

In The Matter Of:

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

July 25, 2024

*Capitol Reporters
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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
THURSDAY, JULY 25, 2024
CARSON CITY AND LAS VEGAS, NEVADA

The Board: JOY GRIMMER - Chair
STACIE WEEKS - Member
JIM BARNES - Member
JANELL WOODWARD - Member
JENNIFER MCCLENDON - Member
BESY STRASBURG - Member

For the Board: RADHIKA KUNNEL
Deputy Attorney General

For Staff: CELESTENA GLOVER
Executive Officer
JESSICA CRANE
Executive Assistant
MICHELLE WEYLAND
Chief Financial Officer
NIK PROPER
Operations Officer
LESLIE BITTLESTON
Quality Control Officer

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1 THURSDAY, JULY 25, 2024, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN GRIMMER: Good morning, everyone.
4 This is the Public Employee Benefit Program meeting on July
5 25th, 2024. It is 9:00 a.m.

6 Would staff please call the role.

7 MS. CRANE: Good morning. Thank you.

8 Chair Grimmer?

9 CHAIRWOMAN GRIMMER: Here.

10 MS. CRANE: Michelle Kelley is absent today.

11 Jim Barnes?

12 MEMBER BARNES: Here.

13 MS. CRANE: Jennifer McClendon?

14 MEMBER MCCLENDON: Here.

15 MS. CRANE: Janell Woodward?

16 MEMBER WOODWARD: Here.

17 MS. CRANE: Betsy Strasburg?

18 MEMBER STRASBURG: Here.

19 MS. CRANE: And Stacie Weeks?

20 MEMBER WEEKS: Here.

21 MS. CRANE: Thank you. We do have a quorum.

22 Please remember to state spell your name before speaking and
23 also speak loudly for our transcriber.

24 CHAIRWOMAN GRIMMER: Okay. We'll move on to Item
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1 Number 2, Agenda Item Number 2, public comment. Public
2 comment will be taken during the agenda item. No action may
3 be taken on any matter raised under this item unless the
4 matter is included on the future agenda as an item on which
5 action may be taken.

6 Public comments to the Board will be taken under
7 advisement but will not be answered during the meeting.
8 Comments may be limited to three minutes per person at the
9 discretion of the Chairperson. Please state and spell your
10 name when you make your public comment, and we'll start in
11 Carson City. Do we have anyone?

12 MR. HOPKINS: Madam Chair, we do have a few on
13 Zoom right now. I'll get up the slide.

14 CHAIRWOMAN GRIMMER: Okay. None in Carson City.
15 So seeing none, we will go to the phones, the Zoom.

16 MR. HOPKINS: One moment, Madam Chair. I'm
17 getting the slide up right now. As a reminder, Zoom is used
18 for public comment only. This meeting is streaming live on
19 the PEBP YouTube channel. If you want to watch the Board
20 meeting there, the YouTube link is joined on the agenda.

21 For those of have joined for public comment, your
22 name or last four digits of your phone number will be
23 announced. You'll be advised you have been unmuted. Please
24 slowly state and spell your name for the record and proceed
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1 with your comments. As a reminder, for those on the phone,
2 please press star six to unmute.

3 Chris Cyberson, you have permission to speak.
4 Please slowly state and spell your name for the record if you
5 wish to make public comment.

6 Caller with the last four digits 0891, please
7 press start six to unmute and state and spell your name for
8 the record if you wish to make public comment.

9 MS. LAIRD: Thank you very much. Good morning,
10 Board Chair Grimmer, Executive Officer Glover and fellow
11 Board members and guests. My name for the record is Terri
12 Laird, T-e-r-r-i L-a-i-r-d, and I'm the executive director at
13 RPEN, the Retired Public Employees of Nevada, where we
14 represent mostly retired public employees but also lobby on
15 behalf of all public employees, retirees, as well as actives.
16 We also wish Chair Grimmer much success in her new position.

