

12/27/23

Addendum to 12/26/23 letter from Barbara J. Stoll

When I was notified by PEBP on 12/15/23 that my Medicare supplement, [REDACTED], effective June 1, 2023, was not through Via Benefits I contacted Via. I also found out from PEBP that the dental plan I signed up for through PEBP effective June 1, 2023 would be terminated the end of December and I can't re-enroll until open enrollment in the spring of 2024! I then contacted Via and I spoke to three representatives about this situation, giving my information, and was hung up on 3 times before finally being able to finish the call on the 4<sup>th</sup> try. This caused me undue stress and an inordinate amount of time (hours) to complete the following process. On the 4<sup>th</sup> call I gave my information and explained my situation again, went over the plans available with the Via representative, finding out I was not able to continue [REDACTED] (not sure why) and picked a [REDACTED] plan. I also found out I had to go through medical underwriting, "because of a break in coverage" which there was not since I have been on a [REDACTED] Plan G since June 1<sup>st</sup>. For medical underwriting I answered questions by the Via representative and then answered questions by a [REDACTED] representative. I am currently waiting on a decision from [REDACTED]; my coverage is scheduled to be effective January 1<sup>st</sup>, but I will not cancel with [REDACTED] until I know I am approved by [REDACTED] through Via.

I am asking for this situation to be rectified. I contacted Via Benefits on March 27, 2023 to sign up for a Medicare supplement plan and a Part D prescription plan effective June 1<sup>st</sup> since my dependent was turning 26 in May, 2023. Why would my Part D plan be under Via Benefits and not my supplement? I made the call to Via on March 27<sup>th</sup> requesting both through Via. And then when the error occurred no one contacted me, neither PEBP or Via Benefits, so I can rectify the situation. Retirees rely on representatives to give clear and concise directions and to ensure that they complete the process properly. It would have been easy for both entities to see the problem, but no one notified me, and I did not find out about the problem until I was following up about my HRA funding.

I will send this addendum to the PEBP board and Via Benefits, as they already have my initial letter. I will also send my initial letter and addendum by certified mail. I would appreciate a prompt response regarding my situation or I will be contacting my lawyer to address this situation.

Thank you,

Barbara J. Stoll

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

I was just informed that the HSA contribution limit will not be changed to reflect the IRS 2024 limit until open enrollment, which occurs in May. A change in my contribution does not take effect for at least a month, so any changes I make at that time will not begin until July.

Since my IRS tax filing is based on a calendar year, I will need to contribute the entire limit in 6 months, rather than 12 months if changes were allowed in December of the previous year.

I know I can contribute to my HSA before taxes are due on April 15 for the previous tax year, but I would prefer to make these contributions through payroll deduction in order to spread the payments out over a year.

What is the reason for putting the HSA contributions on a fiscal year, rather than a calendar year?

Kirk & Sue Fitzgerald

## PEBP Public Comment

Member: Misha Allen

Good morning, PEBP Board members. I am very grateful for the benefits I receive through my employer and in service to the state. Those of us at the middle of the state are experiencing an issue that you are likely unaware of... and I hope you can help.

I live and work in Tonopah, at the middle of the state and Nye County. We are smack dab in the middle of Reno and Las Vegas. Most of us travel north to the Fallon and Reno areas for medical services. Yet all of Nye County lies within the southern employee HPN coverage area.

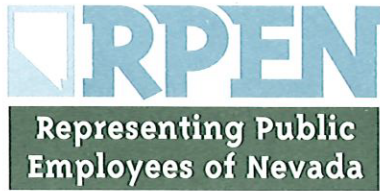
It makes sense for our Pahrump and Beatty colleagues to travel south to Las Vegas, being they are close in proximity. But for us, it is 8 hours of driving for one round trip to medical services. We have to take two days off from work AND incur travel, accommodation and meal expenses. I personally have family that I can stay with outside of Reno, to reduce expenses. Additionally, my employer campus is in Reno. Getting my household's medical needs met in the North is much easier for me.

Going south to Las Vegas presents a geographic and financial hardship. There are other public employees just like me, serving in these remote communities, that travel to the north for medical. This is not a hardship, just for me.

Of course, there are folks that travel South to Las Vegas, but it is for the same reason that I travel North - they have family or a place to stay overnight.

I do not believe anyone intended to create a hardship for those of us willing to live and serve in the remote frontier of Nevada. Yet, it is reality for us. As you move forward in future planning, please advocate for us at the center of the state, regardless of county. Ideally, Nye and Esmeralda county PEBP members could have the option to choose between enrolling in either the northern OR southern coverage options.

Much appreciation and gratitude.



January 26, 2024

Good morning, Chair Robb, Executive Officer Celestena Glover and fellow PEBP Board Members and staff.

My name for the record is Terri Laird, and I am the Executive Director for RPEN, the Retired Public Employees of Nevada, where we have served ALL public employees (actives and retirees) for nearly 50 years. We are a dues-based organization with around 75-hundred members statewide. We publish our member newsletter six times per year, and each issue offers a column, Health Matters, that pertains just to the Public Employees' Benefits Program (PEBP), and offers our members the very latest information that retirees and actives in RPEN who are also in PEBP need to know! Unfortunately, Ms. Glover was not able to submit a column in our March/April issue of the RPEN Review, due out to our nearly 75-hundred members early next month. However, I did post my notes from the December 7<sup>th</sup> board meeting to give our members the latest PEBP info. Looking ahead to our next issue in May/June, we're hopeful that Ms. Glover will be able to find the time to participate or perhaps another PEBP Executive would be able to do so.

