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In The Matter Of:

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

May 23, 2024

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1	PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
2	TRANSCRIPT OF PROCEEDINGS
3	ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
4	THURSDAY, MAY 23, 2024
5	CARSON CITY AND LAS VEGAS, NEVADA
6	
7	
8	The Board: JACK ROBB - Chair MICHELLE KELLEY - Vice Chair
9	LESLIE BITTLESTON - Member STACIE WEEKS - Member
10	JIM BARNES - Member JANELL WOODWARD - Member
11	JENNIFER MCCLENDON - Member BETSY AIELLO - Member
12	For the Board: RADHIKA KUNNEL
13	Deputy Attorney General
14	For Staff: CELESTENA GLOVER Executive Officer
15	JESSICA CRANE Executive Assistant
16	MICHELLE WEYLAND Chief Financial Officer
17	NIK PROPER Operations Officer
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1	THURSDAY, MAY 23, 2024, CARSON CITY, NEVADA
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3	CHAIRMAN ROBB: Okay, thank you. Good morning,
4	everyone. It is the Public Employee Benefit Program meeting
5	on May 23rd, 2024. It is 9:00 a.m., and we are doing the
6	meeting from Carson City. So I will open the meeting with
7	roll call.
8	MS. CRANE: Good morning, everyone. To start
9	roll call, Chair Robb?
10	CHAIRMAN ROBB: Here.
11	MS. CRANE: Michelle Kelley?
12	MEMBER KELLEY: Here.
13	MS. CRANE: Betsy Aiello?
14	MEMBER AIELLO: Here.
15	MS. CRANE: Jim Barnes?
16	MEMBER BARNES: Here.
17	MS. CRANE: Leslie Bittleston?
18	MEMBER BITTLESTON: Here.
19	MS. CRANE: Jennifer McClendon?
20	MEMBER MCCLENDON: Here.
21	MS. CRANE: Janell Woodward?
22	MEMBER WOODWARD: Here.
23	MS. CRANE: Stacie Weeks? All right. It appears
24	Stacie is absent. And Betsy Strasburg is also absent. CAPITOL REPORTERS (775)882-5322

We do have a quorum. Please, remember to speak 1 2 loudly and clearly and state and spell your name for our 3 transcriber. Thank you. CHAIRMAN ROBB: Okay. I just got a text from 4 Board Member Weeks. She's running a few minutes late, so 5 please mark her present when she arrives, please. 6 Public comment, public comment will be taken 7 8 during agenda item. No action may be taken on this matter 9 raised under this item, unless the matter is included in future agenda items, for which action may be taken. Public 10 11 comment will be taken under Board advisement and will not be 12 answered during this meeting. 13 So any public comment in Carson City? Thank you, Mr. Chair Robb. 14 MR. WELCH: Yes. My name again for the record is Bill Welch. I've been here at 15 the last couple of meetings. I did want to come today to 16 acknowledge that my request for public information that I 17 submitted at the March meeting was submitted to me. 18 It was 19 issued on April 18th, and I received it the last week of 20 April. 21 I've been on the road traveling for personal and 22 business reasons, so I have not had a chance to thoroughly review it. But I did want to advise this Board and 23 24 acknowledge my thanks for making sure I got this information. CAPITOL REPORTERS (775)882-5322

1	I will be submitting a follow-up communication with you. I
2	reviewed the letter. I need to have some more time. I'm
3	gonna talk with an advisor about the letter. I think there's
4	a lot of flaws in some of the information that's in the
5	letter. There's not a signator to the letter. It does
6	reference Ms. Glover, so I'm not sure, Mr. Robb, if I would
7	refer the letter back to you or to Ms. Glover, but the letter
8	did not have a signature as to who submitted it to me. It
9	referenced a letter that was submitted to my wife the prior
10	month, and that name was Ms. Glover.
11	So, again, thank you for making sure I got this
12	information. You will be getting additional information from
13	me in the future.
14	CHAIRMAN ROBB: Okay. Thank you for the update.
15	MR. WELCH: Thank you.
16	CHAIRMAN ROBB: Seeing no other public in Carson
17	City, do we have public comment
18	MR. HOPKINS: Chair Robb, I believe we have one
19	public comment online. As a reminder, Zoom is used for
20	public comment only. This meeting is streaming live on the
21	PEBP YouTube channel, if you want to watch the Board meeting
22	there. The YouTube link is located on the agenda. For those
23	who have joined for public comment, your name or last four
24	digits of your phone number will be announced. You will have CAPITOL REPORTERS (775)882-5322

been advised you have been unmuted. Please, slowly state and 1 spell your name for the record, and proceed with your 2 3 comments. Joan, you have permission to speak. 4 Please, slowly state and spell your name for the record, if you wish 5 to give public comment. 6 MS. OPERARAIO: Oh, yes. I'm from -- spelling is 7 I'm with Sierra Healthcare 8 J-o-a-n O-p-e-r-a-r-a-i-o. 9 Options. I don't have a public comment. I don't know if I raised my hand. I'm so sorry if I raised my hand. 10 11 MR. HOPKINS: That's okay. Thank you. Thank you. 12 CHAIRMAN ROBB: MS. OPERARAIO: 13 Thank you. CHAIRMAN ROBB: Seeing no other public comment 14 15 online, we will close Agenda Item Number 2 and move on to Agenda Item Number 3, PEBP Board disclosure for applicable 16 17 Board meeting and agenda items from the Deputy Attorney 18 General. 19 MS. KUNNEL: Thank you, Chair Robb. Good This is Radhika Kunnel, deputy attorney general. 20 morning. This agenda item, it is to allow me to make a disclosure 21 22 regarding conflicts of interest on behalf of the Board members who are eligible for PEBP benefits. 23 24 Pursuant to NRS 281A.420, on behalf of the Board CAPITOL REPORTERS (775)882-5322

members who are eligible for PEBP benefits or whose families 1 2 are eligible for PEBP benefits, I offer this disclosure that 3 they will be voting on those items that may affect the benefits available to them or their family members. 4 The law does not require abstention from voting merely because the 5 Board member or their family member is eligible for PEBP 6 benefits. 7 At this time, I invite any member of the Board 8 9 who has any additional disclosures to make, make it now. 10 Thank you. 11 CHAIRMAN ROBB: Seeing no additional disclosures 12 being brought forward, I will close Agenda Item Number 3 and move on to Agenda Item Number 4, consent agenda. All items 13 for possible action, consent will be considered together and 14 acted on in one motion, unless an item is removed to be 15 16 considered separately by the Board. 17 4.1, approval of action item minutes from the March 28th, 2024 PEBP Board meeting. 18 19 4.2, receipt of quarterly staff report for period ending December 31, 2023. 20 21 4.21, Q2 Utilization Report. 22 4.3, receipt of quarterly vendor reports from 23 period ending December 31, 2023 through March 31, 2024. 24 4.3.1, Q2 UMR Obesity Care Management. CAPITOL REPORTERS (775)882-5322

4.3.2, UMR Diabetes Care Management. 1 4.3.3, Q2 UMR Performance Guarantee Report. 2 3 4.3.4, Q2 Sierra Healthcare Options, utilization 4 and large case management. 4.3.5 Q2 Express Scripts Summary Report. 5 4.3.6, Q2 Express Scripts Utilization Report. 6 7 4.3.7, Q3 WTW's Individual Marketplace VIA 8 Benefits, Enrollment and Performance Report. 9 4.3.8, Q3 Amplifon Performance Report. 10 4.3.9, Doctor on Demand Engagement Report. 11 4.3.10, Real Appeal Utilization Report. 12 And 4.4, Fiscal Year 2024, other post employment 13 benefits OPEB, valuation prepared by Segal in conformance with the government -- Governmental Accounting Standards 14 15 Board requirements. 16 Any item that Board members would like to be 17 pulled? Ms. Aiello? I just -- Betsy Aiello for the 18 MEMBER AIELLO: 19 And I would like to pull 4.3.2. record. 20 CHAIRMAN ROBB: 4.3.2. 21 MEMBER AIELLO: Diabetes Care Management. 22 CHAIRMAN ROBB: Okay. Any other items that you 23 would like to? Seeing none, I would entertain some motion --24 entertain a motion on all other items, and then we will hear CAPITOL REPORTERS (775)882-5322

4.3.2 separate. Do I have a motion for everything but 4.3.2? 1 MEMBER KELLEY: Michelle Kelley for the record. 2 3 I make a motion to accept the consent items 4.1, 4.2, 4.4 and 4 all items in 4.3, except 4.3.2. CHAIRMAN ROBB: And 4.4. 5 MEMBER KELLEY: And 4.4. 6 7 MEMBER BITTLESTON: Second. CHAIRMAN ROBB: We have a motion and second. 8 Anv 9 further discussion? Seeing none, I'll call for the vote. Al those in favor, signify by saying aye. 10 11 (The vote was unanimously in favor of the 12 motion.) CHAIRMAN ROBB: All those opposed? 13 Motion 14 passes. 15 We will move on to 4.3.2, Q2 UMR Diabetes Care 16 Management. And do you have a question and we can --MEMBER AIELLO: This is Betsy Aiello for the 17 18 record. And I'm guessing this has been this way, and I just 19 haven't noticed it before. But I just wanted to bring up that I really noticed this time that we only have seven 20 participants out of over 3,000 people, and according to this, 21 22 it's a significant savings. Now, it's possibly the savings 23 is because those seven people truly care about their 24 healthcare and are trying to do everything they can. CAPITOL REPORTERS (775)882-5322

But if we have a program that really only has 1 2 seven people in it, there is a savings, so it's worth it. 3 But I just wanted to bring to the point of whoever is managing this program or whatever, should we try to, if it's 4 worth having the program, do a better way of grabbing people 5 and maybe putting them in? So it's nothing to not vote 6 against it. It was just something that stared me in the face 7 this time, so that's -- that's my hope. 8

9

CHAIRMAN ROBB: Okay.

MS. GLOVER: This is Celestena Glover for the 10 11 record. You know, I don't have an answer for why people 12 aren't participating. We get the information out to them. 13 But, and we have two diabetes care management programs running, this one here, and we have a diabetes prevention 14 program, that's a pilot program the Board voted on a year 15 ago, a year and a half ago, and so we are expecting to see 16 17 what that program has done.

18 I don't know if UMR has any additional19 information that might be helpful.

20 MS. HUCKABY: So the only thing on the -- we 21 administer the diabetes care management program, and we have 22 administered it since 2012. I think the biggest thing is 23 people don't realize that they have to re-enroll every year 24 because the buyer has to complete the form with all of their 24 CAPITOL REPORTERS (775)882-5322

A1 fee ratings and all of that, so we can report that 1 2 information. So PEBP has always had it that they have to 3 annually submit a new diabetes care form every plan year. MEMBER AIELLO: My thought, and it's not going to 4 stop voting on this, but my thought is that we might want to 5 look at whatever the requirements are, how the outreach is 6 being done, if it's letting physicians know. Because it 7 8 appears that it has good outcome, but we're not. And if not 9 only cost savings, if there is a cost savings, it means people aren't needing the medical care, so it means that 10 11 they're healthy. So, anyway, that -- I just couldn't let 12 that one go by when I noticed it this time. Thank you. 13 CHAIRMAN ROBB: I appreciate you highlighting 14 that. 15 Any further discussion on 4.3.2? Seeing none, I'll take a motion on 4.3.2. 16 17 MEMBER AIELLO: This is Betsy Aiello, and I would 18 like to move that we approve 4.3.2. 19 MEMBER KELLEY: Second. Michelle Kelley for the 20 record. 21 CHAIRMAN ROBB: We have a motion and second. Any 22 further discussion? Seeing none, I'll call for the vote. 23 All those in favor, signify by saying aye. 24 (The vote was unanimously in favor of the CAPITOL REPORTERS (775)882-5322

1 motion.)

2 CHAIRMAN ROBB: All those opposed? Motion 3 passes.

We will move on to Agenda Item Number 5, discussion and possible action regarding proposed amendments to Chapter 287 of Nevada Administrative Code as set forth in LCB File Number R047-24, to include review of any public comment and possible adoption of proposed amendments. Celestena Glover, executive officer.

Before we get into this, I want to clarify this is, we've had multiple hearings on this, and this is not wordsmith day. This is adoption day. So you've had plenty of time for comments and public comments, so this is adoption day.

MS. GLOVER: This is Celestena Glover, Public
Employees' Benefits Program. So included in your packet, you
will see the agenda and minutes for both the March 2024
workshop on the regulation changes and the May 9th hearing.

During the workshop, we had nobody come. We had one public comment at that time, but it wasn't related to this particular agenda item, and then the documents were submitted to LCB per our requirement to make sure that the language was appropriate in that regulation change.