17 The Board may have looked over public comment
18 submitted in writing already from one of our members, Pamela
19 French, a relatively new retiree who is on the Medicare
20 Exchange. She reached out to us as a member, asking if we
21 might be able to intervene on her behalf of a serious issue
22 she was facing that turned into a four-month nightmare,
23 though it's currently coming to a close. It did cost her
24 emotionally and financially.

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1 \$13 per month for years of service to at least \$15 a month.
2 We hope the Board will consider this request as you look
3 ahead.

4 All in all, it is good to see PEBP staffing
5 levels are improving. And in closing, we're hopeful that
6 Ms. Glover will be able to find the time to submit the health
7 matters column to go in our member newsletter that's mailed
8 six times a year to all 7,000 of our members, and now our
9 members look forward to reading about PEBP, especially
10 important for those who do not have e-mail or access to a
11 computer or are simply resistant to going online. Thank you.

12 MR. HOPKINS: Thank you.

13 Will the caller with the last four digits 1999,
14 you have permission to speak. Please slowly state and spell
15 your name for the record if you wish to make public comment.

16 Caller with the last four digits 2294, you have
17 permission to speak. Please slowly state and spell your name
18 for the record if you wish to make public comment.

19 Caller Amure, you have permission to speak.
20 Please slowly state and spell your name for the record if you
21 wish to make public comment.

22 Madam Chair, that's all for public comment. If
23 they try and come back, we'll do it in the second session.

24 CHAIRWOMAN GRIMMER: Okay, thank you.
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1 Okay. We'll close Agenda Item Number 2 and go to
2 Agenda Item Number 3, PEBP Board disclosures for applicable
3 Board meeting agenda items. Deputy Attorney General Radhika
4 Kunnel.

5 MS. KUNNEL: Thank you, Madam Chair, and welcome
6 on board.

7 CHAIRWOMAN GRIMMER: Thank you.

8 MS. KUNNEL: This agenda remains to allow me to
9 make a disclosure regarding conflicts of interest on behalf
10 of the Board members, who are eligible for PEBP benefits.
11 Pursuant to NRS 281A.420 on behalf of the Board members who
12 are eligible for PEBP benefits or whose families are eligible
13 for PEBP benefits, I offer this disclosure that they will be
14 voting on those items that may affect the benefits available
15 to them or their family members. The law does not require
16 abstention from voting merely because the Board member or
17 their family member is eligible for PEBP benefits.

18 At this time, I invite any member of the Board
19 who has any additional disclosures to make it now. Thank
20 you.

21 CHAIRWOMAN GRIMMER: Okay. Seeing no additional
22 disclosures, I will close Agenda Item Number 3 and move on to
23 Agenda Item Number 4, consent agenda. All items for public
24 action, consent will be considered together and acted on in
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1 one motion unless an item is removed to be considered
2 separately by the Board.

3 MEMBER STRASBURG: Bepsy Strasburg. I would like
4 to remove 4.1 and 4.6 to be voted separately. I was not here
5 during the last meeting. I was excused, so that's why I'm
6 pulling 4.1.

7 CHAIRWOMAN GRIMMER: Okay. Anyone else wish to
8 pull any items? Okay. Seeing none, I would entertain a
9 motion on -- so seeing none, I'll entertain a motion on all
10 items other than 4.1 and 4.6, which have been pulled.

11 Do -- is there any further discussion or do I
12 have a motion?

13 MEMBER STRASBURG: I move to approve the consent
14 agenda items except for the items pulled from the agenda.

15 MEMBER WOODWARD: Janell Woodward. I'll second.

16 CHAIRWOMAN GRIMMER: Okay. We have a motion and
17 a second. Is there any further discussion? Okay. Seeing
18 none, I'll call for a vote. All those in favor, signify by
19 saying aye.

20 (The vote was unanimously in favor of the
21 motion.)

22 CHAIRWOMAN GRIMMER: All those opposed? Okay.
23 Motion passes.

24 We'll go ahead and hear item 4.1. Was there a
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1 specific question on 4.1?

