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In The Matter Of:

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

January 26, 2023

*Capitol Reporters
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Carson City, Nevada 89706
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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
THURSDAY, JANUARY 26, 2023
CARSON CITY AND LAS VEGAS, NEVADA

The Board: JACK ROBB - Chair
JIM BARNES - Vice Chair
LINDA FOX - 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: MICHAEL DETMER
Deputy Attorney General

For Staff: LAURA RICH
Executive Officer
WENDI LUNZ
Executive Assistant
CARI EATON
Chief Financial Officer
TIM LINDLEY
Quality Control Officer
NIK PROPER
Operations Officer

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1 THURSDAY, JANUARY 26, 2023, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRMAN ROBB: Good morning, everyone. It is
4 Thursday, January 26th, 9:01 a.m. I would like to call the
5 meeting to order.

6 Would staff please call the roll.

7 MS. LUNZ: Chair Robb?

8 CHAIRMAN ROBB: Here.

9 MS. LUNZ: Linda Fox?

10 MEMBER FOX: Here.

11 MS. LUNZ: Betsy Aiello.

12 MEMBER AIELLO: Here.

13 MS. LUNZ: Jim Barnes?

14 VICE CHAIRMAN BARNES: Here.

15 MS. LUNZ: April Coughron?

16 MEMBER COUGHRON: Here.

17 MS. LUNZ: Leslie Bittleston?

18 MEMBER BITTLESTON: Here.

19 MS. LUNZ: Jennifer McClendon?

20 MEMBER MCCLENDON: Here.

21 MS. LUNZ: Tom Verducci?

22 MEMBER VERDUCCI: Here.

23 CHAIRMAN ROBB: Janelle Woodward?

24 MEMBER WOODWARD: Here.

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MS. LUNZ: And Michelle Kelley?

MEMBER KELLEY: Here.

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

MS. RICH: Jack, I think you're muted.

CHAIRMAN ROBB: Said Agenda Item Number 2, public comment. Was I muted?

MS. LUNZ: You were muted.

CHAIRMAN ROBB: We're going to go to Agenda Item Number 2, public comment. Will staff -- public comment is limited to three minutes. So any individuals wishing to make public comment, please state and spell your name for the record and will staff please bring in first public comment.

MR. HOPKINS: One moment, Chair Robb. For those who have called for public comment, your name or last four digits of your phone number will be announced, and you'll 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.

Kent Ervin, you have been unmuted. You have permission to speak. Please slowly spell and state your name for the record.

MR. ERVIN: Good morning, Director Robb, Executive Officer Rich, and Committee Members. For the
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1 record, Kent Ervin, E-r-v-i-n, State President of the Nevada
2 Faculty Alliance, the Statewide Association of Professional
3 Employees at Nevada's Public Colleges and Universities. We
4 work to empower our members to be fully engaged and our
5 mission to help students to succeed.

6 PEBP benefits remain a core part of overall
7 compensation for State employees and an important recruitment
8 and retention tool. With a vacancy rate of 25 percent across
9 state agencies, the State is struggling to provide essential
10 governmental services to the citizens of Nevada. It's an
11 employment crisis.

12 Governor Lombardo's executive budget restores
13 some of PEBP's pre-pandemic benefits and places them into the
14 base funding, which is good progress. However, there are
15 significant benefits that have not been restored or fully
16 restored.

17 Compared with the pre-pandemic FY2020 plan design
18 for the high deductible plan, the out-of-pocket maximum
19 increased by \$100. The HSA contribution per employee was
20 reduced by \$100 and the HAA contributions of \$200 per
21 dependent has been eliminated.

22 For the EPO/HMO plan, a new deductible has been
23 added along with increased co-pays and a new 20 percent
24 co-insurance for services. For all three plans, the

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1 actuarial value has been reduced by two to three percentage
2 points. The employee premium for a single employee and the
3 cheapest high deductible plan option has been raised by
4 50 percent for this fiscal year versus FY2020. The basic
5 life insurance benefit was reduced by 40 percent.

6 Most distressing, long-term disability insurance
7 has been completely eliminated and not restored in the
8 Governor's budget. Because State employees are not covered
9 by social security disability either, that means that each
10 one of us is just one diagnosis or one injury away from
11 having no income stream.

12 According to the social security disability
13 website, a 20-year-old today has a one and four probability
14 becoming disabled some time during their career during
15 retirement. The excess reserves generated this past year
16 would have more than paid for the LTD benefit.

17 We ask the PEBP Board to work with the
18 legislature as we work with the legislature to fully restore
19 PEBP benefits to the pre-pandemic level. State employees
20 have worked on the front lines through the pandemic and are
21 now taking on excess workloads due to the high vacancy rate.
22 They deserve to have their benefits fully restored.

23 Fully restoring benefits will also help with
24 recruitment of State employees, including NSHE professionals.
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1 Although, of course, compensation also has to be increased
2 substantially for State employment to be become competitive
3 again. Thank you very much.

4 CHAIRMAN ROBB: Thank you.

5 Next public comment, please.

6 MR. HOPKINS: One moment. Thank you. Brooke
7 Maylath, you have been unmuted. Please slowly state and
8 spell your name for the record.

9 MS. MAYLATH: Good morning. My name is Brooke,
10 B-r-o-o-k-e, Maylath, M-a-y-l-a-t-h. I would like to commend
11 the executive director of the Board for the amendment of the
12 upcoming PEBP master plan that has brought coverage for
13 medically necessary gender-affirming treatments to the
14 standards that are mandated by the Affordable Care Act and
15 with Nevada statutes.

16 The inclusionary amendment is going to save lives
17 and provide for a quality of life that can only benefit --
18 benefit the State in general and the State employees in
19 particular.

20 And as happy as I am to be able to see these kind
21 of changes, I would like to be able to see some further
22 transparency identification for the section that says that
23 the utilization management service is going to apply industry
24 standard requirements and guidelines to be able to approve

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1 these kinds of procedures. There's a lot of different kinds
2 of those policies that are written, and they don't
3 necessarily all allowing.

4 As this such, I would recommend that either the
5 United Healthcare Gender Dysphoria Treatment Medical Policy,
6 the policy number is 202320580M, which can be used or the
7 master plan can reference the WPATH standards of Care Version
8 Eight that was published in September of last year. It is
9 the most current version of standards of care, either one of
10 which could be used, and they would help the patients that
11 are seeking for this kind of life affirming procedure to be
12 able to understand and follow what the issues are and what
13 are the preauthorization issues that must be met in order to
14 be processed and granted the coverage for those particular
15 procedures. This can only help plan. It can only help the
16 individuals that are needing this medically necessary
17 coverage.

18 So transparency works. Transparency helps. If
19 that can be provided, I think it would be extraordinarily
20 beneficial. Thank you again. Let's work together to see
21 what we can do to be able make to this sufficient for all and
22 without having unfinished. Thank you.

23 MR. HOPKINS: Thank you.

24 CHAIRMAN ROBB: Thank you.

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1 Next public comment, please.

2 MR. HOPKINS: Caller with the last four digits
3 4108, you have permission to speak. Please press star six to
4 unmute if you wish to make public comment and slowly state
5 and spell your name for the record.

6 MS. OPERARIO: Yes, hi. Good morning. My name
7 is Joan Operario, J-o-a-n O-p-e-r-a-r-i-o. I am the nurse
8 manager for Sierra Health Care Options Prior Authorization.
9 I was requested by HealthSCOPE Benefits to attend the meeting
10 in regards to any clinical questions as far as the prior
11 authorization list is concerned, which would be I believe
12 that prior authorization will be included in your FPD for the
13 next year. So thank you for giving me the opportunity to
14 attend this.

15 CHAIRMAN ROBB: Thank you for your comment. Next
16 public comment, please.

17 MR. HOPKINS: Carly, you have permission to
18 speak. Please slowly state and spell your name for the
19 record if you wish to make public comment.

20 Caller with the last four digits 4199, you have
21 permission to speak. Please press star six to unmute your
22 phone and please slowly state and spell your name if you wish
23 to make public comment.

24 MS. OPSERMAN: Good morning, Members of the
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1 Committee, and, Chair Robb. For the record, my name is Tess
2 Opserman. That is spelled T-e-s-s O-p-s-e-r-m-a-n, and I am
3 speaking on behalf of the AFSCME Retiree Chapter 4041. We
4 are pleased to see that in the Governor's recommended
5 benefits or excuse me, recommended budget. He did restore
6 some of the benefits to PEBP to pre-pandemic levels. In
7 particular, we're pleased to see that some of the life
8 insurance benefits are returned to pre-pandemic levels and
9 put in the base funding, so we're happy about that.

10 However, we do know that benefits need to be as
11 strong as possible, and across the board, PEBP and other
12 state agencies are continuing to face an employment crisis.
13 We know it's about a 25 to 30 percent vacancy, and we're
14 concerned that this could go even higher with the Governor's
15 recommendation that all employees need to be returning to
16 in-person workplaces.

17 So across the board, we want to continue to be
18 looking at these benefit packages and ensure that we're
19 attracting the employees that we want to be working for PEBP
20 and for the State, and we also need to be looking at salaries
21 in general. So that's something that the AFSCME retirees
22 will be working closely with our legislature during session,
23 and we encourage you to do so the same, and we will look
24 forward to working directly with you and our legislature

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1 throughout this upcoming session. Thank you so much for your
2 time this morning and I'll look forward to hearing your
3 meeting today.

4 CHAIRMAN ROBB: Thank you for your public
5 comment.

6 Next public comment, please.

7 MR. HOPKINS: Douglas Unger. You have permission
8 to speak. Please slowly spell and state your name.

9 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r,
10 President UNLV Chapter Nevada Faculty Alliance and Governor
11 Affairs Representative and member of the UNLV Employee
12 Benefits Advisory Committee. Good morning and a warm NFA
13 welcome to Director Jack Robb, new Chair of the PEBP Board.
14 We look forward to working with you in the coming years.
15 Thank you to members of the PEBP Board for your service.

16 As we launch into this new year, Governor
17 Lombardo's new administration and 82nd Legislative Session
18 all seems pretty much as expected with PEBP. We're grateful
19 that plan designs at least maintain a consistency in
20 deductibles, out-of-pocket maximums, most services and
21 premiums.

22 We also welcome the modest improvement in dental
23 coverage and the addition of a cancer concierge. One issue
24 that may need to be addressed is the almost certain inflation
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1 and provider contract costs this coming year when the
2 proposed employer contribution has been cut by \$25 per
3 member. We hope PEBP does not risk a budget shortfall.

4 Still pending is the restoration of long-term
5 disability insurance, which in a state that opts out of
6 social security feels like a breach of trust not to provide
7 its employees, especially Nevada Faculty who have no coverage
8 at all.

9 The expensive private option has not filled the
10 need for most and elimination of State sponsored long-term
11 disability insurance is one more small yet significant reason
12 added to woefully inadequate compensation that is causing
13 State employees numbering in the thousands to leave state
14 jobs for better opportunities.