24 The changes were driven by the Governor's CAPITOL REPORTERS (775)882-5322

Executive Order totalling ten regulations, and the Board 1 2 voted in March of 2023 on the regulations to be eliminated, 3 and that's essentially what we brought forward. In May, after returning, getting the packet back 4 from LCB, we did hold a hearing. You will also see those 5 minutes in your packet. Again, nobody was in attendance. 6 We did have one public comment. Again, that public comment 7 wasn't related specifically to this regulation. And the copy 8 9 of the regulation with the changes is also included in your packet for your review, if you haven't already done so. 10 11 Today's meeting essentially, as Chair Robb said, 12 is for the Board to vote to adopt or not the regulation changes. Depending on what the outcome of that vote is, 13 we'll take. With that, I'll take any questions. 14 CHAIRMAN ROBB: I see this is a crucial step to 15 all steps were taken in simplification and modernization 16 updating of state laws and regulations. So I appreciate the 17 work that staff put in. And I did say this is adoption day. 18 19 But if you have heartburn with anything, you are more than welcome to vote against adopting, but I won't take a motion 20 21 on this items unless there's any further discussion. 22 MEMBER KELLEY: Can I just add -- Michelle Kelley I have a question. So I did actually attend 23 for the record. the workshop. 24 So, yes, it was a few minutes of my day, so CAPITOL REPORTERS (775)882-5322

thank you very much, pleasantly surprised. But I'm just 1 2 actually wondering, how many regulations does this actually eliminate? Did we get ten in this? 3 MS. GLOVER: This is Celestena Glover for the 4 record. We got nine. 5 MEMBER KELLEY: Nine? 6 7 MS. GLOVER: Yeah. 8 MEMBER KELLEY: That's pretty good. Small 9 Thank you. agency. MS. GLOVER: It's also a small --10 11 CHAIRMAN ROBB: Yes. 12 MEMBER KELLEY: I'll make a motion to adopt the 13 regulation as workshop and pass through the LCB. MS. BITTLESTON: And I'll second. 14 CHAIRMAN ROBB: Okay. We have a motion and a 15 16 second. Any further discussion? Seeing none, I'll call for 17 the vote. All those in favor, signify by saying aye. 18 (The vote was unanimously in favor of the 19 motion.) 20 CHAIRMAN ROBB: All those opposed? I've been through a lot of regulation workshop and adoption. This is 21 22 probably the smoothest one I've ever seen, so, thank you, 23 everyone. 24 Number 6 -- agenda item -- we'll end Agenda Item CAPITOL REPORTERS (775)882-5322

5 and move on to Agenda Item Number 6, Executive Officer
 2 Report. Celestena Glover.

This is Celestena MS. GLOVER: Good morning. 3 4 Glover for the record. In the Executive Officer Report, this is information for PEBP members, the Board and stakeholders. 5 Essentially, this report is pretty short this month. We are 6 in open enrollment. We are in the third week. 7 It ends 8 May 31st. It's going pretty smoothly.

9 What you have before you is just some preliminary information we have about migration between the plans and the 10 11 number of events that have been completed. We are not 12 getting the number of questions we've gotten in the last 13 couple of years, and I think part of that is, you know, there was a lot of changes during COVID and a couple of years 14 after. And this year, we didn't have significant plan 15 And so I think people are -- they know what plans 16 changes. 17 they want to be in, and so they're either opting to change or stay where they are according to whatever their personal 18 19 situation might be. And the ones that do have questions, they are -- obviously, they're calling in or e-mailing, if 20 they're being helped as those calls come through. 21 22 Strategic planning meeting, so we're scheduling a

23 strategic planning meeting in October. We have preliminary
24 dates. We also have some interest from some of the Board CAPITOL REPORTERS (775)882-5322

1 members to attend. We would like to keep the number of Board 2 members to three or four to avoid the potential for somebody 3 being concerned that we're deliberating on things that the 4 Board would have to approve as a whole.

I think this is not a public meeting. It is for 5 staff, vendors and a number of Board members to discuss how 6 we would like to address plan issues, where we would like to 7 take the program in the future, what things we would like to 8 9 have analyzed. Our vendors will give us some ideas what 10 they're seeing out in the industry and help us kind of head 11 in the direction that we would like to go, so that will be 12 happening in October.

13 It looks like right now, it will be in Carson 14 City. We have looked at a couple of places. We're trying to 15 finalize that right now. And as soon as we have that 16 information, we'll get that out to the Board.

And then, finally, I attended SALGBA in April. 17 Vice Chair Kelley was also in attendance. 18 There were a lot 19 of interesting sessions. The focus was on drug spend and wellness programs, and we have mentioned here that, you know, 20 21 we would like to consider another wellness program through 22 What that program looks like, I'm not sure yet. PEBP. Τ 23 know there was some really interesting ideas about how the 24 various states and local governments actually administer CAPITOL REPORTERS (775)882-5322

their programs. A lot of them use point systems. 1 They have, 2 you know, incentives like reduced or no premium for their 3 members. They have special events they run and it essentially depends on the size of their program. So a lot 4 of the special events are being done at like school district 5 level because they're doing it school by school versus like a 6 7 statewide program, so there were some interesting things 8 there.

9 A lot of discussion about GLP1's for weight loss. 10 Currently our plan does not cover any of the name brands. We 11 do cover generic weight loss medications. But, you know, we 12 know that there's push from both vendors who are trying to 13 sell to us and from some members of the public that would 14 like to see more programs cover these.

From the discussions, just off-line discussions I had with other -- with my counterparts in other plans, a lot of the reason they're not covering is the same reason we don't is they're extremely expensive. And I know there's talk about, well, you know, you're paying the expense on one side or the other, but there's still a lot of question around these meds.

So, you know, until people are more comfortable and maybe those prices come down a little bit or they're forced in through legislation, I think there's a lot of CAPITOL REPORTERS (775)882-5322

pushback from the various plans to, you know, step back and wait and see what's -- what's gonna happen. So it is something we'll probably need to look at in the future and we keep monitoring to see what's coming down the pipeline to know when might be a good time, if there is a good time, to decide to change that on our formulary. And with that, I'll take any questions.

8 CHAIRMAN ROBB: Can you please put on the record 9 that we did have a meeting with Governor staff and Carson 10 Tahoe Hospital.

11 MS. GLOVER: Yes. Celestena Glover for the 12 record. So we had a meeting recently with Carson Tahoe Hospital, and in attendance was myself, Chair Robb, Jim Wells 13 from the Governor's Office, Ryan Herrick and also members 14 15 from UMR's team. We were told at that meeting that they were 16 close to resolving the issue between Carson Tahoe and the They are looking to add the contract for where they 17 network. 18 can potentially make some adjustments or changes or 19 amendments to their contract. We're not privy to that contract, so I don't know what those -- those provisions are, 20 21 and this contract expires next year. 22 So the things that they've had issues within this 23 last six months to a year, they're going to be addressing in

24 future contract negotiations. We were told that they CAPITOL REPORTERS (775)882-5322

expected that the issues would be resolved. But before this Board meeting, I have not yet heard of final discussion on that. I will be meeting with UMR later today to try to get an update, but they assure us, they don't want to terminate that contract. They really want to work out those issues, so that's what we're hoping.

7 CHAIRMAN ROBB: Okay. Thank you for that.8 Any questions?

9 MEMBER KELLEY: I have a comment and a question. Firstly, I want to thank Executive Officer Glover for 10 11 inviting me to SALGBA. It was amazing. There is just 12 incredibly creative work going on at the state and local government and school district level. I never dreamed, 13 honestly, like some of the -- especially around wellness, the 14 15 creative work that's going on is just so wonderful, and Nevada really needs to get back into it because we can't 16 control our costs if we can't control the health of our 17 18 population. And nine or seven people -- nine people in the 19 diabetes care program, you know, that's -- that's part of wellness, right, is joining a program like that. 20

21 So I came away so energized, and I think I wore 22 Tena out with my excitement during the sessions because it 23 was really illuminating. But also, just, there's a lot of 24 other services out there, analytical services where these 24 CAPITOL REPORTERS (775)882-5322

services are looking for doctors who are overcharging, double billing. I was really intrigued by that service that the Teachers Union in Southern Nevada is actually using one of those services, and they also contract with UMR, so I thought that was really interesting.

And then there's also lots of services out there, You know, IT, right, that are doing the front end of -- of a portal essentially but not stopping there. Essentially when a person gets services, they then start reaching out to a person and they reach out and remind them to have this and that and really trying to drive our participants actions.

12 So there's some really great innovation out there 13 that I think that maybe, I would hope to look at. You know, 14 obviously, we are budget constrained, but we are always 15 budget constrained. If we don't get people healthier at the 16 front end, then we're always going to be budget constrained, 17 right?

But, anyway, so that's just my comment about SALGBA. It was really illuminating. I look forward to strategic planning because I -- you know, that wellness area is just, there's so much that we could actually do that could make a difference.

 And then I said I had a question, but it escapes
 me now, so I'll leave it. See, I got too excited. CAPITOL REPORTERS (775)882-5322

1 CHAIRMAN ROBB: I do appreciate you taking the 2 time to attend, and I am a firm believer in those type of 3 interactions and those type of conferences. And I would 4 encourage in the future as Board members participate in that 5 because it can only make us better as a Board and provide a 6 better product to the people we serve. So I'm glad you took 7 the time.

8 MEMBER KELLEY: Yeah, it was a value -- valuable 9 use of my time. And I did think of my question.

10 CHAIRMAN ROBB: Go ahead.

MEMBER KELLEY: So it was around the weight loss 11 12 drugs. Firstly, a comment, because during the session, you 13 know, you talked to a lot of different states, and I was talking to New York and Maryland. And New York has a state 14 law that requires that these weight loss drugs be covered, 15 and it's costing them over \$2,000,000 a month already. 16 So, 17 you know, so I understand participants really want access to 18 these medicines. And, obviously, I would hope they make 19 people healthier.

But, you know, PEBP certainly as it's currently funded, we just couldn't afford to cover those. And then just also a comment more for the public is that there's also the line of diabetes drugs, and we do cover those for people who have type two diabetes. Those necessary medicines are CAPITOL REPORTERS (775)882-5322 1 actually covered, so, and that's all I wanted to say. Thank
2 you.

MEMBER AIELLO: I just -- your bringing up the Carson Tahoe spoke to my mind again. If there's any further information about the situation, which was the kind of mirrored situation in Washoe County with the REMSA issue, if anything has moved forward there.

8 MS. GLOVER: This is Celestena Glover for the 9 record. There's been no movement on REMSA.

10 MEMBER AIELLO: Okay.

MS. GLOVER: We would like to make them a network provider and have them agree to a certain fee. We pay 13 140 percent of Medicare currently. REMSA is the only one that we've gotten any feedback from that has an issue with that payment level. Why them versus others? Are they more expensive, less expensive than the other ambulance services around the state? I don't know that for sure, but.

18 MEMBER AIELLO: I'm just throwing that out. 19 Because they have been exclusive for Washoe, I mean, there's 20 nobody that can come in? And if it's the county that's 21 giving -- I don't know if it's a way, and possibly this has 22 occurred, but the county could be approached that since REMSA 23 has an exclusive, and this is impacting all state employees, 24 and I'm sure probably other entities also, but just throwing CAPITOL REPORTERS (775)882-5322

that out as a follow-up. Those were the two issues I know
 last time we spoke.

3

CHAIRMAN ROBB: Board Member Weeks.

MEMBER WEEKS: Thank you, Chair Robb. I just 4 want to piggy-back on a couple of things that you guys said. 5 So Medicaid, we're challenged with the same things. 6 This obesity drug situation, I think none of us are against 7 coverage. But I think Member Kelley had a good point, it 8 9 I want to be very mindful of that. Like, costs money. California recently covered these drugs on their medicaid 10 program, and it's an expensive drug. 11

12 And I think we all -- I think the problem we have is there's a lot of pressure. And, you know, vendors 13 pushing, and I just think we have to be mindful of that 14 15 because our -- right now we don't have a huge budget for this 16 program. So, unless we're going to increase revenue, staying with Medicaid, I get nervous about adding really expensive 17 I think we should target it where we know we're 18 medications. 19 gonna get the biggest return on investment.

20 So I think if we do feel like we need to look at 21 these drugs, I would like some analysis on return and 22 investment. That's what we're going to be doing in Medicaid, 23 so happy to share that. We've got one of our vendors looking 24 at it, so happy to share those findings, if that's helpful. 24 CAPITOL REPORTERS (775)882-5322

And then on the REMSA fees, you know, that issue 1 2 of one vendor having the market does at some point affect all of our budgets. And I just want to raise that any kind of 3 exclusive arrangements like that are problematic across our 4 I think we're seeing that in Medicaid as well. 5 market. And I just want to think from a larger state policy perspective, 6 we should be thinking about whether or not those agreements 7 are driving up costs, so just throwing that out there as 8 9 something to think. So you guys like got me thinking because like 10 this is what we're doing with the Medicaid too, so I 11 12 appreciate that it's across all markets and all payers. 13 Thank you. This is Celestena Glover for the 14 MS. GLOVER: I would like to see that analysis. It would be 15 record. interesting. And I'll work with our consultants --16 17 MEMBER WEEKS: Okay. MS. GLOVER: -- to see if we can't get something 18 19 specific to the PEBP program. The information I was provided during SALGBA is those medications are 12 to \$1,500 a month. 20 So most individuals -- what they have found too is most 21 22 individuals that go onto them, they don't stay on them for 23 two reasons. One, the side effects, they can't tolerate the 24 side effects so they quit taking them or they're too CAPITOL REPORTERS (775)882-5322

expensive. So they take them for a little while and they
 can't afford them.

Even if their plan covers a portion of them, 3 4 they're still having to come out-of-pocket for a certain dollar amount, depending on their plan or a combination of 5 So the medication works, but the individuals don't 6 both. The drawback is they typically, from my 7 stay on them. understanding, is they gain back the weight they lost, plus 8 9 So it puts them behind the power curb. So unless some. those individuals can stay on them long term or we come up 10 11 with a new medication that is temporary, you know, you take 12 it for six months or something, and then you don't need it anymore because you learned that how it helped things work. 13

The one thing that in the session I sat in on, I 14 actually expected it to be a sales hedge but it wasn't. 15 And the thing they brought up was those two points. 16 But they also said that for these meds to work, those individuals on 17 them, really need to make lifestyle changes, and that's the 18 19 other piece. They don't make the lifestyle changes they need to make in order to maintain the weight loss. If we can get 20 21 them doing that outside of the taking the meds, a lot of 22 folks may lose, you know, at least some of the weight, they might need to do. But if they don't take all of the pieces 23 24 together, you know, their likelihood of success is reduced, CAPITOL REPORTERS (775)882-5322

1 so.

