the new HMO option and we're
3 looking at the out-of-network issues and perhaps putting a
4 fix on the other plans, it could be part of the problem
5 that's bringing us to discussion of the elimination of the
6 EPO.

7 MS. RICH: So to be fair, we are not voting on
8 eliminating the EPO today. That is -- that's not -- that's
9 just something we are discussing, whether it is something
10 that the Board has an appetite for in terms of the analysis
11 of it. If there's absolutely no appetite for it, then
12 there's no point in doing the analysis.

13 I will say that, gosh, it has to be -- it was
14 before we put the EPO plan in place so I think it was like
15 six years ago maybe, something like that, there was an
16 analysis done and potentially, you know, having that HMO be
17 statewide.

18 The HMO in the South was determined at that time
19 to be -- we couldn't compete with it. Their pricing,
20 their -- you know, their model down there, HPM's model down
21 there was something we could not replicate. So that was -- I
22 can pull up the analysis, it's been years, so or we can redo
23 that analysis as well, but that was something that we also
24 considered at the time.

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1 CHAIRWOMAN FREED: Yeah, let me jump in there.
2 This is Laura Freed. Yeah, that's always been a problem, not
3 always, but for years that's been a problem. The South,
4 health care costs are fundamentally lower. And so
5 subsidizing, if you will, HMO participants in the North and
6 that makes resentful participants in the South. So statewide
7 HMO still has those problems hence a week ago.

8 Okay. I'll move to Member Kelley.

9 MEMBER KELLEY: Thank you, Chair Freed. Okay.
10 So at the risk of just irritating the committee, the Board.
11 I'm sorry about this. I wanted to talk about LTD again. I
12 know it's a political hot potato. First off, I just want to
13 clarify. I think someone said that PERS offers disability
14 insurance, and they actually don't offer disability
15 insurance. I do have a disability component to the PERS
16 program which NSHE classified employees are in PERS. I want
17 to put that out there. So we do work with the disability
18 program through PERS.

19 But the way it works is the person who becomes
20 disabled and, you know, goes through the process would be
21 paid the retirement allowance they have earned without
22 reduction to early retirement. And so when I look at the
23 numbers for long-term employees, the PERS accumulator,
24 2.67 percent per year of service, right. So if we have --

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1 you know, if we say long-term disability paid at 50 percent,
2 it would take 22.47 years for a classified employee to earn
3 60 percent of their retirement earning. You get paid that if
4 they become disabled. So after 22 and a half years, they
5 would earn 60 percent of their retirement benefit and be paid
6 that as long as they're retired.

7 The new accumulator is 2.5 percent. And so those
8 people who are hired under that PERS program, it's over
9 24 years before those accumulate 60 percent of their income.
10 And so if the person is in the PERS program or if they're an
11 NSHE employee in the RPA program, the long-term disability
12 benefit did pay for those people who became disabled.

13 And the way it would work with the PERS employee
14 is that the insurance company that holds the LTD policy
15 deducts that PERS income from whatever they pay the employee.
16 So they guarantee 60 percent if an employee has made 40
17 percent through the PERS service and approved their
18 disability program, the LCB piece will pick up the extra
19 20 percent as long as they were disabled.

20 And so I think that is different from just -- you
21 know, like 24 years is a long time to be employed before you
22 get 60 percent if you're disabled. And I think, you know,
23 obviously people who become disabled have medical bills.

24 They have all kinds of, as well as their regular bills going
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1 on that they need to cover.

2 And so I think that saying that NSHE is the only
3 beneficiary, NSHE employees are the only beneficiary of an
4 LCB policy is -- is a little simplistic because I do think it
5 covers all employees. It definitely covers executive branch
6 employees until they hit their 22 or 24 years of service in
7 some way. And so I just wanted to put that out there and put
8 LTD back on the table. Even though, I know it's a hot
9 potato, I just wanted the record to be correct on that.

10 CHAIRWOMAN FREED: I'll jump in because I feel
11 like my words have been misconstrued. I just needed to
12 restate that I never said it wasn't -- didn't pertain to NSHE
13 classified. I noted that NSHE professionals are the only
14 ones who don't have access to PERS disability nor did I ever
15 represent it was great insurance.