15 As with most State agencies, PEBP's most urgent
16 challenge right now is short staffing. I'm afraid the
17 Governor's recommended eight percent and four percent COLA
18 over the biennium is at best a half measure. It won't fix
19 understaffing issues. COLA will need to be significantly
20 higher to make a difference. As well, the Governor's mandate
21 to work in-person in State offices will drive yet more
22 employees away.

23 In the post pandemic 21st Century, remote work is
24 a reality, proven to be equally if not more productive.

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1 Remote work can be an attractive benefit for so many good
2 employees. We hope the Governor will be more flexible about
3 this mandate so as to optimize state agency chances of hiring
4 and retaining qualified workers they urgently need. Thank
5 you.

6 CHAIRMAN ROBB: Thank you, Mr. Unger.

7 Next public comment, please.

8 MR. HOPKINS: Mark Thorton. I'm sorry if I
9 mispronounced that. You have permission to speak. Please
10 slowly state and spell your name for the record. Actually,
11 I'll move you over as a panelist in a second, Mark. You can
12 go ahead and mute your mic.

13 Seresa Grear, you have permission to speak. Can
14 you slowly spell and state your name if you wish to make
15 public comment.

16 I'm going back to Carly. Carly, you have
17 permission to speak. Please unmute your mic if you wish to
18 make public comment.

19 For those who have had technical issues, there
20 will be another public comment section at the end of this --
21 at the end of the Board meeting.

22 Chair Robb, that concludes public comment.

23 CHAIRMAN ROBB: Thank you very much. We'll close
24 public comment and we'll move on to Agenda Item Number 3,
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1 PEBP Board disclosure for applicable Board members and
2 meeting -- meeting agenda items. Do we have a representative
3 from the Attorney General's Office that can read that
4 disclosure statement.

5 MR. DETMER: Yes, Chair. Thank you very much for
6 this opportunity. For the record, Chief Deputy Attorney
7 General Mike Detmer. This item is agendized to allow me to
8 make -- to make a disclosure per NRS 2818.420, regarding
9 conflicts of interest on behalf of the Board members who are
10 eligible for PEBP benefits. On behalf of the Board members
11 who are eligible for PEBP benefits, I offer this disclosure
12 that they will be voting on items that may affect their
13 benefits available to them or their family members.

14 The law does not require their abstention from
15 voting merely because the Board member or their family member
16 is eligible for PEBP benefits. At this time I would invite
17 any member of the Board to provide any additional disclosure
18 to do so now. And I thank the Chair for the time, as well as
19 the Board.

20 CHAIRMAN ROBB: Thank you.

21 Any further disclosures need to be made today?
22 Seeing none, we'll move on to Agenda Item Number 4, consent
23 agenda. All of these items are for possible action. All
24 Board members should have a list of the consent agenda. Is

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1 there any items in the consent agenda that need to be pulled
2 for further discussion?

3 MEMBER AIELLO: This is Betsy Aiello, and I just
4 really have a quick question on 4.3.5.

5 CHAIRMAN ROBB: Okay. So we'll hold that, 4.3.5,
6 Willis Towers Watson, individual market enrollment and
7 performance report. So we'll pull that off consent agenda.

8 Any other items need to be pulled?

9 MEMBER VERDUCCI: Tom Verducci for the record. I
10 would like to pull 4.2.1, the Budget Report and 4.3.6, Sierra
11 Healthcare Options, PPO network.

12 CHAIRMAN ROBB: Okay. Any further items need to
13 be pulled? Seeing none, can I get a motion from somebody,
14 recognizing the rest of them will be passed with pulling
15 4.2.1, 4.3.5 and 4.3.6. Do I have a motion?

16 MEMBER BITTLESTON: This is Leslie. I move to
17 approve all remaining items that were not pulled.

18 CHAIRMAN ROBB: Second?

19 MEMBER CAUGHRON: This is April Caughron. I'll
20 second.

21 CHAIRMAN ROBB: Okay. We have a motion by Ms.
22 Bittleston and second. All in favor, please signify by
23 saying aye.

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

2 CHAIRMAN ROBB: Motion passes unanimous.

3 Can we have staff go over 4.2.1, the Budget
4 Report.

5 MEMBER VERDUCCI: Tom Verducci for the record. I
6 pulled that item and I would just like to get an update on
7 the differential cash. I know we started spending it down,
8 but where are we in terms of the differential surplus cash
9 available? I believe what I'm reading in the report is
10 somewhere around \$19,000,000 but I wanted to get a
11 clarification on that.

12 MS. EATON: Good morning, Tom. This is Cari
13 Eaton for the record, chief financial officer. In this
14 report, it does show a projected amount currently at
15 \$23,000,000. That's where we're projecting to end the year.
16 But as you know, this is just the first quarter and it is all
17 based off of claims utilization and things like that, so it
18 can fluctuate up and down throughout the year, which is why
19 we don't really, you know, set -- have a set amount until
20 after the year closes.

21 MEMBER VERDUCCI: So as of last September, were
22 we at 19,000,000 as a projected amount or projected was
23 23,000,000 and actual was 19,000,000. So we are spending
24 down from the reserves; is that correct?

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1 MS. EATON: Correct. This is Cari Eaton for the
2 record. I believe we began the year around 23,000,000, and
3 we are spending that down.

4 MEMBER VERDUCCI: Ms. Eaton, thank you so much
5 for the clarification.

6 CHAIRMAN ROBB: Thank you. We have a question on
7 4.3.5.

8 MEMBER VERDUCCI: Yes, Tom Verducci for the
9 record. That was also one that I had pulled. I had a
10 question regarding the network pricing turnaround time. I
11 know that we had a target of 97 percent, and it looks like
12 the target was missed just slightly. It came in at
13 96 percent. And I just wondered if I might be able to get an
14 explanation on that and if there were any performance
15 guarantees that were tied into that.

16 MS. RICH: I believe we have someone from the
17 network representing. I don't know if Nathan or Rhonda or
18 someone from the UMR team wants to speak on that one.

19 MS. LUNZ: The UMR team is having an issue
20 getting in, so they are -- they are going to be calling in
21 shortly.

22 MS. RICH: Okay. So we can come back to that
23 one. But, Mr. Verducci, there will be a -- there is a
24 performance guarantee associated with that and so typically

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1 those will be assessed in -- those performance guarantee
2 failures, there's some kind of penalty associated with it so
3 those will be assessed on the vendor each time they do not
4 meet that requirement.

5 MEMBER VERDUCCI: Is that an automatic assessment
6 or does it require Board action?

7 MS. RICH: Typically it is an automatic
8 assessment. The only -- the only exception to that is when
9 we do audits and so those are typically brought to the Board
10 and there are times when the Board has taken action to make
11 an exception to maybe not assess that.

12 The Board can certainly choose to make an
13 exception in this case and not assess that penalty but
14 typically we would assess that penalty automatically.

15 MEMBER VERDUCCI: Yes, because it's awfully
16 close, and I kind of wanted to hear what the justification
17 was and if there was some, perhaps some other reasons behind
18 it that were out of their control. So thank you very much.

19 CHAIRMAN ROBB: Okay, thank you.

20 We have a question on 4.3.6., Sierra Healthcare
21 Option, PPO network.

22 MEMBER AIELLO: Actually, this is Betsy. And I
23 thought that my question was on 4.3.5, WTW, and that one I,
24 was just a question on page six of the report, just trying to
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1 understand the claims processing payment position. It says
2 that the commitment is greater or equal to 98 percent, but
3 then it said results are not recorded on benefit accounts,
4 but then it says the goal was met. So that just didn't make
5 sense to me, that line. If I could understand that better.

6 MS. RICH: Sure. So I think we have Mr. Garcia
7 representing Willis Towers Watson on the line. Chris, are
8 you there?

9 MR. GARCIA: Yes. Hi, Laura. This is Chris
10 Garcia with Willis Towers Watson. I'm here. So with that
11 particular measure, so back in 2019 or leading into 2019, we
12 changed HRA administration platforms from a company called
13 Play Flex over to a new company called Benefits Accounts.
14 That measure, the claim processing payment precision measure
15 was a measure that was originally contracted when we were
16 under Pay Flex.

17 So unfortunately under Benefits Account, they
18 don't have a way to get that measure. And so when we do
19 the -- you know, if we're up for the new contract when our
20 current contract expires with -- with Nevada PEBP, we'll work
21 to get that measure removed. So I believe you're correct
22 though in saying that the performance guarantee met. It says
23 yes. That's a little confusing. It should probably be more
24 like NA so that is not applicable, and we can get that report

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1 updated to reflect that.

2 MEMBER AIELLO: That would make more sense to me.
3 Thank you.

4 MR. GARCIA: Yes, I understand, yep.

5 MEMBER AIELLO: Thank you.

6 CHAIRMAN ROBB: Okay. Thank you, Mr. Garcia.

7 Has the questions on the remaining consent agenda
8 items been answered significantly enough that we do not have
9 to wait for the individuals from UMR? Seeing yes, I'll call
10 for a motion to clear the remaining items off the consent
11 agenda.

12 MEMBER VERDUCCI: Tom Verducci for the record.
13 So moved.

14 CHAIRMAN ROBB: I have a motion. Do we have a
15 second?

16 MR. DETMER: I apologize for the interruption.
17 Deputy Attorney General Mike Detmer for the record. When the
18 Chair refers to clearing it from the consent agenda, is that
19 to say to pass them as approved?

20 CHAIRMAN ROBB: Pass them, yes.

21 MR. DETMER: Thank you, Chair.

22 CHAIRMAN ROBB: Thank you. Do we have a second?

23 MEMBER BITTLESTON: Leslie Bittleston. Yeah,
24 Leslie Bittleston. Second.

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1 CHAIRMAN ROBB: Okay, thank you. We have a
2 motion and second. All of those in favor, signify by saying
3 aye.

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

6 CHAIRMAN ROBB: Motion passes unanimous.

7 We now move on to Agenda Item Number 5, Executive
8 Report. Laura Rich, executive officer, informational and
9 discussion.

10 MS. RICH: All right. Thank you, Chair. Laura
11 Rich, executive officer for the Public Employees' Benefits
12 Program for the record. This is the Executive Officer
13 Report. We're just going to go over a few of the items that
14 relate to operations in the agency.

15 The first one is the office move. PEBP's lease
16 for 3427 Gonie Road, Suite 108 and 109 was approved at the
17 board examiner's meeting back in January. However, in order
18 for us to be able to move, there's a lot of activities that
19 need to take place beforehand. There's several necessary
20 building improvements that we're adding some walls and things
21 like that and adding doorways. We have to add some building
22 security and things like that.

23 So we do have cubicle installation that is
24 happening next month and some IT infrastructure as well that
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1 need to be implemented before we can move.

2 The goal, and when I wrote this, we were hoping
3 it would be mid-March. It's now looking like, more like
4 April. Because that is so close to the open enrollment time
5 frame, I'm thinking that this will probably not happen until
6 potentially June or July. So we are optimistic. But, again,
7 we don't want to take on that -- that -- the big move right
8 during, you know, a time when staff is very, very busy.
9 We're getting a lot of calls, things like that. So this may
10 end up getting postponed until June or July when it's a
11 little bit easier to, you know, to take on that move.

