

January 3, 2023

FROM: Terri Lewis
Nevada State Employee
Nevada Department of Veterans Services

TO: PEBP Board Chair Laura Freed and Board of Directors

RE: Mark Lewis: Denial of access to [REDACTED] care

Dear PEBP Chair Laura Freed and Honorable Board Members,

I'm requesting the PEBP board members help us resolve a bureaucratic roadblock after United Healthcare Services (UMR) denied my husband's [REDACTED] treatment.

My husband's name is Mark Lewis. He had been obtaining [REDACTED] care through UC Davis in Sacramento, California. **We live in Reno, Nevada and there is no provider for this type of [REDACTED] care in Reno, particularly follow-up care.** He has been doing well following his surgery in October 2021 and is now about three-quarters of the way through his treatment. Unfortunately, his treatment has come to a complete halt, and he has been forced to miss two follow-up treatments because UMR suddenly, without warning, arbitrarily, decided his care was "out of network."

We have put in repeated calls to UMR, only to be placed on hold for hours at a time, to be cut off. We were able to get through twice in December 2022, with both individuals promising to email a "Continuity of Care" form, which they never emailed to us. Additionally, not sure how this form will help because we were told the form would only provide continuity of care for 120-days and his [REDACTED] care will exceed the 120-day timeline due to the follow-up care that will be necessary.

We are working with the Department of Health and Human Services, Ombudsman, Office of Consumer Health Assistance, Susan Purcell. We received a call this morning (January 3, 2023) from PEBP's Tim Lindley with "Quality Control." He provided what he called a "Transition of Care" form. They have also assigned us a case manager with Sierra Healthcare. Bottom line? Their "solutions" will result in more steps, more hurdles, more delays, with no end in sight.

Our choices now are to pay unaffordable prices for his care and go into medical debt, stop his care, or obtain an attorney. None are good choices.

Please help us resolve this and get back with us with an answer as soon as possible.

Thank you for listening and thank for affording my family this opportunity.

Respectfully submitted,
Terri Hendry

January 3, 2023

FROM: Terri Lewis
Nevada State Employee
Nevada Department of Veterans Services

TO: PEBP Chair Laura Freed and PEBP Board Members

RE: ADDEDUM - Mark Lewis: Denial of access to [REDACTED] care

Dear PEBP Chair Laura Freed and PEBP Board Members,

Please include this addendum to my initial statement regarding the denial of [REDACTED] care for my husband, Mark Lewis. I neglected to include that this [REDACTED] care came through a referral to UC Davis from Mark Lewis' primary care physician Dr. Chiyo Takehara, with Renown Health in Reno, as **there is no other care provider in the Reno-area who provides this type of [REDACTED] care, particularly follow-up care.**

UC Davis received pre-authorization through PEBP insurance for [REDACTED] surgery in October 2021 and for subsequent follow-up care that was all paid for through PEBP insurance. UMR became the new healthcare administrator in July 2022. In August, after Mark received additional follow-up [REDACTED] care from UC Davis, UMR notified us Mark's care was now deemed "out of network."

Jill M. Sims



14th January 2023

Nevada PEBP Board

Dear Board Members,

A minor surgical procedure that I had scheduled at a Las Vegas surgical center was recently canceled, the business day prior, because there was no anesthesiologist available. I have been told by my doctor that this has been an ongoing problem with finding anesthesiologists to work at surgery centers. The reason, as it was explained to me, is that one of the larger anesthesiologist providers in the valley has contracted with hospitals and will not go to surgery centers. Also, that there is a 2 year non-compete clause in the contracts of any anesthesiologists that have left their service. This has apparently created a shortage of available anesthesiologists to work at surgery centers. As a result my procedure has been rescheduled and will take place at a hospital instead. This of course will be a significant increase in cost to the health plan and puts additional strain on already overburdened hospitals. Not to mention what it will do to the local surgery centers that are not able to provide service.

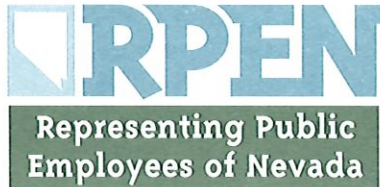
I understand that providers have a right to contract with other providers and choose where they want to work. However, I take issue with forcing former employees to abide by a two year non-compete clause if this is truly what is causing the lack of available anesthesiologists.

So, based on what I have been told, this is not an isolated incident of having to move a procedure to a hospital instead of a surgery center, and that this has been an ongoing problem. I bring this issue to the Board in hopes that you could possibly work towards a solution. Whether that involves exploring political avenues, perhaps contracting with an anesthesiologist group to provide PEBP members service or by some other means. I'm sure Las Vegas area surgery centers could provide more details on this situation. Even if the Board cannot find a solution I thought it important to bring it to your attention since it will affect health plan costs.