24

MEMBER KELLEY: Michelle Kelley for the record. 2 3 Just one last comment on that is that we didn't talk about is the extreme shortage of supply as well. So I do wonder how, 4 you know, given the heavy PR piece and the fact that a lot of 5 insurance companies aren't covering them, but they're already 6 suffering from these shortages, I wonder how, one, how that 7 8 would go if people -- everyone started covering them? You 9 know, are they going to be able to keep up? But, also, if participants are changing their 10

11 life and taking medicine and periodically they can't get it, 12 you know, that's -- that's obviously detrimental to the -- to 13 the program. And so -- you know, so I think we also need to 14 consider that in any analysis. You know, when are these 15 people going to have enough for the advertising budget 16 they've got, so.

17 CHAIRMAN ROBB: Okay. We will close Agenda Item 18 Number 6. Move on to Agenda Item Number 7, acceptance of 19 Claim Technologies Incorporated audit findings for the State 20 of Nevada Public Employees' Benefits Program, third-party 21 administrator, UMR for FY2024 Q2 covering the period of 22 October 1, 2023 through December 31st, 2023. Celestena 23 Glover.

MS. GLOVER: Good morning. Celestena Glover for CAPITOL REPORTERS (775)882-5322 the record. Before you is the second quarter audit findings
 for UMR or TPA. I believe we have Joni on the line that will
 be speaking to this audit and then UMR who will provide their
 thoughts. And with that, I will hand it over to CTI.

5 MS. AMATO: Good morning. For the record, my 6 name is Joni Amato and I'm going to walk you through the 7 executive summary section of the UMR Audit Report. The scope 8 of the second quarter 2024 UMR audit included claims 9 processed during the period of October 1, 2023 through 10 December 31st, 2023. And as in prior UMR audits, the audit 11 included both medical and dental claims.

The medical and dental claims paid during the second quarter totaled approximately \$54,000,000 and included approximately 210,000 claims. Data included the quarterly performance guarantee validation, 100 percent electronic screening with 50 targeted samples, a statistically valid stratified random sample of 200 claims and data analytics.

In our auditor's opinion, we're happy to report this quarter, UMR's performance and financial accuracy, overall accuracy and claim turnaround time, both within 14 days and 30 days, all increased in performance when we compared this to the prior quarters audit.

 The performance guarantees for financial accuracy
 and claim turnaround time of 92 percent within 14 days were CAPITOL REPORTERS (775)882-5322

both met. And although -- although performance did improve for overall accuracy in claim turnaround time of 99 percent within 30 days, the guarantees were not met for those two performance metrics.

5 This results in a penalty of two percent of the 6 administrative fees for the quarter for \$25,850.50. I would 7 recommend reviewing the five financial errors identified in 8 the random sample audit to ensure that root causes have been 9 identified and if claim processor training or system 10 corrections were needed that those were -- those are made 11 where appropriate.

12 Additionally, we recommend the radio of the 13 electronic screening and targeting sample results and focus on any recovery of overpayments identified and process of 14 improvements in the categories where errors were identified. 15 16 Thank you for your time, and I'll take any 17 questions if you happen to have any. 18 CHAIRMAN ROBB: Do you have any questions? 19 Seeing none, this is an action item. 20 MEMBER KELLEY: Michelle Kelley for the record. I move we accept the Audit Report for Q2 from CTI. 21 22 MEMBER AIELLO: This is Betsy Aiello. I'11 23 second it. 24 CHAIRMAN ROBB: Okay. We have a motion, a CAPITOL REPORTERS (775)882-5322

second. Any further discussion? Seeing none, I'll call for 1 2 the vote. All those in favor, signify by saying aye. 3 (The vote was unanimously in favor of the 4 motion.) 5 CHAIRMAN ROBB: Any opposed? Motion passes. 6 Thank you. We'll move on to Agenda Item Number 8. 7 Oh, sorry, 7.1. I'm trying to get through this. 8 9 MEMBER KELLEY: Hold on. 10 CHAIRMAN ROBB: 7.1, that's why you're both here. 11 MEMBER KELLEY: Yeah. 12 CHAIRMAN ROBB: 7.1, UMR remediation plan. MR. MAIER: Nathan Maier, for the record, for 13 14 UMR. 15 MR. BRAUN: Helmut Braun from UMR as well. 16 MR. MAIER: We just wanted to come and give an 17 update on the remediation plan that we presented back in 18 January, and we've got some monthly reports that we just 19 wanted to cover off high level to show improvements in performance month over months since inception of the plan we 20 21 put back in place in January. 22 We've improved month over month significantly in 23 terms of turnaround time, quality customer service metrics. 24 In March we met all of those guarantees. And then April, we CAPITOL REPORTERS (775)882-5322

just had one miss on our -- on our call quality. You maybe
 want to add a few words on that as well.

But we also had committed to improving our auto adjudication rate, which was previously at 60 percent and happy to report that for Q1 of 2024, it came in at 74.5 percent, so wanted to give that update.

MR. BRAUN: Yeah, and I would say, obviously, we 7 8 made some adjustments in the team in some of the training 9 that we've done for that team and increased audits on our side to make sure that we're getting the numbers that I think 10 as you can see is significantly different than what they have 11 12 been in the past. And even with this past report, I mean, obviously, our penalty was down to 25,000, where in the past 13 we've been well over 100,000 numerous times. 14

So we feel like we're kind of back and certainly hitting most of the metrics. Like Nathan said, hit them all. In March, missed one. In April, obviously, looking to remediate that again in preparing to get them all for May. But I feel like we've done a good job in making some progress and changes in the way that we're operating the plan, giving you improved performance.

 CHAIRMAN ROBB: Okay. Any questions?
 MEMBER KELLEY: I have a question, I guess, for
 staff. Michelle Kelley for the record. So have -- are we CAPITOL REPORTERS (775)882-5322

still a lot of provider discontent or participant discontent
 due to delay claims or claims not being processed accurately
 or any of the other metrics?

MS. GLOVER: This is Celestena Glover for the 4 I haven't seen any new ones, and we're still dealing 5 record. with some of the ones we've had in the past. But it seems to 6 have stabilized a little bit. I haven't had any big, you 7 8 know, memos or e-mails directly to me or through QC, saying 9 we're not getting paid, so we are monitoring that. But so far, it's kind of -- it's kind of at the stable level. 10 11 Hopefully it will continue to improve based on this 12 remediation.

MEMBER KELLEY: All right, thank you. 13 So I had a question and it's around, well, preventative care payments 14 15 and, you know, I don't -- if you can't answer this and need to get back to me, that's fine. I occasionally get copied on 16 e-mails to PEBP, unfortunately, because there's not a lot 17 that I can do with them, but I do read them. And there 18 19 continues to be an issue around, and there's always been an issue how providers bill preventative services versus UMR 20 pays. And when I say UMR, it's generally an issue with the 21 22 billing of preventative services matching up with actually it 23 being preventative rather than diagnostic.

24 But I continue to get e-mails where participants CAPITOL REPORTERS (775)882-5322

are convinced that they had a preventative screening and yet, 1 2 you know, it's denied or subject to co-pay and deductible on 3 the UMR side. And when they call UMR to question it, they're told to go through the appeals process. And I thought we had 4 talked about that with you at the Board meeting and you had 5 said that when people call UMR, there was a level where your 6 customer service agents could actually look at the claim and 7 resubmit without someone actually having to do a formal 8 9 e-mail or go through the portal to appeal the decision.

And I just recently got one of those, so two weeks ago, I would say, and so I'm just wondering what's happening in that space. And, you know, I mean, I think we all share the frustration when you think you've gone off to have something that's going to be free, and then you start getting bill after bill. If you're in the PPO, it's no wonder, it's like five bills for the same service.

So, you know, why is that continuing to happen? And how can UMR help our participants with that process, you know, where they don't have to spend a lot of time appealing something if it should be preventative or how can we educate doctors? I always ask for the code, you know, the Y codes. Give me the code. If you guys would give us the code, we could coach the doctors.

24 But, so I just -- I'm looking for, you know, CAPITOL REPORTERS (775)882-5322

suggestions on how we can help our participants seek those
 services because we want them to stay healthy and get their
 preventative screenings. But if every time you do it, you
 have to spend a week or two weeks or a month because of just
 the timing of bills, following up, why would you bother? You
 know, I mean, it's just a lot of work, especially if you're
 busy. So a very broad question there.

8 But as I say, if you need to follow-up, please,9 feel free to.

MR. BRAUN: Do you maybe have any insight? I mean, you're probably closer to that than --

12 MR. STOCKWELL: Yes. Jesse Stockwell for the 13 This happens frequent. You have providers who are record. actually billing with codes that are not falling under the 14 preventative listing of codes that are covered under 15 16 preventative. The system is, we're gonna process the claims 17 if it's -- if it's a preventative service, we're processing 18 the claims as preventative.

I have an example of a PEBP member, a couple of weeks ago who had called in, and she had gone in and her statement was that she had gone and had services for preventative services but there were four or five codes on her -- the claim that we received that did not fall under preventative services. And the services that did for those CAPITOL REPORTERS (775)882-5322 codes did get paid at 100 percent, and those services that
 did not get processed at diagnostic.

In those scenarios, it's -- the plan, we can only process the claim as it is billed to us from the provider. We can't change the -- we can't change the coding that the provider is billing -- billing us because in essence that's kind of fraudulent, right. So we're going to process it as the provider actually billed it to us.

9 We will reach out to the provider to verify and at times also obtain records to kind of audit it to see if 10 11 what those services that they provided are matching up with 12 the codes that they have actually billed. But that is an issue that is, it happens to everyone, not just with PEBP 13 members. It happens to all lines of business I would imagine 14 15 and all customers. It's something that providers constantly 16 do.

And to address your question with providing 17 18 codes, I would imagine that if any patient went into a 19 doctor's office and said here's my -- goes in for a visit and says this is the code you're gonna bill with, that doctor is 20 not gonna be very happy. He's gonna say that you're coming 21 22 in and you're dictating what his medicine that he's providing 23 and those services that he's providing to his patient, and 24 he's not going to be very happy about that. So that's not CAPITOL REPORTERS (775)882-5322

something that I don't think from a healthcare perspective 1 2 from a doctor would be something that would be appropriate 3 for a member to or a patient to come in and say here's a procedure code that you can bill with. 4 And, Jesse, let me stop you there a 5 MR. BRAUN: So I'm just kind of curious, in some cases, you 6 minute. know, a physician might bill a particular CPT code and then 7 8 maybe a couple of different choice for diagnosis perspective, 9 okay. 10 MR. STOCKWELL: Correct. 11 MR. BRAUN: And in some cases maybe CPT code 12 could be preventative and others it could be diagnostic, 13 right? MR. STOCKWELL: 14 Correct. 15 So when we get that kind of confusion MR. BRAUN: sometimes, is it -- is it possible for us to then go back to 16 the doctor and say, hey, was this truly diagnostic or 17 preventative? So, but if there's other procedures on there 18 19 on the same bill that are not preventative and, obviously, those are going to get paid and deductible in co-insurance, 20 So we can certainly fix the ones that are sometimes 21 okay. 22 either way. If the physician's office agrees with us, and I 23 think we would have to investigate those situations when a member calls. 24 CAPITOL REPORTERS (775)882-5322

1 MR. STOCKWELL: Correct. MR. BRAUN: If there's multiple services being 2 3 performed at the same time, some are not preventative, those are gonna have to be co-insurance and deductible. 4 CHAIRMAN ROBB: Ms. Weeks. 5 To Member Kelley's point, to what MEMBER WEEKS: 6 7 you were just saying, I think in Medicaid, this happens all the time. But I think what's frustrating probably for the 8 9 member and for the provider, it's like, whether or not there's that provider education. It sounds like you might be 10 11 doing that. But it really -- often what we will do is try 12 our best to help the provider and make sure that that individual -- everyone understands what to do going forward. 13 So I hope that you're doing that. Because I will 14 say if we're just denying and just saying, sorry, we're not 15 16 telling them to resubmit the claim, you're going to get provider abrasion. 17 And then the other thing I wanted to say real 18 19 quickly is it does look like you guys are making a lot of process. I just want to say thank you because I think, you 20 know, it's often, you're sitting in that chair. You're only 21 22 going to get complaints, so I appreciate that. 23 But, you know, in looking at this too, it does 24 seem like there are some areas still, you know, that you're CAPITOL REPORTERS (775)882-5322

working on. And I'm just curious from your perspective, what 1 2 are you quys still struggling with to make progress on? Maybe why that is? Do you feel, you know, there is some 3 provider abrasion. Clearly, that started out early. 4 You know, I mean, that happens to us too in Medicaid and, you 5 know, how do you fix that? How do you rebuild that 6 relationship and also member abrasion. So, you know, I'm 7 curious, if some of that might still be spilling over and 8 9 what are you guys doing to kind of re-brand or sort of rebuild that relationship with the member and the providers 10 11 that have been frustrated.

MR. MAIER: Do you want to take the first part about -- I mean, areas that -- Nathan Maier for the record. Areas that we're still missing on some of the performance guarantees. The most recent, so for March, we met all of them.

And then for April, we missed -- we made all but one, which was customer service quality. So, you know, when we identify those quality issues with our internal audits, we're, of course, going back to those agents, trying to coach them up and identifying, helping them walk through and understand, you know, the mistake they made and how to correct it on a go forward basis.

24 Those things sometimes take longer to correct the CAPITOL REPORTERS (775)882-5322

claim turnaround time and things, you know, because those are
 individuals in the moment taking a phone call, right. So,
 but that's what we're doing, we're going back and identifying
 those things with those specific agents and then retraining
 them on those things.