12 The Mental Health Parity and Addiction Equity
13 Act, so if you remember at the December 2022 PEBP Board
14 meeting, the Board voted to opt out of that act. However,
15 back in December, the end of December, the federal omnibus
16 bill that was signed by President Biden unexpectedly, we
17 didn't know that this was even going to be included, removed
18 that opt out option for -- for self-funded government plans.

19 So although PEBP planned to do all of the
20 required testing and everything really to adhere to the
21 spirit of the law, we are now -- it is now going to be a
22 formal requirement because we cannot opt out.

23 So we will be starting those efforts here soon.

24 It is -- it's a significantly heavy lift. So we're -- oh

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1 this likely won't be done until mid to late summer of 2023.

2 A little bit about the executive orders, several
3 executive orders were issued by Governor Lombardo that are
4 going to have an effect on PEBP and will likely require
5 action by the Board. So the first one was signed on
6 January 6th and it rescinds all COVID mandates and requires
7 State leadership to address workforce issues. In this
8 mandate it also requires State agencies to return to normal
9 in-office operations.

10 We have not received any specific guidance yet on
11 that, but that expectation is that tele-work is really -- it
12 will either be completely eliminated or significantly
13 restricted. So since the pandemic in PEBP, tele-work has
14 been offered and we've been fairly flexible with staff on --
15 on the ability to work from home. The exception to this is
16 call center staff. They have been coming into the office and
17 that is not offered for the call center staff for several
18 reasons.

19 It's been relatively successful at PEBP and staff
20 have perceived the ability to work from home as a benefit
21 since it does save on transportation costs and improves that
22 work life balance.

23 Several staff have already voiced concerns over
24 the elimination of this benefit. So I don't know what the
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1 affect is going to be when we do eliminate the benefit. But
2 PEBP plans to transition back to full in-person operations.
3 Even though that mandate is July 1st, we had planned to
4 transition back once the office relocation was complete.

5 Additionally, on January 12th, the Governor
6 signed a second executive order that freezes any new state
7 regulations and directs all state agencies, boards and
8 commissions to recommend at least ten regulations for removal
9 due by May 1st. So PEBP will be developing and presenting a
10 staff recommended list and would plan on bringing this to the
11 March Board meeting so that the Board and the public will be
12 able to weigh in and we can have a discussion and approval at
13 that March Board meeting so that staff can provide that by
14 the May 1st deadline.

15 A little bit about staffing, PEBP continues to
16 hover between a 25 to 30 percent vacancy rate. You've heard
17 me say this before, but the lack of fully staffed and trained
18 member services unit staff is going to be problematic once
19 open enrollment starts. Similar to last open enrollment, we
20 had a very high call volume and, you know, we will likely
21 have a very high call volume during open enrollment.

22 And without the ability to have member services
23 unit staffing, you know, sufficient member services staffing,
24 it's going to be challenging. All staff really does during

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1 open enrollment, we all answer phones. But, again, you know,
2 some staff are specifically trained to be able to answer the
3 plethora of member questions that come in to PEBP. So they
4 do have to have that level of expertise to be able to address
5 member questions and know how to direct members that call in
6 with their various different scenarios.

7 Staff vacancies will undoubtedly affect PEBP's
8 ability to provide adequate customer service moving forward.
9 During open enrollment last year, I know that we had -- you
10 know, it wasn't just the call volume, it was e-mails. We
11 have members that e-mail in and it was taking -- we had
12 hundreds and hundreds of e-mails that we were not able to --
13 to keep up with everyday, and I know that plenty of staff did
14 it from home. I know I actually personally answered some of
15 those e-mails as well. Again, with the vacancies, that's
16 going to be challenging.

17 In addition, we have legislative session. We
18 have some RFP's that are out there that are being developed
19 and will need to be implemented. There's some new projects
20 that are stemming from the compliance audit. Those are going
21 to require a lot of time and attention from not only
22 executive staff but a lot of other staff at PEBP. So these
23 will also be affected as well should these -- the vacancies
24 continue.

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1 Future Board meetings, the Chair has expressed a
2 desire to return to in-person meetings. So moving forward,
3 we're going to try to set up these, our future meetings to be
4 in-person with a hybrid option so that way it allows the
5 public to participate from home should they want to
6 participate virtually or attend in-person. The legislative
7 meetings though that we'll have during legislative session,
8 those will continue to be held virtually.

9 The other thing that I wanted to add that's not
10 on this report is that the PEBP budget presentation to the
11 legislature is, I believe it's tentatively scheduled but it
12 may be confirmed for February 17th. So for those of you who
13 are interested in watching that budget presentation to the
14 legislature, I would encourage you to put that on your
15 calendar. So with that, I will stop there for questions.

16 CHAIRMAN ROBB: Ms. Bittleston.

17 MEMBER BITTLESTON: Thank you, Chair. I have a
18 couple of questions for Executive Officer Rich. The first
19 question is around the work from home option. Have you
20 experienced any problems with your staff working from home
21 and do you expect people to opt out or leave State service if
22 they are not offered a work from home option?

23 And my second question is around the vacancy
24 rate. As a State employee myself and a hiring manager, I am
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1 extremely frustrated with success factors, as I'm sure most
2 people are. But even if success factors worked perfectly, we
3 are still experiencing poor candidate quality on our hiring
4 list, and I think that is due to the pay rate. I don't know
5 if you want to talk a little bit about that and what your
6 experiences are. So those are my questions. Thank you,
7 Chair.

8 MS. RICH: Sure. Laura Rich for the record.
9 We've actually had a pretty good experience with work from
10 home at PEBP. I have not had any sort of issues with staff.
11 I know that at any point, whether it's my executive staff or
12 classified staff, I have -- I have fired off e-mails at any
13 time of the day, and typically I get a response very quickly,
14 which tells me that, you know, people are sitting at their
15 laptop and working, whether they are working from home or
16 being in the office.

17 Workload, you know, things are getting done, and
18 I would also argue that people are likely working more. I
19 mean, I know that, you know, when I work from home, I'm
20 working from home at 6:00 a.m. or 6:00 p.m. or 9:00 p.m.,
21 right. It's -- you know, there's -- there are staff who, you
22 know, you don't have to get ready and go to the office, and
23 so they're spending that time, you know, catching up on
24 e-mails or catching up on, you know, on their workload.

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1 So, no, I haven't had any issues. You know, I
2 don't know if Mr. Proper, who is, he's the operations
3 officer, wants to chime in here. He -- he supervises most of
4 the staff.

5 Nik, do you have anything you want to add to
6 that?

7 MR. PROPER: Nik Proper for the record. I just
8 want to echo Laura's thoughts. I agree that working from
9 home has been productive. We've been doing this for almost
10 three years to the month, with staff being available and
11 immediately responsive every single time. And as you've
12 heard, we've been -- we are consistently understaffed and
13 many have expressed this is the last remaining perk working
14 for the State.

15 In summer, you know, they are exploring outside
16 employment opportunities to leave the state, and also staff
17 will be using more leave this year, which is all going to
18 contribute staff being less available and less productive for
19 our membership.

20 MS. RICH: And that's a good point. I do want --
21 I want to add, because of the vacancies, we've actually had
22 to deny leave in the last year. And, you know, we just --
23 we've had too much going on and not enough staff. And so
24 there's -- there's plenty of staff who accrued so much leave.

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1 I think we had seven or eight of us who accrued so much leave
2 that we ended up paying out that leave, you know, because we
3 do have the use it or lose it. Now we're in a scenario where
4 you can't pay out that leave two years in a row. So we have
5 no choice but to allow these staff to take their leave, and a
6 lot of them are accruing leave at the highest level. And so,
7 you know, they will be taking time off.

8 And while we can limit it for example, we limit
9 our use of leave during open enrollment, you know, there's
10 only so much we can do. We don't want to force staff to lose
11 their vacation time, and so we will be put into a situation
12 where staff will be having to take time off in order to not
13 lose it because we can't pay it out. So that's another good
14 point.

15 And I'm sorry, Ms. Bittleston, what was your
16 second question? I can't remember the second one.

17 MEMBER BITTLESTON: Thank you, Executive Officer
18 Rich. My second question was really about candidate quality
19 and really trying to find good candidates for the positions
20 that we have open. And I'm wondering what your thoughts are
21 around our ability to pay good quality candidates. So that
22 was really my question. Thank you.

23 MS. RICH: That -- Laura Rich for the record.
24 Yes, that's -- that's a good point. We are struggling to
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1 find qualified candidates and good quality candidates. And
2 you're right, it comes down to pay because some of these
3 positions are -- I mean, for example, I think In-n-Out pays
4 \$17 an hour I think is what they are paying. You've heard me
5 use this example before. The car wash down the street pays
6 about the same as well and they get tips.

7 Our call center staff are paid about that much
8 and the level of experience that they are required to commend
9 with, as well as the responsibility that they are tasked with
10 is much higher than that that you would need for a car wash
11 job or an In-n-Out job.

12 We require them to know a lot of information and
13 to give accurate information to employees or to members that
14 call in because it's important. This is about their health
15 care. So you want to make sure that they're being provided
16 not just accurate but thorough information. And so when
17 we're -- when the pay for these types of positions is in line
18 with the pay for fast food positions, you know, it is, it's
19 difficult to convince people to come work for the State at
20 that -- at that pay.

21 So, you know, I know there's a proposal in the
22 Governor's recommended budget for eight percent pay raises.
23 Is that going to be sufficient? I don't know.

24 MEMBER BITTLESTON: Thank you. No further
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1 questions, Chair.

2 CHAIRMAN ROBB: Okay, thank you.

3 Board Member Aiello.

4 MEMBER AIELLO: Hi. My question or my thoughts,
5 and I'm sure that, PEBP, you've done a lot of brainstorming
6 about what to do regarding open enrollment, but I didn't know
7 if there's some other ways some of the calls or e-mails could
8 be uploaded possibly if PEBP, and I don't even know, this
9 could be across the agency, but maybe PEBP could give a bit
10 of a training to agency HR staff who could then field some of
11 the questions. Because the HR staff have a basic
12 understanding already and so maybe with a training, they
13 might be able to -- to assist and help, and usually people
14 are fairly comfortable and trusting speaking with their
15 agency HR, at least that's what I found.

16 I know in the past, and you may have nobody left
17 who is interested in doing this, but I know you've been able
18 to do some emergency hires of retired people who might
19 already understand PEBP and be able to do that just to help
20 you get through open enrollment.

21 And then my last one was I am sure some of the
22 questions that come in are really basic because you get basic
23 as well as complex situations, and I don't know if there's
24 some sort of a funnel and maybe you could even just hire call
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1 center staff somewhere or have a quick emergency short
2 contract. And if there was an intake that could funnel the
3 generic questions to that. I'm just trying to throw out some
4 ideas. Because even if you were able to hire a bunch of new
5 staff today, if they didn't have any background, they only be
6 able to handle that same level of call probably as an agency
7 because it is kind of concerning, and you really have been
8 working with the short staff for so long and people get burnt
9 out. So I'm guessing you guys have sat down and thrown out
10 some ideas, but I just thought I would do that. That was it.
11 Thank you.