2 MEMBER STRASBURG: No. Other than I will be
3 abstaining from that.

4 CHAIRWOMAN GRIMMER: Okay. Okay. And then
5 moving on to Item 4.6, state retirees health and welfare
6 benefits fund financial statement. Were there specific
7 questions on it?

8 MEMBER STRASBURG: Yeah. I would like to --
9 Betsy Strasburg. I would like Officer Glover to tell us a
10 little bit about the material weakness that was noted by the
11 external auditor and what next steps are being planned for
12 that action item.

13 CHAIRWOMAN GRIMMER: Thank you.

14 Okay. Since there was no questions on 4.1, we
15 will go ahead and take a vote on it, and then we'll hear 4.6.
16 So do I have a motion on 4.1?

17 MEMBER BARNES: This is Jim Barnes. I'll move
18 for approval on 4.1.

19 CHAIRWOMAN GRIMMER: Thank you.

20 MEMBER MCCLENDON: This is Jennifer McClendon.
21 I'll second.

22 CHAIRWOMAN GRIMMER: Okay. We have a motion and
23 a second. Any further discussion? Seeing none, I'll call
24 for the vote. All those in favor, signify by saying aye.

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1 (The vote was unanimously in favor of the
2 motion.)

3 CHAIRWOMAN GRIMMER: All those opposed? Motion
4 passes.

5 MEMBER STRASBURG: One abstention.

6 CHAIRWOMAN GRIMMER: Okay. Please go ahead.

7 MS. GLOVER: Good morning. Celestena Glover for
8 the Public Employees' Benefits Program. The material
9 weakness, I know one of the questions was by the partial
10 agreement. Some of it, as far as doing our financial
11 statements internally, we don't have the resources nor the
12 expertise. That's why we hired an outside auditor. Even if
13 we did have that knowledge and expertise, we would still need
14 to hire an expert and outside auditor because we need an
15 audit financial statement for it to be final.

16 We are looking for the possibility of getting
17 some financial statement software to help us provide a better
18 product to our auditors when they are scheduled to come on
19 board. As you know, this audit is for the plan year 2023 or
20 fiscal year 2023, whichever way you want to look at it, and
21 we are pretty late in the game trying to get these audits
22 out. So, you know, we're looking at it, figuring out a
23 better way to get the information.

24 A lot of the information we rely on from our
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1 actuary. So as far as OPEBP is concerned, there was some
2 question about which OPEBP needed to go in the report. Was
3 it 74 or 75? And we got assistance from Segal for that. He
4 worked with our auditor Mike Bailey, and they are in the room
5 to answer any other questions that I may miss.

6 And then any other shortcomings, obviously, we
7 will continue to work with the controller's office and our
8 auditors to make sure that for the next go around, which we
9 should be starting in the next few months, are hopefully
10 better information, so it's just getting training internally.
11 It's been a lot of years since I've done this, so trying to
12 go back and see what has been done in the past. And some of
13 what we've done in the past no longer applies, so still
14 thinking in that line what we can do.

15 MEMBER STRASBURG: Thank you, Officer Glover.
16 That's what I was looking for, that there's some action
17 that's being considered for the next go around.

18 CHAIRWOMAN GRIMMER: Okay. Any further
19 discussion? Okay. Seeing none, do I have a motion to
20 approve Item 4.6?

21 MEMBER BARNES: This is Jim Barnes. I'll move
22 for approval.

23 MEMBER WOODWARD: Janell Woodward. I'll second.

24 CHAIRWOMAN GRIMMER: Okay. We have a motion and
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1 a second. Any further discussion? Seeing none, I'll call
2 for the vote. All those in favor, signify by saying aye.

3 (The vote was unanimously in favor of the
4 motion.)

