



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program

Date and Time of Meeting: September 26, 2024 9:00 a.m.

Video Conferencing: This meeting will be available by means of a remote technology system pursuant to NRS 241.023 using video- and tele-conference. Instructions for both options are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at
<https://youtube.com/live/GyySPikISs>

To submit written public comment, please upload your document to the *Public Comment Upload Form* located under *Contact Us* on the PEBP website, <https://pebp.nv.gov>, no later than two business days prior to the meeting.

To listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Video Conferencing" field above.

There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:

Option #1 Join the webinar as an attendee <https://us06web.zoom.us/j/83188214799>
This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Video Conferencing" field above.

Option #2 Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 831 8821 4799 then press #. When prompted for a Participant ID, please enter #.

Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.

To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email jcrane@peb.nv.gov

Meeting materials can be accessed here: <https://pebp.nv.gov/Meetings/current-board-meetings/>

AGENDA

1. Open Meeting; Roll Call

2. Public Comment

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three-minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. The total time allotted to public comment may be limited to one hour at the discretion of the chairperson. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting in person or by telephone and persons whose comments may extend past the three-minute time limit may submit their public comment in writing by uploading your document to the [Public Comment Upload Form](#) located under [Contact Us](#) on the PEBP website, <https://pebp.nv.gov>, no later than two business days prior to the meeting.. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Action Minutes from the July 25, 2024 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending June 30, 2024:

4.2.1 Q4 Budget Report

4.2.2 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

4.3.3 Q4 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.4 Q4 UnitedHealthcare – Basic Life Insurance

4.3.5 Q4 UMR Performance Guarantee Report

4.3.6 Q4 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.7 Amplifon Performance Report

5. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)
6. Plan Design Report (Celestena Glover, Executive Officer and Segal) (**For Possible Action**)
7. Public Comment.

Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

8. Adjournment.

<p>The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at https://pebp.nv.gov/Meetings/current-board-meetings/ (under the Board Meeting date referenced above). Contact Jessica Crane at PEBP, 3427 Goni Rd, Suite 109, Carson City, NV 89706 (775) 684-7020 or (800) 326-5496</p>

<p>An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.</p>

<p>All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.</p>

<p>We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 3427 Goni Rd, Suite 109, Carson City, NV 89706, or call Jessica Crane at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.</p>
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<p>Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 3427 Goni Rd, Suite 109, Carson City, NV 89706 or on the PEBP website at https://pebp.nv.gov. For additional information, contact Jessica Crane at (775) 684-7020 or (800) 326-5496.</p>

<p>Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at https://pebp.nv.gov, at the office of the public body and to the public notice website for meetings at https://notice.nv.gov. In addition, the agenda was mailed to groups and individuals as requested.</p>

1.

1. Open Meeting; Roll Call

2.

2. Public Comment

3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4.

4. Consent Agenda (Joy Grimmer, Board Chair) (**All items for possible action**)

4.1 Approval of Action Minutes from the July 25, 2024 PEBP Board Meeting

4.2 Receipt of quarterly staff reports for the period ending June 30, 2024:

4.2.1 Q4 Budget Report

4.2.2 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

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4.3.3 Q4 Sierra HealthCare Options and UnitedHealthcare Plus Network – PPO Network

4.3.4 Q4 UnitedHealthcare – Basic Life Insurance

4.3.5 Q4 UMR Performance Guarantee Report

4.3.6 Q4 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.7 Amplifon Performance Report

4.1

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the July 25, 2024 PEBP Board Meeting

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

3427 Goni Road, Suite 117
Carson City, NV 89706

ACTION MINUTES (Subject to Board Approval)

July 25, 2024

MEMBERS PRESENT

Ms. Joy Grimmer, Board Chair

IN PERSON:

Dr. Jennifer McClendon, Member

Mr. Jim Barnes, Member

Ms. Janell Woodward, Member

Ms. Stacie Weeks, Member

Ms. Betsy Strasburg, Member

MEMBERS EXCUSED:

Ms. Michelle Kelley, Vice Chair

FOR THE BOARD:

Ms. Radhika Kunnel, Deputy Attorney General

FOR STAFF:

Ms. Celestena Glover, Executive Officer

Mr. Nik Proper, Operations Officer

Ms. Michelle Weyland, Chief Financial Officer

Ms. Brandee Mooneyhan, Lead Insurance Counsel

Ms. Leslie Bittleston, Quality Control Officer

Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Richard Ward, Segal

Joni Amato, CTI

Julie Weissman, PillarRX

Nancy Langeland, Express Scripts

1. Open Meeting; Roll Call

- Board Chair Grimmer opened the meeting at 9:00 a.m.

2. Public Comment

- Terri Laird – RPEN

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Action Minutes from the May 23, 2024 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending March 31, 2024:

4.2.1 Q3 Budget Report

4.2.2 Q3 Utilization Report

4.2.3 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending March 31, 2024:

4.3.1 Q3 UMR – Obesity Care Management

4.3.2 Q3 UMR – Diabetes Care Management

4.3.3 Q3 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.4 Q3 UnitedHealthcare – Basic Life Insurance

4.3.5 Q3 Express Scripts – Summary Report

4.3.6 Q3 Express Scripts – Utilization Report

4.3.7 UMR – Performance Guarantee Report

4.3.8 Doctor on Demand – Engagement Report

4.3.9 Real Appeal – Utilization Report

4.4. Revised PEBP Language Access Plan per NRS 232.0081

4.5 Self Insurance Internal Service Fund Financial Statement

4.6 State Retirees' Health & Welfare Benefits Fund Financial Statement

BOARD ACTION ON ITEM 4

MOTION: Motion to accept consent agenda items except 4.1 and 4.6.

BY: Member Betsy Strasburg

SECOND: Member Janell Woodward

VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 4.1

MOTION: Motion to approve 4.1

BY: Member Jim Barnes

SECOND: Member Jennifer McClendon

VOTE: Ayes - 4, the motion carried
Betsy Strasburg - Abstained

BOARD ACTION ON ITEM 4.6

MOTION: Motion to approve 4.6

BY: Member Jim Barnes

SECOND: Member Janell Woodward

VOTE: Unanimous, the motion carried

5. Election of Board Vice-Chair pursuant to Nevada Administrative Code (NAC) 287.172. Eligible Candidates are Betsy Strasburg, Michelle Kelley, Jim Barnes, Janell Woodward and Jennifer McClendon. (Joy Grimmer, Board Chair) **(For Possible Action)**

BOARD ACTION ON ITEM 5

MOTION: Motion to re-elect Michelle Kelley as Vice Chair

BY: Member Stacie Weeks

SECOND: Member Betsy Strasburg

VOTE: Unanimous, the motion carried

6. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)

7. Overview of Current Plan Options (Richard Ward, Segal) (Information/Discussion)

8. Discussion regarding the framework for development of the Agency Budget Request for the 2026-2027 Biennium. (Celestena Glover, Executive Officer) **(For Possible Action)**

BOARD ACTION ON ITEM 8

MOTION: Motion to accept item 8

BY: Member Stacie Weeks

SECOND: Member Betsy Strasburg

VOTE: Unanimous; the motion carried

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of January 1, 2024 – March 31, 2024. (Joni Amato, Claim Technologies Incorporated) **(For Possible Action)**

BOARD ACTION ON ITEM 9

MOTION: Motion to accept audit as presented

BY: Member Betsy Strasburg

SECOND: Member Janell Woodward

VOTE: Unanimous; the motion carried

10. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by Express Scripts for the period of July 1, 2022 – June 30, 2023 (Joni Amato, Claim Technologies Incorporated)
(For Possible Action)

BOARD ACTION ON ITEM 10

MOTION: Motion to accept CTI's audit of ESI

BY: Member Jennifer McClendon

SECOND: Member Betsy Strasburg

VOTE: Unanimous; the motion carried

11. Public Comment

12. Adjournment

- Board Chair Grimmer adjourned the meeting at 10:17 a.m.

4.2

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

- 4.1 Approval of Action Minutes from the
July 25, 2024 PEBP Board Meeting
- 4.2 Receipt of quarterly staff reports for the
period ending June 30, 2024**

4.2.1

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.2 Receipt of quarterly staff reports for the period ending June 30, 2024:

4.2.1 Q4 Budget Report



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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: September 26, 2024

Item Number: 4.2.1

Title: Chief Financial Officer Budget Report

Summary

This report addresses the Operational Budget as of June 30, 2024, fiscal year end, to include:

1. Budget Status
2. Budget Totals
3. Claims Summary

Budget Account 1338 – Operational Budget – Shown below is a summary of the operational budget account status as of June 30, 2024, with comparisons to the same period in Fiscal Year 2023. The budget status is reported on a cash basis and does not include incurred expenses and income owed to the fund.

The budget status report reflects actual income of \$434.9 million as of June 30, 2024, compared to \$393.9 million as of June 30, 2023, or an increase of 10.4%. Total expenses for the period have increased by \$39.2 million or 9.3% for the same period.

The budget status report shows Realized Funding Available (cash) at \$94.5 million. This compares to 120.7 million for the same period of last year. The table below reflects the actual revenues and expenditures for the period.

Operational Budget 1338

	FISCAL YEAR 2024			FISCAL YEAR 2023		
	Actual as of 8/31/2024	Work Program	Percent	Actual as of 8/31/2023	Fiscal Year 2023 Close	Percent
Beginning Cash	120,714,437	120,714,437	100%	148,854,786	148,854,786	100%
Premium Income	388,899,933	419,156,515	93%	357,314,410	357,314,410	100%
All Other Income	46,036,998	38,079,991	121%	36,548,418	36,548,418	100%
Total Income	434,936,931	457,236,506	95%	393,862,827	393,862,827	100%
Personnel Services	2,722,805	2,938,164	93%	2,320,130	2,320,130	100%
Operating - Other than Personnel	2,825,959	3,084,368	92%	3,400,154	3,400,154	100%
Insurance Program Expenses	455,467,372	458,919,129	99%	415,155,444	415,155,444	100%
All Other Expenses	172,381	187,157	92%	1,127,449	1,127,449	100%
Total Expenses	461,188,517	465,128,818	99%	422,003,177	422,003,177	100%
Change in Cash	(26,251,586)	(7,892,312)		(28,140,349)	(28,140,349)	
REALIZED FUNDING AVAILABLE	94,462,851	112,822,125	84%	120,714,437	120,714,437	100%
Incurred But Not Reported Liability	(52,874,000)	(52,874,000)		(51,030,000)	(51,030,000)	
Catastrophic Reserve	(38,212,000)	(38,212,000)		(38,426,000)	(38,426,000)	
HRA Reserve	(20,600,889)	(20,600,889)		(22,800,889)	(22,800,889)	
NET REALIZED FUNDING AVAILABLE	(17,224,038)	1,135,236		8,457,548	8,457,548	

Current Budget Projections

The following table represents the budget totals for the year ending June 30, 2024. The projection reflects total income to be less than budgeted by 3.9% (\$555.7 million vs \$577.9 million), total expenditures were less than budgeted by 0.8% (\$461.3 million vs \$465.2 million); total reserves are less than budgeted by 9.4% (\$94.3 million vs 112.8 million).

