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AGENDA ITEM

Action Item

Information Only

Date: March 23, 2023

Item Number: VII.I

Title: Updates to the Plan Year 2024 Master Plan Documents (MPDs)

SUMMARY

This report will go over the benefit changes to the Master Plan Documents (MPD) for plan year 2024 for the following MPDs:

- Consumer Driven Health Plan Master Plan Document
- Low Deductible Master Plan Document
- Exclusive Provider Organization Master Plan Document
- Dental PPO and Life Insurance Master Plan Document
- Health Reimbursement Arrangement Summary Plan Document

To see every change please visit <https://pebp.state.nv.us/meetings-events/board-meetings/> for digital, PDF copies of plan documents. This is due to file size.

BACKGROUND

PEBP staff and its vendor partners, have identified several more necessary changes to the Consumer Driven Health Plan (CDHP), Low Deductible PPO (LD), and the Exclusive Provider Organization (EPO) Master Plan Documents. The proposed changes stem from input received from the subject matter experts – some changes being simply housekeeping efforts, while others are regulatory and compliance matters. Additional edits will likely be necessary once testing relating to the Mental Health Parity and Addiction Equity Act is conducted later this year.

REPORT

UPDATES TO THE CDHP, LD, AND EPO

There were several updates and changes implemented across the health plan documents. These include the following list of changes:

Plan Changes for the CDHP, LD, and EPO

Prescription Drug Benefits			
Item #	Change Type	Proposed Change	Justification
1	Clarification	Insulin pumps and supplies are covered under the pharmacy benefit's base day and quantity limits, subject to copayments, deductibles, or coinsurance.	Insulin Pump and Insulin Pump supplies were previously added to the plan documents under the prescription benefit. This clarification addresses the applicable cost to the member.

Benefit Limitations and Exclusions			
Item #	Change Type	Proposed Change	Justification
2	Clarification	Added exception to Biofeedback exclusion to be "unless included with psychotherapy."	Per the Third-Party Administrator, biofeedback claims are identified by diagnosis and covered when conducted in conjunction with psychotherapy.

Appeals			
Item #	Change Type	Proposed Change	Justification
3	Update	Updated prescription drug review and appeals to include "those cases related to specialty drugs dispensed through Accredo specialty pharmacy."	Per the PBM, Express Scripts, to educate members that Specialty Pharmacy determinations can be appealed.
4	Update	Updated the contact information under "How to request a Clinical Coverage Review"	Per the Express Scripts' request to help expedite coverage reviews.

Participant Contact Guide			
Item #	Change Type	Proposed Change	Justification
5	Update	Updated the Pharmacy Benefit Manager contact information.	Per Express Scripts

Benefits			
Item #	Change Type	Proposed Change	Justification
6	Removal	Coronavirus (COVID-19) Benefits	The federal government confirmed that May 11, 2023 will be the end of the public health emergency (PHE); therefore, this section can be removed from plan documents as standard benefits and cost share will apply.
7	Update	Added section for Smoking/Tobacco Cessation from the CDHP to the LD and EPO plans.	It was recently recognized that the Low Deductible and Exclusive Provider Organization plans historically did not explicitly state this benefit.

SPECIFIC BENEFIT CHANGES

The following changes were made specific to the listed plans and are noted on the respective Master Plan Document, respectively.

Exclusive Provider Organization			
Item #	Change Type	Proposed Change	Justification
8	Update	Removed "ages 18 and older" from Gender Dysphoria Related Services	Erroneously included in this plan document. This is updated to coincide with other plan documents.

Health Reimbursement Arrangement SPD			
Item #	Change Type	Proposed Change	Justification
9	Update	Created Summary Plan Document for the Health Reimbursement Arrangement, (see 7.2, attached)	Due to expanding a Health Reimbursement Arrangement to other PEBP Plans, a Summary Plan Document is necessary for notification to members. Conforming changes to other plan documents will be made upon approval.

Dental and Life Master Plan Document			
Item #	Change Type	Proposed Change	Justification
10	Clarification	Added “or medically unnecessary” to Non-Eligible Dental Expenses	Clarifying update to Plan document that medically unnecessary services are not covered.
11	Clarification	Updated definition of Medically Unnecessary Services of Supplies to include an example.	Clarified benefit exclusions for Procedures that are not indicated due to insufficient evidence of efficacy.

Intrauterine Insemination (IUI)

PEBP staff and its vendor partners reviewed claims history for the Consumer Driven Health Plan (CDHP), Low Deductible PPO (LD), and the Exclusive Provider Organization (EPO) regarding IUI for plan years 2020 through 2022. The proposed changes stem from input received from the subject matter experts.

Currently, the plan’s infertility benefits are limited to Intrauterine insemination (IUI), which is not generally covered by health plans because it is not recognized as clinically effective infertility treatment. It is also not widely utilized. For each of the last three years, there have been fewer than 20 claimants with a low success rate.

Unique Claimant Count			
Plan Year	Total	Pregnancy	Non-Pregnancy
2020	17	6	11
2021	14	5	9
2022	18	3	15

Costs are about \$300 per treatment. Some patients have multiple treatments, but the total plan costs per year are generally \$10,000 or less.

Plan Allowed for IUI			
Plan Year	Total	Resulted in Pregnancy	Did Not Result in Pregnancy
2020	\$10,361	\$4,192	\$6,169
2021	\$8,206	\$3,624	\$4,582
2022	\$7,611	\$570	\$7,901

Total costs for maternity and pregnancy for the patients where IUI did result in pregnancy were under \$100,000 per year:

Plan Allowed for IUI		
Plan Year	Claimants	Maternity and Pregnancy Costs
2020	6	\$61,163
2021	5	\$89,731
2022	3	\$31,528

While recent IUI related births appear to have been somewhat routine, we should note that pregnancies resulting from IUI treatments come with a higher risk of complications. The low prevalence rate does not provide a credible indication of how all future IUI related pregnancies will turn out.

Intrauterine insemination (IUI) clinically can often lead to multiple births, high risk pregnancy, neonatal ICU admissions, and a higher rate of unnecessary medical care. Many local OBGYN’s perform IUI without having a member evaluated by a reproductive endocrinologist. There could be other undetected underlying medical conditions that go unaddressed with this pathway.

Infertility benefits that are focused on coverage for IUI treatments generally do not provide coverage for the most clinically sound, or effective, treatments available today and can result in high-risk pregnancies.

The Consumer Driven Health Plan has historically never had an IUI benefit so the recommended benefit change will only affect the LD and EPO plans.

Low Deductible and EPO			
Item #	Change Type	Proposed Change	Justification
12	Removal	Remove IUI coverage	Infertility benefits that are focused on coverage for IUI treatments do not provide coverage for the most clinically sound, or effective treatments available today and can result in high-risk pregnancies.

RECOMMENDATION

Approve the proposed updates to the health Master Plan Documents for Plan Year 2024:

- Consumer Driven Health Plan Master Plan Document
- Low Deductible Master Plan Document
- Exclusive Provider Organization Master Plan Document
- Dental PPO and Life Insurance Master Plan Document
- Health Reimbursement Arrangement Summary Plan Document