5 CHAIRWOMAN GRIMMER: All those opposed? Motion
6 passes.

7 We will close Agenda Item Number 4 and go on to
8 Agenda Item Number 5, election of Board Vice Chair pursuant
9 to Nevada Administrative code NAC 287.172. Eligible
10 candidates are Betsy Strasburg, Michelle Kelley, Jim Barnes,
11 Janell Woodward and Jennifer McClendon. This item is for a
12 possible action. Let me correct that. I'm sorry. The
13 agenda I had did not have Stacie Weeks. Stacie Weeks is also
14 an eligible Board member, so I apologize for that one.

15 Do we have any comments for possible election?

16 MS. GLOVER: So this is Celestena Glover. So the
17 reason Stacie's name wasn't on the agenda, we hadn't -- at
18 the time we posted the agenda, we had got word that she had
19 been reappointed to the Board, so that now makes her
20 eligible.

21 And I was contacted by Michelle Kelley. She is
22 traveling, and she said that if the Board wished to reelect
23 her, she would be happy to continue with role as vice chair.
24 She's your current vice chair.

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1 MEMBER WEEKS: This is Stacie Weeks. I would --
2 I would support Michelle Kelley if she wants to do it again.
3 I think she did a great job.

4 MEMBER STRASBURG: Same here.

5 CHAIRWOMAN GRIMMER: Okay. Do I have a formal
6 motion then?

7 MEMBER WEEKS: Yes. Stacie Weeks. I move to
8 reelect Michelle Kelley as Vice Chairman.

9 MEMBER STRASBURG: Bepsy Strasburg. Second.

10 CHAIRWOMAN GRIMMER: Okay. We have a motion and
11 a second. Is there any further discussion? Okay. Seeing
12 none, I'll call for the vote. All those in favor?

13 (The vote was unanimously in favor of the
14 motion.)

15 CHAIRWOMAN GRIMMER: Anyone opposed? Okay.
16 Motion passes. We'll close Agenda Item Number 5 and move on
17 to Agenda Item Number 6, executive officer report. Celestena
18 Glover. This is for information and discussion.

19 MS. GLOVER: Good morning again. Celestena
20 Glover for the record. The Executive Officer Report, before
21 you, provides information for both the Board members and
22 stakeholders to discuss overall activities in PEBP. Open
23 enrollment closed on May 31st, and we had a pretty successful
24 open enrollment. We're still short staffed in our member
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1 services unit, and we have new people in that unit, but we've
2 managed to take on those calls and respond to member needs.

3 The rest of the PEBP staff also were on the
4 phones to assist any PEBP members. We get a lot of calls for
5 password resets because they only get in their accounts once
6 a year and that's to do open enrollment.

7 Open enrollment is not mandatory at this point.
8 So if there's no change, then those numbers don't need to
9 come on and enroll in their accounts. The chart in this
10 report gives you a breakout of the enrollment numbers and
11 this includes dependents. You can see the 2023 enrollment
12 compared to the 2024 enrollment and the 2025 enrollment. We
13 are seeing migration into the low deductible plan for both
14 the EPO and CDHP.

15 It seems like the EPO is taking the biggest hit
16 for people being out, but we just wanted you to have the
17 final numbers. We presented some preliminary numbers back in
18 May, but these are the final counts. There may be a few
19 changes here and there because of cleanup work still going on
20 but pretty much this is it.

21 Member services, PEBP in general took 4,719 calls
22 during the month of May, and they were able to respond and
23 resolve the majority of those issues in the initial calls.

24 Strategic planning meeting, this is just a
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1 reminder that we have strategic planning meeting scheduled
2 for October. We will entertain how being two to three Board
3 members. We don't want to run into potentially a forum
4 attending. So if you will contact Jessica Crane, our
5 executive assistant, and let her know if you're interested in
6 attending, that would be good. We'll have some of our
7 vendors will be attending in-person. We will be doing this
8 over at the Fandango, so it's here in Carson City, for those
9 of you that are here traveling. You're traveling. Sorry,
10 guys.