State Subsidies were less than the budgeted amount by \$19.3 million (6.0%), Non-State Subsidies were more than budgeted by \$0.2 million (1.2%), and Premium Income was less than budgeted by \$11.2 million (14.1%). The overall decrease in budgeted revenue is due in part to a reduction in participant premiums and state subsidies because of actual enrollment compared to budgeted enrollment and a change in the mix of plan and tiers. The mix of participants is as follows:

- 0.43% more state actives,
- 4.36% less state non-Medicare retirees,
- 12.50% more non-state actives,
- 7.08% less non-state, non-Medicare retirees
- 1.76% less state Medicare retirees, and
- 4.44% less non-state Medicare retirees

Budgeted and Projected Income (Budget Account 1338)					
Description	Budget	Actual 8/31/24	Projected	Difference	
Carryforward	120,714,437	120,714,437	120,714,437	0	0.0%
State Subsidies	319,982,387	300,658,001	300,658,001	(19,324,386)	-6.0%
Non-State Subsidies	20,164,091	20,408,993	20,408,993	244,902	1.2%
Premium	79,010,037	67,832,939	67,832,939	(11,177,098)	-14.1%
COVID Funds	0	0	0	0	30.3%
Appropriations	11,816,381	11,816,381	11,816,381	0	-3.9%
All Other	26,263,610	34,220,617	34,220,617	7,957,007	30.3%
Total	577,950,943	555,651,368	555,651,368	(22,299,575)	-3.9%
Budgeted and Projected Expenses (Budget Account 1338)					
Description	Budget	Actual 8/31/24	Projected	Difference	
Operating	6,298,572	5,810,029	5,810,029	488,544	7.8%
State Insurance Costs	408,490,131	408,353,812	408,353,812	136,319	0.0%
Non-State Insurance Costs	7,824,432	7,347,845	7,347,845	476,587	6.1%
Medicare Retiree Insurance Costs	42,604,566	39,765,715	39,765,715	2,838,851	6.7%
Total Insurance Costs	458,919,129	455,467,372	455,467,372	3,451,757	0.8%
Total Expenses	465,217,701	461,277,400	461,277,400	3,940,301	0.8%
Restricted Reserves	123,292,889	111,686,889	111,686,889	(11,606,000)	-9.4%
Differential Cash Available	1,135,236	(17,312,921)	(17,312,921)	18,448,157	1625.1%
Total Reserves	124,428,125	94,373,968	94,373,968	6,842,157	5.5%
Total of Expenses and Reserves	589,645,826	555,651,368	555,651,368	10,782,459	1.8%

Expenses for Fiscal Year 2024 were 3.9 million (0.8%) less than budgeted when changes to reserves are excluded. Operating expenses were less than budgeted by \$0.5 million (7.3%). Employee and Retiree insurances costs were less than budgeted by \$3.5 million (0.8%) when taken in total (see table above for specific information).

PEBP ended FY 2024 with \$94.5 million in cash on hand to balance forward, which is a \$43.5 million shortfall in beginning cash for FY 2025. Adjustments have been made to the reserve categories in FY 2025 to account for the shortfall and will address the requirement to restore those reserve balances in FY 2026 and 2027.

Recommendations

None.

4.2.2

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.2 Receipt of quarterly staff reports for the period ending June 30, 2024:

4.2.1 Q4 Budget Report

4.2.2 Contract Status Report



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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: September 26, 2024
Item Number: 4.2.2
Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

10.1 Contracts Overview

Below is a listing of the active PEBP contracts as of August 31, 2024.

PEBP Active Contracts Summary							
Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
Eide Bailly	Financial Auditor	27703	7/11/2023	12/31/2026	\$ 386,500.00	\$ 127,500.00	\$ 259,000.00
Health Plan of Nevada Inc	Southern Nevada HMO	23802	7/1/2021	6/30/2025	\$ 192,093,848.00	\$ 134,647,624.79	\$ 57,446,223.21
Diversified Dental Services Inc.	Dental PPO	23810	7/1/2021	6/30/2026	\$ 1,601,613.00	\$ 1,006,531.43	\$ 595,081.57
Lifeworks/Telus Health	Benefits Management System	25935	5/10/2022	12/31/2026	\$ 6,145,600.00	\$ 3,286,532.84	\$ 2,859,067.16
Express Scripts, Inc.	Pharmacy Benefit Manager	25582	5/10/2022	6/30/2026	\$ 332,109,496.00	\$ 172,223,343.07	\$ 159,886,152.93
*Willis Towers Watson (VIA)	*Medicare Exchange	16468	7/1/2015	6/30/2025	\$ 1,546,000.00	\$ 1,233,741.92	\$ 312,258.08
United Healthcare Insurance	Group Basic Life Insurance	25607	7/1/2022	6/30/2026	\$ 12,824,248.00	\$ 9,471,209.55	\$ 3,353,038.45
Brown & Brown of Massachusetts	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,581,662.00	\$ 618,404.00	\$ 963,258.00
Segal Company, Inc.	Consulting Services	25557	7/1/2022	6/30/2027	\$ 4,285,410.00	\$ 1,532,510.00	\$ 2,752,900.00
Capitol Reporters	Court Reporting	27029	2/1/2023	6/30/2025	\$ 31,932.00	\$ 9,952.00	\$ 21,980.00
Carrum Health	Centers of Excellence	28745	2/12/2024	6/30/2028	\$ 4,000,000.00	\$ -	\$ 4,000,000.00
Carrum Health	Oncology Concierge	29053	5/14/2024	6/30/2028	\$ 1,490,000.00	\$ 30,000.00	\$ 1,460,000.00
UMR, Inc.	TPA and Other Services	25155	7/1/2022	6/30/2028	\$ 65,413,106.00	\$ 9,345,082.04	\$ 56,068,023.96

*Willis Towers Watson (VIA) As of July 1, 2019 Willis Towers Watson no longer charges PEBP an administrative fee.

Recommendation

No action necessary

10.2 New Contracts

NO NEW CONTRACTS

Recommendation

No action necessary

10.3 Contract Amendment Ratifications

NO NEW CONTRACT AMENDMENTS

Recommendation

No action necessary.

10.4 Contract Solicitation Ratifications

PEBP does not currently have any contract solicitations for ratification.

10.5 Status of Current Solicitations

The chart below provides information on the status of PEBP's in-progress solicitations:

Service	Anticipated/ Actual RFP release date	Anticipated/ Actual NOI	Winning Vendor	Anticipated Board Approval
HMO Vendor	08/23/2024	10/2024	TBA	11/2024
Medicare Exchange Vendor	09/2024	11/2024	TBA	11/2024

4.3

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

- 4.3.1 Q4 UMR – Obesity Care Management
- 4.3.2 Q4 UMR – Diabetes Care Management
- 4.3.3 Q4 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.4 Q4 UnitedHealthcare – Basic Life Insurance
- 4.3.5 Q4 UMR Performance Guarantee Report
- 4.3.6 Q4 WTW’s Individual Marketplace (VIA Benefits) Enrollment and Performance Report
- 4.3.7 Amplifon Performance Report

4.3.1

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

DATASCOPE™

Obesity Care Management Report

Nevada Public Employees' Benefits Program

July 2023 – June 2024 Incurred,

Paid through August 31, 2024



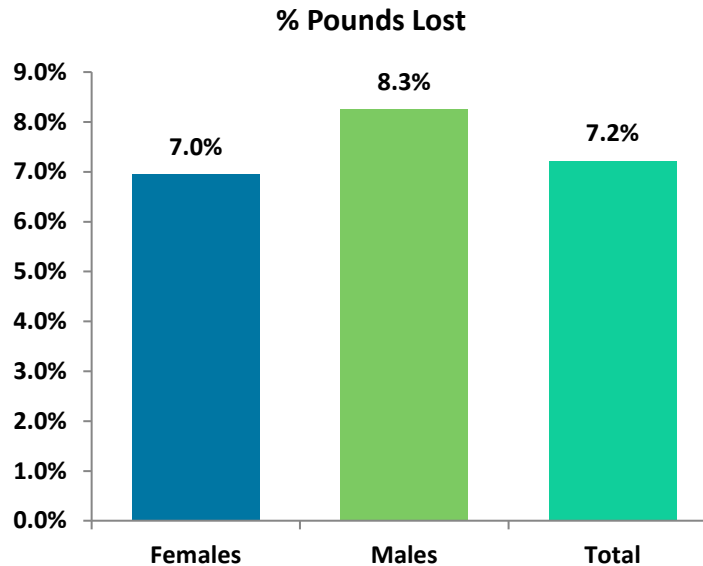
Reimagine | Rediscover **Benefits**



Obesity Care Management Overview

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

4Q24			
Weight Management Summary	Females	Males	Total
# Mbrs Enrolled in Program	263	56	319
Average # Lbs. Lost	13.4	20.4	14.6
Total # Lbs. Lost	3,519.1	1,140.6	4,659.7
% Lbs. Lost	7.0%	8.3%	7.2%
Average Cost/ Member	\$5,601	\$4,151	\$5,346

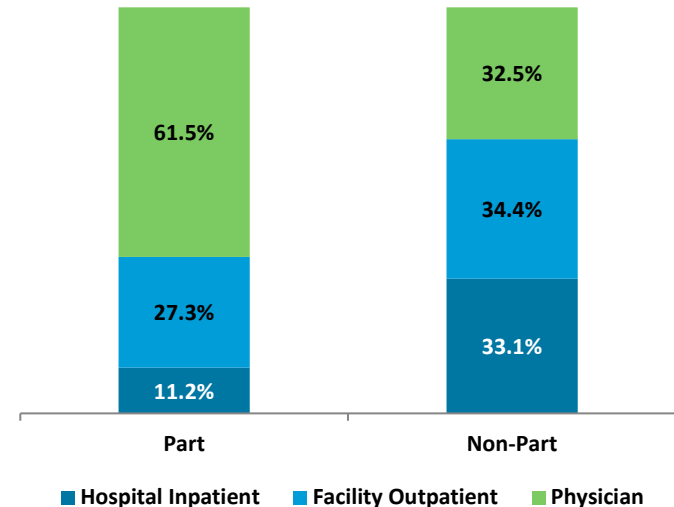


Obesity Care Management – Financial Summary

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	284	1,577	-82.0%
Avg # Members	309	1,887	-83.6%
Member/Employee Ratio	1.1	1.2	-9.2%
Financial Summary			
Gross Cost	\$2,091,182	\$26,093,195	
Client Paid	\$1,704,737	\$22,873,033	
Employee Paid	\$386,446	\$3,220,162	
Client Paid-PEPY	\$6,003	\$14,506	-58.6%
Client Paid-PMPY	\$5,512	\$12,123	-54.5%
Client Paid-PEPM	\$500	\$1,209	-58.6%
Client Paid-PMPM	\$459	\$1,010	-54.6%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	0	29	
HCC's / 1,000	0.0	15.4	0.0%
Avg HCC Paid	\$0	\$280,075	0.0%
HCC's % of Plan Paid	0.0%	35.5%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$618	\$4,017	-84.6%
Facility Outpatient	\$1,507	\$4,169	-63.9%
Physician	\$3,388	\$3,937	-13.9%
Total	\$5,512	\$12,123	-54.5%

Cost Distribution by Claim Type



Obesity Care Management – Utilization Summary

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	16	260	
# of Bed Days	47	1,603	
Paid Per Admit	\$13,640	\$34,216	-60.1%
Paid Per Day	\$4,643	\$5,550	-16.3%
Admits Per 1,000	52	138	-62.3%
Days Per 1,000	152	850	-82.1%
Avg LOS	2.9	6.2	-53.2%
# of Admits From ER	8	146	-94.5%
Physician Office			
OV Utilization per Member	18.1	10.2	77.5%
Avg Paid per OV	\$115	\$110	4.5%
Avg OV Paid per Member	\$2,067	\$1,113	85.7%
DX&L Utilization per Member	18.6	24.8	-25.0%
Avg Paid per DX&L	\$44	\$74	-40.5%
Avg DX&L Paid per Member	\$812	\$1,822	-55.4%
Emergency Room			
# of Visits	72	634	
Visits Per Member	0.23	0.34	-32.4%
Visits Per 1,000	233	336	-30.7%
Avg Paid per Visit	\$3,585	\$3,526	1.7%
Urgent Care			
# of Visits	150	990	
Visits Per Member	0.49	0.52	-5.8%
Visits Per 1,000	485	525	-7.6%
Avg Paid per Visit	\$94	\$108	-13.0%

*Non-participant is defined as a member with morbid obesity chronic condition flag, but is not enrolled in the Obesity Care Management Program