12 MS. RICH: Thanks, Betsy. Laura Rich for the
13 record. So a couple of things, agency HR has the same issues
14 we have. They are short staffed as well. So they would not
15 be able to come in and answer and really, you know, help PEBP
16 out in this situation because they are barely able to keep up
17 with their own workload given the -- the hiring situation
18 that all of the State is having.

19 So, you know, and then the other part of it is
20 that they do not have access to our systems, right. And so
21 when a member calls in, again, it's -- it's PHI is -- you
22 know, you want to make sure that you're providing information
23 to people that, you know, that are eligible to receive that
24 information. You want to make sure what you're providing is
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1 accurate. So without the ability to have access to our
2 systems and all that, then it is difficult. They would need
3 training.

4 We have in the past used our enrollment
5 eligibility system vendor as an overflow. We stopped doing
6 that years ago because we had problems for a couple of
7 reasons. One, it was very expensive for what we got. And,
8 two, it was you train these folks and they are only answering
9 calls for, you know, two months. And so similar to what our
10 call center staff, it takes a long time to really understand
11 PEBP. PEBP is very, very complicated. There's a lot of
12 nuances. There's a lot of if then type scenarios.

13 And so when you've got a member that calls in and
14 they're speaking to somebody that can give them wrong
15 information because really they're just -- you know, it's an
16 overflow call center person, they are not always receiving
17 good information, and so that was something we struggled with
18 in the past and as a result, we just don't -- we don't use
19 that anymore. So, yeah, that is -- it's something we can do.
20 It's just not a perfect solution.

21 The other -- the other thing you mentioned was
22 using retirees. We've thought about that. We did -- as you
23 know, we -- we are using one of our -- the previous quality
24 control officer who retired. She's been helping and we have

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1 also thought about reaching out to previous call center
2 people that have retired as well. However, they are working
3 in the private sector making a whole lot more money and so
4 that's not -- they are not coming back to PEBP unfortunately
5 because of that. So we have looked into those options and I
6 wish those were options but doesn't look like they are.

7 CHAIRMAN ROBB: Okay. The Board Member Verducci,
8 do you have a question?

9 MEMBER VERDUCCI: Yes. Thank you, Chair Robb. I
10 had a comment. I'm reading in this report the first
11 executive order signed on January 6th rescinds all COVID
12 mandates. And, you know, I recall when COVID started when
13 sitting on this Board, we had to reduce 36,000,000 for two
14 fiscal years and that did include a mandate outside of the
15 Board decision to eliminate the long-term disability and
16 increase out-of-pocket costs and reductions with HSA
17 contributions and excluded certain family members. And it
18 doesn't seem like we're really rescinding all COVID mandates.
19 It seems like some of them are selectively being restored and
20 that's good but it doesn't seem like we're really -- we've
21 rescinded all mandates according to the executive order
22 signed by the Governor, and I just wanted to throw that into
23 the record.

24 I also wanted to throw out that different subject
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1 we're talking about. I think working from home is good as
2 long as not causing any problems and it seems to be working.
3 I work a lot from home. And I would agree with Executive
4 Officer Rich that it's very effective. You get up. You
5 start doing your work right away. You don't get stuck with a
6 commute, dry-cleaning and gas.

7 And one last idea was with the vacancies, when I
8 had to fill vacancies in some of my prior roles, we would go
9 to a temp agency often times and bring somebody in. If it
10 was a qualified person, we would try to work with that
11 individual then to get them hired on. So just a few ideas I
12 just wanted to throw out there.

13 CHAIRMAN ROBB: Thank you.

14 Ms. Kelley, do you have a question or --

15 MEMBER KELLEY: Yes. Thank you, Chair Robb.

16 Executive Officer Rich, I just wanted to second
17 Member Aiello's suggestion about using agency personnel. I
18 heard everything you said in response to her, but I do think
19 you're underestimating the skill level of many of the HR
20 representatives out in the agencies.

21 If a person's job is already dedicated to
22 orientation and benefits and things, then they have a very
23 good understanding of the PEBP program. I understand they
24 cannot get into the back end and see what people are enrolled
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1 in. But as far as answering general questions, that is a
2 job. And so many times -- I know at NSHE we have highly
3 skilled benefit staff, and those staff would welcome the
4 opportunity for a train to trainer with PEBP because I heard
5 anecdotally last open enrollment said they often when they
6 had questions would sit on hold for hours as well. So if you
7 provide that information to one benefit specialist at NSHE,
8 they're serving thousands of NSHE employees which may not
9 qualify that fine line.

10 So I know it takes time to develop train to
11 trainer program. And I hear that you're short staffed. But
12 I do think that spending the time now to ask agencies whether
13 they have these staff out there who are willing to do an
14 in-depth with PEBP will lighten your load.

15 And the additional thing, coming back to those
16 hours on hold. As I say, you know, I did hear that agency
17 personnel were just kind of dumped into the whole queue and
18 would sit for hours waiting for a response when they would be
19 able to answer those questions for many people. And so I
20 would urge you to think about a special phone number or
21 e-mail address for agency personnel who are serving more than
22 just themselves.

23 Because if you can educate and provide the
24 information to those folks, then they can educate their
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1 employees and that's what they do. That's what their job is.
2 And so I just -- you know, I mean, I think we're all a little
3 scarred, and I know you and your staff are about the last
4 open enrollment. Certainly it was a condensed period. It
5 was a changed open enrollment.

6 But the few questions I've had this year outside
7 of open enrollment I've ended up in a queue still for a long
8 time, longer than I think is suitable and it's not even open
9 enrollment. So I think that -- you know, honestly, I think
10 that there's pain points. I think that no solution is going
11 to be perfect. But I think that one of the very first things
12 I would urge you to think about is using the staff that got
13 there, that are still employed. We do still have some
14 employees, and they are eager to do their job, but they need
15 your help, and so how can we facilitate that. And thank you
16 for the time.

17 MS. RICH: Thank you, Ms. Kelley.

18 Laura Rich for the record. We have been working
19 actually with the -- the NSHE HR team, and we've started some
20 of these conversations. So I think that is likely something
21 that we can work with them on. Again, it's -- there's --
22 there's certain limitations, but I think that we can still
23 use them for, you know, certain types of roles.

24 And I think, Mr. Proper, you have your hand up so
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1 I think he might want to add something to that.

2 MR. PROPER: Thanks. Nik Proper for the record.
3 I just want to clarify a couple of comments from Ms. Kelley.
4 We do have a designated agency representative e-mail address
5 and a designated agency representative URL with training
6 guides, FAQ's and all of the information needed, and we
7 regularly send out updated communications to AR's and have
8 regular conversations and meetings with AR's as well, so all
9 of that does exist and will continue.

10 CHAIRMAN ROBB: Thank you.

11 Any further questions on Agenda Item Number 5?
12 Seeing none, we'll close Agenda Item Number 5 and move on to
13 Agenda Item Number 6, presentation on PEBP portion of the
14 Governor's recommended budget. Laura Rich, executive
15 director, and information and discussion.

16 MS. RICH: All right. Laura Rich for the record.
17 So this is -- this report is on the Governor's recommended
18 budget for the '24-25 biennium specific to PEBP, the PEBP
19 part of the budget.

20 At the May 26th, 2022 Board meeting, the Board
21 did direct staff to submit two versions of an agency
22 requested budget for the '24-25 biennium. The first budget
23 follows the guidance that was received by the Governor's
24 Office and that budget maintains the FY22 benefit design.

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1 It also does include a few enhancements and it
2 includes enhancements for an in-house counsel and upgrading
3 of two IT positions that are currently existing and within
4 the agency.

5 The second budget is based on the slightly richer
6 FY20 plan design which includes the restoration of long-term
7 disability and life insurance. That budget also includes the
8 in-house counsel and IT position upgrades as well. So we
9 worked pretty closely with our actuaries, Segal and submitted
10 those budgets on September 1st of 2022.

11 As we all know, the Governor's recommended budget
12 remains confidential until it is released by the Governor.
13 So PEBP was not able to present any of this information ahead
14 of time, which is why this -- this particular report was not
15 posted until Monday night after the Governor's State of the
16 State Address.

17 So PEBP's total biennial budget has increased
18 from the FY22-23 biennium by \$100,000,000 to 1.1 billion. In
19 this budget the benefit levels from FY22 are continued and
20 the restored benefits, those are those benefits that the PEBP
21 Board voted on to -- to use our excess and spend down to
22 restore some of those, you know, the deductibles and
23 out-of-pocket maximums and co-pays and things like that.

24 That is now part of the base budget and it has now been
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1 incorporated into the base benefit design. So it's no longer
2 something that we have to worry about in terms of can we fund
3 that moving forward. It is now part of the base benefit
4 design.

5 So as you can see on these tables here, you can
6 see the agency request versus what the Governor's recommended
7 budget is, what's included in the Governor's recommended
8 budget. You see that there's a variance, right. So it's a
9 little different. The main variance between the agency
10 request budget versus the Governor's recommended budget stems
11 from the difference in trend percentage. So what is trend?
12 That's our experience in utilization. That is what we
13 believe is the cost of healthcare is going to be for the
14 program moving forward in the next two years.

15 So the plan benefit design remains consistent but
16 the lower trend assumes lower inflation, right. So the cost
17 of -- the future cost of healthcare is lower and so that does
18 lower the overall budget amount.

19 Historically, GFO, Governor's Finance Office has
20 not used the actuarial assumptions that have been provided by
21 PEBP. So this is not something that -- I mean, we expected
22 this, right. It's not out of the ordinary. And because
23 they -- they use mid ease economy to apply our trend, not
24 just ours but corrections in Medicaid as well. This has been

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1 used since 2012.

2 So, again, like I said, it's not -- it's not
3 something that was unexpected but it is inherently -- it's an
4 inherent risk because the, as you can see on page three, the
5 agency request was five, eight and two. Five percent for
6 medical. Eight percent for RS and two percent for dental.
7 What we got was 3.91, 3.67 and 2, which is obviously much
8 lower than what was asked for.

9 And so we're hoping that healthcare, the cost of
10 healthcare turns out to be closer to 3.91 than it is to five
11 percent. The cost of drugs are closer to a 3.67 increase
12 versus that eight percent increase.

13 This has been done in the past. This is not new.
14 So in the past, PEBP has made up for that lower budget amount
15 for trend through cost saving measures such as contract
16 renewals and program implementations that lower the cost of
17 healthcare.

18 Although, we don't have a whole lot of
19 contracting opportunities left. We've already -- the program
20 has -- we went through a lot of RFP's, and we have -- we
21 don't have a lot of renewals for those contracts coming up in
22 the next biennium. So there's not a whole lot of opportunity
23 to squeeze out more savings through contract changes, but
24 there are some opportunities to implement some several -- you

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1 know, several kind of benefits that will -- that will reduce
2 the cost.

3 So for example, Hinge Health, which was approved,
4 that was -- that will save the program, projected to save the
5 program several million dollars in each -- each of the years
6 of the biennium so will Cancer Concierge, so will some of
7 these other programs, right. So we think that should
8 mitigate the risk of that lower trend.