16 You're absolutely correct that LTD helps buy it
17 up. But LTD is also expensive based on the money that we
18 have. So I don't think that it's a political hot potato.
19 It's that it's pricey, and I'll leave it at that. And I
20 didn't take it off the table. And I'll let Laura Rich jump
21 in.

22 MS. RICH: Laura Rich for the record. The reason
23 you do not see long-term disability on this list is because
24 per our budget, we have nine and a half million dollars in --
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1 in differential cash or excess reserves. LTD is over that.
2 To fund LTD, it would be upwards of 10,000,000 just by a
3 quick, you know, estimate. So we don't have the ability to
4 fund it using the money we have today.

5 We also offer as voluntary benefit, I don't have
6 the numbers right in front of me, but there has been -- there
7 has been an uptick in members who have purchased that product
8 as well.

9 CHAIRWOMAN FREED: Member Aiello.

10 MEMBER AIELLO: Just a quick question. In the
11 restoration budget that, the full budget that went to the
12 Governor, the long-term disability, as well as the life
13 insurance is in that too or solely the health plan to restore
14 benefits back?

15 MS. RICH: We added long-term disability and
16 reduction in life insurance, as well as HSA. And then there
17 was -- it was a very very small number to restore the benefit
18 portions because we are so close already to restoring the
19 benefit or we've already gotten to that point through the
20 access that we've used to restore. So a lot of that budget
21 is really, the additional costs are coming from HSA, LTD,
22 really it's LTD for the most part and life insurance.

23 MEMBER AIELLO: So the summary would be that the
24 Board did send that forward and it will be both the Governor
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1 and the legislative process and for advocacy is what I'm
2 hearing.

3 MS. RICH: That is correct.

4 CHAIRWOMAN FREED: All right. So what I'm
5 hearing in terms of consensus is a couple of things. Number
6 one, almost everybody would like the PEBP staff to research
7 Cancer Concierge programs. Number two, there is a desire to
8 look into Medical Travel. And third, there were scattered
9 conversation about premium credits. And, although, I've --
10 this was sort of couched in terms of health savings and
11 health reimbursement contributions.

12 But to make it equal, I think what I mean and I
13 think what staff means by premium credits here is the same
14 amount of premium credit to everybody for the employee only.
15 If you're doing anything for other coverage tiers, you're
16 necessarily giving certain coverage tiers more than -- more
17 than others. So that's what it sounds like to me. We have
18 three things for staff to work on here, Cancer Concierge and
19 Medical Travel and premium credits.

20 MS. RICH: I think a better question would be is
21 there anything on this list that is not worth time exploring?

22 CHAIRWOMAN FREED: Oh, okay.

23 MEMBER AIELLO: Yeah, because my discussion
24 wasn't that I didn't think that things weren't good. I just
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1 wanted to make sure in the exploration that they were working
2 somewhere else and then what was the key to making them work,
3 not that I didn't think they were good.

4 CHAIRWOMAN FREED: Okay. Well, thank you for
5 that. And thank you, Laura, for sort of flipping the
6 question on its head. In terms of things that the Board
7 doesn't want to look into, it sounds like elimination of EPO
8 plan on that list would be the only one that people wouldn't
9 want to look into.

10 Member Kelley? You're muted.

11 MEMBER KELLEY: I'm sorry. Thank you. I just
12 wanted to bring up Doctor on Demand for mental health or
13 behavioral health because given that Executive Officer Rich
14 has flags that there's already a shortage of providers in
15 Nevada, it's not worth exploring given that, you know, we are
16 already having issues with our getting appointments. That
17 would be the only one.

18 CHAIRWOMAN FREED: Ms. McClendon.

19 MEMBER MCCLENDON: I'm in favor of looking into
20 Doctor on Demand as an option for people who don't have local
21 providers who have availability for behavioral health. But
22 my concern is that I have heard some -- I mean, given the
23 way -- so the on-line therapy companies have been running
24 into some problematic things. I'm thinking of better health

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1 and tox space and places like that. And i just -- so given
2 those concerns, I want to see as we're doing research, is
3 there any way we can look into what participants' experiences
4 are with on-line providers. I'd really lover to see some of
5 that information if it's possible to find it. Thanks.