4.3.2

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

DATASCOPE™

Diabetes Care Management Report

Nevada Public Employees' Benefits Program

July 2023 – June 2024 Incurred,

Paid through August 31, 2024

Reimagine | Rediscover **Benefits**

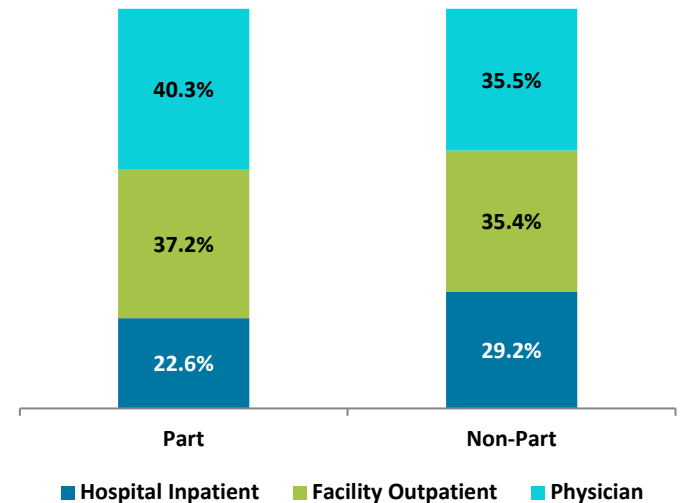


Diabetes Care Management – Financial Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Enrollment			
Avg # Employees	16	2,664	-99.4%
Avg # Members	26	3,326	-99.2%
Member/Employee Ratio	1.6	1.3	30.4%
Financial Summary			
Gross Cost	\$69,292	\$40,426,812	
Client Paid	\$40,712	\$34,925,231	
Employee Paid	\$28,580	\$5,501,581	
Client Paid-PEPY	\$2,545	\$13,110	-80.6%
Client Paid-PMPY	\$1,566	\$10,501	-85.1%
Client Paid-PEPM	\$212	\$1,092	-80.6%
Client Paid-PMPM	\$130	\$875	-85.1%
High Cost Claimants (HCC's) > \$100k			
# of HCC's	0	61	
HCC's / 1,000	0.0	18.3	0.0%
Avg HCC Paid	\$0	\$227,305	-100.0%
HCC's % of Plan Paid	0.0%	39.7%	0.0%
Cost Distribution - PMPY			
Hospital Inpatient	\$856	\$3,062	-72.0%
Facility Outpatient	\$1,407	\$3,715	-62.1%
Physician	\$1,525	\$3,724	-59.0%
Total	\$3,787	\$10,501	-63.9%

Cost Distribution by Claim Type



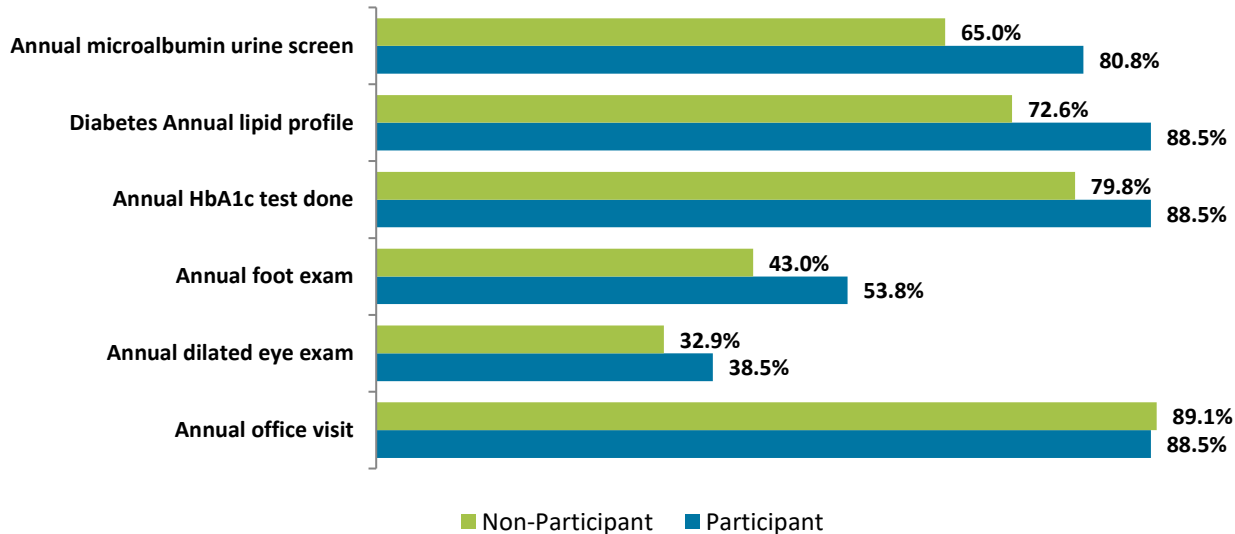
Diabetes Care Management – Utilization Summary

*Non-Participant is defined as a member who has been diagnosed with diabetes, but is not enrolled in the program
 *Analysis based on active members

Summary	Participants	Non-Participants	Variance
Inpatient Facility			
# of Admits	0	381	
# of Bed Days	0	2,187	
Paid Per Admit	\$0	\$31,860	-100.0%
Paid Per Day	\$0	\$5,550	-100.0%
Admits Per 1,000	0	115	-100.0%
Days Per 1,000	0	658	-100.0%
Avg LOS	0	5.7	-100.0%
# of Admits From ER	0	277	-100.0%
Physician Office			
OV Utilization per Member	4.8	9.0	-46.7%
Avg Paid per OV	\$105	\$116	-9.5%
Avg OV Paid per Member	\$509	\$1,048	-51.4%
DX&L Utilization per Member	17.5	24.9	-29.7%
Avg Paid per DX&L	\$27	\$64	-57.8%
Avg DX&L Paid per Member	\$474	\$1,594	-70.3%
Emergency Room			
# of Visits	3	950	
Visits Per Member	0.12	0.29	-58.6%
Visits Per 1,000	115	286	-59.8%
Avg Paid per Visit	\$1,658	\$3,314	-50.0%
Urgent Care			
# of Visits	3	1384	
Visits Per Member	0.12	0.42	-71.4%
Visits Per 1,000	115	416	-72.4%
Avg Paid per Visit	\$29	\$97	-70.1%

Quality Metrics

Condition	Metric	Participant				Non-Participant			
		#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric	#Members in Group	#Meeting Metric	#Not Meeting Metric	% Meeting Metric
Diabetes	Annual office visit	26	23	3	88.5%	3,292	2,934	358	89.1%
	Annual dilated eye exam	26	10	16	38.5%	3,292	1,082	2,210	32.9%
	Annual foot exam	26	14	12	53.8%	3,292	1,417	1,875	43.0%
	Annual HbA1c test done	26	23	3	88.5%	3,292	2,627	665	79.8%
	Diabetes Annual lipid profile	26	23	3	88.5%	3,292	2,391	901	72.6%
	Annual microalbumin urine screen	26	21	21	80.8%	3,292	2,139	1,153	65.0%



All member counts represent members active at the end of the report period.
Quality Metrics are always calculated on an incurred basis.

4.3.3

4. Consent Agenda (Joy Grimmer, Board Chair) **(All Items for Possible Action)**

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

**4.3.3 Q4 Sierra Healthcare Options and
UnitedHealthcare Plus Network – PPO
Network**

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	98.3%	
Q2 Results	97.9%	
Q3 Results	97.3%	
Q4 Results	99.5%	

Network Repricing Turnaround Time - UMR		
PEBP PG Target	Returned 97% in 3 Days	Returned 99% in 5 days
Q1 Results	98%	100%
Q2 Results	99.5%	99.5%
Q3 Results	99.5%	99.5%
Q4 Results	99.5%	99.5%

Network Provider Directory Disputes - UMR		
PEBP PG Target	Total Directory Disputes	TAT - Within 10 Business Days
Q1 Results	0	N/A
Q2 Results	0	N/A
Q3 Results	0	N/A
Q4 Results	0	N/A

4.3.4

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

4.3.3 Q4 Sierra Healthcare Options and
UnitedHealthcare Plus Network – PPO Network

4.3.4 **Q4 UnitedHealthcare – Basic Life Insurance**

370074 State of Nevada Public Employees' Benefits Program
Life Performance Guarantees

Service	Metric	Measurement	How Measured	Fee At Risk	Owner	Due to internal account management team by	Results	Guarantee Currently Met?
Client Implementation	Enrollment materials	Enrollment materials completed/shipped within agreed upon timeframe	Implementation Tracking	.3% of premium			N/A	Yes
	Draft certificate issued	30 days from receipt of set up information	Implementation Tracking	.3% of premium			N/A	Yes
	System Readiness	Systems ready for claims/customer service within the following days from receipt of complete set up information - 45 days list billed groups (excludes EDI) - 30 days for self billed groups	Implementation Tracking	.3% of premium			N/A	Yes
Claim Processing	Life Claims - Timeliness of claim payment	97% of claims processed within 10 days of receipt of complete information	Claim Turn Around Reports	.3% of premium	Karen Bogdan	9/13/2024	97.6%	Yes
	Complete Life Claim – Decision	97% of claims approved and payment issued, or claims denied and letter mailed in five business days following receipt of all information necessary to make a claim decision.	Internal Claims Audit	.3% of premium	Karen Bogdan	9/13/2024	95.3%	No
	Life Claims - Accuracy of claim payment	98% of claims processed accurately	Internal Claims Audit	.3% of premium	Karen Bogdan	9/13/2024	100.0%	Yes
Employer Reporting	Accurate reporting provided 45 days after the end of the quarter	Claim reporting sent out to employer	Claim Turn Around Reports	.3% of premium	Account Management			
Claim Customer Service	Average speed of answer	80% in less than 30 seconds	Call Center Statistics	.3% of premium	Karen Bogdan	9/13/2024	29	Yes
	Abandonment Rate	<5% abandonment rate	Call Center Statistics	.3% of premium	Karen Bogdan	9/13/2024	1.75%	Yes
Account Management	Client Satisfaction	UHCSB performs satisfactory ongoing, day-to-day account management in the opinion of the client's HR and/or benefits staff.	Claim Turn Around Reports	.3% of premium	Account Management			
Total at Risk				The lesser of 3% or \$50,000				

4.3.5

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

4.3.3 Q4 Sierra Healthcare Options and
UnitedHealthcare Plus Network – PPO Network

4.3.4 Q4 UnitedHealthcare – Basic Life Insurance

4.3.5 Q4 UMR Performance Guarantee Report



**PERFORMANCE GUARANTEE REPORT
 NV PUBLIC EMPLOYEES BENEFITS PROGRAM
 FOR MONTH ENDING: 7/2024
 PLAN YEAR: JUL-JUN**

Current Month			
Performance Standard	Target	Actual	Current Variance

Claims TAT in 10 Business Days	92.0%	93.2%	1.2%
Claim TAT in 20 Business Days	99.0%	98.7%	-0.3%
Abandonment Rate	3.0%	0.6%	2.4%
Calls Answered Within Service Level	85.0%	93.0%	8.0%
CSR Callback	90.0%	100.0%	10.0%
Call Resolution	95.0%	98.2%	3.2%
Adjustment Turnaround in 5 Days Rate	95.0%	90.5%	-4.5%
Customer Service Quality Rate	97.0%	97.0%	0.0%
Open Issue Resolution 2 Days Rate	90.0%	98.8%	8.8%
Open Issue Resolution 5 Days Rate	98.0%	99.3%	1.3%

Current Quarter to Date			
Performance Standard	Target	Actual	Current Variance

Claims TAT in 10 Business Days	92.0%	93.2%	1.2%
Claim TAT in 20 Business Days	99.0%	98.7%	-0.3%
Abandonment Rate	3.0%	0.6%	2.4%
Calls Answered Within Service Level	85.0%	93.0%	8.0%
CSR Callback	90%	100.0%	10.0%
Call Resolution	95.0%	98.2%	3.2%
Adjustment Turnaround in 5 Days Rate	95.0%	90.5%	-4.5%
Customer Service Quality Rate	97.0%	97.0%	0.0%
Open Issue Resolution 2 Days Rate	90.0%	98.8%	8.8%
Open Issue Resolution 5 Days Rate	98.0%	99.3%	1.3%

Current Year to Date			
Performance Standard	Target	Actual	Current Variance

Claims TAT in 10 Business Days	92.0%	93.2%	1.2%
Claim TAT in 20 Business Days	99.0%	98.7%	-0.3%
Abandonment Rate	3.0%	0.6%	2.4%
Calls Answered Within Service Level	85.0%	93.0%	8.0%
CSR Callback	90.0%	100.00	10.00
Call Resolution	95.0%	98.2%	3.2%
Adjustment Turnaround in 5 Days Rate	95.0%	90.5%	-4.5%
Customer Service Quality Rate	97.0%	97.0%	0.0%
Open Issue Resolution 2 Days Rate	90.0%	98.8%	8.8%
Open Issue Resolution 5 Days Rate	98.0%	99.3%	1.3%

4.3.6

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

4.3.3 Q4 Sierra Healthcare Options and
UnitedHealthcare Plus Network – PPO Network

4.3.4 Q4 UnitedHealthcare – Basic Life Insurance

4.3.5 Q4 UMR Performance Guarantee Report

**4.3.6 Q4 WTW’s Individual Marketplace (VIA
Benefits) Enrollment and Performance
Report**



Public Employees Benefit Program

Quarterly Update – 4th Quarter Plan Year 2024

WTW's Individual Marketplace (Via Benefits)

July 26, 2024

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 4th Quarter Plan Year 2024

Executive Summary

Plan Enrollment:

- At the end of FY Q4 2024, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace decreased slightly to 11,268. Since inception, 123 carriers have been selected by PEBP's retirees with current enrollment in 2,160 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 85% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 5,978 and 1,653 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$146.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained consistent at 15%. Top MA carriers include Aetna with 628 individual plan selections and Humana with 344 individual plan selections. The average monthly premium cost to PEBP participants decreased slightly to \$8.