MEMBER WEEKS: Thank you.

MR. BRAUN: And I think maybe on the provider 7 8 abrasion side, I know Nathan and his team have been talking 9 to providers. I mean, I don't know if you want to talk a little bit about Carson Tahoe. I mean, obviously, that's 10 11 been one of our biggest sore points. And, you know, we 12 worked through the issues with Carson Tahoe. So I would say 13 the number of issues that we have with them are probably less than a handful at this point that are in the process of being 14 15 resolved.

And I think you guys had a meeting. Maybe you
want to give a little bit about that discussion.

18 MR. MAIER: Sure.

6

19MR. BRAUN: And where we're heading with20contracting down the road.

21 MR. MAIER: Yeah, sure, and we did. So it was I 22 thought a good discussion. We are very close to -- we've got 23 this last piece that we're trying to resolve with them, and 24 they had committed to sending out a letter to all of the CAPITOL REPORTERS (775)882-5322 participants saying there's no longer payment disputes or issues. It really revolved around our kind of prepayment bill audit review process, and there was disagreements and things we were seeing in the audit versus what they thought, you know, could be billed was high level, right, what the issue was.

7 And as part of that discussion, we're also 8 looking to renegotiate our contract with them so that it's 9 more fixed rates versus percent of all charges to remove some 10 of those nuances in billing, which we believe will be helpful 11 for both sides.

12 And then more broadly, I know Jesse from my team 13 and our provider advocates, both in the north and the south, have been going around to various provider offices, sitting 14 15 down with the providers, going through things with them, you 16 know, what are the pain points and having those detailed conversations, educating them on the self-service tools and 17 18 how the portal works and, you know, here's when you call 19 customer service and here's the PEBP plan design and here's what requires authorization and taking the time to sit down 20 with individual provider offices to walk through those things 21 22 with them. So, yes, we're doing those things too. 23 MEMBER WEEKS: Just one follow-up. Stacie Weeks

24 for the record. Thank you. Because I do think -- it does --CAPITOL REPORTERS (775)882-5322

I mean, you could be improving your scores. And then but if 1 2 you still have those, you know, relationships --MR. MAIER: Right. 3 MEMBER WEEKS: -- we're still gonna hear bad 4 And I appreciate that coming from Medicaid because, 5 things. God help us, we can't always do everything right, right? 6 And 7 there's always going to be abrasion. But I think the key is 8 those relationships and how we treat our members, right? And 9 how we follow-up and that provider. It's a small town in I'm making sure those providers know who to call and 10 Nevada. 11 I don't feel like they're just lost in some sort of e-mail 12 with nobody's name on it. And I think we struggle with the 13 same thing, and so just appreciate that you guys are going out and doing that. So I think it will help in the long run, 14 15 so thank you. CHAIRMAN ROBB: Any follow-up questions? 16 17 MEMBER KELLEY: Just a comment to echo Stacie. 18 Thank you, you know, for making progress and continuing to 19 make progress, and I look forward to Q3 report, where maybe 20 we --21 MR. BRAUN: So do we. We're hopeful as well. 22 MR. MAIER: Thank you. 23 MR. BRAUN: Thank you. 24 MEMBER KELLEY: With that, Michelle Kelley for CAPITOL REPORTERS (775)882-5322

the record. I make a motion to accept UMR's remediation 1 2 plan. 3 CHAIRMAN ROBB: I have a motion. Do we have a 4 second? MEMBER BITTLESTON: Leslie Bittleston. 5 Second. CHAIRMAN ROBB: Any further discussion? Seeing 6 7 none, I'll call for the motion. All those in favor, signify 8 by saying aye. 9 (The vote was unanimously in favor of the motion.) 10 11 CHAIRMAN ROBB: Any opposed? Motion passes. 12 We'll move on to Agenda Item Number 8, discussion 13 and possible action on Pharmacy Benefit Manager Market Check. Richard. 14 15 MR. WARD: Good morning. Richard Ward with Segal 16 for the record. I'm appreciating the pace of this meeting. I will try to follow suit. 17 We have two items. The first one is our report 18 19 on PBM Market Check. It is on page 336 of the PDF that I 20 have for the Board packet for anybody following along 21 electronically. This is an annual exercise where we review 22 the competitiveness of the pricing guarantees that PEBP has 23 in the Express Scripts contract for minimum discount 24 guarantees, minimum rebate guarantees and so forth, and we CAPITOL REPORTERS (775)882-5322

compare the competitiveness of the upcoming years guarantees
 with the market.

3 So we have -- we work with over 20 state clients, 4 other state health plans. So we review the most recent 5 contract terms negotiated among your peers and then compare 6 your terms in the aggregate with the aggregate value of that 7 peer group. And then we report on that to Express Scripts 8 and solicit a proposal and then -- and then negotiate as 9 necessary from there.

So this year, and I'm flipping to page two, 10 11 the -- the -- that comparative analysis indicated that there 12 was an opportunity to improve the terms in the PEBP contract 13 with Express Scripts in order to be market competitive. The delta was about 6.7 percent in aggregate, about 3.8 million 14 15 dollars in annual cost. And Express Scripts submitted a proposal for improved pricing terms, and that's about four 16 percent above the terms that were set to go in for the next 17 plan year, and that's about a 2.2 million dollar enhancement, 18 19 so 2.2 million in savings, in guaranteed savings.

The performance might actually exceed those guarantees. So this is a minimum improvement in the pricing terms, and -- and we think that that is a fair and equitable negotiated point. And I want to thank Express Scripts for being very cooperative and having a very collaborative, CAPITOL REPORTERS (775)882-5322

1 transparent partner in this -- in this Exchange.

2 One other item that -- so normally that's the end of the market check is looking at pricing guarantees for 3 discounts, dispensing fees and rebates. However, this year, 4 there's an additional item for the maximum vaccine 5 administration fee. So in -- in COVID or during COVID, a 6 couple of years ago, the federal government was paying 7 administrative fees for and paying for vaccines, for COVID 8 9 vaccines in particular. And as were exiting or have exited 10 the pandemic, the federal government has sun-setted those 11 subsidies.

12 So in response to that, pharmacies are increasing the administrative fees that they're charging to it to 13 provide those vaccines to members, if it's not a PEBP 14 specific thing. It's just in general, so negotiated a five 15 16 dollar increase in those maximum aggregate administrative So the fees are sort of these like dispensing fees. 17 fees. These administrative fees are like dispensing fee and they 18 19 will vary potentially from pharmacy to pharmacy or instance to instance. 20

And then there's a guarantee for the maximum average of what those administrative fees will be, and so that's -- that's increasing by \$5. The average is increasing by five bucks, and that's in line with what -- what is CAPITOL REPORTERS (775)882-5322 happening elsewhere in the industry with other -- with other state plans, with other PBM's. It's a very common dynamic right now, and this change is in step with that, with that change.

5 And on page three, there's a table that shows the 6 current and new maximum administrative fees. They vary by 7 flu, COVID-19 and then other, other vaccines.

8 And then on page four, there's a table that shows 9 the current -- the current pricing guarantees, the renewal 10 pricing guarantees for the next plan year, and then how those 11 compare with the benchmark average, and there's a range for 12 benchmark average because it -- not all contracts are the 13 same.

And green means that the guarantees in your 14 contract are -- are better than the market. White means that 15 they're within the range. Red means they're not quite as 16 favorable. And blue indicate, in the middle column, 17 18 indicates the pricing guarantees that were enhanced during 19 the renewal negotiation process, which are focused on the rebate guarantees. And right now, that's really where we see 20 21 a differential.

And we see movement in the market between if we're comparing proposals from different PDM's, often times it comes down to the rebate guarantees. If they're willing CAPITOL REPORTERS (775)882-5322

-- the rebates, if they're willing to guarantee and that is
 the guarantee, the type of guarantee where there's the most
 movement from year to year. So that was the -- that was the
 focus of the enhancements for this negotiation.

5 And I will point out that at the very bottom of 6 that, the last couple of rows, especially the specialty 7 guarantees, the current terms are below market, and then 8 Express Scripts has proposed terms within the market range, 9 so a favorable outcome.

And then Express Scripts, on page five, which 10 11 says 340 on the PDF for those following along electronically, 12 has proposed guarantees for rebates that step up and are 13 enhanced annually for the subsequent three years. And so that improves the position, the contract terms for those 14 15 years proactively at this point. But your contract with Express Scripts still has the market check provision, so 16 we'll still go through the review and potentially negotiation 17 exercise for plan year '26. 18

19The result of these improved terms just means20that you're starting off with a higher floor and a more21competitive starting position going into -- going into that22process.

23 If it turns out that these terms are not 24 competitive compared to where the market is at that point, CAPITOL REPORTERS (775)882-5322

then they'll -- there will be another negotiation and 1 2 hopefully another proposal and enhanced contract terms. And with that, I will pause and see if there are 3 4 any questions. MEMBER AIELLO: We probably all have the same 5 This is -- for the record, this is Betsy Aiello. 6 question. I have a couple of questions. So it does look like that it 7 is good and the renewal and negotiation because we're gonna 8 9 save 2.2 million, but we're still 1.6 million short from the benchmark. And I'm not sure if that just means that's saving 10 11 us from having to go out and find a new RFP, so that's the 12 reason we're willing to accept is that. But the things that really jumped out at me, 13 which probably did with everybody, is the dispensing fees. 14 And the specialty mail order, we're paying \$180 for a 15 dispensing fee and other people are paying cents. 16 I -- all right. So -- so this is --17 MR. WARD: 18 your contract has a unique -- has a progressive provision in 19 it, in that you're paying -- you're paying the actual acquisition cost for the medications. So typically with mail 20 order, it is -- a typical contract arrangement is on a spread 21 22 pricing arrangement. And so you might have a discount guarantee of say 19 percent. I'm looking at brand here, 23 24 right under mail order, instead of 21.3, so you might have a CAPITOL REPORTERS (775)882-5322

19 percent discount. And then the PBM, whether it's Express 1 2 Scripts or CVS or someone else is making a spread, they're actually buying the drug for a lower cost, and then they're 3 making a profit on the spread, but then they're not charging 4 a dispensing fee. That is the typical arrangement. 5 MEMBER AIELLO: So you're saying that generic 6 7 discount of 87 percent, when other people 100 percent is being made up in the dispensing fee? 8 9 MR. WARD: Yes. 10 MEMBER AIELLO: Okay. 11 MR. WARD: Yes. So the higher dispensing fee 12 that you have is -- was negotiated. This predates us, was 13 negotiated to be the equivalent and aggregate of that spread 14 pricing. 15 MEMBER AIELLO: Okay. So once that -- but it 16 comes --17 MR. WARD: You get an enhanced --MEMBER AIELLO: -- out equal. 18 19 MR. WARD: That's -- that's the intent. 20 MEMBER AIELLO: So that's not where -- this is I'm sorry. That's not where the 1.6 million is 21 Betsy. 22 coming from. That is correct. Your -- the first 23 MR. WARD: 24 part of your comment, I think, is spot on. In that in order CAPITOL REPORTERS (775)882-5322

to access the full value what the market can offer, usually 1 2 need to have an RFP and a competitive bidding environment. 3 Negotiating with an incumbent in that setting, especially with -- especially with -- especially with a limited time 4 frame doesn't lead to an outcome where -- where you're gonna 5 have pricing that is fully in line with the most competitive 6 7 pricing in the market, so this represents --MEMBER AIELLO: Everybody is looking at that 8 9 benefit of we don't have the cost of doing this, and they 10 know we wouldn't have the cost of us doing this. 11 MR. WARD: Right. 12 MEMBER AIELLO: So they're going to offer --13 okay. In this benchmark, the peer group in 14 MR. WARD: the benchmark is selected from other states that have -- that 15 16 have recently completed a competitive bid process, so it represents the most competitive but I think achievable 17 18 pricing in the market. 19 MEMBER AIELLO: Thank you. 20 CHAIRMAN ROBB: Board Member Weeks. 21 MEMBER WEEKS: Stacie Weeks for the record. So 22 this seems like good news overall, like Betsy was saying. Τ 23 had a question about the rebates. I want to make sure I'm 24 understanding from a budget perspective. And maybe, Tena, CAPITOL REPORTERS (775)882-5322

this more for you. I don't know. But when we get the 1 2 rebates, do those come back to our budget 100 percent or are 3 we sharing them at all with the vendor? MS. GLOVER: The -- no. The rebates that we 4 actually receive are in the budget. 5 6 MEMBER WEEKS: Okay. 100 percent revenue. 7 MR. WARD: And these are guarantees. So you're 8 getting the actual rebates, whatever those are. 9 MEMBER WEEKS: Okay. And then in aggregate, that's compared 10 MR. WARD: against the minimums. You take these minimums, multiply them 11 12 by the appropriate script amounts, you get a minimum dollar 13 And then if the actual is above that, then the amount. guarantees have been met, and that's the end of the review or 14 the reconciliation. If the actual amount paid is below that, 15 16 then Express Scripts will pay dollar for dollar up to 17 whatever that guarantee level is. 18 MEMBER WEEKS: Thank you. And on the one point 19 -- this is Stacie for the record. On 1.6 million, were we not planning to go out and give ourselves enough time for 20 competitive bid or did we just miss -- you know, plan for 21 22 that? I'm just curious on why we couldn't do that. You know 23 what I mean? That's what I'm trying to understand. 24 MS. GLOVER: So this is Celestena Glover for the CAPITOL REPORTERS (775)882-5322

The market check is a process we do within the terms 1 record. 2 of the contract. This contract still is in place for a 3 couple of more years. So without going out to a full RFP and potentially getting a new vendor or even keeping the same 4 vendor, depending on the outcomes, the negotiation is, like 5 Richard said, where we can get right now, and then they'll 6 look at it again next year. 7

8 MEMBER WEEKS: Stacie Weeks for the record. 9 That's helpful. So we're not -- the contract is not 10 expiring. We're not planning on -- so this is more looking 11 in-between to see how we're doing and what value we're 12 getting out of the contract; is that correct?