6 MS. RICH: So for the record, I just want to
7 clarify. We already do offer Doctor on Demand, behavioral
8 health, that's already in place. What we're proposing here
9 is incentivizing that utilization so driving sort of an
10 incentive to say, hey, there's a mental health shortage. We
11 know it's really difficult to get into -- into see, you know,
12 your counselor, mental health provider, why don't you try
13 Doctor on Demand, right, and potentially incentivizing that
14 so that people start exploring it as an option.

15 But you are correct, that, you know, maybe this
16 is something we need to look at in terms of for people happy
17 with it, right.

18 MEMBER MCCLENDON: Yeah. I'm sure I'm going a
19 little too far down this rabbit hole because of my
20 professional background. But I'm concerned that people's
21 experiences, I've heard of people who have bad experiences
22 but, again, I'm not suggesting that it's anecdotal, right.
23 So I don't know if that's universal. And I'm just afraid if
24 somebody really needs care and they reach out for care and
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1 they get really bad care, like they're not getting help for
2 their problem and the problem could be exacerbated and
3 worsened, which I guess is like a worse case scenario. So
4 that's where my question is coming from, not so much that I
5 think it's a bad benefit to offer or that we should stop
6 offering it. But if we incentivize it and make people sort
7 of lean towards that option, are they going to get quality
8 care. Thanks.

9 CHAIRWOMAN FREED: Okay, thank you.

10 Mr. Verducci?

11 MEMBER VERDUCCI: Yes, Tom Verducci. You know, I
12 see seven items that are listed here. And the last one,
13 elimination of the EPO, I don't think there's a lot of
14 support in terms of just eliminating it, but I don't see
15 anything wrong. These are research items, researching the
16 first six and dropping the elimination of the seven terms of
17 the EPO. I mean, there could even be some wording rather
18 than elimination determining options for the EPO rather than
19 a complete elimination.

20 But I'm okay with the first six. Just that
21 elimination, I really don't see that really benefiting the
22 membership unless there's a replacement in order.

23 CHAIRWOMAN FREED: Okay, thank you.

24 MEMBER BITTLESTON: So is that a motion?
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1 CHAIRWOMAN FREED: I'm sorry, what was that,
2 Ms. Bittleston?

3 MEMBER BITTLESTON: I was just asking
4 Mr. Verducci if that was a motion.

5 MEMBER VERDUCCI: Tom Verducci for the record,
6 yes, I was thinking about bringing that up as a motion.

7 CHAIRWOMAN FREED: Okay.

8 MEMBER VERDUCCI: And so be it, there's a motion.

9 CHAIRWOMAN FREED: All right. Thank you. Do I
10 have a second on that motion? This would be a motion to ask
11 PEBP staff to research Real Appeal, Hinge Health, Cancer
12 Concierge, Medical Travel, premium credits and
13 incentivization of Doctor on Demand for behavioral health.

14 MEMBER BITTLESTON: This is Leslie. I'll second.

15 CHAIRWOMAN FREED: Thank you.

16 Okay. I saw that Mr. Barnes has his hand up.
17 Mr. Barnes, would you like to go ahead.

18 MEMBER BARNES: I was just going to agree with
19 Mr. Verducci. I think maybe we can possibly research
20 alternatives to the Northern EPO, like I statewide HMO or a
21 statewide self-funded plan with out-of-state network,
22 something like that. So I was basically agreeing with
23 Mr. Verducci.

24 CHAIRWOMAN FREED: Okay. So --
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1 MS. RICH: Laura Rich for the record. An HMO is
2 defined as a narrow network. So it's -- it's really -- you
3 know, that would be a PPO that you're describing, Mr. Barnes.
4 And so it's -- we already have a high deductible plan. And
5 we have a low deductible plan. An HMO by definition does not
6 have out-of-network benefits.

7 MEMBER BARNES: Okay, thank you.

8 CHAIRWOMAN FREED: All right. So it's been moved
9 and seconded to have the staff come back the next meeting
10 with some details on the six things shown on page three of
11 the staff report excluding the seven things on page four.
12 All in favor say aye.