Customer Satisfaction:

- In Q4 2024, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.7 out of 5.0 based on 26 surveys returned.
- For Q4 2024, the average satisfaction score for Service Calls was 4.4 out of 5.0 based on 197 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.4 out of 5.0 for Q4 2024.

Health Reimbursement Arrangement:

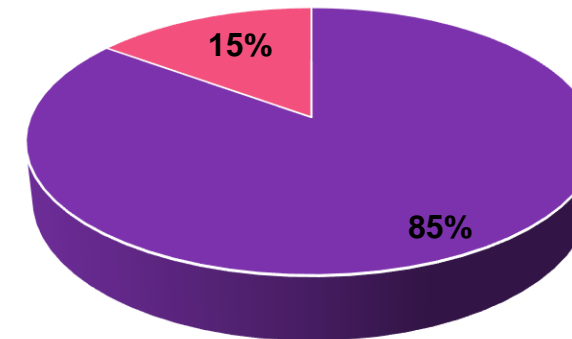
- At the end of Q4 2024 there were 13,396 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 113,203 claims processed in Q4, with 87.3% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 98,808 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q4 was \$8,172,348 paid from 48,227 for an average of \$196.46 per claim payment.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 3/31/2024		Previous Qtr.
Total enrolled through individual marketplace	11,268	11,344
Number of carriers**	123	123
Number of plans**	2,160	2,145

Plan Type Selection Through 6/30/2024		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,558	1,735
Medicare Supplement (MS)	8,876	9,626

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is now slightly below the average for WTW's Book of Business."

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	8,876	\$149
Medicare Advantage (MA, MAPD)	1,558	\$4 / \$18
Part D drug coverage	6,089	\$26
Dental coverage	792	\$35
Vision coverage	1,487	\$11

** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 4th Quarter Plan Year 2024

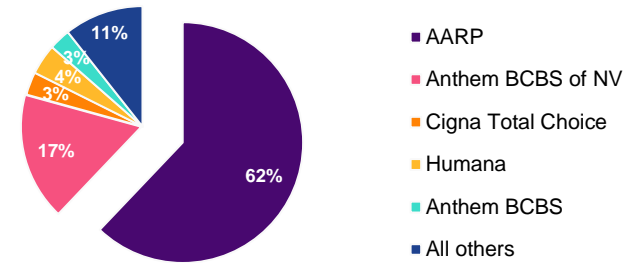
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	5,978
Anthem BCBS of NV	1,653
Humana	394
Cigna Total Choice	298
Anthem BCBS	278

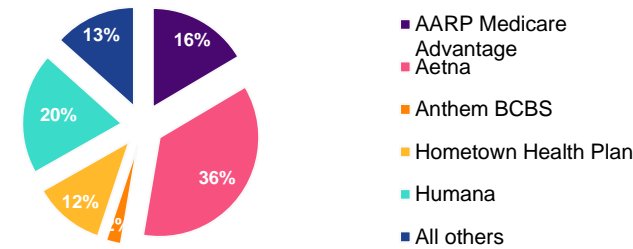
Top Medicare Advantage Plans	Total
Aetna	628
Humana	344
AARP	286
Hometown Health Plan	203
Anthem BCBS	42

Top Medicare Part D (RX)	Total
WellCare	1,923
Humana	1,922
AARP Part D from United Healthcare	1,418
Aetna Medicare Rx (SilverScript)	868
Cigna HealthSpring	166

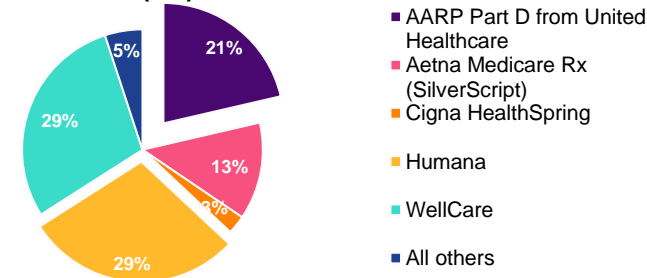
Medicare Supplement Carrier Choice



Medicare Advantage Carrier Choice



Part D (RX) Carrier Choice



Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$146
Median	\$140
Maximum	\$481

Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$8
Median	\$0
Maximum	\$194

Cost Data For Part D (RX)	Cost
Minimum	\$0
Average	\$22
Median	\$16
Maximum	\$121

The Public Employees Benefit Program Executive Dashboard

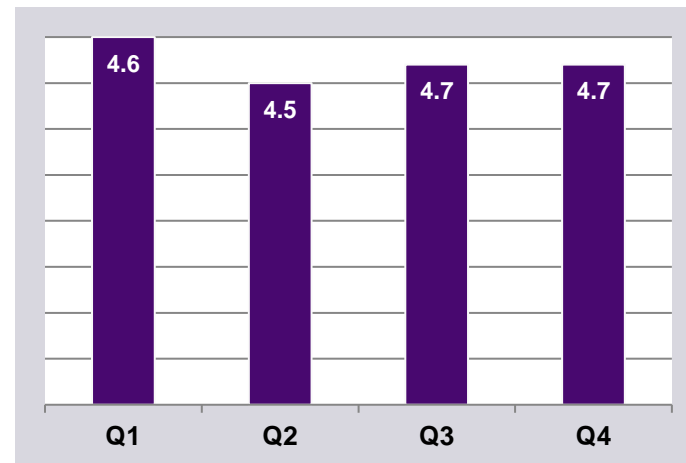
Quarterly Update – 4th Quarter Plan Year 2024

Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments

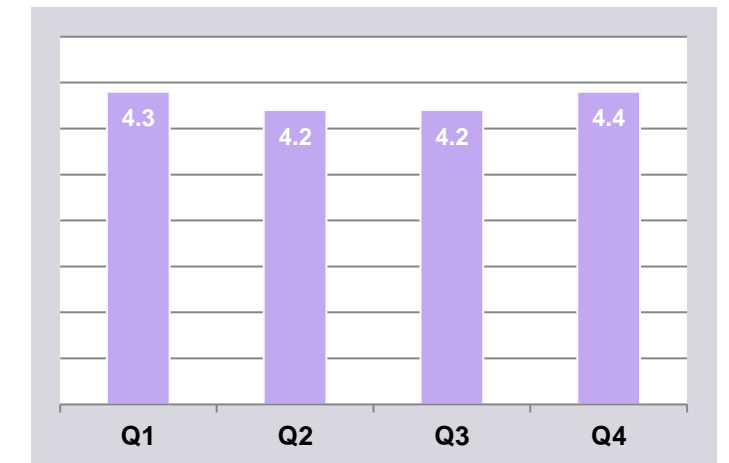
Q4 Enrollment Satisfaction

CSAT score	Count	%
5	19	75%
4	5	22%
3	3	3%
2	0	0%
1	0	0%
	26	100%



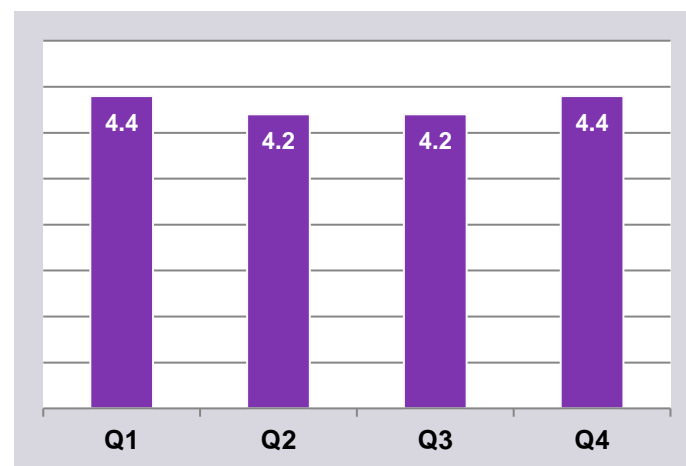
Q4 Service Satisfaction

CSAT score	Count	%
5	137	61%
4	31	14%
3	10	12%
2	8	5%
1	11	8%
	197	100%



Q4 Enrollment & Service Combined

CSAT score	Count	%
5	156	63%
4	36	15%
3	12	11%
2	8	4%
1	11	8%
	223	100%

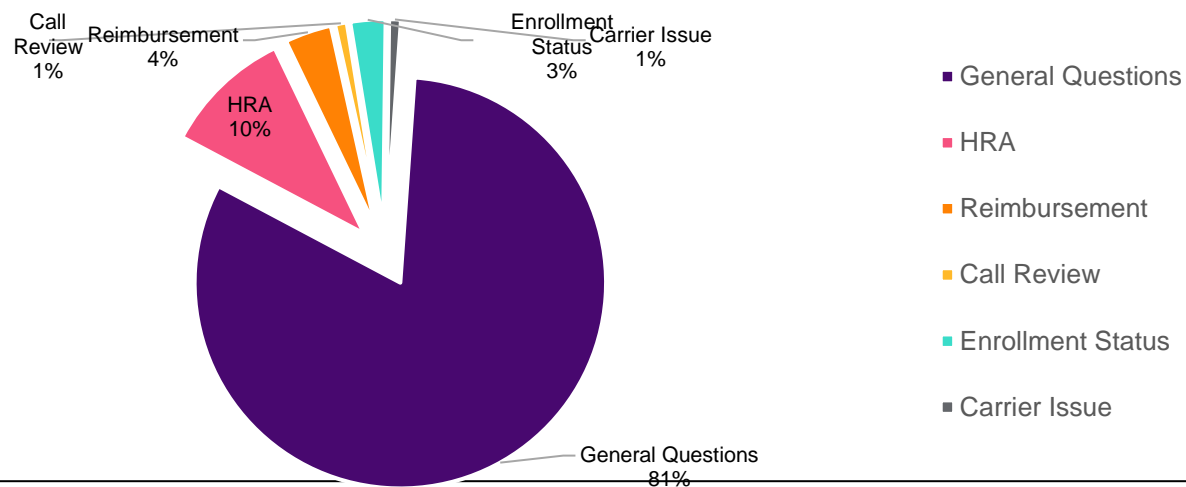


The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 4th Quarter Plan Year 2024

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q4-PY24 is 29 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,396
Number of payments	48,227
Accounts with no balance	8,065
Claims paid amount	\$8,172,348

Claims By Source	Total
A/R file	98,808
Mail	5,369
Web	6,058
Mobile App	2,968
TOTAL	113,203

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 4th Quarter Plan Year 2024

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.13 Days	Yes
Claim Financial Precision	≥ 98%	99.80%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	100%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q4 and Q4 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	14 Seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	1.59%	Yes
Customer Satisfaction	≥ 80%	91.48%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.