We're happy to see that a VIA Benefits Customer Service Rep will be available to those participants needing more personal assistance. While the Medicare Exchange has been around for quite a few years now, issues still do pop up where one of our members requires help, and thankfully, Ms. Glover has helped when possible, or referred us to someone else to assist our member in need. One such issue involved the fact that one of our members moved from a Med Sup over to a Medicare Exchange during open enrollment only to learn that she couldn't drop the PEBP Dental Insurance since she no longer needed it as it was offered through her new Medicare Exchange plan. This puts our member out nearly \$300 for something she doesn't need since she cannot drop the PEBP dental until the next PEBP Open Enrollment, several months away. We'd like to see this policy corrected at some point, and if it's something that needs to be done legislatively, we would be inclined to support such an effort at the next session in 2025.

Until then, we thank this Board and the PEBP Staff for assisting our members and we look forward to working with you throughout this year.

We were also saddened to hear of the [REDACTED] and our organization sends our deepest condolences to her and her extended family.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri Laird", written in a cursive style.

Terri Laird, RPEN Executive Director



VIA Benefits  
[REDACTED]

Dear VIA,

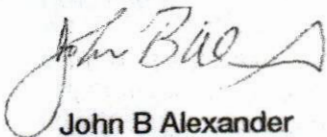
I am writing to appeal the denial of 2 - \$70 reimbursements from my HRA . The reason for denial is that "I didn't submit an Explanation of Benefits from my insurance carrier the name of individual serviced". The EoBs referenced above were submitted as part of the Reimbursement packet submitted 11/29/23, immediately adjacent to the billing for these services. Both of these EoBs from [REDACTED] clearly list my name and member ID.

Clearly, VIA has gaps in their Quality Assurance practices and/or staff training issues. These deficiencies in VIA administrative processes impact the customers VIA is contracted to service through the Nevada PEBP. My time and resources to address these VIA internal issues are valuable to me and for these reasons I request VIA reimburse me the amount of \$37 for my hour of time and \$2 for materials and postage for a total of \$39 to research and respond to this denial.

Aside from the above-referenced issues, clearly there exists significant deficiencies in VIA computer interfaces with a contracted provider - [REDACTED] VIA markets Medicare Advantage products to Nevada PEBP retirees. It makes no business sense whatsoever that VIA doesn't have the capability to receive these EoBs directly from [REDACTED] directly.

I am attaching copies of the exact EoBs I submitted with the original packet on 11/29/23. I am disgusted with having to respond to erroneous denials of HRA reimbursement requests submitted to VIA. This is a contract performance issue with Nevada PEBP. I am providing Nevada PEBP with a copy of this correspondence to ensure they will review this in the context of satisfactory/unsatisfactory contract performance and issue corrective action instructions to VIA and whatever financial penalties identified in the contract.

Sincerely,

  
John B Alexander

[REDACTED]

✓ cc: Nevada PEBP

RCVD JAN 17 '24



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

FROM: Douglas Unger, President, UNLV Chapter, and Chair, Government Affairs Committee, Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee  
E-mail: [doug.unger@nevadafacultyalliance.org](mailto:doug.unger@nevadafacultyalliance.org) Ph: 702-373-8853

**PEBP BOARD MEETING – 1-26-2024 -- PUBLIC COMMENT**

Doug Unger, President, UNLV Chapter, Nevada Faculty Alliance, and Chair, Government Affairs Committee. Thank you to Director Robb and the PEBP Board for your service and consideration.

The NFA and UNLV Employee Benefits Advisory Committee express our concern that the audit report for UMR still concludes that there are ongoing failures to meet PEBP contractual service objectives for financial accuracy, overall accuracy, and claim turnaround time. We believe some progress had been made to address these issues, and I can confirm anecdotally that we've heard fewer complaints; still, we do hear about delayed claims, wrongly coded claims hung up in appeals, and inaccurate payments. We appreciate UMR's remediation plan and encourage its speediest possible implementation.

Our major and most pressing concern is access to providers and provider shortages. This is at crisis levels especially for mental health. UMR's list of mental health providers is reported to us to contain several who no longer take UMR insurance. As well, many primary care physicians and specialists in the network are so booked that they no longer take new patients—it would be helpful if this could somehow be indicated, perhaps by providers reporting “no more room in our practice” periodically. Provider shortages constitute a much larger crisis affecting our whole state that seems to be getting worse. We hope UMR will join us in advocacy to the Governor and Legislature to increase exponentially state support for residencies, also for other incentives to attract new physicians to Nevada.

We also remind UMR leaders that they made a commitment to add the UMR logo to the published claims PEBP members must download from the claims search function in order to forward them to their Flexible Spending Accounts for reimbursements. FSAs do not reimburse claims without the logo, so PEBP members waste time adding them as they can (which is messy). This is a small, inexpensive software change UMR committed to make. All this said, we appreciate the improving communications with UMR staff and administrators. We see positive steps; still, we urge UMR to redouble its efforts to comply fully with its contract service obligations. As the 83<sup>rd</sup> Legislative Session fast approaches, we also hope UMR and its industry partner representatives can join faculty, professionals and other state employee advocates to address with state leaders the serious provider shortages now negatively affecting our state and its future health. Thank you.