9 Additionally, we've got some enrollment
10 projections here. The -- keep in mind that this is budgeted
11 enrollment, not actual enrollment. We had, obviously
12 enrollment changed a little bit because the vacancy rates,
13 but these are budgeted enrollment rates. And so the chart
14 there just shows, you know, very minimal changes to
15 enrollment moving forward in the next two years.

16 The employer subsidies, so I want to talk a
17 little bit about the employer subsidy because we made some
18 changes to this. The employer subsidy is made up of what we
19 call AEGIS and REGI. AEGIS is the active employee group
20 insurance and REGI is the retired employee group insurance.
21 So those are the contributions that are paid by the employer
22 so by the State on behalf of employees and retirees.

23 The table that you see on page four shows the
24 subsidy levels throughout the years. Now, why this change?

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1 This is something we changed in our budget. So we had a REGI
2 problem. The so the REGI subsidies, they are assessed
3 through a percentage of payroll paid by agencies monthly.

4 Over the past several years, PEBP has had an
5 increasing shortfall in this REGI budget account, and so
6 we've had to -- and that shortfall continues to grow.
7 There's no way to -- to move money around because of the
8 statutes to cover -- you know, one account to cover the
9 other. You can't move that money around.

10 And so those costs in that REGI, the shortfall in
11 the REGI just continued to rise and rise and rise. We had to
12 figure out a solution for that because we weren't bringing in
13 enough money in the retiree account. A very simplified
14 explanation of this is, so in statute we've got a -- we are
15 required -- the program is required to rate employees,
16 actives and retirees together in one risk pool. And so for
17 the sake of argument, let's just say that's, they cost \$10.

18 But what we know is that if you were to take
19 those two apart, retirees don't cost five and actives cost
20 five, right. Retirees cost a lot more than five and actives
21 cost less than five, right. It's not -- it's not an equal
22 math equation there, right.

23 So because of the way that the operational cost
24 and the way that we do the accounting in the State, five was
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1 going to retirees and five was going to actives. This
2 doesn't work. The math doesn't work and this is why over the
3 years we've had this REGI shortfall.

4 So we had to go back and fix that problem, and so
5 we went to -- we worked with GFO with the legislature and our
6 actuaries and figured out a -- a solution to this. And
7 really what we did is overall we're still bringing in the
8 same amount of money, but we changed the math equation so
9 that now we're bringing in more for REGI, for retirees and
10 less for actives.

11 And so you're gonna see in that '24 and '25
12 subsidy levels that -- that AEGIS goes down and REGI goes up.
13 And, again, it's -- overall it's the same amount of money.
14 It's just that the percentage where we're getting it from.

15 Budget enhancements, and I apologize, I don't
16 know why this table and page five made it. I think it was
17 just a formatting error or something. That utilization trend
18 table should not be on page five, so please just ignore that.

19 So on the budget enhancements, we did have a few
20 enhancements that were included in the Governor's recommended
21 budget. They were the Board member travel, which is, it just
22 allows two Board members to attend the SALGBA conference,
23 which is typically in, there's a few SALGBA conferences but
24 the main one happens typically around April, May time frame.

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1 I know we've had some Board members attend that.

2 We've had some office relocation expenses.

3 Obviously, the lease and things like that, the change
4 included in that. The equipment replacement, which is fairly
5 common in any budget and then the in-house counsel. So
6 remember, we had a chief information officer position that we
7 have not filled for quite some time, and we turned this into
8 an in-house counsel position. So that was an enhancement
9 that was included in the budget. I'm very excited about that
10 one. I know we needed an in-house counsel. There's a lot of
11 legal things that come up at PEBP, and we could really use
12 someone who lives and breathes PEBP to weigh in on legal
13 matters. So I'm very excited about that one.

14 As I mentioned, the upgrades to our current IT
15 professional 3 or 2 and 3 positions were not approved. We
16 had asked for those to be changed to a three and a four, and
17 those were not included in the enhancements for in the
18 Governor's recommended budget.

19 So to conclude, PEBP does appreciate the
20 assistance of GFO and the Governor's Office working with PEBP
21 to keep this plan design consistent while also mitigating
22 rate increases to employees and the Governor's recommended
23 budget. So I'll stop there for questions.

24 CHAIRMAN ROBB: Any questions on Agenda Item
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1 Number 6? Ms. Bittleston.

2 MEMBER BITTLESTON: Thank you, Chair. Leslie
3 Bittleston for the record. Executive Officer Rich, I have
4 three questions. The first question is around the trend.
5 The projected trend from the actuaries versus the projected
6 trend from the Governor's Finance Office is quite different.

7 So my first question is what recourse does the
8 Board have if the trend turns out to be higher than what the
9 Governor budgeted, so that's question number one.

10 Question number two is around -- is on page five.
11 E815, in-house counsel, where I think it's wonderful PEBP has
12 an in-house counsel, but I'm concerned about that chief
13 information officer position that has not been filled. It
14 seems like, you know, with PEBP being short staffed, call
15 center being short staffed, it seems like that position would
16 be a vital position. So how would PEBP be without a chief
17 information officer?

18 My last question is also around the enhancements,
19 the IT professionals. You stated that you asked for
20 upgrades. Will the upgrades that were not approved, how will
21 that affect PEBP? Those are my three questions. Thank you.
22 Thank you, Chair.

23 MS. RICH: Laura Rich for the record. Good
24 question. So the first one was on trend. What kind of
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1 recourse? So the problem with the trend is really comes up
2 in year two because in year two is when we don't have the
3 legislature. There's no way to increase our revenue, right.
4 The only way to increase revenue is to increase it by
5 increasing employee premiums. We don't have the ability to
6 increase the employer subsidy in year two because we are --
7 the legislature has to do that and that is not a legislative
8 year.

9 So should we find ourselves in a situation to
10 where we're seeing trend closer to that five and eight
11 percent, we may actually -- we would -- if we want to avoid
12 increasing premiums in that second year, we would have to
13 then use our reserves, catastrophic reserves if we don't have
14 access.

15 So when we use catastrophic reserves, we have --
16 we have to backfill those, that bucket, right. So you can't
17 just use them and then -- and not backfill them. So we put
18 ourselves in a situation where we could use those reserves.
19 And then in a budget ask for -- ask the legislature to then
20 make us whole.

21 It's not ideal because then it does put PEBP in a
22 situation to where if that is not appropriated then what do
23 we do? And then it also puts PEBP in a situation to where we
24 have -- you know, we're asking the Governor and the
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1 legislature in the next budget for money. And it's -- it
2 could potentially not be funded, right. So there's -- it's
3 not an ideal scenario. Again, we've avoided that. We've
4 been able to in the past -- you know, this is not new. This
5 is something GFO has done historically, so this is not
6 something that has happened in the past.

7 Again, you know, inflation hasn't been as crazy
8 in the past as we've seen. So it is an inherent risk. But
9 like I said, we do have a lot of programs that we're
10 implementing that should lower those costs. Additionally,
11 we're not seeing -- up until this point, we haven't seen in
12 this plan year the utilization that was expected. So there's
13 potentially some excess that, and I don't want to speak too
14 soon, so please don't hold me to this because we are only six
15 months into the plan year. But there's potentially an
16 opportunity to, you know, to use that excess to mitigate that
17 as well.

18 CHAIRMAN ROBB: Okay, thank you.

19 MS. RICH: I forgot, there's two more questions.
20 I wrote them down. So the in-house counsel, the CIO
21 position, I'm not concerned about. Because what we did a few
22 years ago is we transitioned. Back in the day, PEBP is --
23 PEBP was not using State IT. We did not use EATS and we did
24 everything in-house. And so that CIO position really handled

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1 the majority of the -- the IT needs in the agency, and there
2 were a lot, but we slowly transitioned to relying on -- on
3 the State IT resources and leveraged that. So we moved stuff
4 over to EATS to handle. So a lot of role that the CIO played
5 has been removed and has now shifted over to State IT.

6 There is a concern of the upgrades not being
7 approved for the two remaining IT staff. The concerns are,
8 you do want the level of expertise, and currently we do have
9 I believe that level of expertise in-house within two
10 positions that are built. Should one of them leave, I don't
11 know if we will, right. So there's also situations where we
12 might want some higher level skills, which is why we asked
13 for the positions to be upgraded to, from a two and three to
14 a three and a four.

15 So those skills, while we have them today, you
16 know, the new person that may take over when either of these
17 IT staff move on may not have them and so because it is, you
18 know, a lower level position. So it is somewhat concerning,
19 yes. For the most part, a lot of our IT needs are at least
20 supplemented through EATS.

21 MEMBER BITTLESTON: Thank you, Chair. No further
22 questions.

23 CHAIRMAN ROBB: Okay. Betsy, do you have any
24 questions?

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1 MEMBER AIELLO: Just a quick one, Executive
2 Officer Rich, I probably heard this wrong because based on
3 public comment and everything, but I thought I heard you say
4 that long-term disability, was added back into the base
5 budget. Did I hear that incorrect?

6 MS. RICH: Laura Rich for the record. It was --
7 it was included as a request in that second budget but it was
8 not included in the Governor's recommended budget. So, no,
9 it is not being funded.

10 CHAIRMAN ROBB: Okay, thank you.

11 Any further questions? Seeing none right now,
12 we've been at it for an hour and 18 minutes. Why don't we
13 take a quick break and come back at 10:30.

14 MS. RICH: Chair, would you like to approve this
15 one I guess or --

16 CHAIRMAN ROBB: Oh, please.

17 MS. RICH: -- actually, it's informational only.
18 So I guess there's no, sorry.

19 CHAIRMAN ROBB: I didn't think it needed any
20 approval. Thank you.

21 MS. RICH: We're good. Thank you.

22 CHAIRMAN ROBB: All right, thank you.

23 (Whereupon, a brief recess was taken.)

24 CHAIRMAN ROBB: We're moving on to Agenda Item
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1 Number 7, discussion and possible action on recommended
2 changes to Master Plan Documents for plan year '24. July 1,
3 '23 through June 30, '24. Laura Rich, executive officer, for
4 possible action.

5 7.1, Consumer Driven Health Plan. Ms. Rich.

6 MS. RICH: Yeah, so Laura Rich for the record.
7 In the interest of time, actually I'm going to go over the,
8 kind of a brief summary rather than every single change that
9 was made. So let me just first start out with a little bit
10 of background. NRS 287.0425 requires PEBP to undergo a
11 compliance review once every two years. This compliance
12 review historically has been really focused on the legal
13 aspects of the plan and the compliance to federal and state
14 laws.

15 But to date, to my knowledge, PEBP has never
16 performed an in-depth clinical level review to ensure that
17 the program is not only in legal compliance but also that the
18 program and the plan and all of our plan roles align with
19 industry standards and that antiquated policies are getting
20 updated.

21 So, you know, I mean, a good example of this is
22 at one of our previous Board meeting we talked about dental
23 changes and silver fillings versus the white composite
24 fillings. Silver fillings is no longer something that is the
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1 standard, right. People are getting white fillings versus
2 those silver fillings, and I'm using the lay person's terms.
3 I know there's, you know, specific dental terms for them.