MS. GLOVER: Correct. This is Celestena Glover.
It gives us that value and the negotiation. We have in
Agenda Item 10 the contract amendment to realize these
adjustments.

MEMBER KELLEY: Michelle Kelley for the record. Just piggy-backing then, so -- so in 12 months, in pharmacy, the prices have come down by 6.7 percent on the market check because our contract just started last year with Express Scripts.

22 MR. WARD: Right. We did one of these last year 23 as well.

24

MEMBER KELLEY: Oh, so last year's contract CAPITOL REPORTERS (775)882-5322

start -- so when did the original contract start? 1 MR. WARD: 7-1 -- Richard Ward speaking. 7-1-22 2 is when the contract started. And then we did a market check 3 for the -- so the plan year '23, we did a market check and 4 negotiated with Express Scripts or you negotiated for plan 5 year '24, the current plan year. So the contract started, 6 and then immediately there was a market check review and 7 8 negotiation for the second year. 9 MEMBER KELLEY: So -- so thank you for the 10 clarification. So prices are moving quickly in this area. 11 MR. WARD: Pricing guarantees and contract terms 12 with PBM's and in pharmacy are very dynamic. And if you negotiate three years of guarantees, by the time you get to 13 that third year, the terms you've negotiated for that third 14 15 year were stale. 16 MEMBER KELLEY: So my -- so thank you for that. 17 So what's the ideal length of contract or PBM, given that if you go -- you know, when you do the market check, you're not 18 19 going to capture the full discounts --20 MR. WARD: Right. MEMBER KELLEY: -- that are available if you went 21 22 out to RFP. And we must have, what, a five-year contract? 23 Must have a five-year contract, just guessing. 24 MS. WEYLAND: Michelle Weyland for the record. CAPITOL REPORTERS (775)882-5322

1 Four.

2 MEMBER KELLEY: Four, okay. So is four years 3 kind of the sweet spot or should we be doing more frequently? 4 Like, how do we -- you know, given the nature of our plan, 5 how do we capture 100 percent of the discount?

MR. WARD: Let me see. Let me go back to the 6 7 I would say -- Richard Ward for the record. beginning. Ι would say three to five years is optimal and it's -- it may 8 9 not be practical to do an RFP every single year because the process is so long. So if we were doing an RFP for plan year 10 11 '26, we would be doing it now. So you would almost be doing 12 two RFP's at the same time if you were doing it annually.

And -- and also, if you do an RFP more frequently than is typical, then there's market fatigue. You're not gonna get -- these are complicated and require a lot of investment from the bidders to respond to. So if they're doing it constantly, they may not respond -- you may not get the full response that you would get if you do it every three to five years.

20 And -- and also you want to have some consistency 21 for the membership in my opinion. And -- and because 22 there's -- there's -- there's consistency of formulary. 23 There's the pharmacy networks. There's the clinical 24 management programs. So having -- you can also have member 24 CAPITOL REPORTERS (775)882-5322

fatigue if you're -- if you're changing PBM's very 1 2 frequently. And -- and also I think doing the market checks 3 provides a good, it's a good measure towards the contract remaining -- remaining competitive. 4 MEMBER KELLEY: And just one follow-up. 5 So then, obviously, you're saying this is a fair benefit. 6 MR. WARD: 7 Yes. MEMBER KELLEY: But I'm just curious, from a 8 9 market comparison, when other pro -- other plan sponsors do a 10 market check is capturing or is leaving 2.8 percent of the 11 savings on the table average? Like, are we in kind of the 12 mid --MR. WARD: Yeah. Richard Ward. I would say that 13 if you're able to get to slightly more than the midpoint, 14 let's say between 50 and 75 percent of the full opportunity, 15 16 that that's a good spot to -- that's satisfactory. CHAIRMAN ROBB: Board Member Weeks? 17 18 MEMBER WEEKS: Thank you, Chair Robb. Stacie 19 Weeks for the record. I promise, my last question. But I love these conversations personally. But I think I hear what 20 we're saying. I definitely agree with Richard. We do not 21 22 want to be going out to bid every year. Even from my 23 perspective, just managed care plans, you have to give 24 vendors at least three to four years to give you a good deal. CAPITOL REPORTERS (775)882-5322

So there is value to that, and it's a lot of work for staff,
 and our purchasing timelines are quite long in this state.
 So I think it is just not feasible. I'm just saying that
 from my perspective.

5 But one thing I was thinking, maybe in our next 6 bid, and this could be outside the box, and something very 7 different, and Richard may tell me no one is doing it, and 8 that's okay, but what if we ask that midyear we put an option 9 in, I'm just throwing this out there, a three-year option 10 that we could go back out to bid if we are a certain 11 percentage for the market benchmark.

12 So it does put a vendor on notice. It might make 13 them work harder to get down to a percentage of savings. I'm 14 just throwing that out there. There are things that we can 15 do in the next bid to potentially try to get a vendor who's 16 going to work to get closer to that market benchmark, so just 17 putting that out there as an option.

Richard Ward for -- sorry, go ahead. 18 MR. WARD: 19 CHAIRMAN ROBB: That thought process is standard. I put together, you put out a time frame and a couple of 20 renewals, if the performance and quality is there. 21 22 MEMBER KELLEY: It's kind of like the faded 23 nation, nation clause, right, where Walmart has them on 24 everything. They have the best price ever, the best regular CAPITOL REPORTERS (775)882-5322

1 price.

2	MR. WARD: Richard Ward. My comment in response
3	to that is that I think that excuse me, may be a natural
4	outcome of the market check that if let's say Express Scripts
5	refused to provide an updated proposal, said nope, we're
6	holding back with the terms that are in the contract. We're
7	not gonna provide a proposal or maybe it's one or
8	two percent. At that point, it is not practical or even
9	possible to do an RFP for the upcoming plan year, but you may
10	decide at that point to do an RFP for the subsequent plan
11	year. And I believe the contract terms are sufficient that
12	you can you could do that.
13	MEMBER WEEKS: Stacie Weeks for the record. Last
14	question, I promise.
14 15	question, I promise. MR. WARD: No promises, no promises.
15	MR. WARD: No promises, no promises.
15 16	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a
15 16 17	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a nod to the vendor that we will just pull the rug if they're
15 16 17 18	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a nod to the vendor that we will just pull the rug if they're not meeting our expectations. Like, right now, I feel like
15 16 17 18 19	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a nod to the vendor that we will just pull the rug if they're not meeting our expectations. Like, right now, I feel like we're just monitoring, and we're not really saying that this
15 16 17 18 19 20	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a nod to the vendor that we will just pull the rug if they're not meeting our expectations. Like, right now, I feel like we're just monitoring, and we're not really saying that this is where we want to get to. So I think I would prefer some
15 16 17 18 19 20 21	MR. WARD: No promises, no promises. MEMBER WEEKS: I'm a firm believer of giving a nod to the vendor that we will just pull the rug if they're not meeting our expectations. Like, right now, I feel like we're just monitoring, and we're not really saying that this is where we want to get to. So I think I would prefer some stronger language around that in the future, so just throwing

and we work harder to get, so that's all I have. Thank you. 1 2 MR. WARD: We look forward to you participating 3 in the --MEMBER WEEKS: I know. 4 MR. WARD: All right. That's all -- that's all 5 that we have on this item. 6 CHAIRMAN ROBB: Okay. This is an agenda item 7 8 that we're still on, as it is for possible action. 9 MEMBER KELLEY: Michelle Kelley for the record. 10 I make a motion that we accept the new pricing captured through the market check by Segal. 11 12 MEMBER WEEKS: Stacie Weeks. I second that. CHAIRMAN ROBB: Okay. We have a motion, a 13 14 second. Any further discussion? Hearing none, I'll call for the vote. All those in favor, signify by saying aye. 15 16 (The vote was unanimously in favor of the 17 motion.) 18 CHAIRMAN ROBB: Okay. We've been going an hour 19 and 15 minutes now, and I'm not so sure how long the next two agenda items are gonna take, so we're gonna take a ten-minute 20 21 break. 22 MEMBER WEEKS: I'll be quiet. 23 (Whereupon, a brief recess was taken.) 24 CHAIRMAN ROBB: We'll come back to the Board. CAPITOL REPORTERS (775)882-5322

Thank you. Rich Ward with Segal for 1 MR. WARD: I believe this is an education item for 2 the record. discussion, and this is a review of Medicare Exchange market 3 for one of a better -- one of a better term and how these 4 function and operate because it is -- these vendors have, 5 that market has nuances and characteristics that are unique 6 and different compared to your other vendors. 7 So, for example, with the life insurance 8 9 contract, if you do an RFP for the life insurance carrier and you select a different carrier, then it's -- it's custom and 10 is expected that the entire membership will port to that new 11 12 carrier, and you no longer have a contract with the prior 13 carrier. It's more complicated with Medicare Exchanges, 14 and since we're -- we're coming up on a potential RFP, it 15 16 seemed like a good time to discuss how this -- how these function, how they work, the services that they provide and 17 how they interact with the individual market. 18 19 So I'm gonna start on page 343 of the PDF. It's a little bit of an overview. So the Exchanges provide access 20 to the individual Medicare market. There's two Medicare 21 22 markets, two private markets. One is individual policies, 23 and the other is group plans. So we have a number of state 24 clients that have negotiated with United Healthcare or Humana CAPITOL REPORTERS (775)882-5322

or Aetna or whomever, group Medicare Advantage plans or even
 have group med sub plans, and those operate very similar to
 more traditional vendor relationships.

PEBP has a contract with VIA that is an Exchange, 4 and the Exchange provides access and facilitates enrollment 5 in the individual market which operates independently really 6 anything that PEBP does. So United Healthcare, Humana, 7 Aetna, a number of other carriers offer plans in the 8 9 individual market that are available to anybody. I may -- I may refer to those as street plans and that they're available 10 to anybody that has Medicare eligibility. Whether they have 11 12 an employer relationship or not, anybody can buy those, and 13 those types of plans fall into three distinct categories. You have Medicare supplement plans that these plans pay 14 secondary to Medicare. 15

So there's a coordination of benefits type approach to the, to how these plans work. So Medicare pays based off of the standard part A, part B provisions, and then these plans pay supplemental to that and there's about ten distinct plans that are approved by the federal government. They go by letters, and then these plans are offered in the individual market.

And -- and then there are Medicare Advantage
plans which are generally HMO's in the individual market, and CAPITOL REPORTERS (775)882-5322

they function from a member's perspective, more like a 1 2 traditional commercial plan in that you pay a co-pay and then you have a deductible and they -- they pay first, and they 3 get funding from the federal government to support -- to 4 offset the cost, and so the premiums are instead of being 5 1,000 or \$1,200 a month, which is more in line with the cost 6 of care, they're more like the \$100 or \$200, and some may 7 even be zero. If the subsidies exceed the cost of -- the 8 9 cost of care, and that's medical for A and B.

And then you have part D plans, PDP's, which are prescription drug plans, and this is the only way to get coverage -- to get part D coverage. All -- all of Medicare part D coverage is provided through private insurance plans that provide outpatient pharmacy, so it's analogues to the -to the Express Scripts coverage that the non Medicare group plan, the self-insured plan in PEBP has.

And these are often combined with Medicare 17 Advantage or med sub, and members can elect them in 18 19 combination to have enhanced medical and get prescription drug coverage. So I mention these plans are available and 20 21 exist independent of whether PEBP has an Exchange or anybody 22 has an Exchange or anything that PEBP does. So UHC, Humana, 23 Aetna, Anthem, Cigna, I guess it's not Cigna anymore, they're 24 pulling out of the market. CAPITOL REPORTERS (775)882-5322

But they -- they design, develop and offer these 1 2 plans to the individual market without consideration of whether PEBP provides access via through an Exchange to --3 for your members to -- for your retirees to access this 4 These plans are filed with CMS. There's an annual 5 market. filing process for Medicare Advantage and part D plans and 6 then in different states, there's also a department of 7 insurance review that is comparable to say life insurance or 8 9 insured HMO products. So there's -- there's a level of 10 federal and state oversight. 11 These plans also generally have a commission 12 level that is built into those premiums that are filed with the feds or at the state level, and they are set by the 13

14 carriers. And so Humana, there's an HMO in Clark County that 15 they're offering on the individual market. There's a 16 commission level that is built into that plan that applies 17 regardless of who the broker is, if there is a broker. These 18 plans are also available through the Medicare dot gov site.

People can, in this example, contact Humana directly and just enroll in Humana without using a third-party, in which case Humana just keeps the commission basically. So the premiums are the same, regardless of how someone accesses or enrolls.

24 The Medicare Exchanges assist with enrollment and CAPITOL REPORTERS (775)882-5322

education, and they also, in your case, provide an HRA. 1 So 2 there's a subsidy from the state that is funded into an HRA and then members -- retirees can use that to offset their 3 cost. These Exchanges have a broker of record relationship 4 with the carriers. So continuing forward with this Humana 5 example, a retiree contacts the VIA Exchange. 6 They enroll in a Humana HMO in Clark County. And then -- and then as a 7 result of that specific enrollment, there's a broker of 8 9 record or an agent of record that is put in place that generates commissions for that specific enrollment, and so 10 11 VIA would be named as the broker of record in that -- in 12 that -- in that agreement, and then the commissions would --13 would be paid from Humana in this case to VIA.