The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 4th Quarter Plan Year 2024

Operations Report

Fall Retiree Meetings:

WTW and Nevada PEBP have scheduled virtual retiree meetings on November 6 and 7, with a live attendance option at the PEBP offices in Carson City. The meetings are designed to help age-in participants get educated on the transition to Medicare as well as assist those who are already enrolled through Via Benefits. Links for participants to register for the meetings are available on the main page of our Nevada PEBP specific Website at <https://my.viabenefits.com/PEBP>

Meeting Date/Time	Meeting Type
November 6 – 11:30 am PT	Pre-Medicare/Ageing into Medicare
November 6 – 2:00 pm PT	Already enrolled in Medicare/HRA
November 7 – 9:30 am PT	Already enrolled in Medicare/HRA
November 7- 12:00 pm PT	Pre-Medicare/Ageing into Medicare

HRA Available Balance Cap of \$8,000:

Effective May 31, 2024, we processed the annual \$8,000 HRA Available Balance Cap reduction on accounts with a balance of more than \$8,000. The process impacted 605 accounts with a total of \$1,049,572.71 of adjustments being made to the available balances. Now that these funds have been removed because they are over the \$8,000 cap, they cannot be added back.

The Public Employees Benefit Program Executive Dashboard

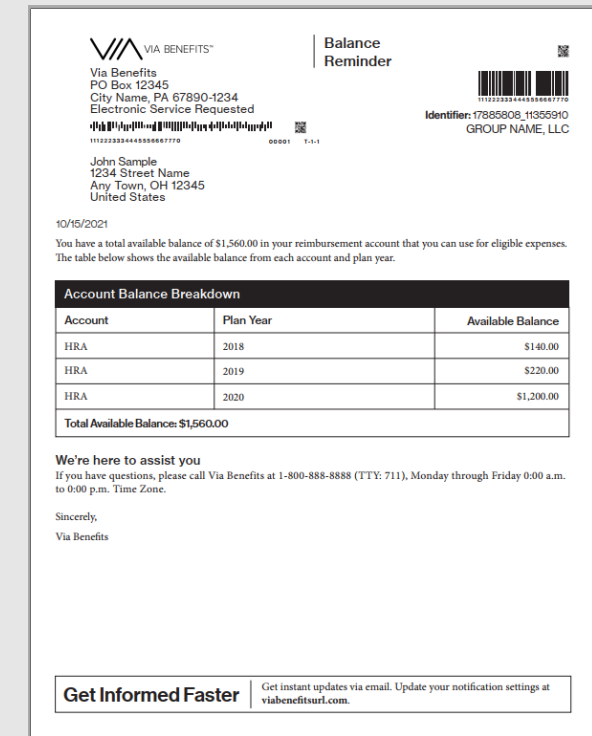
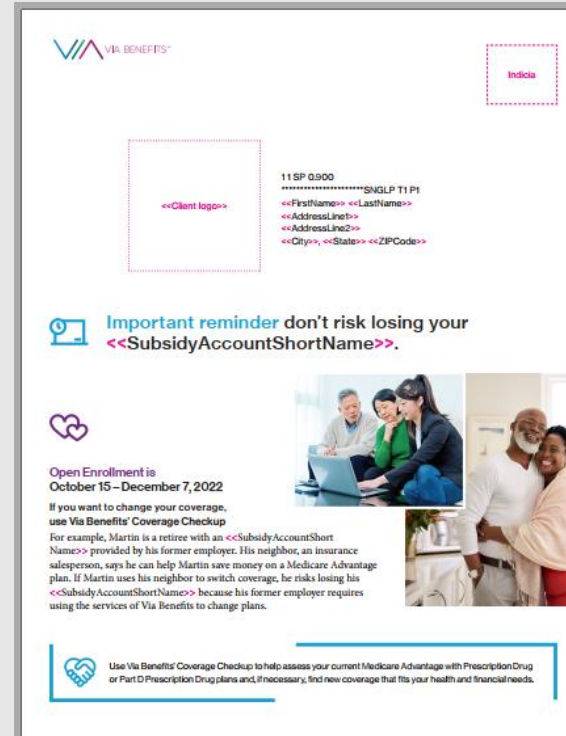
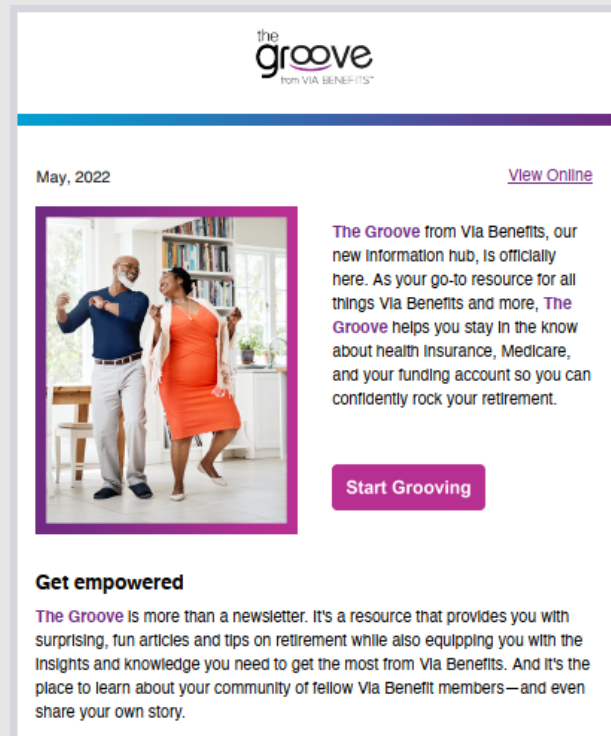
Quarterly Update – 4th Quarter Plan Year 2024

Operations Report

Communications:

Below is information on communications that were mailed or will be coming up.

- Fall “The Groove” Newsletter**
 - “The Groove”, is our digital newsletter communication that is normally sent bi-monthly. The version that is sent in mid/late September and will focus on educating participants on Medicare and the upcoming Medicare Open Enrollment Period that is from October 15 – December 7.
- HRA Qualification Reminder Notification**
 - This communication reminds retirees that have a funding qualification requirement to contact Via Benefits during Medicare Open Enrollment if they want to change plans so they do not negatively impact their HRA qualification. This communication is expected to mail in mid/late September.
- Fall Balance Reminder**
 - This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder is expected to mail in early September.



4.3.7

4. Consent Agenda (Joy Grimmer, Board Chair) (All Items for Possible Action)

4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

4.3.1 Q4 UMR – Obesity Care Management

4.3.2 Q4 UMR – Diabetes Care Management

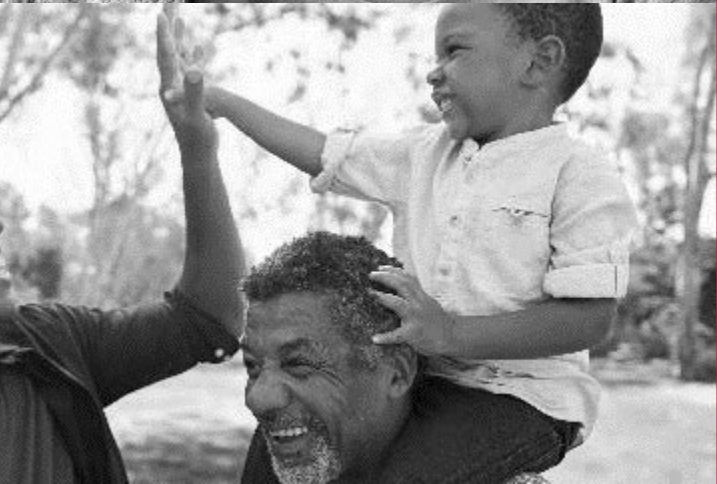
4.3.3 Q4 Sierra Healthcare Options and
UnitedHealthcare Plus Network – PPO Network

4.3.4 Q4 UnitedHealthcare – Basic Life Insurance

4.3.5 Q4 UMR Performance Guarantee Report

4.3.6 Q4 WTW’s Individual Marketplace (VIA
Benefits) Enrollment and Performance Report

4.3.7 Amplifon Performance Report



amplifon Hearing Health Care.



Performance Report

**Nevada Public Employees' Benefit Program
January 1st through August 31st, 2024**

Amplifon Updates



AMPLIFON CONTINUES GROWING RAPIDLY

We now work with 50+ health and insurance partners. In just 24 months, we've doubled our Medicare Advantage business, doubled our Medicare Supplement business, and doubled our commercial client business



CONCIERGE-LEVEL SERVICE EXCELLENCE

Amplifon continues to focus on exceptional member service through our focus on education and engagement, our hearing-dedicated Patient Care Advocates, and enhancements to our member journey via virtual tools



A FOCUS ON NETWORK ACCESS

Amplifon continues to expand our network and will soon exceed 6,000 nationwide locations. We remain the only hearing health administrator with Miracle-Ear® locations in network



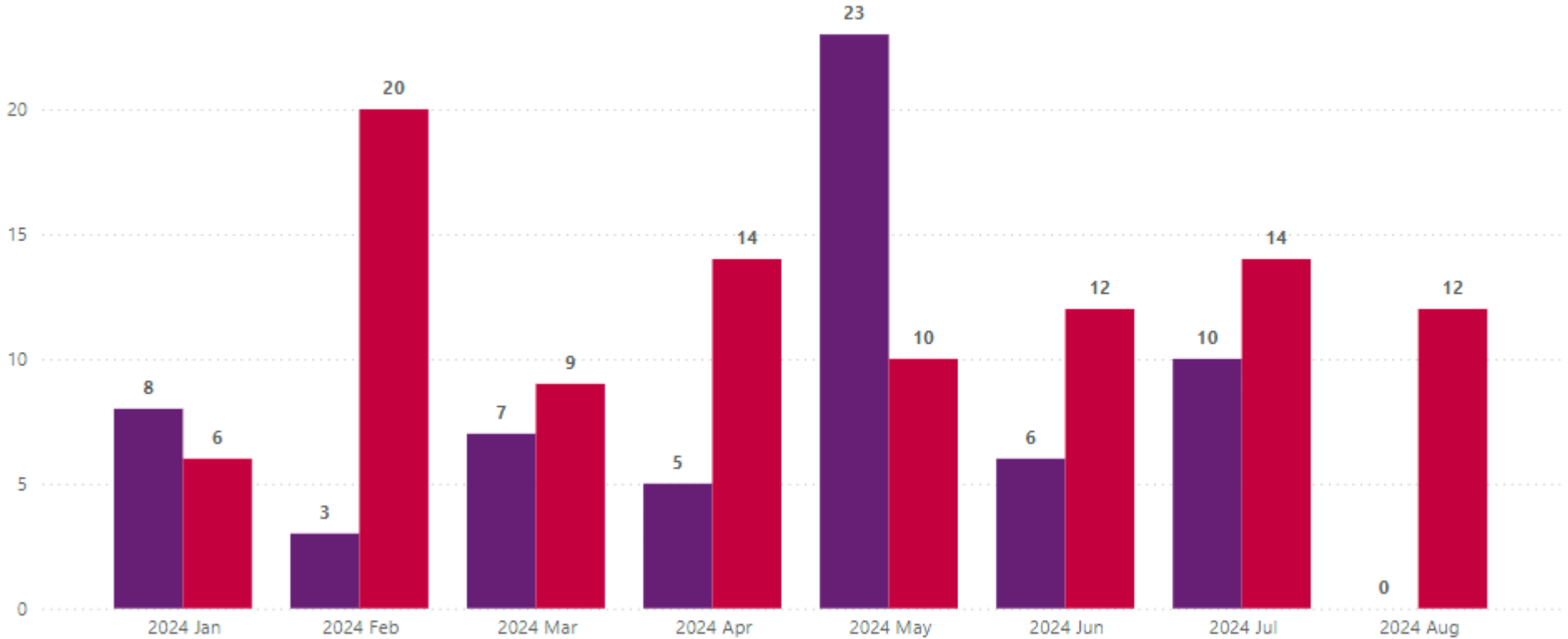
UNIFORM PROVIDER REIMBURSEMENT

Amplifon continues to be the only hearing health administrator with a universal provider reimbursement focused on quality of care vs. a graded reimbursement that rewards providers for selling more expensive HAs