Sincerely,

Jill M. Sims

January 26, 2023



PEBP Chair Robb, Vice-Chair Barnes and fellow PEBP Board Members:

My name for the record is Terri Laird, and I am the Executive Director for RPEN, the Retired Public Employees of Nevada, where we represent nearly 8-thousand members, the majority of whom are retirees, although we also represent actives who are still working. RPEN was created in 1976 to protect the pensions and health care benefits earned by ALL public employees and that mission continues today.

We have commented before this Board several times about our concern over the staffing shortages within nearly every State agency, including PEBP. The shortages at PEBP are felt by our members who, when they call the PEBP Customer Service phones experience very long waits to speak with an actual person. And the days when a PEBP participant could walk in on any given day to speak with someone are long gone since COVID. So when we heard the news from former Governor Sisolak that he had proposed general pay increases over the 2-year biennium we were obviously happy about it. That coupled with retention bonuses are all a step in the right direction to hire and keep qualified staff at PEBP, DETR and the DMV just to name a few.

As I write this written comment (because our organization is conducting an Executive Committee meeting on the day of the PEBP Board meeting) the PEBP agenda for the January 26 meeting has not yet been posted, but since I need to get this written comment out by Monday, and I'll be out of the office Friday, January 20, I need to get my comment out so it can appear in Board packets. But not seeing the agenda, I don't have a clear idea of the items that will be considered. So, I'll keep my comments brief, and just again reiterate the importance of a fully-staffed office. One of the benefits of membership in RPEN is our history of working with PEBP and the Nevada Public Employees' Retirement System (PERS) and what we up to now have been able to offer our members because of those relationships. Our members contact us when they can't get an answer to a problem, and we have always been able to reach out to PEBP and PERS directly on their behalf and ask the Executive Officer or Communications Officer at each agency to possibly expedite their issue with an answer. We have always appreciated this cooperation, but understandably realize, after Ms. Rich explained that they would no longer be able to give a more one-on-one approach due to the staffing shortage. She has offered our staff some personal training which we appreciate, but we really hope to one day soon get back to the way it used to be and give our members a more personal touch that they'd come to appreciate by virtue of being an RPEN Member.

We also welcome new Board Chair Robb to his new role, and as always thank this Board and the PEBP Staff for your assistance over the many years.

Sincerely,

A handwritten signature in black ink that reads "Terri E. Laird". The signature is written in a cursive, flowing style.

Terri Laird, RPEN Executive Director

As an employee with the Nevada Department of Transportation, I wanted to make PEBP aware of a significant issue with HSA Bank, specifically their policy with HSA debit cards. In my example, I had a doctor visit on 5/22, did not receive my bill from my doctor until after 7/1/22 which is the HSA Bank plan year change. I had over \$800 in my account at the time of my doctor visit which rolled over into my 7/1/22 plan year. I used my debit card to pay a bill of approx \$150 for that doctor visit, but was later denied by HSA bank for that transaction because it was in the previous plan year.

My account has since been suspended now for a month and there is still no resolution to this problem. I have made countless attempts via email, and phone call to rectify this problem, and after speaking with a different person every time and receiving a different answer from each representative, here I am, with bills on the counter that I cannot pay my using **MY** HSA debit card. The whole process is for this \$150 denial has now consumed 3 months of time and is still unresolved.

I wanted to make PEBP aware as this is going to negatively affect anyone that goes to the doctor in April/May/June and that attempt to use **their** \$ on **their** debit card to pay for legitimate medical expenses as it is not abnormal for a medical office to bill an individual months later after going through insurance.

I understand that this is the policy of HSA Bank on this matter, but I find this policy unacceptable as do many of my peers. If this policy remains and HSA Bank continues to be our vendor for Health Savings Accounts, I will not be participating come July 1 2023, and I would envision many others will find this policy unacceptable as well.

I have asked this question on the PEBP website and the response can be seen highlighted below

Good afternoon Grant, Thank you for sending in your concerns. Per HSA Bank, members cannot use the debit card to pay for services that were received prior to 7/1/22. You will need to pay back that amount to have your account re-activated. After that, you need to file a manual claim through your HSA Bank account for reimbursement. The debit card can only be used to pay for bills with a date of service on or after 7/1/22. If you receive bills for any dates of service prior to 7/1/22, you will need to file manual claims for reimbursement. Kind regards, Member Services

I have also included my account activity below as reference to my funds available at the time of my doctor visit.