11 And then staffing, I'm happy to announce Leslie
12 Bittleston has agreed to become the QC officer for PEBP. And
13 she, as you know, is a former Board member. It was good
14 timing. Her term expired, and she was able to come on
15 because she would have had to give it up regardless. She
16 started on July 9th, and we're trying to get her trained as
17 quickly as possible, so we got a few jobs. And with that,
18 I'll take any questions.

19 MEMBER WOODWARD: Janelle Woodward for the record.
20 Just checking. I believe we were asked about that October
21 meeting in the past. If we've already responded, do we need
22 to respond again or?

23 MS. GLOVER: This is Celestena Glover. No. If
24 you already let Jessica know that you're interested, and
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1 we'll have you on the list. If we get too many people, then
2 we'll figure out who we'll need to ask not to come. We will
3 see how that works. I know there's a lot of interest in
4 that.

5 I will say that at the September meeting, we
6 typically do our initial ideas for plan design, plan design
7 changes, going forward, and they're typically voted on in
8 November or December meeting. Whatever comes out of the
9 September meeting, we will be talking about in further detail
10 at the strategic planning and any new ideas we come up with
11 during that time that will affect the plan.

12 And keep in mind, we are building budgets. We're
13 getting ready to go in session in a few short months. It
14 seems like we're a ways away but it really isn't. So we'll
15 make sure that we keep you guys all abreast of what's going
16 on in that area too. But any changes we make that might need
17 legislative approval, we'll have to keep that in mind.

18 CHAIRWOMAN GRIMMER: Okay. Thank you for that.

19 Any other questions? Okay. Seeing none, I'll
20 close Agenda Item Number 6 and move on to Agenda Item Number
21 7, overview of current plan options. Richard Ward, Segal,
22 for information and discussion.

23 MR. WARD: Hi. Good morning, everybody.

24 CHAIRWOMAN GRIMMER: Good morning.
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1 MR. WARD: For the record Richard Ward with
2 Segal. I want to welcome Leslie to the staff side. I'm
3 going to enjoy continuing to work with you. And, Chair
4 Grimmer, welcome to the PEBP Board. It's nice to see
5 everybody in summer.

6 Let's see, we are -- our materials start on page
7 283 of the Board packet. And what we have today is -- is an
8 overview and maybe a foundation of an overview of the
9 program, the plan options with a little bit of analysis on
10 each of the three to four options, plan options to -- that
11 may provide a good foundation for the program and plan design
12 changes that will be considered over the next couple of
13 months that Executive Officer Glover mentioned a few minutes
14 ago.

15 On this, on slide -- on page two of our
16 materials, which is page 284, the Board packet, it's just a
17 reminder, a summary of the plan designs for the CDHP, the low
18 deductible PPO and then the EPO and the HMO.

19 And the top row has the actuarial value, which is
20 the composite benefit value of all the different plan
21 provisions, just a reminder of the actuarial value as a --
22 it's expressed as a percentage, and it reflects the expected
23 portion of total costs that would be paid by PEBP, by the
24 plan.

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1 So for the CDHP, that has a 76.7 percent
2 actuarial value, let's just call that 77 percent. What that
3 means is that the plan is going to pay 77 percent on average
4 across all members for all healthcare costs. Meaning that
5 the members pay one minus that, 23 percent through
6 deductibles, co-pays and co-insurance. And so the higher the
7 percentage, the less cost share there is for the member on
8 average.

9 And the CDHP plan is the leanest plan. It also
10 has the lowest employee premium, which for plan year '25,
11 we're showing in the bottom row there, the employee only
12 premium at 5526, and then there's the low deductible health
13 plan in the middle. And then the EPO and HMO are really one
14 plan option with the HMO offered in the southern part of the
15 state, and then the EPO and the other counties in the
16 northern part of the State.

17 I will note that the EPO and HMO has -- has a
18 much higher premium than the other plans and the actuarial
19 value for the EPO is not that much higher than the loaded up
20 health plan. It's about three points higher, but the
21 premiums are from the employees' perspective substantially
22 higher for the EPO.