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

15 CHAIRWOMAN FREED: Any opposed say no. Okay.
16 Motion carries.

17 Let's move to Agenda Item 11. This is very
18 limited.

19 MS. RICH: I will be giving this one as well.
20 It's going to be very short. I'll need to pull it up here.
21 Really, there's not much here on the contract report. We
22 have gotten through the last two years of contracts. And the
23 only thing that we have is the status of current
24 solicitations. And I just wanted to bring up a little update
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1 on the eligibility and enrollment system, RFP.

2 So as the Board can recall, PEBP ended its
3 contract with LSI. We terminated it early as a result of,
4 you know, a lot of the issues that we were having with
5 implementing the eligibility enrollment system.

6 Shortly after, the State, the Office of Project
7 Management also chose to terminate their contract with LSI
8 early as well for the statewide ERP system.

9 So as we -- it's something that we thought was
10 very important as we move down this RFP process and
11 developing a solicitation was, you know, wasn't smart. We
12 learned a whole lot of lessons during this process and one of
13 the things we learned was that PEBP touches everything
14 payroll related, everything DHRM related, there's a whole lot
15 of overlap.

16 And while we understand, we recognize that only
17 half of our population is, falls under central payroll or
18 actually, it's a little bit over half of the population.
19 NSHE is the other largest part of that -- that population.
20 And then you've got the small section of boards and
21 commissions and things like that that we cover.

22 But for the most part, the largest cross-section
23 here of our membership falls under central payroll, and so
24 this is a very very important project if the State is

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1 implementing an ERP and upgrading their -- their payroll
2 solution and HR solution and things like that, we are going
3 to need to work very very closely in terms of aligning our
4 requirements and timelines and things like that, especially
5 if we're using different vendors.

6 So we are working with the Office of Project
7 Management on this. There's several different options in
8 place that we're exploring. I expect them to bring this back
9 to the Board, probably at a later date, likely at the
10 December Board meeting. The other thing we learned is that
11 in a typical eligibility and enrollment system, there is not
12 the accounting component that is required by PEBP, right. So
13 that's not offered as a standard solution in an eligibility
14 and enrollment system product.

15 So, and we know that this is not offered through
16 anybody because LSI did actually go out and -- and look for
17 other potential solutions and there was nobody -- none of the
18 eligibility and enrollment system vendors have that in place
19 and that would need to be something that was customized.

20 So there's a potential that this RFP turns into
21 two RFP's. We are working very closely with our consultants
22 at Segal to identify the requirements and see if, you know,
23 what path we're going to take moving forward. We have a
24 little bit of time to, you know, to develop this RFP. But,
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1 again, it is very very important if the more time we can have
2 to implement the better. Two years is the minimum in my mind
3 so, you know, longer if possible. So this is something that
4 we're really, you know, we've already started on, but there's
5 potentially different options that might be presented to the
6 Board moving forward based on the conversations with the
7 Office of Project Management and the -- the work with our
8 consultants as well.

9 And that is it. There is nothing -- this is --
10 this report is very bear for the first time in a long time.

11 CHAIRWOMAN FREED: Yeah, this is an action item,
12 but I don't believe there's any action for the Board to take,
13 so.

14 MS. RICH: That was an oversight on our part.

15 CHAIRWOMAN FREED: No, it's fine. We'll leave it
16 as an action item. Just because it is doesn't mean the Board
17 has to do anything. So thank you for that.

18 And we'll move on to Item 12 which is the second
19 public comment period. So I'll throw it to PEBP staff.

20 MR. HOPKINS: All right. One moment, Madam
21 Chair.

22 As a reminder, Zoom is used for public comment
23 only. This meeting is streaming live on YouTube. If you
24 want to just listen to the PEBP Board meeting, the YouTube
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1 link is located on the agenda.

2 For those who have joined for public comment,
3 your name or last four digits of the phone number will be
4 announced and you will be advised you've been unmuted. As a
5 reminder for those on the phone to please press star six to
6 unmute, please slowly state and spell your name for record
7 and then proceed with your comments. Due to time
8 considerations, each caller will be limited to three minutes.

9 Kent Ervin, you have permission to speak.

10 MR. ERVIN: Thank you. Kent Ervin, K-e-n-t
11 E-r-v-i-n for the Nevada Faculty Alliance. We work to
12 empower our faculty members to be fully engaged in our
13 mission to help students succeed. I just want to thank you
14 all for the discussions today about future benefits and
15 trying to get back to the pre-pandemic level.