DATE ▼	DESCRIPTION	AMOUNT	RUNNING BALANCE	NOTES
12/08/2022	Claim Submission			
11/28/2022	Claim Submission			
11/16/2022	Claim Submission			
11/16/2022	Claim Submission			
11/09/2022	Claim Submission			
11/09/2022	Claim Submission			
11/08/2022	Claim Submission			
11/06/2022	Claim Submission			
10/22/2022	Claim Submission			
10/20/2022	Claim Submission			
09/16/2022	Claim Submission			
09/11/2022	Claim Submission			
07/28/2022	Claim Submission			
07/15/2022	Rollover Contribution			
06/30/2022	Contribution Adjustment			

Thank you for your time.

EDWIN FORGES

January 24, 2023

Dear PEBP,

I am requesting to our PPO Network for out of state United Health Choice Plus to add University of Utah Hospitals and Clinics and all its affiliate doctors to be added as In-Network Providers. Since we switch from Aetna to United Health Choice Plus, the University of Utah Hospital is not included to the network provider list.

I was going to them since 2018 since I was diagnosed with a [REDACTED]. My neurosurgeon here in Las Vegas referred me to the University of Utah Hospital and their doctors since they were unable to do it here in our city.

Thank you,

Edwin Forges

State of NV Employee



TO: Jack Robb, Chair, and Public Employee Benefits Program Board

FROM: Douglas Unger, President, UNLV Chapter, and Government Affairs Representative,
Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee
E-mail: [REDACTED] Ph: [REDACTED]

PEBP BOARD MEETING – 1-26-2023 – PUBLIC COMMENT

Doug Unger, President, UNLV Chapter, Nevada Faculty Alliance, and Government Affairs Representative. Good morning, and a warm NFA welcome to Director Jack Robb, new Chair of the PEBP Board. We look forward to working with you in the coming years. Thank you to members of the PEBP Board for your service.

As we launch into this new year, Governor Lombardo's new administration, and the 82nd Legislative session, all seems pretty much as expected with PEBP: we are grateful that plan designs maintain a consistency in deductibles, out-of-pocket maximums, most services, and premiums; we also welcome the modest improvement in dental coverage and the addition of a Cancer Concierge. One issue that may need to be addressed is the almost certain inflation in provider contract costs this coming year when the proposed employer contribution has been cut by \$25.00 per member. We hope PEBP does not risk a budget shortfall. Still pending is the restoration of Long Term Disability insurance, which, in a state that opts out of Social Security, feels like a breach of trust not to provide its employees, especially Nevada faculty, who have no coverage at all. The expensive private option has not filled the need for most; and elimination of state sponsored Long Term Disability insurance is one more small yet significant reason added to woefully inadequate compensation that is causing state employees, numbering in the thousands, to leave state jobs for better opportunities. As with most state agencies, PEBP's most urgent challenge right now is short staffing. I'm afraid the Governor's recommended 8% and 4% COLA over the biennium (only 6% and 2% or less after increased PERS deductions) is at best a half measure. It won't fix understaffing issues. COLA will need to be significantly higher to make a difference. As well, the Governor's mandate to work in-person in state offices will drive yet more employees away—in the post-pandemic 21st century, remote work is a reality, proven to be equally if not more productive. Remote work can be an attractive benefit for so many good employees. We hope the Governor will be more flexible about this mandate, so as to optimize state agency chances of hiring and retaining qualified workers they urgently need. Thank you.

January 26, 2023

For Public Comment, PEBP Board Meeting, January 26, 2023

To: PEBP Board

From: Brooke Maylath

I would like to commend and congratulate the efforts of the Executive Director to amend the PEBP Master Plan, bringing the coverage of medically necessary gender affirming treatments to the standards that are mandated by the Affordable Care Act and Nevada non-discrimination statutes. This inclusionary amendment will both save lives and provide for a quality of life that can only benefit that State.

As glad as I am about the changes in the Master Plan, I have one item that gives me pause; the section that allows the Utilization Management (UM) service to apply “industry standard requirements/guidelines” to allow for more flexibility. In concept, this is a positive feature, however, experience indicates the process has the potential for wide variations in interpretation and application, depending upon which “guidelines” are followed. I recommend a simple, yet efficient, solution; make available the guidelines which the UM service will use. For example, United Healthcare has a Gender Dysphoria Treatment Medical Policy (policy number: 2023T0580M) which could be used, or the Master Plan could reference World Professional Association for Transgender Health (WPATH) Standards of Care Version 8. Proactively making this information available will help those seeking medical help as well as those administering the Plan.

Again, I thank all of those who have listened to the issues and enabled these life affirming changes.

Brooke Maylath