Hearing Aid Purchases

NET UNITS BY MONTH: CURRENT YEAR VS PRIOR YEAR

● Net Units ● Net Units PY



MEMBERS SERVED

35

55 -36.36%
PY %YOY

HEARING AIDS DISPENSED

62

97 -36.08%
PY %YOY

RETURN RATE

2.70 %

3.64% -25.68%
PY %YOY

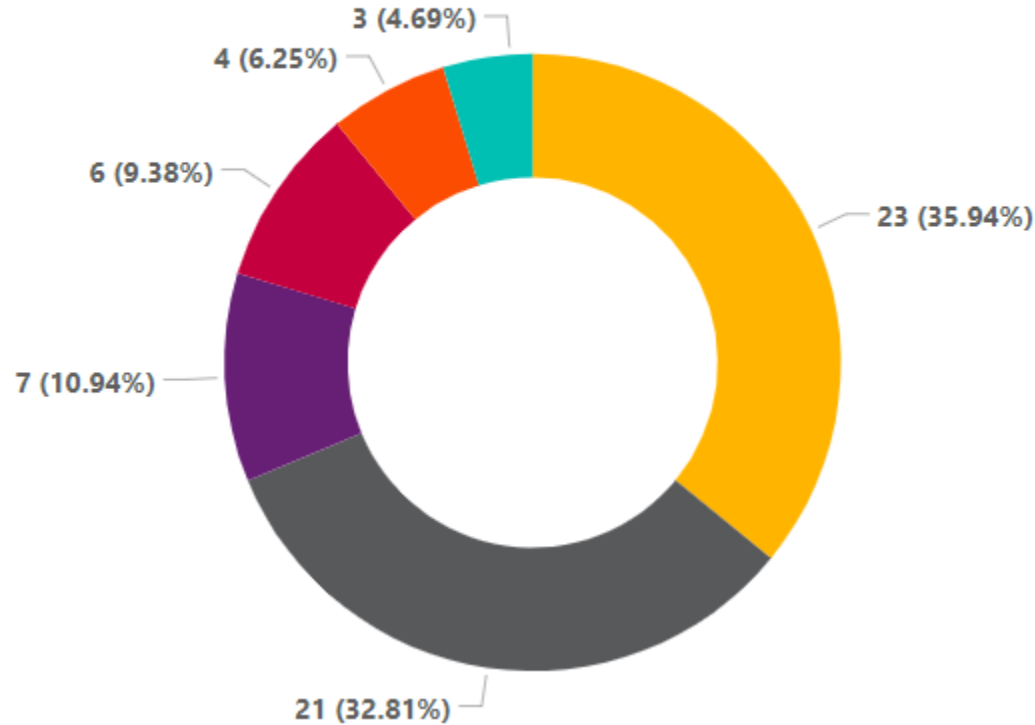
? Why do members return hearing aids?

Typically, members return hearing aids due to issues with comfort. For example, a member may feel they want an invisible in-the-ear-canal model but realize it's uncomfortable. They may request to return their hearing aids and switch to an over-the-ear model.

Hearing Aids Dispensed by Manufacturer

HEARING AIDS DISPENSED BY MANUFACTURER

● STARKEY ● OTICON ● PHONAK ● GN RESOUND ● MIRACLE EAR ● WIDEX ● SIGNIA



THE IMPORTANCE OF CHOICE

Since Amplifon is the only major hearing administrator not owned by a manufacturer, our program is designed to provide your members substantial member choice.

Why is choice of hearing aids important?

- Most providers do not offer all manufacturers. Most only offer 1 to 2 brands of hearing aids
- For members who may already wear hearing aids, they often prefer not to switch manufacturers because they are comfortable with their existing brand
- Some models by manufacturers may be better suited for different lifestyle, technology and hearing healthcare needs

What do providers think?

In a recent Amplifon survey, 90% of providers indicated they prefer having the option to dispense the hearing aid brand and model best suited for the members' lifestyle, technology and hearing needs.

Hearing Aids Dispensed by Technology Tier

UNDERSTANDING TECHNOLOGY TIERS

- PREMIER**
 For **dynamic** lifestyles. Typically includes: 20+ frequency channels, beam forming, wind/echo reduction, impulse noise reduction, and binaural processing

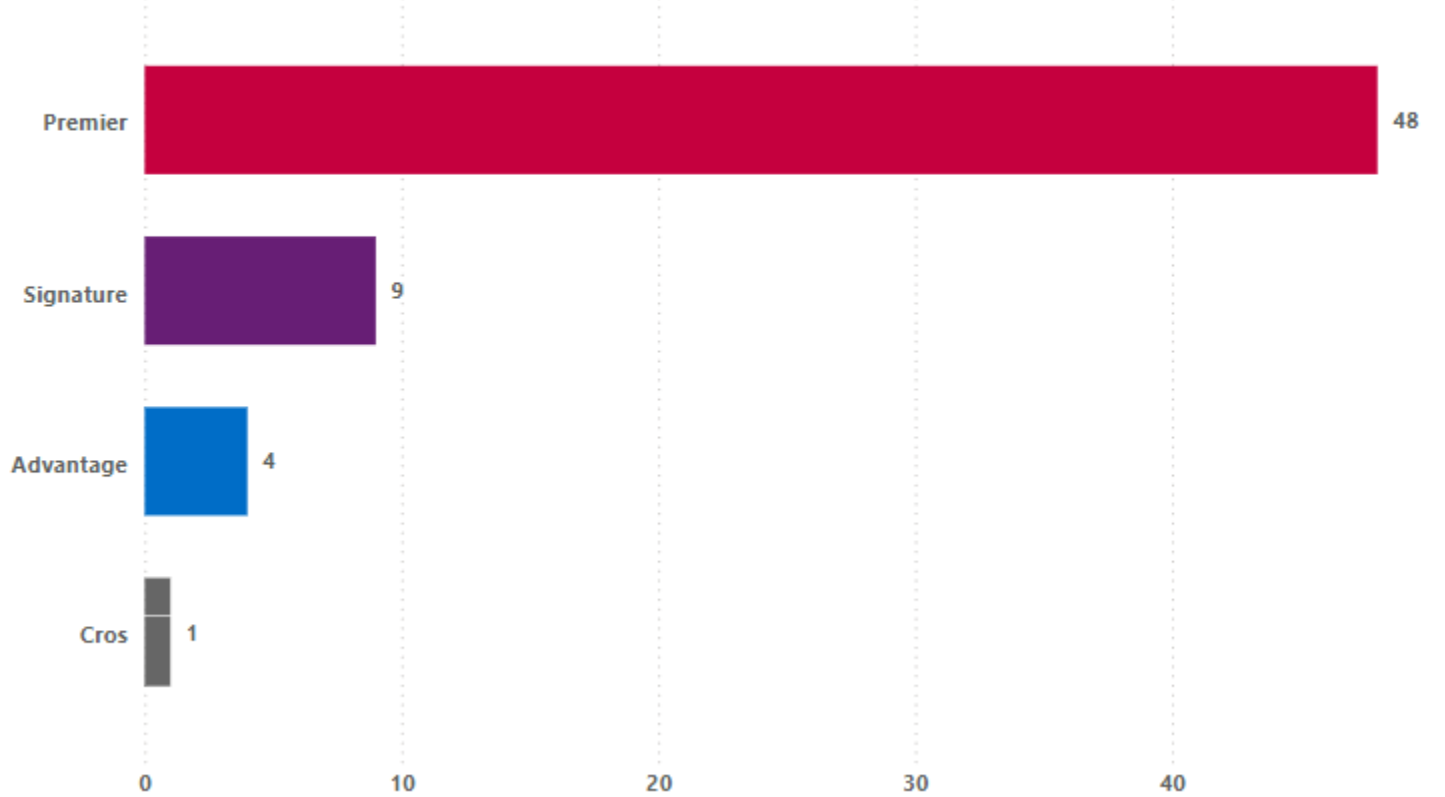
- SIGNATURE**
 For **very active** lifestyles. Typically include: 16 frequency channels, beam forming (limited), wind/echo reduction, impulse noise reducing and binaural processing

- ADVANTAGE**
 For **moderately active** lifestyles. Typically include: 12 frequency channels without other features listed above

- PLUS AND BASIC**
 For **casual or quiet** lifestyles. Typically includes 8 or fewer frequency channels without other features listed above

- CROS**
 A **specialized** hearing aid whose microphone picks from the “poor side” and sends it via wireless connection into a conventional hearing aid on your better ear

HEARING AIDS DISPENSED BY TECHNOLOGY TIER



81%

Percent of Your Members Purchased Rechargeable Hearing Aids

What’s the primary difference between disposable and rechargeable hearing aid batteries? Rechargeable hearing aids eliminate the time, stress, and cost of dealing with disposable batteries. Take note: two digital hearing aids eat up an average of 300 (or more!) batteries in a 3-year span.

Savings Analysis

\$313,080

=

TOTAL SAVINGS YEAR TO DATE

We're on our way to another successful year. Think of the impact you're making on your members quality of life!

		HAs PURCHASED	AVR MSRP	AVR MBR COST	TOTAL SAVINGS
	Premier	48	\$7,839	\$2,195	\$270,920
	Signature	9	\$5,462	\$1,895	\$32,105
	Advantage	4	\$3,520	\$1,495	\$8,100
	Cros	1	\$3,850	\$1,895	\$1,955
					
					

Average MSRP Per Aid

\$7,151

\$6,040 18.4%

PY %YOY

Average Cost Per Aid

\$2,101

\$2,144 -1.98%

PY %YOY

Total Cost of Aids Purchased

\$130K

\$207.9... -37.35%

PY %YOY

Average Cost Per Purchase

\$3,791

\$3,956 -4.18%

PY %YOY

Network Access

Member Utilization: Top Counties

COUNTY	STATE	UTILIZATION YTD	PRIOR YEAR
CARSON CITY	NV	18	17
WASHOE	NV	13	23
CLARK	NV	3	10
WASHINGTON	UT	1	1

Member Utilization: Top Providers

PROVIDER	UTILIZATION YTD	PRIOR YEAR
Hearing Care Of Carson City Ltd	9	11
Sierra Nevada Hearing Aid Center	9	6
LeMay Hearing & Balance	6	5
Silver State Hearing and Balance	3	11
Miracle Ear	2	2
Sierra Hearing Center	2	3
Swank Family Hearing	2	3
Advanced Audiology Institute	1	
Precision Hearing Aid	1	

Thank you!

5.

5. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
<https://pebp.nv.gov>

JOY GRIMMER
Board Chair

AGENDA ITEM

- Action Item
- Information Only

Date: September 26, 2024

Item Number: 5

Title: Executive Officer Report

SUMMARY

This report provides the Board, PEBP members and other stakeholders with information on the overall activities of PEBP.

REPORT

BUDGET UPDATE

State agencies were required to submit agency budget requests by August 30, 2024. PEBP submitted a budget with the items as presented at the July 2024 PEBP Board meeting. As in past years PEBP will provide a budget presentation to the Governor’s Finance Office (GFO) allowing GFO staff to ask questions about the agency request budget as submitted. PEBP’s budget will eventually become part of the Governor’s Recommended Budget which will remain confidential until it is released typically during the State of the State address in mid-January 2025.

83RD (2025) LEGISLATIVE SESSION

The 83rd Legislative Session is scheduled to begin on February 3, 2025. PEBP has begun tracking any Bill Draft Requests (BDR) with language indicating it is related to “health care”, “insurance”, and any other term that may potentially affect PEBP operations and/or requirements. As of the writing of this report there were 520 BDRs. As has been done in past years, PEBP Board meetings will be scheduled to discuss any legislative bills that affect PEBP. These meetings will likely be held as virtual meetings. In addition, we will look to our vendors to assist with fiscal notes as appropriate.

STRATEGIC PLANNING MEETING UPDATE.

The Strategic Planning meeting is scheduled for October 1st and 2nd and will include the PEBP Executive team, 2 board members along with representatives from the Segal, UMR and Express Scripts teams. This is not a public meeting; however, we will bring ideas and recommendations as a result of that meeting for the full PEBP Board consideration and approval.

MEDICARE OPEN ENROLLMENT REMINDER

The open enrollment period for Medicare will be from October 15th through December 7th, 2024, for plans beginning January 1, 2025. Those PEBP members on the Medicare Exchange (Via) or transitioning to Medicare must enroll in a plan through Via Benefits. Failing to do so could result in the loss of their Health Reimbursement Arrangement (HRA) and life insurance benefits.

Via and PEBP are hosting both Pre-Medicare and Medicare Retiree meetings on Wednesday November 6th and Thursday, November 7th, 2024, to assist members with either transitioning to the Medicare Exchange or for those already enrolled with Via to provide information about open enrollment.