23 And we show that on the next slide, on page three
24 of our materials and page 285 of the overall Board packet.

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1 Just focusing on the employee only premiums that the same
2 relationships hold true for the other coverage tiers for
3 family and so on. Just a little bit of history, since the
4 low deductible health plan was introduced for plan year '22,
5 it's slotted in the middle in gray. The EPO is in the
6 orangish color with the highest premium and note, there's
7 been moderate increases, generally, every year, with an
8 exception between plan years '23 and '24, when they were held
9 flat. And for plan year '25, there was -- there was
10 potentially going to be a larger increase in employee
11 premiums, but the Board decided to use some catastrophic
12 reserve funds to mitigate the increase to employees.

13 So the increase, just to go through the math
14 here, for the EPO, for plan year '24, \$161, and let's just
15 call it \$181 for '25, a 20 dollar increase. The Board
16 decided to cover 50 percent of the needed increase in
17 employee premiums with catastrophic reserves, so it would
18 have been a 40 dollar increase. And as a result of splitting
19 the difference, it's \$20 to the employees with the other \$20
20 funded from preserves.

21 And so I think a take away here is the EPO has
22 been consistently higher at a consistently higher premium and
23 CDHP and the low deductible PPO then comparably could close
24 together, relative to the EPO.

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1 On the next slide, we're showing per capita cost
2 on a PMPM basis over the last couple of years. And the take
3 away here is the EPO is the most expensive plan. I think
4 that jives with the other information that we were just
5 reviewing, has the highest cost plan, has, setting aside the
6 HMO the richest benefit design, it has the highest employee
7 premiums.

8 And then -- and then in the gray and the green,
9 you can see the low deductible health plan and the CDHP kind
10 of running along kind of comparably, and you see some
11 variation over time. It's a self-insured plan. So there
12 will be -- there will be some movement as we're comparing one
13 year to the next or one quarter to the next or one month to
14 the next.

15 And moving on to slide five, I know you all
16 aren't shy but please, any questions or discussion at any
17 point, let's -- I'll pause if anything comes to mind.

18 This next slide shows the enrollment over the
19 last couple of years. And we just reviewed that there's been
20 continued movement from the EPO to the other plans for plan
21 year '25, and this has been a trend over the last couple of
22 years. And, actually, enrollment is moving from both the
23 CDHP and the EPO to that middle plan, the low deductible PPO.

24 And every year the low deductible plan picks up some

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1 additional membership. And in the two graphs on the left,
2 the CDHP and the EPO, you can see pretty steady decline as we
3 see that shift in enrollment.

4 I think the -- this is being driven by the
5 actuarial value or the plan value for EPO and the low
6 deductible PPO being fairly comparable and there being a
7 larger differential in premiums, so thinking about the
8 difference in the cost versus the difference in the benefit.
9 People are continuing to reassess that.

10 And then CDHP, that's a plan that has first
11 dollar exposure. It has the high deductible that applies to
12 everything that's not preventative or wellness services. The
13 low deductible health plan has first dollar coverage. So I
14 think some people are finding some value in that, and that
15 might be a reason why they're migrating from the CDHP plan.

16 MEMBER STRASBURG: Question.

17 MR. WARD: Yes.

18 MEMBER STRASBURG: Betsy Strasburg. Do you see,
19 given this migration, and you mentioned that it has been
20 happening for a while, do you see still the benefit of
21 keeping the four programs?

22 MR. WARD: I think that's a reasonable
23 consideration. So I think that's something that the Board
24 has considered at least in discussion over the last year and
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1 change, and I think it continues to be a viable
2 consideration, whether -- whether to continue with the
3 current plan options or to consider sunseting one of them.

4 MEMBER STRASBURG: Thank you.

5 MR. WARD: And maybe the next couple of slides
6 will add additional information to that consideration.

7 So now let's -- we have reviewed cost to the
8 plan, the PMPM claims costs. We've reviewed the premiums,
9 the benefit design and -- and then seeing migration from two
10 of the plans to the low deductible health plan.