And then those -- in your current contract, those 14 commissions support all the education, all the enrollment, 15 the administration of the HRA, member advocacy, all the 16 things that VIA does for -- for your retirees. And that 17 commission that Humana would pay VIA in this illustrative 18 19 example, again, is the same regardless of whether it's VIA, one of their competitors or there are individual Medicare 20 brokers that sell individual policies. Just like you can buy 21 an individual auto policy from them, they'll facilitate and 22 23 broker with Humana if they have the appropriate license and 24 so on, and that commission to them would be the same. CAPITOL REPORTERS (775)882-5322

Moving on to the next slide, this shows, attempts 1 2 to show the basic -- basic flow chart of what happens. So retirees will -- will contact the Exchange. 3 I'm in the top left here. And then the Exchange helps them with enrollment. 4 So like the plans will vary based on the -- the plans that 5 are available will vary based off of geography. 6 So Medicare Advantage in particular is county specific. 7 The plans that are available in Clark County are different than the plans 8 9 available in Washoe County and different than in Cheyenne County, Wyoming. And so each retiree's experience could be 10 11 different or the plans that are available are different, 12 depending on where they leave. And that's a nature -- that's the nature of the market. 13

Carriers will determine which service areas or 14 15 which counties make the most sense for them to offer plans, and that will change -- that could change from year to year. 16 So the Exchange helps them understand what -- helps them 17 access and understand what plans are available based off of 18 19 where they live and understand the costs and the enrollment. Educators or advocates will help them understand the value of 20 They'll -- they'll maybe ask them -- I would 21 the plans. 22 expect they would ask them what medications are you on and then check to see if those medications are on the formulary 23 24 for different part D options. CAPITOL REPORTERS (775)882-5322

These HMO's have -- Medicare Advantage HMO's have provider networks, so they may help them understand if specific providers are in that HMO, the Humana HMO, in this example, versus maybe a UHC HMO, and so they'll just help them understand the value and the options and the cost, and then they'll help them with the enrollment.

7 And then -- and then the Exchange sends the 8 enrollment data to the carriers, and so there's -- that would 9 be to get access to the Medicare Advantage or the part D 10 plans or Medigap plans or Medicare supplement plans.

11 PEBP is also a participant in this -- in this 12 relationship in that there's HRA funding that's provided and then retirees can use that HRA funding to either cover the 13 cost of premium or perhaps -- or perhaps part D premiums 14 because, excuse me, part B premiums because Medicare part B 15 16 comes with a monthly premium and the HRA can be used to cover 17 those costs, can also be used to cover other eligible 18 expenses for co-pays, deductibles and so on, and so that 19 would be a reimbursement potentially back to the retirees. If the HRA pays premiums, that flows straight to the carrier, 20 21 and that's something the Exchange handles.

22 Moving on to the next -- the next slide. So the 23 Exchanges have contract or relationship where these broker of 24 record or agent of record agreements with the carriers, and 24 CAPITOL REPORTERS (775)882-5322

PEBP has no say really in those relationships. The plans 1 2 that are available through an Exchange will vary from year to 3 year, and that's due to changes in the individual markets. So business decisions that Humana makes, that Aetna makes and 4 so on affect everybody that is in the individual market 5 regardless of how they're enrolling or accessing those plans. 6 That could be through the Medicare dot gov website to find 7 They're all available for review on Medicare 8 those plans. 9 dot gov. It's through the VIA Exchange or one of their competitors or someone is using it as a community individual 10 11 broker.

Service areas may change. Plan designs and premiums may change, and we mentioned that individual enrollment will vary and options and prices based off of geography. And maybe your pharmacy use could come -- the drugs that you use could impact which part D plan makes the most sense for you from year to year.

And -- and formularies change. So if you're on the same five maintenance medications consistently, every year, as a retiree, I think it's prudent to ensure that those drugs are on the formulary for the plan that you're going to select for next year, even if it's the same plan. We mentioned HRA funds. I'm working left to

24 right across the top here. HRA funds can offset both premium CAPITOL REPORTERS (775)882-5322 and out-of-pocket expenses. Cost will vary by retirees based off of age and geographic location. Medicare supplement plans have a -- have a -- can have an underwriting component to them, if a lot of the carriers require you to have been enrolled in a Medicare supplement plan the previous year in order to have automatic eligibility.

7 If you -- if you jump from a Medicare Advantage 8 HMO to a Med sub plan, you may have to go through 9 underwriting to be eligible to enroll. It acts a little bit 10 more like a traditional private insurance. It is private 11 insurance. And -- and then pricing can vary by age for 12 Medicare sub plans.

Did I mention that the Exchange holds the broker 13 of record. And the commissions in PEBP's contract fund the 14 services that the Exchange provides. Those, I know I've said 15 this a number of times, but I think it's important to keep in 16 mind that the commissions are fixed by the carrier and then 17 18 just accessed by the Exchange through that broker of record. 19 And -- and also not all carriers are available through every single Exchange. 20

So for a variety of reasons, a few years ago,
Kaiser, which is maybe not as prevalent a consideration here,
but Kaiser was a reluctant, to put it mildly, participant in
a lot of these Exchanges. So a lot of our clients in CAPITOL REPORTERS (775)882-5322 California, in particular, that was problematic, if they were
 considering an Exchange. And that Kaiser individual policies
 wouldn't be available through these Exchanges, and it takes
 -- it takes two business parties to have a relationship.

5 So sometimes it's the carrier, sometimes there's 6 an issue from the Exchange's side, but just bear in mind that 7 they don't -- the Exchanges do not provide the same access to 8 the entire individual market.

9 These contracts are usually on a zero dollar 10 basis. They're 100 percent commission based, so there's no 11 cost directly to PEBP. And -- and although there can be if 12 the -- if the Exchanges feel are in their assessment that the 13 commissions won't support the required scope of services, 14 they may propose an admin fee that would be necessary for 15 them to agree to provide the scope of services.

And it's more challenging to move from one 16 17 incumbent Exchange to another Exchange. So the beginning of the discussion here, I mentioned that it's relatively clean 18 19 to move a life insurance contract, far more complicated here than -- than in that instance for a couple of reasons. 20 There are specific rules that Medicare has, CMS has for Medicare 21 22 plans to protect retirees that are enrolled from being 23 aggressively solicited by other carriers.

24 So if you're a retiree that's in this, I'll stick CAPITOL REPORTERS (775)882-5322

with Humana HMO in Clark County. If you're enrolled or I'm a retiree, I'm enrolled in this HMO, there are rules in place that prevent UHC and Aetna and Humana's competitors from aggressively soliciting that retiree to switch plans, so they are designed to be protective to the retiree.

In this situation though, if you move, you want to move from VIA to another Exchange, that also limits that new Exchange from soliciting the current retirees that have accessed that Humana HMO through the VIA Exchange because it also protects retirees from brokers soliciting them to switch, and so it complicates things in this -- in this situation.

Also -- also, the broker of record doesn't automatically switch. I'll discuss that here in a minute, but the broker of record doesn't automatically port if someone enrolls through a different Exchange. And I'll circle back to this issue in a minute.

This next slide, which is slide five of our deck and 346 of the PDF, we would look at down the left in an RFP situation or just comparing different Exchanges, some of the key differentiators would be the strength of the advocacy services, overall, the member experience, how -- how well would the member be educated? Will there be -- how effective experienced is the call center? Do they have experience with CAPITOL REPORTERS (775)882-5322

other similar groups, other similar sized groups? 1 The last two items are fairly important. Do they 2 3 have experience with other state plans or other groups of a 4 comparable size? And what plan and carrier availability is If -- using Humana here. If there's a large there? 5 percentage of PEBP members that are enrolled in Humana and 6 then there's a competitor that doesn't have Humana, that's an 7 important point of disruption to consider. 8 9 And then on the right, I have a summary of the 10 key players. The first four are comparable competitors. So 11 if VIA is the incumbent with Willis Towers Watson, a lot of 12 those have a consultant connection. Alight is form of Aon. 13 They have now been spun off, but they were originally an Aon 14 entity. 15 Aptia is being -- being spun off from Mercer. Conduent used to be associated with Buck or Conduent used to 16 own Buck and Buck now has separate ownership, but Conduent 17 still has an Exchange. 18 19 And then the other ones, they're carrier specific Exchanges. So I keep -- I'll stick with Humana. 20 So 21 Humana -- by the way, I'm not favoring Humana. It's just 22 consistency in discussion. So Humana has -- has their own Exchange where they only offer Humana individual market 23 24 products. And VIA is the partner that Humana has for the CAPITOL REPORTERS (775)882-5322

Humana individual market Exchange and then UHC and Anthem and Aetna have similar approaches, so those limit the choices to a specific carrier. What you have provides access to all of the carriers or all of the more variety of carriers. Select Quote and AmWINS are much smaller organizations, and -- and I wouldn't put them in the same category as the top four.

A little bit of a side bar here. This isn't --8 excuse me, this is not the Exchange specific, but there's 9 some things that are happening in the Medicare market that 10 are I think important context. There's -- there are two 11 items that are affecting Medicare Advantage in part D plans. 12 One is legislative, and the other is more of a regulatory or 13 policy change.

14 So for Medicare Advantage plan, which provide 15 medical coverage, part A and part B type services, I 16 mentioned that CMS and the federal government provides 17 subsidies to offset some, sometimes all of the cost of care. 18 How those subsidies are calculated is constantly under 19 refinement.

And the last -- we're in the middle of a period here where there's -- we're in year two of a three-year adjustment that's pretty material, where it's leading to subsidies being a little bit lower than they would have been otherwise under the prior methodology, and so that's putting CAPITOL REPORTERS (775)882-5322

some upward pressure on the premiums because the premiums are the difference between costs and subsidies. And if that gap widens a little bit, then the premiums will increase, and so we're seeing this in both the individual and the group market.

More significant is the Inflation Reduction Act, 6 7 which is changing the basic part D benefit design. To the benefit of the member, it's enhancing coverage. So if 8 9 there's a cap on insulin products of \$35 for a 30-day supply, a number of plans had higher cost share for members, so 10 that's come down, so that's a cost shift from the member to 11 12 the plans. That is effective this year.

There's a 2,000 dollar maximum out-of-pocket on 13 part D cost per members. It used to be unlimited, and so 14 that's also a benefit enhancement. And also part of this 15 redesign is -- is a reduction in the total part D subsidies, 16 which are different than the Medicare Advantage subsidies, 17 but those subsidies from the federal government are also 18 19 likely to be lower. So, those things are shifting, putting pressure on the carriers net costs. 20

So all of these things are going to -- are going
to either lead to higher premiums or some combination of
higher premiums and reduce access or maybe higher deductibles
or office co-pays on the medical in the Medicare Advantage
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1 plans.

2	Something that's a few years out that maybe will
3	alleviate some of that is CMS negotiating directly with
4	Pharma on targeted high cost drugs, but that's not going to
5	have an effect until no earlier than 2026. So the takeaway
6	here is that in the individual market, the premiums are going
7	to be higher in 2025 or benefits are going to be leaner than
8	what they are today. So you'll have a number of retirees
9	that live in areas where there's zero dollar Medicare
10	Advantage options that likely will no longer have zero dollar
11	options, and that has nothing to do with the Exchanges, and
12	it really has nothing to do with the carrier. We're seeing
13	upward pressure for group Medicare Advantage plans as well.
14	The next slide illustrates typical implementation
15	timeline. Where we are right now is approaching the fall and
16	winter of 2024. If there's an RFP, that would be a bid
17	process time frame. And then over the over the late
18	winter into early spring, as we're into maybe the November or
19	January Board meeting, you could you could make an award
20	decision, and then there would be the rest of the year for
21	negotiation implementation.
22	Enrollment would be in October, December of next
23	year for 2026. So we would expect that contract term or the
24	services that the effective coverage would be effective CAPITOL REPORTERS (775)882-5322

January of 2026, but the members would start to interact with
 the Exchange mid to late next year.

All right. Last slide here. This is 349 of the 3 4 PDF. So going forward, there's -- there's -- I mentioned that it's a more complicated consideration if -- so, first of 5 all, if VIA wins the bid, then that's the most straight 6 forward path forward. If they don't, then -- then things get 7 complicated, and so there's a decision point that -- that 8 9 PEBP and state would have to make, which is whether to -whether to incentivize or drive participation to the new 10 11 Exchange.

And there are a couple of ways to do that. I mentioned, you can't just port everybody and force them to do it. You could make access to the HRA contingent upon using that new Exchange, and that Exchange would have responsibility for the HRA administration which would be for the same scope of responsibility that VIA has today.

I keep mentioning this theoretical or 18 19 illustrative Humana HMO in Clark County. So someone has enrolled in that HMO and through the VIA Exchange and then 20 they use a current retiree, they use the new Exchange to 21 22 enroll in that same HMO, the broker of record does not 23 automatically port to the new Exchange. VIA would still get 24 the commissions. They would remain the broker of record. CAPITOL REPORTERS (775)882-5322

That's a byproduct of these non solicitation rules that CMS
 has.

The member, the retiree would need to call Humana 3 4 and tell them to change the broker of record for it to change, which is I think a very complicated consideration. 5 So in this scenario, you provide -- there would be an 6 incentive for retirees to use the new Exchange because you're 7 8 trying to not manage two Exchanges at the same time or two 9 contracts or two vendors under this scenario. But boarding everybody or getting everyone to move in a way that -- that 10 11 is in a complete manner be very challenging. And then also 12 for the commission to comport would also be challenging.

So you may have a situation where the commissions that that new Exchange vendor receives or expects to receives may not support the full scope of services if there -- if they have full -- if they have responsibility for the HRA for everybody.