4 But our plan would reimburse at the silver rate
5 versus at the white composite rate, and we've done that for
6 years and years, and so it just -- it wasn't industry
7 standard. It's things like that that we really need to keep
8 up on. And so I will say, first I want to thank staff. I
9 want to thank all of our partners and vendors that
10 participated in this because we put a lot of time and effort
11 into it. It was a lot of hours that were dedicated to this.
12 We really combed through these plan documents and uncovered a
13 lot of things that needed changing.

14 And so while this was something that was very
15 time intensive at a time where we don't have a lot of time
16 to -- you know, to give up, I think that this was one of the
17 better activities that took place in the program, and I think
18 that is something PEBP should do moving forward at least
19 every two years I think.

20 So the beginning part of the report just talks
21 about the housekeeping changes. Those are things like date
22 changes. You know, changing it from plan year '22 to plan
23 year '23, those types of changes or, sorry, '23 and '24 and
24 updating vendor information. Those are just all the

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1 housekeeping changes and we do that every year so I'm not
2 going to go over those.

3 Starting on page, let's see, I don't know what
4 page, but on the utilization management, I believe that's
5 page three. Minor changes were made to utilization
6 management, and this is where certain items were removed or
7 added to precertification requirements. Again, this is, we
8 worked with the utilization management provider and some of
9 our clinicians that or some of their clinicians and provided
10 their expertise. You know, these things should be added to
11 precertification requirements. These things don't make sense
12 to have as recertification requirements, so we made some
13 changes there.

14 Moving on to, let's see, page five, I wanted to
15 go over just certain -- certain high level items. I'm not
16 going to go over every single one of these, but the Board,
17 obviously after I'm done going through the report, if there's
18 any questions, I'm happy to answer, you know, any of them
19 specific to any of these changes or additions or exclusions,
20 but I pointed out -- I'm going to point out some of the more
21 important ones I think that should be highlighted.

22 If you look on page five, number 18, the
23 over-the-counter hearing aids. We did add an exclusion which
24 excludes the over-the-counter hearing aids versus

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1 prescription hearing aids. And the reason we're doing this
2 is because there's different requirements and different kinds
3 of hearing aids, right. And so the over-the-counter hearing
4 aids are not approved for those with advanced hearing loss,
5 right. So we want to cover those who really do need those
6 hearing aids, and they don't include over-the-counter hearing
7 aids, don't include the advanced hearing technology or
8 anything like that.

9 And members tend to get a little -- they get
10 confused, right, and so we want them to -- we want to steer
11 them to the hearing aids that they need and those that really
12 actually need hearing aids are -- are going to need to
13 purchase those advance level hearing aids that we do offer a
14 discount programs through Amplifon to purchase those as well.
15 So staff recommends excluding those over-the-counter hearing
16 aids.

17 On page six, if you look at item number 22, we
18 are recommending reduction and a benefit. This is the
19 removal of the IUI benefit and this is related to infertility
20 services. So IUI clinically leads to multiple births, and
21 many local OB-GYN's perform IUI without having a member
22 evaluated by a reproductive endocrinologist. There could be
23 underlying medical conditions that go unaddressed with this
24 pathway and it's typically not covered by health plans due to

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1 its high risk and low success rate. So we are recommending
2 the removal of that.

3 Now something that we can look at moving forward
4 is adding other fertility coverage and in the future, but
5 this one is just not something that is typically covered by
6 health plans anyway and is -- is just high risk and low
7 success.

8 Then we did want to point out on number 23, we
9 did reduce the travel expenses, the reimbursement that is
10 associated with the travel programs that we offer for things
11 like bariatric surgery and things like that. We had to do
12 this because it is an IRS rule. So that was something that
13 was uncovered. We were actually reimbursing at higher
14 amounts than we should have been for those -- for the meals.
15 It's not -- meals are not a tax exempt benefit.

16 Moving on to page seven, I wanted to touch on
17 item number 25, which is an enhancement. We did -- we are
18 recommending removing the plan language relating to gender
19 dysphoria related services. This is where all procedures,
20 services and supplies relating to surgery and hormones
21 associated with gender affirmation or confirmation are right
22 now required to be renewed by UM for medical necessity.

23 What we're doing is removing some of that plain
24 language and instead just allowing plan or the utilization
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1 company to apply industry standards. You heard through
2 public comment that there's WPATH standards, the new -- the
3 new version came out. Version eight came out recently. And
4 allowing this just allows the plan to be a little bit more
5 flexible and keep up with that, especially in this area.
6 It's a very -- it's -- that landscape changes very quickly.

7 And so by pushing this onto the utilization
8 management, they are able to be more flexible and apply the
9 latest and greatest industry standards to all of those gender
10 dysphoria related services.

11 Number 27 is also an enhancement. We are
12 recommending the -- the change in the time frame that we will
13 cover for hospice services. We are asking for potentially,
14 you know, just changing that six-month time frame and
15 removing that because that six-month time frame is arbitrary
16 and can become problematic. Hospice is, you know, it's an
17 end of life situation. It's hard to say, you know, after six
18 months you've not passed away, we're not going to cover you,
19 right. It turns out to be problematic, and so it's a very
20 arbitrary time frame. And so we believe, again, this should
21 be driven by utilization management. This is something that,
22 you know, should be discussed and determined by clinicians.

23 Moving on to page eight, I wanted to highlight
24 the number 33 which is a reduction. Meal replacement therapy
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1 was removed from the obesity coverage program and this is,
2 again, to comply with IRS regulations. This is not something
3 that is a qualified medical expense, and so the plan cannot
4 cover it at that -- at that rate that we've been covering it
5 at.

6 On page nine, number 39, I wanted to, again, look
7 at the continued coverage. So for pregnancy today, it is
8 45 days of continued coverage. If for example, if we change
9 networks, if a provider is no longer in-network, right, and
10 there's a pregnancy that is being addressed and that person
11 doesn't want to change their provider, you know,
12 mid-pregnancy, currently right now it is 45 days, and we are
13 increasing that to 90 days, and that is also required per the
14 No Surprises Act.

15 On page ten, there's an enhancement there. We're
16 adding insulin pump supplies. This is, again, this was a
17 recommendation by our pharmacy benefit manager. This just
18 increases access to care for insulin and supplies and aligns
19 with the industry standard coverage. I know that there's a
20 lot of technology in insulin. It's changing where now
21 there's, it is difficult to -- to differentiate between, you
22 know, the pump and the supplies, and so it's just easier to
23 cover, to have that broad coverage for the diabetes plans.

24 Let's see, moving on to, when we look at the
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1 benefit limitations and exclusions, a lot of these, it's,
2 again, clarification or we have made those changes due to
3 with just aligning with the HCA or with IRS regulations or,
4 you know, something along those lines where it's regulations
5 and requirements that the plan must meet. And so most of
6 these are just aligning with that or providing some
7 additional clarification to the language.

8 And I think, let me see, I think that was it that
9 I was going to go over specifically. Nope, I've got one more
10 I think. On page 21, on number 147, I wanted to point this
11 out as well. Vision screening, so currently we have a 25
12 dollar co-pay for a vision exam. As you heard I think it was
13 last Board meeting where we talked about the dental not being
14 an accepted benefit because it's part of the plan and it's
15 part of the overall -- it's combined and the overall benefits
16 were not -- we're not treating vision differently than, you
17 know, the medical. It's part of the overall package and
18 because of this, it's an accepted benefit per the ACA and --
19 and per IRS regulations it is a, on the high deductible
20 health plan on the CDHP. We cannot have a co-pay. So we're
21 having to change that to make it subject to deductible and
22 co-insurance.

23 Let me just make sure, I think that was it.
24 Those were the ones, I think the big ones that I wanted to
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1 cover. But if there's any other questions, we do have all of
2 our subject matter experts here that are available to answer
3 questions. Mr. Lindley, our quality control officer, did a
4 lot of work on this. And so I'm happy to answer questions or
5 we can also, you know, include our subject matter experts on
6 this.

7 CHAIRMAN ROBB: Mr. Verducci.

8 MEMBER VERDUCCI: Thank you, Chair Robb. Tom
9 Verducci for the record. This is for Executive Officer Rich.
10 Could you talk a little bit about the No Surprises Act.
11 That's just new terminology and it sounds very interesting
12 and I just want to see if I can learn a little bit more what
13 the No Surprises Act is, No Surprises Act.

14 MS. RICH: Laura Rich for the record. I can
15 speak about it, but I think that Mr. Lindley is going to do a
16 much better job because he's been knee deep in the No
17 Surprises Act for the last few months.

18 MR. LINDLEY: Tim Lindley for the record, the
19 quality control officer for Public Employees' Benefit
20 Program. The No Surprises Act was a recent law passed by the
21 government signed by the President that impacts health plans
22 nationwide. Being a general statement, I would like to defer
23 to our actuary, maybe Amy Dunn or Richard Ward, who can
24 possibly give a better explanation.

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1 continuity of care. One of those issues regarding pregnancy.
2 If there is a provider that goes, for example out of --
3 terminates a contract that there are actually rules now
4 regarding how long someone can continue service under that
5 provider for those -- for those reasons on certain serious
6 medical conditions.

7 So it was, again, a federal law that came into --
8 to play just a couple of years ago. There's also part of
9 that involving things including which is also known as
10 transparency. There are going to be certain things coming
11 down in the next few years regarding price tool, price
12 comparison tools but at a high level. That is what that is
13 intended to ultimately to do.

14 MR. LINDLEY: And Tim Lindley for the record. A
15 direct impact that everyone can see here today, if you look
16 at your health insurance card, on the back of the card you
17 will see your deductibles and/or co-pays and out-of-pocket
18 maximums. So it did have a direct impact on all of our
19 members for the health insurance cards.

20 And in a nutshell, the No Surprises Act is
21 intended to cover any potential surprises a member may
22 receive when receiving health care. Thank you.

23 MEMBER VERDUCCI: Thank you very much for the
24 clarification. I know when I get an EOB, I always have a
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1 surprise on something that I'm charged. So that's very good
2 to see going through.

3 You know, I did have another issue I wanted to
4 bring up here. On item 25, we did hear from public testimony
5 that it looks like they were requesting, we might be able to
6 add some language to include other industry standards that
7 could make it a little bit more flexible, but I don't know if
8 that opens it up too much for speculation and if it needs to
9 be more concise.

10 But I was just suggesting that we add the wording
11 and other industry standards just in case in the future we're
12 not locked into just one level of guidelines. I don't know
13 if that's possible or not to just add that simple language
14 there.

15 MR. LINDLEY: Tim Lindley for the record. In
16 addressing the gender dysphoria related services, the
17 original, prior plan documents did list specific mandatory
18 requirements and prior requirements. The updated language
19 removes all those prior requirements and does put the onus on
20 the utilization management company.

21 Utilization management companies do factor in
22 several different standards and recommendations that are
23 frequently updated. However, I do not want to speak for the
24 UM company, and we do have the utilization management company
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1 present if they are able to speak on that, we may, UMR and/or
2 SHO, are you there?