16 A couple of points, the health savings account
17 contribution, particularly for dependents, have not been
18 restored to pre-pandemic levels and that's really something
19 that needs to be looked at. If that affects the placement of
20 the high deductible plan compared to other plans, then an
21 appropriate adjustment can be made to the other plans to keep
22 the appropriate spread of actuarial values.

23 Regarding PERS, not only do all of our classified
24 colleagues at NSHE, not only are they members of PERS, about
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1 15 percent of them are professional employees, faculty,
2 administrative and academic faculty are member of PERS last I
3 checked. And that's because once you're on PERS in the State
4 you're always on PERS, and so it's not just the classified
5 staff alone at NSHE that's on PERS.

6 But more importantly, as is pointed out, the PERS
7 disability early retirement is not a replacement for
8 long-term disability insurance which is the essential income
9 taking that per person. And we all are one diagnosis away or
10 one injury away from being disabled and unable to work
11 anymore. And if you have that cancer diagnosis, we urge,
12 part of that is to navigate the system. Well, if you can't
13 afford rent about the time you're going to hospice because
14 you no longer have this long-term disability income safety
15 net, that's really cruel. Thank you.

16 MR. HOPKINS: Thank you, Mr. Ervin.

17 Doug Unger, you have been unmuted. Please slowly
18 state and spell your name for the record if you wish to make
19 public comment. Doug Unger, if you wish to make public
20 comment, please unmute your microphone.

21 Madam Chair, there is no one else for public
22 comment. Do you want to give it a minute just in case more
23 people roll in or do you want to --

24 CHAIRWOMAN FREED: We can hold for another minute
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1 or two.

2 MR. HOPKINS: Perfect.

3 Hi, Doug Unger. You have permission to speak.

4 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r.

5 President UNLV Chapter Nevada Faculty Alliance and Government
6 Affairs representative. Thank you, Chair Freed, and, Members
7 of the Board, for your good discussion today.

8 And I would like to back up what my colleague,
9 President Ervin, said about long-term disability insurance
10 being an absolute necessity, especially for our younger
11 faculty members who don't quite realize they should buy the
12 voluntary coverage.

13 I just want to say that this State worker crisis
14 is hugely acute, and I hope everyone on the Board really
15 understands what a crisis it is. I think it's going to take
16 at least five years and two legislative sessions to fix it
17 and restoring PEBP benefits and making them very very
18 attractive is going to be one big part of that.

19 By my calculations, and this is just a back of
20 the envelope calculation, in order to really fix entry level
21 salaries and benefits of the \$800,000,000 in the estimated
22 budget surplus that's in our budget now, I actually think our
23 State is going to need to spend half of that in order to
24 address the situation and probably that much again during the
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1 next legislative session.

2 All this is going to require us working together
3 to convince our State leaders that this must be fixed and
4 also to put the burden on them. On one side of the aisle,
5 understanding and admitting that in their passion to provide
6 for the disenfranchised with progressive policies then
7 neglected to take care of workers who do the hard labor to
8 implement those policies.

9 And on the other side of the aisle, due to
10 ideological zeal, never to consider remnants enhancements,
11 they have committed to starving our State of the resources
12 needed actually to be a functioning state.

13 I hope every member of this Board will join us in
14 making sure that our State leaders understand the crisis, how
15 dire it is and that we're really at the edge of catastrophe
16 in order to be a functioning state.

17 Thank you for doing your part to help restore the
18 benefits to pre-pandemic levels and even improve them as much
19 as possible to make State employment attractive once more.
20 Thank you.

21 MR. HOPKINS: Madam Chair, that concludes public
22 comment.

23 CHAIRWOMAN FREED: Okay. Thank you very much.
24 I'm going to give that -- it is 12:39 and we'll thank the
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1 Board for its service today and we are adjourned.

2 MEMBER BITTLESTON: Thank you, Madam Chair.

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

That on Thursday, the 29th day of September, 2022, I was present on a teleconference for the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 139, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 7th day of October, 2022.

KATHY JACKSON, CCR
Nevada CCR #402

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