Also, even if it does port, the commissions are not paid in perpetuity. If someone stays in the same plan, they -- they diminish in sunset at a certain point in time. So there's a finite duration. So if they do port, then that new Exchange picks up the commissions midpoint wherever that is, and so they don't have the benefit of the full duration. So the commission is available to the new Exchange are not CAPITOL REPORTERS (775)882-5322

1 the same as they are to VIA today.

2	So another another option is to just close the
3	is to just start new essentially. So if it's everybody
4	that retires after such and such date has to use a new
5	Exchange, everybody that has already retired by that date
6	continues to use VIA, and then that just operates on a closed
7	group basis, and then the new Exchange gets the new
8	membership, and that also has its complications because then
9	people in VIA, if they stay in the same plans, then those
10	commissions are going to sunset at some point, and they're
11	not getting the benefit of new enrollment and new and a
12	new
13	MS. BITTLESTON: Commissions.
14	MR. WARD: Yeah, right. They're not getting year
15	one commissions as regularly as they are now. And then in
16	the other Exchange, they don't have the they don't have
17	the volume that VIA has today because it would only be for
18	the new retirees, so there's maybe some concerns there.
19	MEMBER AIELLO: I was just going to ask a
20	question. The other thing I see that complicates this a
21	little bit, being an active member of the Exchange a little
22	bit over here and some of the others, you don't have to do
23	anything every year. It's sort of like PEBP, if you want to
24	stay in the same thing, you don't have to do anything. CAPITOL REPORTERS (775)882-5322

1 MR. WARD: Right. 2 MEMBER AIELLO: So if it changes, somebody is 3 going to have to reach out to everybody in a way that they say, hey, you'll be kicked off some of your insurance because 4 we made changes with the Exchange unless you physically do 5 something, which could be -- I mean, in looking at these two 6 7 options or how we do it for seniors --8 MR. WARD: Right. 9 MEMBER AIELLO: -- we get pretty used to paying 10 everything electronic and not paying attention because we're 11 going on a trip. 12 MEMBER KELLEY: That's what you're supposed to 13 do, right? MR. WARD: You mean that literally or 14 15 metaphorically? 16 MEMBER AIELLO: Probably literally. But when you 17 pay for and go in an airplane. But, anyway, it's just like 18 oh my, gosh, I can't imagine how much work it would take on 19 the part of whoever to make sure. 20 MR. WARD: Right. 21 MEMBER AIELLO: Because we've pushed everybody to 22 VIA because you want to get your HRA money, we would have to 23 as PEBP handle them in a way because we aren't going through 24 some of the outside brokers anyway. CAPITOL REPORTERS (775)882-5322

I think that is one of the main points 1 MR. WARD: 2 of this discussion is to understand some of these complications that's -- that are unique to these types of 3 arrangement. 4 CHAIRMAN ROBB: Board Member Weeks. 5 MEMBER WEEKS: Stacie Weeks for the record. 6 Т 7 have three questions. What is the dollar size for these 8 contracts, these Exchanges? Like, what is the -- do you 9 happen to have a sense? I'm guessing it's four years 10 contracts. How big are these contracts? They really -- they really vary. 11 MR. WARD: The 12 contract that PEBP has had with VIA, how many years? It 13 predates me. This is Celestena Glover for the 14 MS. GLOVER: record. VIA has been our only vendor since you started this 15 back in 2011, I believe. The contract has either -- so when 16 17 we first went with VIA as extend help, they really were the 18 only game in town. So we actually got a solicitation waiver, 19 so we didn't go to an RFP. Since then, there was one new contract put in place. I believe that was 2015 or '19. 2019 20 was the amendment to go through zero dollar. So initially 21 22 base contract and now there's no fees, so there's no cost to 23 They make their money through their commissions. PEBP. 24 Part of the reason we wanted this education CAPITOL REPORTERS (775)882-5322

agenda item was there's been comment and there's some negativity behind or negative connotation behind the idea of the Exchange making -- you know, making their money off of commissions, but that's how most of them do business. That's how the brokers make their money. They get it through commissions.

7 If we went to a fee based structure and somehow 8 managed to get the Exchange that's not live off commissions, 9 then who's paying that fee? Because right now, the Medicare 10 retirees pay nothing to PEBP. We provide an HRA. We provide 11 the life insurance benefit, and the premiums are absorbed by 12 all the other members of PEBP.

13 So by going to a no fee commission only, that's 14 money the Medicare folks are not paying, other than what's 15 built into the premium for their plan, which they would have 16 to pay regardless, so.

MR. WARD: May I add to that? Richard Ward. 17 If 18 you manage -- if you did manage to prohibit the Exchange from 19 receiving the conditions and pay them a fee, the premiums that the retirees pay or would have paid out of their HRA 20 would be the same. So it would just be an additional cost 21 22 into the whole -- the whole ecosystem, if you will. 23 It's not like group plans, where you can set 24 the -- PEBP can set the commission level to be zero or non CAPITOL REPORTERS (775)882-5322

zero and the premiums float accordingly. If it's a 100 1 2 dollar a month premium with a commission and VIA or whoever 3 the Exchange is doesn't get the commission that's baked into that \$100, the premium is still \$100, and the carrier just 4 keeps it. 5 CHAIRMAN ROBB: Board Member Kelley. 6 MEMBER KELLEY: Michelle Kelley for the record. 7 So I think I understand complexities. Obviously, it's very 8 9 difficult. I guess some of the feedback I've heard over the years in response to Executive Officer Glover is not so much 10 11 that it's commission based. But I would have a question, is do we know how much -- how much money VIA has earned of the 12 13 PEBP relationship over the last -- for each year over the 14 last ten years? 15 Because we're talking a significant number of participants for, obviously, their entire life. And so I 16 17 think I would like some transparency to understand how much 18 they're earning. Because we know, yes, there's absolutely a

19 cost administering the HRA. It's a dollar, a \$1.50 per 20 participant per month or, you know, I think that's when we

21 did the RFP, if we were having to pay for it.

But if there are millions of dollars off
commissions and PEBP is picking up life insurance, you know,
there's the dental cost that I know we subsidized, but it's CAPITOL REPORTERS (775)882-5322

1	still a cost, you know. Unless we know how much they're		
2	actually earning off the relationship, I think it's hard		
3	to I don't think we're doing our fiduciary duty, right,		
4	because we could be missing some rebates that they could		
5	actually give to us to help offset some of our retirees costs		
6	in addition to administering the HRA. And, I don't know, I'm		
7	just as we contract, that's what I'm thinking of.		
8	Secondly, I think an RFP doesn't necessarily mean		
9	you have to change, right? It's just us doing our due		
10	diligence to reassure all of the retirees out there who are		
11	right now, if they're watching this, freaking out. So, you		
12	know, an RFP is just us doing due diligence, understanding		
13	how these things work.		
14	And I have a question. Regarding the		
15	commissions, you said they sunset. Do they sunset at zero?		
16	MR. WARD: Yeah.		
17	MEMBER KELLEY: Okay. So		
18	MR. WARD: Eventually, yes.		
19	MEMBER KELLEY: And then if a person changes		
20	their say they're on a Medicare Advantage because it's		
21	hard to go off of Medigap from Medicare Advantage. So		
22	they're on the Medicare Advantage plan and they're on Humana,		
23	but they decide that the UMR plan in Southern Nevada is a		
24	better deal and they switch, and it's a like plan, so there's CAPITOL REPORTERS (775)882-5322		

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probably no evidence in insurability but do the commissions 1 2 then start up again? 3 MR. WARD: Yes. MEMBER KELLEY: Okay. 4 MR. WARD: 5 Yes. MEMBER KELLEY: So a change of plan reignites a 6 7 commission. 8 MR. WARD: Right. 9 MEMBER KELLEY: But a change in broker to the 10 same plan doesn't necessarily follow? 11 MR. WARD: Right. 12 MEMBER KELLEY: Unless they do their due 13 diligence. Richard Ward. That's correct. 14 MR. WARD: 15 MEMBER KELLEY: Okay, thank you. 16 MEMBER AIELLO: I just have a question on our 17 contract sheet, which I know is the next thing, it does say 18 that there is a contract maps and a current expenditure, if 19 you will, is that from early eight days? 20 MS. WEYLAND: Michelle Weyland for the record. Yes, that was prior the amendment that made it a zero dollar 21 22 contract. 23 MEMBER AIELLO: Okay. So that was -- that's just 24 going go to carry because that's their --CAPITOL REPORTERS (775)882-5322

MS. WEYLAND: It's part of the contract, and it
 will be there until such contract is either renewed or get
 another vendor.

MEMBER AIELLO: And based on something Michelle 4 said, because when you're on the Exchange, you can choose a 5 different dental plan. You don't have to stay with the PEBP 6 dental plan, which you do through PEBP open enrollment, as 7 8 you say. But my cost of dental went up when I retired. And 9 so is PEBP subsidizing some of that cost? I think it's full 10 cost to me. Because it's actually one of the most expensive dental plans. You can choose a cheaper dental plan through 11 12 the Exchange.

MS. GLOVER: This is Celestena Glover for the 13 The dental rates are full -- they're -- because the 14 record. dental plan is baked into our plans, what we see for the 15 Medicare Exchange is the full rate, and those individuals who 16 17 opt for the dental, they are paying that premium, and dental did go up this time, but the benefit went from 15 to 2,000 18 19 two years ago, so that's part of it. So people are using So, obviously, the more you use the benefits, the more 20 more. ultimately it could end up costing, so. 21

 MEMBER AIELLO: But it isn't being subsidized by
 PEBP from retirees. I'm paying my monthly premium. So,
 Michelle, PEBP isn't paying for the dental. So I'm just CAPITOL REPORTERS (775)882-5322

looking at which dental plan and I'm still choosing PEBP. 1 2 But I see on whatever things I'm looking at, there are people that are retired from the state that choose other dental 3 They adjust because they have choice of cost. plans too. 4 This is Celestena Glover. And that MS. GLOVER: 5 is part of the benefit of having the Exchange. 6 It gives the 7 retirees, you know, access to multiple plans that are, you know, to be significantly different than what we offer under 8 9 So if they don't want to be on PEBP's dental and they PEBP. choose another option, they can do that. 10 11 MEMBER AIELLO: They also offer vision plans that 12 you can -- there's -- there's other things through the 13 Exchange you can choose. MEMBER KELLEY: I have a -- Michelle Kelley for 14 the record. So going back to the beginning of the 15 16 presentation, you talked about how there's two different 17 kinds of Exchanges. There's a group Exchange and an individual Exchange, and VIA is, obviously, the individual 18 19 Exchange. 20 How do the costs compare -- how does the cost and what is a group Exchange? What might that look like? 21 22 MR. WARD: In the group -- Richard Ward. In the 23 group market there are Exchanges, but then also group plans 24 that have been negotiated specifically with the carriers, and CAPITOL REPORTERS (775)882-5322

1 then there is no Exchange really.

2	The retirees make enrollment through the plan
3	sponsors normal enrollment process. So it would be like
4	active employees enrolling in different UMR type options.
5	And in that scenario, PEBP would negotiate with United
6	Healthcare or Humana or whoever, the premiums and the
7	benefits for those plans, and then those would be the plans
8	that were offered.
9	MEMBER KELLEY: So I'm sorry, just to clarify.
10	So so a group plan, PEBP could choose its design and then
11	the insurance carrier would run it through the Nevada
12	Insurance Commission and CMS, and it would get approved just
13	for PEBP?
14	MR. WARD: Yes.
15	MEMBER KELLEY: So premiums could be different.
	MEMBER KELLEY: So premiums could be different. And can, as a group plan, could you offer just the same rates
15	
15 16	And can, as a group plan, could you offer just the same rates
15 16 17	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada?
15 16 17 18	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada? MR. WARD: That would be up to the carrier
15 16 17 18 19	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada? MR. WARD: That would be up to the carrier because it would be in an insured situation. You would be
15 16 17 18 19 20	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada? MR. WARD: That would be up to the carrier because it would be in an insured situation. You would be negotiating with them. So with one of the differences in
15 16 17 18 19 20 21	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada? MR. WARD: That would be up to the carrier because it would be in an insured situation. You would be negotiating with them. So with one of the differences in that sort of group model, in that group model is uniformity
15 16 17 18 19 20 21 22	And can, as a group plan, could you offer just the same rates that are already approved by CMS and Nevada? MR. WARD: That would be up to the carrier because it would be in an insured situation. You would be negotiating with them. So with one of the differences in that sort of group model, in that group model is uniformity for all members because right now, retirees, options and

1 CHAIRMAN ROBB: So the Arizona State Retirement 2 System has two Medicare Advantage plans. They have an HMO 3 and a PPO. The PPO is available nationally. So anybody 4 living anywhere in -- in the country, anyway, has the same 5 plan option. The premiums are the same. The benefits are 6 the same and in a group PPO model that provides access to all 7 Medicare providers.