3 CHAIRMAN ROBB: Any further questions? Board
4 Member Kelley.

5 MEMBER KELLEY: Thank you, Chair Robb. So I have
6 three questions I guess. Firstly, the over-the-counter
7 hearing aids, it's my understanding that that law was passed
8 because, you know, hearing aids are a very expensive piece of
9 equipment, and so to try and drive prices down,
10 over-the-counter introduced.

11 Now the last time, you know, over-the-counter
12 drugs, you know, there was a huge move toward
13 over-the-counter drugs. Doctors actually started referring
14 people to those drugs that weren't covered. And so I guess
15 my concern is that with over-the-counter hearing aids, how --
16 if a person goes to a hearing doctor, they, you know, like
17 the over-the-counter equipment is cheaper so they refer them
18 to that. Is there a way people can get that covered if they
19 have legitimate hearing concern?

20 So I'm quite concerned about removing the ability
21 for people to hear from our plan, especially when, you know,
22 the prescription -- the prescription hearing aids are so much
23 more expensive. Some retirees, some employees may not have
24 their share of the cost for hearing aids versus

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1 over-the-counter, so that's my first question. I would like
2 to understand that change a bit more.

3 I'm wondering regarding the IUI fertility
4 procedures, how many of those have been done in the last five
5 years per plan? I'm just kind of interested in understanding
6 the usage of that particular benefit that will be removed.

7 And then lastly, a big question. I wonder, like,
8 I know that all of these changes are suggested with the best
9 of intentions so don't get me wrong here, but there's a lot,
10 and there's always negative consequences of changes. That's
11 just life, right. We can't anticipate the impact of all of
12 these changes on all of our participants.

13 But I do wonder has there been a full analysis
14 done of the impact of the changes as far as cost go for both
15 participants and for the plan. So what kind of work has
16 actually been done to cost in these changes because there are
17 a lot of enhancements, but there are also some takeaways that
18 could really impact our participants. Thank you.

19 CHAIRMAN ROBB: Thank you.

20 MS. RICH: So Laura Rich for the record. I think
21 we should take these one by one. First of all, the hearing
22 aid question, and I think I'm going to need to lean on some
23 of our experts on that. I don't know if maybe someone from
24 the UMR team or Segal team want to speak on that. Rhonda,
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1 you might have some input on this one.

2 MR. HOPKINS: Rhonda, hit star six to unmute your
3 mic or your phone.

4 MS. RICH: Tim, I know you worked on this with
5 them. Do you want to chime in.

6 MR. LINDLEY: I do see Rhonda is speaking.
7 Rhonda, did you want to go ahead and make your comments.

8 MS. HUCKABY: Yes. This is Rhonda Huckaby for
9 the record with UMR. And on the FDA ruling that was released
10 recently by President Biden, there are some comments in there
11 about over-the-counter hearing aids available at Walgreen's,
12 CVS, Walmart.

13 With that, some of these are still, you know,
14 \$799 and different prices. Some as much as they would pay if
15 they went to a -- their normal audiologist and bought the
16 hearing aids through them. And with as Laura Rich had
17 commented on, currently they have the amplified discount
18 program that helps them. You know, that reduces the price of
19 the cost of the hearing aids that they are purchasing and
20 then we apply the benefits which is \$1,500 per ear. So they
21 do have like a 3,000 dollar maximum if they have to have
22 hearing aids for both ears.

23 MEMBER KELLEY: Michelle Kelley. I'm not sure
24 that answers my question. I'm pretty sure it didn't answer
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1 my question, actually.

2 MS. HUCKABY: And I'm sorry, Michelle Kelley, but
3 what was the additional question?

4 MEMBER KELLEY: Well, I'm just wondering, so the
5 chances are that some of these audiologists might start
6 referring people to over-the-counter hearing aids. So I'm
7 just wondering, you know, why if a person has a legitimate
8 hearing loss, why would we require that I guess they go
9 through -- you know, that they go through and purchase more
10 expensive hearing aids if an over-the-counter one would
11 actually suffice?

12 MS. HUCKABY: Well, and then Rhonda Huckaby for
13 the record. The PEBP plan does have very specific hearing
14 aid criteria regarding a loss and that is determined by the
15 provider and/or amplified. The over-the-counter ruling let's
16 them buy a hearing aid without a medical exam, a prescription
17 or professional fitting.

18 So in those cases, when they submit the claim, if
19 it does not meet the criteria, you know, outlined in PEBP's
20 plan document, then we can have situations where did you
21 really meet 50 percent hearing loss because you didn't have a
22 medical exam to support the criteria outlined in the plan
23 document.

24 And then I will also defer to Segal for Amy and
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1 them because I'm not sure how much additional research they
2 did on the FDA ruling.

3 MR. WARD: This is Richard Ward with Segal for
4 the record. I'm sorry, did I talk over somebody? I may have
5 a lag in my connection. No? I think an appropriate analogy
6 might be with reading glasses, drug store available reading
7 glasses. The price point is not comparable. But just the
8 perspective of if you need specific corrective lenses, then
9 you have to have a prescription from your eye doctor to get
10 those filled. But if you feel like you would benefit from
11 some additional magnification and that reading glasses that
12 are available at a drug store, I'll just continue to use the
13 analogy. I know it's not exactly.

14 That you as the consumer, as the member can go
15 choose yourself and make the determination yourself without
16 the need for a prescription, this is -- this change with --
17 with hearing -- with hearing aids and equipment is similar in
18 that there's now over-the-counter availability for the -- for
19 the member to determine his or her self, if that would be
20 beneficial versus those that are more tailored after an exam
21 and based on a prescription, and so the plan coverage is --
22 is being amended to align similarly with hearing aids.

23 So it will cover when there's a medical
24 professional determination that there's sufficient hearing
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1 loss to merit a custom prescription hearing aid. But for
2 hearing aids that the member can elect on his or her own
3 volition to cover or to buy, this will -- simulated to
4 glasses, reading glasses, the plan will not cover it.
5 However, I believe it would be a reimbursable expense through
6 NHRA or an HSA.

7 MEMBER KELLEY: Okay, thank you. So I guess you
8 use reading glasses as an analogy. I think I prefer allergy
9 medicine because allergy medicine were once all prescription.
10 And then, of course, they opened up to over-the-counter. And
11 doctors started referring people to the over-the-counter and
12 then they weren't covered by the health insurance.

13 So I wonder is there a way we can make some
14 changes to the plan document to limit the ability. But if
15 the person still has a documented hearing loss that meets the
16 standard and can get a prescription for an over-the-counter
17 hearing aid that might be cheaper than the custom model so
18 they can afford it, is there a way that we can get the plan
19 to cover those?

20 So I'm not saying it should be a free for all,
21 but I do just -- I do just have some concerns about just
22 blocking all over-the-counter hearing aids when there could
23 be a legitimate need for it.

24 CHAIRMAN ROBB: Okay, thank you. And you had
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1 multiple other questions?

2 MEMBER KELLEY: Yes. Thank you, Chair Robb. I'm
3 wondering how many IUI procedures have been covered in the
4 last few years? That was, I think that's a data question.
5 And I think this is more a question for Executive Officer
6 Rich, but has there been a poll analysis done of the impact
7 of these changes from a cost effective on both participants
8 for utilization and the plan?

9 MS. RICH: Laura Rich for the record. We would
10 have to pull that utilization data. So we can definitely
11 provide that. I don't have it off the top of my head. I
12 don't know if anyone on the Segal team had pulled that data.
13 I don't think so. But please feel free to chime in if that
14 data is available.

15 It looks like someone, Joanna.

16 MS. BALOGH-REYNOLDS: Yeah, hi. Joanna
17 Balogh-Reynolds with Segal for the record. So they, the
18 analysts that pulled it and they're combing through the data.
19 So there's, it's not really easy to just go in and say click
20 a button for IUI. There's a lot of different procedure codes
21 and there may be diagnostic testing that led somebody to
22 considering IUI and then maybe they didn't go through with it
23 or they did a procedure and it didn't work.

24 So we kind of have to comb through that and make
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1 sure that we pull the right codes and that we're getting you
2 the actual data that will tell you that story. So we have
3 pulled it and we are looking through that right now.

4 MEMBER KELLEY: Thank you. Just as a general
5 comment, Executive Officer Rich, I'm kind of concerned that
6 if a person is using some of these services, removing them
7 from the plan is a significant change for them. And so I
8 guess I would have hoped that there would have been analysis
9 done on usage before we just make the determination to remove
10 these services from the plan.

11 You know, if, and if they haven't been used then
12 that's a great justification. But if they are being used,
13 then we also will need to consider education and
14 communication to people who are using the services because
15 I'm sure all of these changes go into effect July 1st. So
16 I'm not sure I'm comfortable with the information we've been
17 given on the removal stuff as far as the impact to plan and
18 participants.

19 CHAIRMAN ROBB: Okay.

20 MS. RICH: Laura Rich for the record. We can
21 definitely, will provide that information to you directly,
22 Member Kelley, or to the Board at a following Board meeting.
23 The -- we would definitely be sending out materials to or
24 notifications, communications to members who have received
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1 that type of coverage, either or, you know, receiving it or
2 in the past, you know, just as an informational piece of
3 material to those people.

4 Your third question was about the cost; the
5 overall cost. Most of the biggest changes are as a result of
6 requirements, right. So requirements that we must meet due
7 to either IRS regulations, the No Surprises Act, the Mental
8 Health Parity. There's all kinds of requirements there that
9 we found. Some of them -- most of these are fairly, I
10 wouldn't say that they don't impact the plan but they're not
11 major impacts.

12 So for example, the co-pay to the vision exam, so
13 right now that vision exam is a 25 dollar co-pay. Moving
14 forward, those on the CDHP will have to meet their deductible
15 in order to get anything paid towards that vision exam.
16 Those exams are, you know, \$100 or so, you know,
17 approximately and so that could be an impact to members who
18 haven't received, will be an impact to members who haven't
19 met their deductible.

20 Those that are in the co-pay area where there,
21 you know, it's the 80/20 co-pay, they're paying 20 percent.
22 They're paying -- if it's \$100, they're going to be paying
23 \$20, right. So it's not an impact there. It just depends,
24 but most of these changes are definitely to meet those

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1 requirements and areas where we don't have the choice to make
2 the change.

3 Now, there are some, for example, the -- the one
4 we were just talking about, UIU or sorry, the IUI, that is an
5 area where obviously it would -- it's a -- depending on
6 utilization, how much would it save the plan? Again, it's
7 such a small area that it's probably not going to be
8 significantly impactful, the hearing aids, things like that.

9 So all of these are -- they will impact the plan
10 but not to the degree to where we are very concerned about
11 it. I wouldn't say that a number has been put on -- on these
12 changes. But, like I said, most of them are required. They
13 are required by law, and we don't have a choice to make them.

14 CHAIRMAN ROBB: Okay, thank you.

15 Board Member Betsy, do you have a question?

16 MEMBER AIELLO: Just a quick question for PEBP
17 and maybe actuaries, I'm not sure. But in regards to IUI,
18 what Michelle Kelley was saying, it looks like in some of the
19 justification you folks typed up, it was because people
20 hadn't been evaluated by a reproductive oncologist or
21 evaluated for underlying medical conditions. Could that be a
22 UM process where that's required because if people are sick
23 or there's other issues, we want them to get that anyway.