11 One of the -- one of the contributors, a major
12 contributor to cost is not just the benefit design but also
13 the health risk or the risk of the people that are in that
14 plan. And two of the -- a couple of drivers are just the
15 demographic risk. So generally speaking, older people are
16 higher cost than younger people.

17 So if you take an average 50-year-old, that
18 person is going to be more expensive than the average
19 25-year-old. And we see that the low deductible PPO has the
20 lowest age. That's on the left. That's the line in gray.
21 The average member is between 33 and 34. The other plans
22 have a higher, an older membership.

23 I'm a little surprised to see the CDHP having the
24 oldest membership, but that could be because of a greater
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1 portion of single coverage in that plan. And since we're
2 doing this measurement on a per member basis, there are fewer
3 children. So without as many children, that will lead to a
4 higher average age for the overall membership. But I think,
5 just thinking about the EPO and the low deductible health
6 plan, there's higher age and more demographic risk in the
7 EPO.

8 MEMBER WEEKS: Stacie Weeks. Can I ask a quick
9 question on the acuity and the risk. So the chronic
10 conditions, I know you -- I don't know if you're on that
11 slide yet.

12 MR. WARD: Not yet.

13 MEMBER WEEKS: Sorry. Earlier I noticed that
14 cancer is the top driver.

15 MR. WARD: Uh-huh.

16 MEMBER WEEKS: At the top. So when it comes to
17 controlling costs, cancer is not something we can really
18 control. So is that typical for most other state employee
19 benefit plans? Do we have a sense of are we unique that
20 cancer is like the -- like really impacting our employees
21 like significantly?

22 MR. WARD: Richard Ward for the record.
23 Unfortunately, no. It is a -- it is a common --

24 MEMBER WEEKS: It is common.
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1 MR. WARD: -- top one or two condition.

2 MEMBER WEEKS: Employee benefit program.

3 MR. WARD: Yeah. We see that for state,
4 especially for other state plans.

5 MEMBER WEEKS: Okay.

6 MR. WARD: That is a -- that is a common -- that
7 is something you have in common.

8 MEMBER WEEKS: Okay.

9 MR. WARD: Especially out here in the west with
10 other states.

11 MEMBER WEEKS: Okay, thank you.

12 MR. WARD: So just to get a flavor of the people
13 that are in the plan, I think also something of note here,
14 the percent of family coverage, the EPO is continuing, the
15 portion of the membership that has family coverage has
16 increased fairly noticeably over the last couple of years.
17 It's been fairly consistent for the other plans.

18 And what this is suggesting is that the migration
19 from the EPO to the low deductible PPO is driven by a single,
20 by people who have single coverage. So more single people
21 are moving to the other plan, leaving behind a higher portion
22 of employees with family coverage.

23 And then the next slide is -- shows chronic
24 conditions. And this chronic condition prevalence is an
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1 indicator of the health risk or morbidity within the plan.
2 Mention that generally speaking, a 50-year-old will be higher
3 cost than a 25-year-old. But if the 25-year-old or the 25
4 year olds have a number of chronic conditions and the
5 50-year-old does not, then the 25-year-old or people like
6 that 25-year-old will likely be higher cost than that
7 50-year-old. So health risk and overall morbidity is the
8 most significant contributor towards health risk and costs
9 within a plan. And we see that the EPO is -- is noticeably
10 higher with chronic conditions. So about a third of the
11 members in the EPO have at least one chronic condition and
12 then the other plans are 25, are below a quarter of the
13 people.

14 MEMBER WEEKS: Stacie Weeks. Real quick, so on
15 that point, we have four plans. We have under 70,000 unique
16 member lives, right?

17 MR. WARD: Uh-huh.

18 MEMBER WEEKS: So when you have that few of
19 people and you put them in four products, you're gonna have
20 high cost coverage. I mean, I'm having a hard time
21 understanding why we have four plans because I can't imagine
22 that you ever -- it's like hard to spread the risk, right.
23 So if you have everyone that's unhealthy or the higher cost
24 folks in one product.