The HMO is only in Arizona, and that is the 8 9 premium and the benefits are the same for any retiree living in Arizona, in all 15 counties in Arizona, and so the retiree 10 11 experience is more uniform. And it's something as the plan 12 sponsor, they are able to manage and control and provide 13 consistency from year to year. So the plan design and the premiums can be negotiated to be fairly consistent from year 14 15 to year compared to an Exchange providing access in the 16 individual market, where you have no control. Things just 17 change or things can change. They might not but they could. 18 MEMBER KELLEY: In that group market, in that 19 scenario for Arizona, did they capture the commissions? 20 MR. WARD: There are no commissions. 21 MEMBER KELLEY: Okay. But could you capture the 22 commissions? 23 You could, but they do the enrollment MR. WARD: 24 themselves. There's really no --CAPITOL REPORTERS (775)882-5322

MEMBER KELLY: But there's still costs. 1 MR. WARD: Right. 2 3 MEMBER KELLEY: You're saying Humana or whoever 4 the carriers are that do the enrollment? No. ASR does the enrollment. 5 MR. WARD: MEMBER KELLEY: 6 Okay. So there are costs because 7 that's Humana capital, right? 8 MR. WARD: Right, right. It's similar -- it's 9 similar to the PEBP employee plan in that regard. In that 10 ARS manages the enrollment, they happen, they don't use a TPA, but you could use a TPA, similar to TELUS Health here 11 12 that PEBP uses. And then the eligibility data is sent to the 13 Medicare Advantage carrier, and that's it. MEMBER AIELLO: So currently though, with -- with 14 the non group Exchange, there are no costs to PEBP because 15 16 the commissions are being paid from the health insurance to 17 the, since we had a zero contract now. And the thing is that 18 there's an extreme amount of choice for the Medicare 19 I think there was -- I'm probably way out there, enrollees. but there was like 400 or more plans between the different 20 There was maybe ten MCO's or manage care 21 mixes. 22 organizations and supplemental plans that because all the 23 different entities have many different plans. 24 There's a lot of choice. And so it's -- it does CAPITOL REPORTERS (775)882-5322

1 take maybe some work to go through, but it's very, very good 2 for, I believe, the Medicare retiree, at least, and it isn't 3 costing us any money. We aren't getting kickbacks, but it 4 isn't costing us any money.

5 MEMBER KELLEY: Michelle Kelley for record. I'm 6 not espousing any particular model. I'm just trying to 7 understand, but I would say that choice costs. So having 400 8 options --

9 MEMBER AIELLO: And that's, maybe it's 100. You 10 might know.

11 MEMBER KELLEY: And so in saying that, I'm just 12 trying to understand the options. So my third question is 13 way off kind of your presentation but in the same realm. Obviously, there's a lot of local brokers who sell maybe 14 15 these Medicare plans, you know, and people who actually make a good living off it. And I know that when I've lived in the 16 17 north and when I've lived in the south, you know, we always have participants coming to us and telling us our neighbor is 18 19 a broker and they absolutely want to use them because they're the best. And, obviously, the answer is you can use whoever 20 21 you want. But if you want your HRA, you're gonna use VIA. 22 Are there group plans out there who actually work directly with brokers in their home state because I would say 23 24 I don't know where VIA is headquartered but it isn't Nevada, CAPITOL REPORTERS (775)882-5322

so all of that money is leaving Nevada. If we use brokers
 within Nevada, that money stays in Nevada and spent in
 Nevada.

So how would we -- is anyone kind of contracting or working with direct vendors in it as opposed to an individual Exchange or a group Exchange? I think you probably get my question without me.

8 MR. WARD: Richard Ward. Generally, that kind of 9 approach is more practical with smaller groups. You could 10 just provide an HRA and -- and structure it so that it 11 provides reimbursement for premiums regardless of how --12 regardless of how that enrollment is conducted.

I think if that -- I'm speculating here a little 13 bit. But that sort of approach would reduce -- if VIA or any 14 15 other competitor was providing administration for the HRA, that would reduce the commissions that they receive without 16 really reducing their scope of services. And that -- that 17 18 changes the balance that you have now. And so that the 19 commissions that -- because those local brokers are not going to be administering the HRA, right? They're just doing the 20 21 enrollment, and they're going to get the same commissions 22 that VIA gets. 23 But VIA would still be or their competitor,

24 whomever, would still be providing the HRA and so there still CAPITOL REPORTERS (775)882-5322

the services is comparable to what it is now but supported by 1 2 less revenue. 3 MEMBER KELLEY: Right. Essentially what you're 4 saying is PEBP would have to start paying the administrative fee --5 Right. 6 MR. WARD: MEMBER KELLEY: -- for the HRA for retirees. 7 8 MR. WARD: It may very well result in an admin 9 fee to make up that difference. 10 MEMBER KELLEY: But you could do that. I'm not 11 espousing any particular model. I'm just exploring the 12 options. So this is Celestena Glover for the 13 MS. GLOVER: We wanted this education deck because we are due to 14 record. 15 go to RFP for the Exchange, so we want the Board and any of 16 the members that may be listening to understand the 17 complications we're up against should VIA not win the bid the next time around. 18 19 And if we end up with either a new model of how we do this or a new vendor doing the same type of work, there 20 21 are a lot -- it's different than us making a plan design 22 change because of the disruption that could potentially 23 happen, depending on the decisions we make, as far as do we 24 make everybody move? Do we only move new retirees? Do we CAPITOL REPORTERS (775)882-5322

1 end up with two Exchanges? Do we do something totally
2 different?

3 So we just wanted the Board as a whole to 4 understand that, you know, we are looking at these things. 5 We wanted members to be educated as to the commission piece 6 of it and to have a bigger picture of what this really looks 7 like when we go down this path because we are due to go out. 8 MEMBER AIELLO: This is Betsy. I have one final

9 question. I would think some of these decisions would have 10 to be made because it will make a difference on whether 11 entities will bid based on everybody is going to be moved or 12 only -- you're only going to get new people as they -- I 13 think it would make a big difference on who's bidding and how 14 the cost would be.

And in our timeline, if the RFP is supposed to go out this fall, it looks like, go through the whole bidding process from what I saw in the timeline, these decisions are pretty imminent. So you guys are probably well into recommendation portion or, I don't know.

20 MS. GLOVER: This is Celestena Glover for the 21 record. The RFP right now, we've asked Segal to begin 22 drawing that up for us. If it looks like we do need to make 23 a change to what we currently do, then definitely there's 24 going to be some decision points and those will come back at 24 CAPITOL REPORTERS (775)882-5322 the July Board meeting to say, okay, here's your options.
 What way do you want to go? We can finalize RFP and release
 it with those decisions tailored into that RFP, so.

MEMBER AIELLO: Michelle Kelley for the record. 4 So this is just a question. How we draw up the RFP so that 5 we ask them to price out being one of one and one of two. 6 So when I've done RFP's in the retirement space, you know, when 7 you've had multiple vendors, you say, you know, price it out 8 9 if you're one of X number. Price it out if you were sold, and then tell us how that would work. How do you get people 10 11 to migrate? Can't that all be built into the RFP so we can 12 evaluate the disruption, the cost of that disruption.

You know, there's a cost to every choice, right? And so if we get them to cost out all the choices for us, and as I say, VIA may end up being the most -- the right way to stay and go, right, but at the same time in the essence of transparency, it's good to have the information so that we know because nobody knows. This has never been put out for bid.

And, honestly, I'll go on my little rant now because when you look at the complexity of it, it should never have been put out without a bid because there was never a competition, and maybe there was only one, but they've never even had to submit on anything. And so, you know, all CAPITOL REPORTERS (775)882-5322

of these years later, I think -- I think we should do an RFP. And so saying that I absolutely understand the complexity and the disruption and the choices, so I'm not minimizing that, but I also think there's a value in at least reviewing what everybody has to say.

MS. GLOVER: This is Celestena Glover. 6 That is 7 the intent of the RFP. We are going to RFP. We're just 8 trying to get an education piece out there, so everybody 9 understands what this potentially looks like because, you know, it's gonna draw a lot of phone calls, which is probably 10 11 going to blow up MSU, even though they don't necessarily have 12 the information short of, you know, it's gonna be very limited what they can tell him. We don't know what a new 13 vendor would like if a different vendor was to win the bid, 14 15 but that's what happens. That's what happens, and we'll address it accordingly. But we're not suggesting that we 16 don't go to bid. We're just saying understand the 17 18 complications that go with it, so.

19MEMBER KELLEY: I just have one last question.20Is there a way we can get VIA to disclose the commissions and21the relationship for a period going backward?

MS. GLOVER: This is Celestena Glover. We can ask them. I mean, I can reach out to our contacts and see what information they can provide. CAPITOL REPORTERS (775)882-5322

MEMBER KELLEY: I mean, I think it would be 1 2 helpful. Especially in July, if we're discussing the RFP, 3 it's kind of, it might help. That's it for me. CHAIRMAN ROBB: Any further discussion? Seeing 4 none, thank you. All right. 5 6 MR. WARD: Thank you. CHAIRMAN ROBB: We will close Agenda Item Number 7 8 9 and move on to Agenda Item Number 10, presentation and 9 possible action on the status and approval of new contract, contract amendments, solicitations and RFP's. 10 11 MS. WEYLAND: Michelle Weyland for the record. 12 10.1 shows the current contracts as was so graciously pointed out by Ms. Aiello. We have no new contracts to review. 13 10.3 discusses the Express Scripts contract 14 amendment number two to appropriate the 2024 Market Check as 15 16 explained by Mr. Segal or Mr. Ward and Segal Corporation. 17 Thank you very much. There are no new contracts solicitations and, as 18 19 we have discussed, we have looked. We're planning on two RFP's. One for Medicare Exchange and one for the Health 20 Maintenance Organization. Anticipated release, we -- I 21 currently put as fall 2024. It could be as early as this 22 summer, depending on complexity and concerns of the Board, 23 24 and I will be reaching out to all Board members for CAPITOL REPORTERS (775)882-5322

volunteers for the evaluation committees. 1 MEMBER KELLEY: I think I already put my hand up. 2 3 MS. WEYLAND: Yeah, I have you written down. MEMBER KELLEY: Punishment list. 4 MS. WEYLAND: That's it. 5 MEMBER KELLEY: I'll make a motion or do we need 6 7 a motion to accept? 8 MS. WEYLAND: Yes. 9 CHAIRMAN ROBB: Any discussion? Is there any discussion? No discussion. Make your motion. 10 11 MEMBER KELLEY: So make a motion that we accept 12 the Express Scripts Contract 25582 amendment number two 13 incorporate the plan year 2024 Market Check. MS. BITTLESTON: And RFP. 14 15 MEMBER KELLEY: Oh, and that we move forward with the RFP. 16 MEMBER WOODWARD: Janell Woodward. 17 Second. 18 CHAIRMAN ROBB: Okay. We have a motion, a 19 second. Further discussion? Seeing none, I'll call for the vote. All those in favor, signify by saying aye. 20 21 (The vote was unanimously in favor of the 22 motion.) 23 CHAIRMAN ROBB: All opposed? Motion passes. 24 We'll close Agenda Item Number 10, move on to Agenda Item CAPITOL REPORTERS (775)882-5322

Number 11. No public comment in Carson City. We have one on
 the --

MR. HOPKINS: One moment, Chair Robb. I'll get the slide up, please. Caller, with the last four digits 0891, please press star six to unmute, and please slowly state and spell your name for the record, if you wish to make public comment. Caller, with the last 0891.

8 MS. LAIRD: Thank you very much. Good morning, 9 Chair Robb, Executive Director Celestena Glover, and the rest of the PEBP Board and staff. My name for the record is Terri 10 11 Laird. I'm the executive director. That's T-e-r-r-i --12 T-e-r-r-i L-a-i-r-d, sorry. I'm the executive director for 13 RPEN, the Retired Public Employees of Nevada, a nonprofit, nonpartisan organization, with around 7,000 dues paying 14 15 members throughout the Nevada.

We will be very interested in the follow -- to follow the path for the renewal of your Medicare Exchange provider since RPEN was here and suffered through the beginnings of what was then called Extend Health and now is known as VIA Benefits after several other mergers and name changes.

We do know PEBP was the first public employee
group to transition Medicare members to the Medicare
Exchange, and we know all too well how difficult that CAPITOL REPORTERS (775)882-5322

1 transition was because we heard from many of our members
2 through it.

We want the Board to note that to this day, there are still many retired public employees who are not online and many who don't want to get online. We hear it all the time. So please keep in mind, if you stay with VIA Benefits or move to another vendor, when the existing contract expires next year that you use many different methods of contact with this vulnerable and aging population.

We know many seniors are very familiar with the internet, and those who have been in the Exchange for years are quite happy with it. But there are still some out there who are not as agile with computers, and we don't want them to be lost in the shuffle again because this original transition in 2011 was anything but easy.

In the meantime, we thank PEBP for your efforts to make healthcare benefits attractive and affordable for all of your participants. We, along with our public employee advocacy group, will still be looking for an increase in the HRA for retirees which stands at only \$13 per month for years of service up to 20 years.

We will do our best to persuade legislators next year to increase it because we are all keenly aware of how the cost of healthcare only continues to rise, along with CAPITOL REPORTERS (775)882-5322

everything else. We hope this Board will be willing to do your part to increase the HRA as well. And in the meantime, we thank you in advance as you prepare for the upcoming budget. Thank you. CHAIRMAN ROBB: Thank you. Anything further of public comment? MR. HOPKINS: Chair Robb, that is all for public. CHAIRMAN ROBB: Okay. We will go to Agenda Item Number 12 and adjourn. Thank you. MS. GLOVER: And can I get the Board members in my office for a few minutes. CAPITOL REPORTERS (775)882-5322

STATE OF NEVADA, 1)) ss. 2 CARSON CITY.) 3 4 I, KATHY JACKSON, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do 5 6 hereby certify: 7 That on Thursday, the 23rd day of May, 2024, I was present on Zoom for the Public Employees' Benefits Program, 8 9 Carson City, Nevada, for the purpose of reporting in verbatim 10 stenotype notes the within-entitled public meeting; 11 That the foregoing transcript, consisting of pages 1 12 through 99, is a full, true and correct transcription of my stenotype notes of said public meeting. 13 14 15 Dated at Carson City, Nevada, this 3rd day 16 of May, 2024. 17 18 19 KATHY JACKSON, CCR Nevada CCR #402 20 21 22 23 24 CAPITOL REPORTERS (775)882-5322

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