24 So I'm just wondering if, and I'm just throwing
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1 it out here and I'm fine with how you guys end up on it, but
2 I had the same concern Michelle did, was how many people
3 think, oh, our plan has this and I'm planning to use it and
4 I've got it. And if part of our concern is the outcomes and
5 the problems with it, if having those services decrease the
6 risk and the outcomes, then that would be able to be moved
7 into UM process? Just ideas I'm throwing out, but I'm fine
8 with however the management ends up.

9 MS. RICH: That may be a question, maybe, Joanna,
10 is that something that can be done through utilization
11 management? Is that --

12 MS. BALOGH-REYNOLDS: So the recommendation to
13 move away from an IUI benefit to a managed fertility approach
14 and so that would be something that, you know, we would work
15 with the Board and team to say, is that something we go
16 through UMR? Is there a different company that you want to
17 evaluate to do that? But that is really the recommendation
18 to move to something like that versus having an IUI benefit.

19 And the other thing about your benefit to the
20 product to be donated for IUI, you require both individuals
21 to be covered on your plan. So it's probably a narrower
22 group of individuals that are actually accessing the benefit.

23 And often times what happens with IUI, if you're
24 just going to an OB-GYN, they can get pregnant but maybe they

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1 can't sustain the pregnancy all the way through, and no one
2 is evaluating why that is, and so that's really why we would
3 like to shift individuals to more of a reproductive
4 endocrinologist to the have the right workup and testing so
5 that maybe they don't even need IUI. Maybe there's something
6 else going on medically they need to treat and then they can
7 get pregnant naturally or you eliminate the need to go
8 through six treatments of IUI which is invasive for a woman
9 and then you can move them right away to IVF or some other
10 procedure that is more appropriate. So that's really the
11 recommendation we want to involve that benefit.

12 MEMBER AIELLO: So then maybe -- maybe even
13 Michelle, you're not technically removing the fertility
14 benefit. You're amending how it's being applied. And by
15 listing it as a reduction versus a process change, I'm
16 thinking that what I'm hearing from you is that families can
17 still go through this fertility process then and have the
18 right outcome applied or no, if the IUI was determined to be
19 the right outcome after the process they wouldn't be able to
20 get it. I'm not sure.

21 MS. BALOGH-REYNOLDS: If we moved to a managed
22 fertility benefit, IUI could potentially be the right thing
23 for that individual, just less people. It's more appropriate
24 to get tested to make sure that's the right approach.

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1 And then, like I said, with IUI, you can get more
2 multiple births so we see more complications. So actually
3 the evidence based medicine has shifted away from using that
4 as often.

5 MEMBER AIELLO: So but then we still have that
6 benefit. It's just through a fertility process.

7 MS. RICH: No. So the recommendation here is to
8 remove that benefit because of everything that Joanna has
9 just -- has explained. However, if we were to move it to a
10 managed fertility care type situation, a benefit, that's a
11 different scenario and then that's where now we've got to
12 really go into what is the cost involved what is that because
13 now it's not just the IUI. Now it's, you know, invitro and
14 other services as well that we currently don't cover.

15 So if we're going to go down that road, it's
16 probably going to be much more of an analysis and process to
17 bring to the Board at a later date. It's something we can
18 do, but it will come at a cost. And so I want to make sure
19 that we're not increasing benefits that come with costs at a
20 time when, you know, our budget is at the legislature.

21 MEMBER AIELLO: So it's not a current benefit we
22 have then. So it is a removal.

23 CHAIRMAN ROBB: Okay, thank you.

24 Is there any further questions? Seeing none --
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1 MEMBER MCCLENDON: I'm sorry, can I just -- this
2 is Jennifer McClendon for the record. And I just want to say
3 I have many conversations about the healthcare plan with the
4 folks that I work with at NSHE. And often the conversation
5 will go something like, you know, our health -- our
6 healthcare isn't what it used to be, but we have really good
7 fertility benefits, and so I just wanted to point that out
8 that this is a potential -- I know the optics of this aren't
9 great and I know that maybe NSHE people are a small fraction
10 of the folks who are covered by PEBP and there are bigger
11 issues here.

12 But for particularly women in higher ed who put
13 off families for a really long time, sometimes those of us
14 who have -- who have done that, we look at the infertility
15 benefits of the places that might be hiring us, so it could
16 have a small impact on hiring as well.

17 You know, that being said, we do need to follow
18 regulations and make sure people are getting the care they
19 need. But if we make this change, I would really strongly
20 advocate for looking into how we can develop some sort of a
21 fertility management program for our employees. Thanks.

22 CHAIRMAN ROBB: I see a hand up, Board Member
23 April.

24 MEMBER CAUGHYRON: Yes. April Caughron for the
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1 record. I just know previous when Michelle Kelley was
2 talking, it was mentioned that maybe we would get the
3 statistics over to her. But as a Board member, I would like
4 to see those statistics as well, so if we can maybe bring
5 that to the Board the next time we meet, I think that would
6 be beneficial to everyone.

7 CHAIRMAN ROBB: Okay, thank you.

8 Any further questions? Seeing none, Item 7 is
9 listed for possible action. Do we -- do you need any action,
10 Ms. Rich, on this? Okay. I'll call for a motion.

11 MEMBER KELLEY: Michelle Kelley here. I'll make
12 the motion. I'll make a motion that we approve staff's
13 recommendations on the changes to the Master Plan Document,
14 all except for item 22, which I would like to have held over
15 to another meeting until we can fully evaluate current usage
16 of that benefit and perhaps a better way to move forward.

17 MEMBER AIELLO: This is Betsy. I'll second that
18 motion.

19 CHAIRMAN ROBB: Okay. We have a motion and a
20 second. Any further discussion? Seeing none, all those in
21 favor signify by saying aye.

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

24 CHAIRMAN ROBB: Okay. Motion follows unanimous.
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1 We'll move on to Agenda Item Number 8,
2 presentation and possible action on the status and approval
3 of PEBP contracts, contract amendments and solicitations.
4 Cari Eaton, chief financial officer.

5 MS. EATON: Hello. This is Cari Eaton, chief
6 financial officer, for the record. Item 8.1 is an overview
7 of PEBP's current contracts and no action is necessary.

8 I'll move on to item 8.2.1. This is requesting
9 that the Board ratify a new contract with Capitol Reporters.
10 Capitol Reporters has been the court reporter for PEBP Board
11 meetings for many years. They did have a statewide contract
12 through the state purchasing division that expired at the
13 beginning of January. State purchasing advised PEBP they
14 were not going to renew any of the court reporting contracts
15 and they were not going to go out to bid either. So all
16 State agencies that needed that service should contract
17 directly with those vendors.

18 PEBP staff followed the informal solicitation bid
19 process in accordance with the State Administrative Manual
20 because the contract has a value of less than \$25,000 per
21 year. PEBP recommends the Board authorize staff to contract
22 with Capitol Reporters for court reporting services.

23 I will pause here for any questions.

24 CHAIRMAN ROBB: Ms. Kelley, do you have a
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1 question? Oh, you're on mute.

2 MEMBER KELLEY: Sorry, no. My hand was from the
3 last time. I'll lower it.

4 CHAIRMAN ROBB: Okay. I didn't know if it was
5 back up. Okay, thank you.

6 MS. EATON: Chair Robb, would you like me to move
7 on and approve the whole in one or?

8 CHAIRMAN ROBB: Please move on and we'll approve
9 everything at once.

10 MS. EATON: Okay. Moving on, staff has nothing
11 for edification for items 8.3 and 8.4.

12 Item 8.5 is the status of our current
13 solicitations. None of the approved solicitations have yet
14 been released. However, staff has began having several
15 meetings with our actuary to gather information to create the
16 RFP's for these solicitations.

17 And with that, I will answer any questions.

18 CHAIRMAN ROBB: Okay. Any further questions on
19 Agenda Item Number 8? I'll take a motion.

20 MEMBER BITTLESTON: This is Leslie. Move to
21 approve Item Number 8 as recommended.

22 MEMBER CAUGHRON: I'll second.

23 CHAIRMAN ROBB: Okay. We have a motion and a
24 second. Any further discussion? Seeing none, I'll call for
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1 the vote. All those in favor, signify by saying aye.

2 (The vote was unanimously in favor of the
3 motion.)

4 CHAIRMAN ROBB: All those opposed. The motion
5 passes unanimous.

6 We will move on to Agenda Item Number 9, public
7 comment. Comments can be make taken on this item and we will
8 limit it to three minutes. Do we have individuals waiting
9 for public comment?

10 MR. HOPKINS: One moment, Chair Robb. We'll get
11 everything ready and get the slide up on the YouTube stream
12 so in case if anybody does want to call in, they can have a
13 little bit of time.

14 CHAIRMAN ROBB: Give them time. That's part of
15 the process.

16 MR. HOPKINS: As a reminder, Zoom is used for
17 public comment only. This meeting is streaming live on
18 YouTube if you just want to listen end into the PEBP Board
19 meeting. For those who have joined for public comment, your
20 name or last four digits of the phone number will be
21 announced, and you'll be advised you have been unmuted. As a
22 reminder for those on the phone, please press star six to
23 unmute. Please slowly state and spell your name for the
24 record and proceed with your comments.

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1 CHAIRMAN ROBB: Do we have any individuals
2 wishing to make public comment?

3 MR. HOPKINS: Seresa Gear, you have been -- you
4 have permission to speak if you wish to make public comment.

5 Chair Robb, that is -- that's all we have for
6 right now. Do you want me to leave it up for a minute or so?

7 CHAIRMAN ROBB: Let's leave it up for a minute or
8 so. If there's a delay on the YouTube, I just want to make
9 sure people catch up if the need be, so we'll give it another
10 minute.

11 MR. HOPKINS: Sounds good. Thank you.

12 CHAIRMAN ROBB: Okay. You haven't notified me we
13 have any public comment so we will close Agenda Item Number
14 9, public comment.

15 And we'll move on to Agenda Item Number 10, and
16 we will stand adjourned. Thank you today. I look forward to
17 meeting you all in person and nice meeting everybody on Zoom.
18 Thank you.

19 MR. HOPKINS: Thank you, everyone.

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1 STATE OF NEVADA,)
2 CARSON CITY.) ss.
3

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

7 That on Thursday, the 26th day of January, 2023, I was
8 present on a teleconference for the Public Employees'
9 Benefits Program, Carson City, Nevada, for the purpose of
10 reporting in verbatim stenotype notes the within-entitled
11 public meeting;

12 That the foregoing transcript, consisting of pages 1
13 through 84, is a full, true and correct transcription of my
14 stenotype notes of said public meeting.

15
16 Dated at Carson City, Nevada, this 6th day
17 of February, 2023.

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KATHY JACKSON, CCR
Nevada CCR #402

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

January 26, 2023

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

January 26, 2023

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

January 26, 2023

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