In addition, an HRA Specialist will be onsite at the PEBP offices by appointment on Wednesday, November 6th and for walk-ins on Thursday, November 7th, 2024. To schedule an appointment for the onsite specialist please call 1-844-266-1395. More information about the upcoming events can be found on PEBP's website at (pebp.nv.gov).

6.

6. Plan Design Report.

(Celestena Glover, Executive Officer
and Segal) (**For Possible Action**)



CELESTENA GLOVER
Executive Officer

JOE LOMBARDO
Governor

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JOY GRIMMER
Board Chair

AGENDA ITEM

Action Item

Information Only

Date: September 26, 2024

Item Number: 6

Title: Plan Year 2026 Plan Design Report

SUMMARY

This report will provide the Board, participants, public, and other stakeholders information and recommendations for a deeper analysis on the potential plan benefits for Plan Year 2026.

REPORT

Budget Status

During the September 2023 PEBP Board meeting, PEBP staff reported that Fiscal Year 2023 was closed with an excess reserve having reached a balance of \$0. In addition, PEBP experienced a beginning cash balance for Fiscal Year 2024 at \$24.1 million dollars under what was legislatively approved. The beginning of Fiscal Year 2025 also experienced a beginning cash balance at an amount significantly less than budgeted in the amount of \$43.6 million.

Any increases to plan benefits or changes in plan design that result in additional costs will be borne by either the employer, employee or both and is dependent upon the funding approved during the upcoming legislative session.

Plan Design Considerations

Based on the limited availability of funding and the upcoming legislative session PEBP staff proposes to continue life insurance benefits of \$25,000 for employees and \$12,500 for retirees. A portion of this was paid with general funds approved during the 2024/2025 biennium, but will be funded through employer, employee, and retiree contributions. In addition, PEBP staff will consider options for Plan Year 2027 during the upcoming strategic planning meeting and will bring those back to the board for consideration at a future meeting.

Consumer Driven Health Plan (CDHP)

The Internal Revenue Service (IRS) has recently updated the annual deductible and out of pocket maximums for health savings account (HSA) eligible plans in calendar year 2025. The annual deductible will increase to \$1,650 for self-only coverage and \$3,300 for family coverage (up from \$1,600 and \$3,200 in 2024) while the annual out-of-pocket expenses are not to exceed \$8,300 for self-only coverage or \$16,600 for family coverage (up from \$8,050 and \$16,100 in 2024). In addition, the IRS also raised HSA contribution limits to \$4,300 for individuals and \$8,550 for families (up from \$4,150 and \$8,300 in 2024). The catch-up contribution for those aged 55 and over remains at \$1,000 above the HSA limit.

PEBP staff proposes a restoration of the Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA) to \$700 for the primary and \$200 per dependent to a maximum of \$600 for those employees and retirees enrolled in the Consumer Driven Health Plan (CDHP).

Low Deductible Preferred Provider Option (LDPPO)

PEBP proposes to continue the LDPPPO as a standard PPO plan with no deductible. With this change PEBP suggests eliminating Low Deductible from the plan name and refer to it as the PPO plan, updating all documentation related to the plan to reflect this change. The payment structure for the LDPPPO currently includes some copays and some co-insurance (80/20%) requirements. PEBP staff will work with the appropriate vendors to analyze and determine the best payment structure for that plan and bring back options for the Board's approval during the November 2024 meeting.

HMO/EPO Plan Viability

As discussed in previous meetings, staff believe it is time to consider and make the difficult decision of the viability of maintaining both the HMO and EPO plans. Both plans have become increasingly more expensive for both the members and the plan. In addition, adverse selection further affects the rating of the plan.

- The Health Maintenance Organization (HMO) is a fully insured plan offered in southern Nevada (primarily Clark County). HPN is also experiencing significant increases in claims costs and in the most recent renewal plan rates increased approximately 12%. The current contract is with Health Plan of Nevada (HPN) and is due to expire and the close of plan year 2025 (June 30, 2025). PEBP has released a Request for Proposal (RFP) for HMO services, consequently, PEBP is unable to discuss with HPN the projected renewal for Plan Year 2026 and beyond. Therefore, PEBP has included in the budget submission a potential rate increase of 20% which is the maximum allowed in the current contract.
- The Exclusive Provider Option (EPO) plan is a self-funded plan and was created as an answer to the HMO for the northern region of the state. The coverage area is limited, and

plan design is very restrictive providing no coverage for out-of-state or out-of-network benefits. Over the lifespan of this plan, it has come to the attention of PEBP and vendors that many members enroll without fully comprehending the restrictive nature of the plan. Members and their families often require care outside of the EPO network (including out of state), requiring PEBP vendors to enter into one-off agreements with providers so that members can obtain the care they need.

- Although, all the plan offerings have experienced increased costs during the last three plan years on a per employee per month basis, the EPO is significantly more costly than either the LDPPO or the CDHP. The following is from the Plan Year 2024 EMR report and is provided for comparison. CDHP = \$837, LDPPO = \$1,029 and the EPO = \$1,671.

PEBP staff recommends the Board consider eliminating one or both the EPO and HMO plans. Further the elimination of the EPO and/or the HMO plans will require participants to select a new plan during open enrollment. However, should a participant not select a new plan, then the most reasonable course of action is to transition those participants into the LDPPO plan. Furthermore, PEBP staff proposes to enter a communication campaign to ensure that we reach as many PEBP participants as possible regarding these changes and requirements. Finally, should the board eliminate the HMO plan the current RFP must also be cancelled and will require the Board's approval to do so.

STAFF RECOMMENDATION:

Increase the Health Savings Account and Health Reimbursement Arrangement to \$700 for the primary and \$200 for dependents up to a maximum of \$600 for those enrolled in the CDHP.

Maintain life insurance benefits at \$25,000 for employees and \$12,500 for retirees for all primary plan members.

Transition the LDPPO to a standard PPO plan with a payment structure to be approved at the November 2024 Board meeting.

Eliminate the EPO Plan as recommended in the report above.

Eliminate the HMO Plan as recommended in the report above to include cancellation of the RFP.

Note: Other options proposed by the PEBP Board during discussion of this agenda item may require a motion and vote.



Nevada Public Employees' Benefits Program

EPO and HMO Considerations

September 26, 2024

Current Plan Designs and Premiums

Below is a summary of the in-network benefits for each plan currently offered by PEBP:

	Consumer Driven Health Plan (CDHP)	Low Deductible (LDPPO)	Premier Plan (EPO)	Health Plan of Nevada (HMO)
Actuarial Value*	76.7%	85.2%	88.3%	91.4%
Service Area	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible (medical and prescription combined)	\$1,600 Individual \$3,200 Family \$3,200 Individual Family Member Deductible	\$0	\$100 Individual \$200 Family \$100 Individual Family Member Deductible	N/A With exception of Tier 4 prescription drug coverage
Medical Coinsurance	20% after deductible	20% after deductible	20% after deductible	N/A
Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Primary Care/ Specialist Office Visit	20% after deductible	\$30/ \$50 copay per visit	\$20/ \$40 copay per visit	\$25/ \$40 (\$25 with referral) copay per visit
Urgent Care Visit	20% after deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
Emergency Room Visit	20% after deductible	\$750 copay per visit	\$600 copay per visit	\$600 copay per visit
In-Patient Hospital	20% after deductible	20% after deductible	\$600 copay per visit	\$600 copay per visit
Outpatient Surgery	20% after deductible	\$500 copay per visit	\$350 copay per visit	Ambulatory Facility \$50 copay Hospital \$350 copay
Rx 30-days**	20% / 20% / 100% / 20%	\$10 / \$40 / \$75 / 30% (mail only)	\$10 / \$40 / \$75 / 20% (mail only)	\$10 / \$40 / \$75 / 20%***
Employee Only Premium	\$55.26	\$85.26	\$181.24	\$181.24

* Actuarial Value based on FY22 and FY23 data.

** 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4

***Deductible: \$100 Individual, \$200 Family

Plan Efficiency

- Plan Efficiency is a metric that measures health risk management
- Efficiency normalizes for differences in plan design and member risk
- Lower adjusted PMPMs indicate better risk management
- The LDPPO is the most efficient plan, and the EPO is the least efficient plan

	CDHP	LDPPO	EPO
PMPM (a)	\$535.97	\$598.16	\$932.82
AV (b)	76.7%	85.2%	88.3%
Risk Score* (c)	0.92	1.01	1.28
Efficiency** (d) = (a÷b)÷c	\$758.67	\$692.13	\$822.95

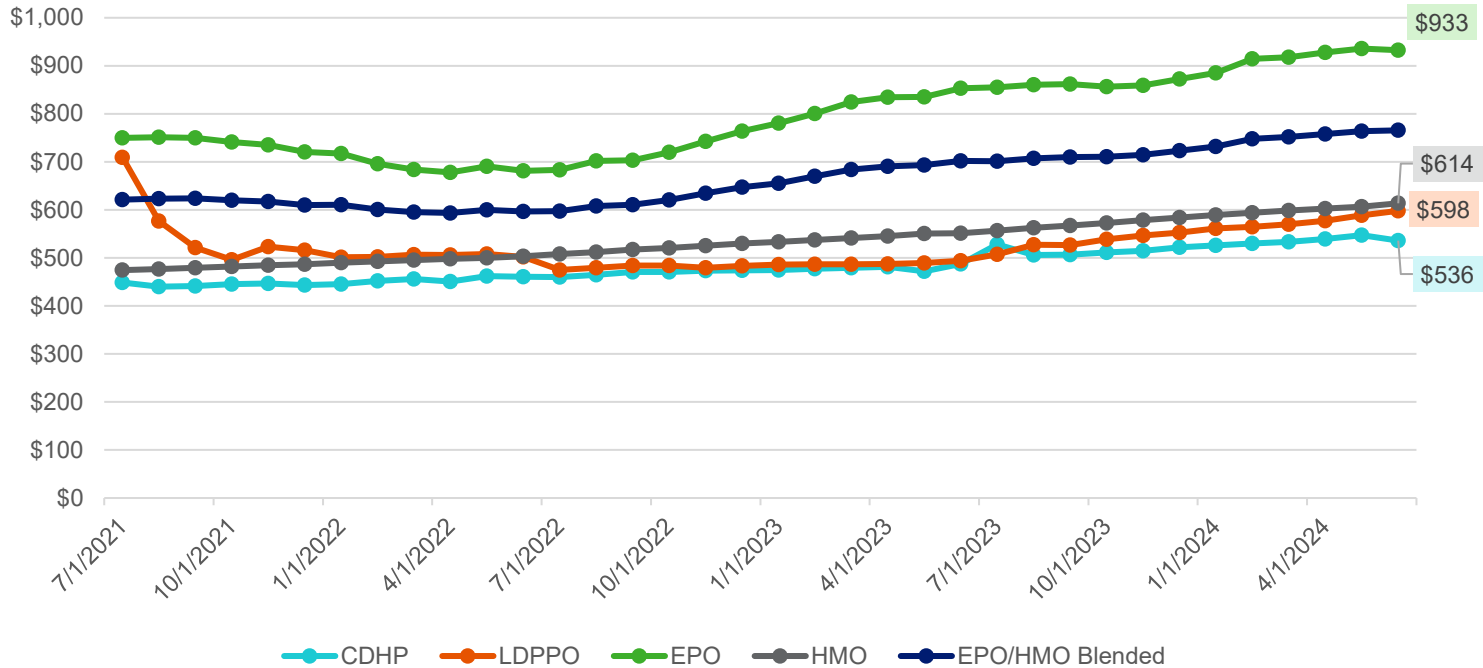
* Risk scores are normalized for the average risk score each plan year.

** Allowed amount per unit of risk.

Historical PMPMs

- Lower HMO premiums have subsidized the higher total costs for the EPO
- CDHP is the lowest cost plan on a PMPM basis

PMPM Cost History by Plan
Rolling 12-month basis



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.

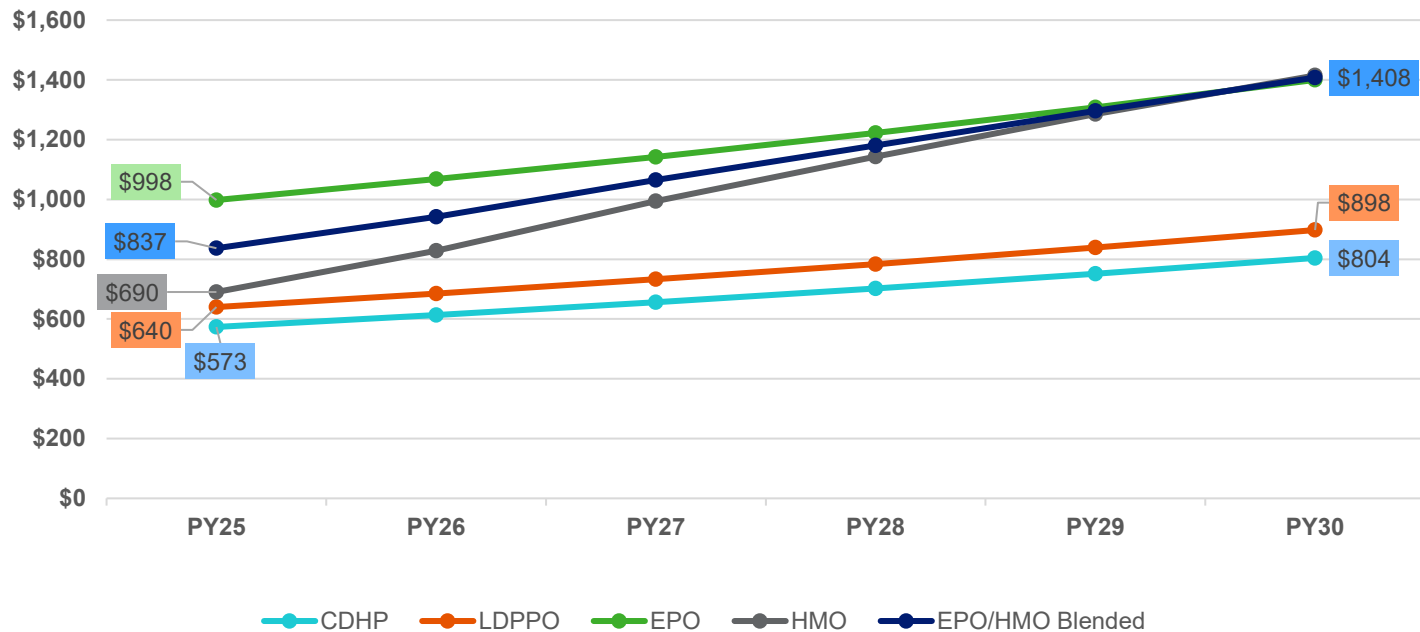
HMO Increases Have Been Capped

- Premium increases capped at 9% for PY2023 and PY2024 limited PEBP exposure to true cost increases
- Contractual premium increase cap for PY2025 was 20%
- Necessary premium in PY2025 renewal was \$770 PEPM, or +29%
- HPN proposed premium for PY2025 was \$671 PEPM, or +12%
- Calculated renewal action = 29%, but HPN proposed rate action was about 12%
- Premiums lag expenses by 17%, which is not sustainable over the long term
- HMO premiums are anticipated to increase significantly above “normal trend” for several years

Projected PMPMs

- HMO premiums expected to trend at higher rate to catch up to claims
- Blended EPO/HMO costs expected to increase at higher rate, widening the gap in costs
- Benefit difference between EPO/HMO and LDPPO remains at 3% (EPO) and 6% (HMO)

PMPM Cost Projection by Plan



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.
4. Trend assumptions: 7% for EPO, CDHP and LDPPO; 20% and graded down to 10% for the HMO

Historical Employee-Only Premiums

- EPO/HMO premiums are ~2x the LDPPPO premiums and ~3x the CDHP premiums

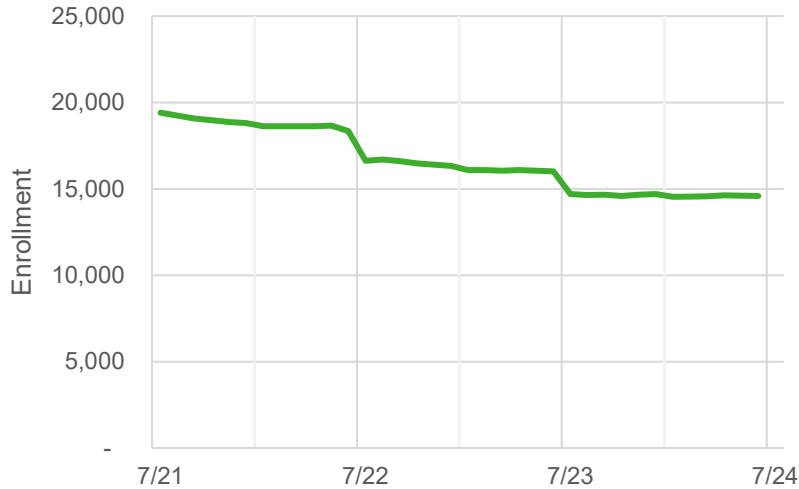
Employee-Only Premiums By Plan



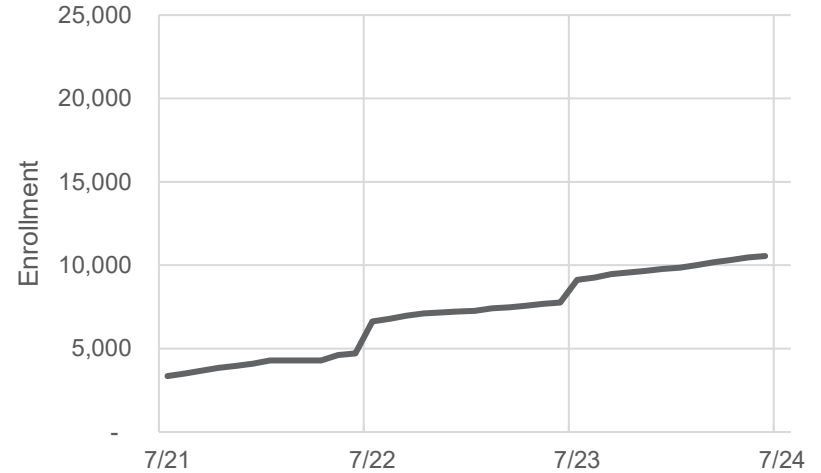
Migration to the LDPPO

Members are migrating to the LDPPO from both the EPO/HMO and the CDHP

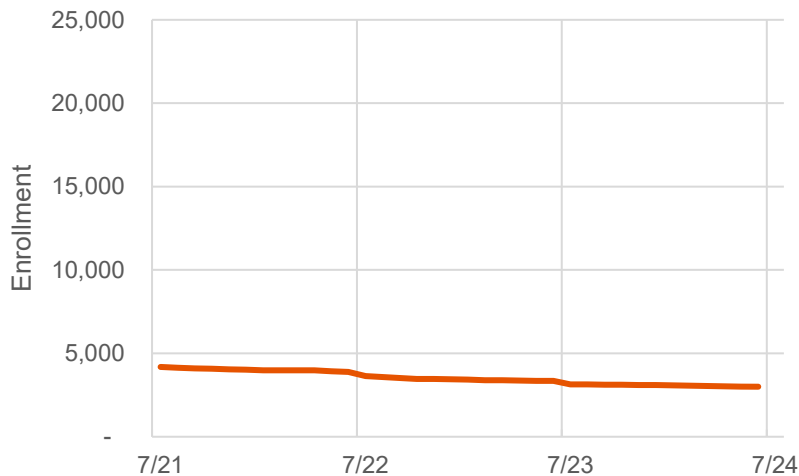
CDHP



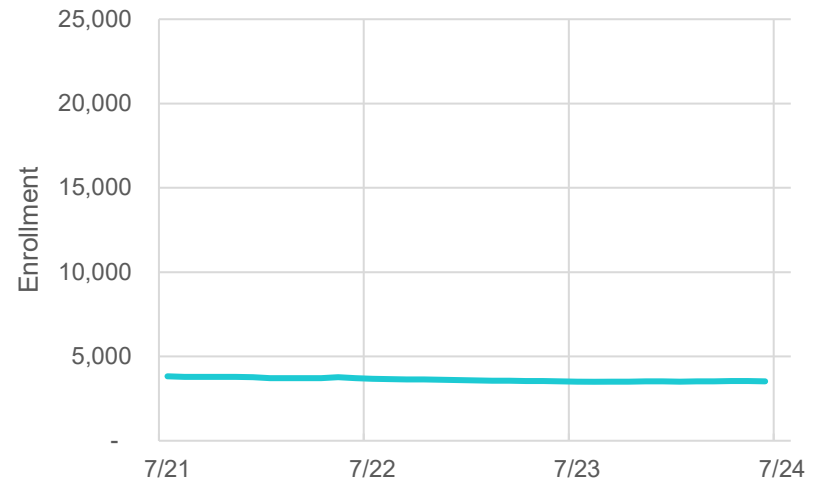
LDPPO



EPO



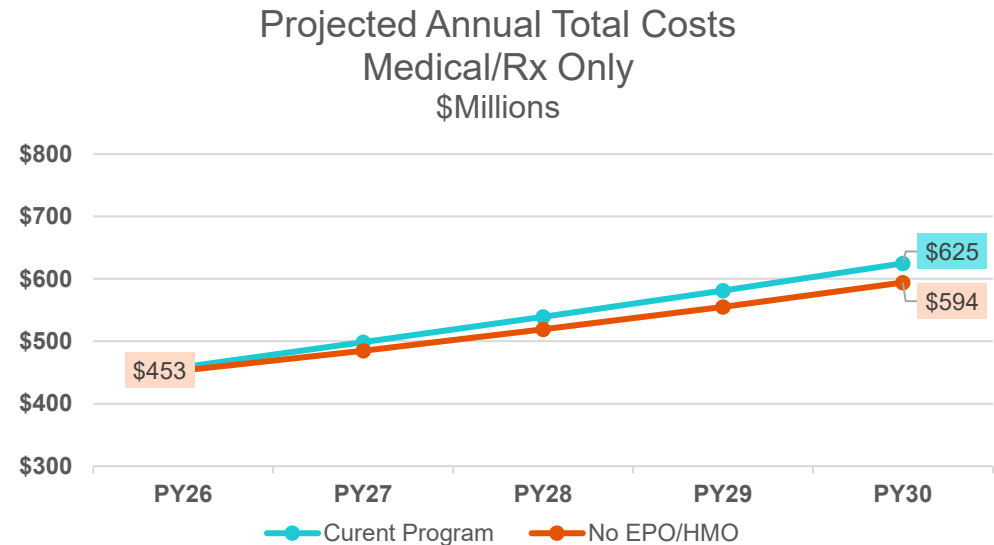
HMO



Projected Annual Costs (State EEs)

- Eliminating the EPO and HMO reduces PEBP costs
- Initial savings (\$5M in PY26) increase annually (\$31M in PY30)
- PEPM savings approximately \$46 in PY30
- Savings from:
 - Plan Design
 - Retention/Admin
 - Rx Rebates
 - Reduced trend for HMO
- Some Cost Increases:
 - Change in Managed Care
 - Network contracts

\$Millions			
	Current	No EPO/HMO	Annual Savings
PY26	\$458.6	\$453.3	\$5.3
PY27	\$498.5	\$485.1	\$13.4
PY28	\$539.1	\$519.0	\$20.1
PY29	\$581.4	\$555.3	\$26.0
PY30	\$624.9	\$594.2	\$30.7



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding at \$600 per year for the HDHP plan.
 2. Fully insured HMO costs include premiums and HRA claims.
 3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.

Employee Premium Impact and Next Steps

- Higher Cost EPO/HMO members moving into CDHP and LDPPO will likely increase premiums for those plans

State Active Employees			
PY2025 Employee Only Contributions			
	CDHP	LDPPO	EPO/HMO
Current	\$55.26	\$85.26	\$181.24
No EPO/HMO	\$55-65	\$90-\$120	N/A

- Final Employee Premiums for PY2026 will be dependent upon:
 - AEGIS/REGI for PY2026-27 biennium
 - Final plan design
 - Anticipated migration/enrollment elections

Up Next

- Review Plan Design for LDPPO and CDHP

Questions



7.

7. Public Comment

8.

8. Adjournment