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1 MR. WARD: Uh-huh.

2 MEMBER WEEKS: It's just always going to be that
3 way. So is there a reason we have four plans and not less.
4 Sorry, maybe that's not a question to ask in this larger
5 group, but I don't know how we're ever going to control costs
6 and spread risk with 70,000 people with four products.
7 Sorry.

8 MS. GLOVER: Celestena Glover for the record. I
9 think the reason there's four plans, initially we started out
10 with the CDHP and two HMO's, Hometown Health and HPN, down in
11 the south. Hometown Health was replaced with the EPO because
12 there was some desire to keep an HMO like plan. But, really,
13 in the north, our HMO acted more like a PPO, and there was
14 also -- I don't know if you want to call it a requirement but
15 trying to blend the northern HMO with the southern HMO
16 because at the time it was less expensive in the south to
17 keep those rates the same. So if you're on an HMO in the
18 north, you pay the same as the folks in the south, even
19 though the northern plan actually costs more.

20 So the EPO was the answer to that, but we're
21 seeing that the EPO isn't really any less expensive than the
22 old HMO was for the north. The low deductible was added
23 later on because there was a desire from many of our members
24 in the Board at the time to get that middle tier plan.

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1 But you're right, spreading our small -- we're a
2 big group or a we're a small group when it comes to this many
3 offerings. Spreading them out like that does put us in a
4 position of adverse selection, and your sickest people going
5 into one plan and the price going through the roof. For that
6 group of people, it might be worth it. But for other people
7 that pick that plan that don't actively go in that open
8 enrollment and change out of that plan, they're paying that
9 higher cost too, but more and more of those folks are moving,
10 as you saw from my report and from what Richard had shown in
11 his report, that at some point the EPO becomes unsustainable
12 because those costs are going to continue to go up.

13 MEMBER WEEKS: Thank you. So, Stacie Weeks. One
14 last comment on that. I just, if there is an opportunity for
15 us to think about -- obviously, we want options, and we want
16 some folks who maybe want to pay less in premium. They don't
17 have a lot of healthcare cost. They don't mind taking the
18 risk of a higher deductible. Then there's some families are
19 like I know. I'm going to use the doctor. I want to pay the
20 premium now and have less cost on the back end.

21 But I think also think four plans less than
22 70,000 people is just cost prohibited. I just don't see it
23 being viable, sustainable. So I would like us to think about
24 that future. I know we have contracts and all those things,
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1 but I just want members to start thinking about that piece
2 because that is really driving I think premiums for folks, so
3 thank you.

4 MS. GLOVER: And we will be bringing that --
5 Celestena Glover for the record. We will be bringing that
6 back in September and discussing it during the strategic
7 plan.

8 MEMBER WEEKS: Okay, thanks. Sorry.

9 MR. WARD: It's your meeting.

10 MEMBER WEEKS: I know, but I'm always
11 interrupting you. Go ahead.

12 MR. WARD: Richard Ward for the record. So then
13 moving on to slide eight in our materials, 290 in the Board
14 packet. We -- we took PEBP member claims for each of the
15 plans and analyzed for overall health risk. So there's a
16 methodology of or you take each members' claims and assign or
17 determine a health risk factor for each member, and that's
18 based off of -- off of conditions in -- in the diagnostic
19 codes, the types of providers they're saying, the types of
20 medications that they're seeing.

21 For example, if someone may -- may be a well
22 managed diabetic and will identify them in the claims data as
23 being diabetic based off of their pharmacy data, we may not
24 see any complications of the medical data that would indicate

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1 that they're diabetic because they're well managed, but
2 there's a risk associated with them being diabetic, and we
3 account for that in our analysis.

4 We also look to see, continuing through with
5 diabetics, if someone does have complications, if they were
6 hospitalized or we see that they're not seeing their
7 physician regularly, then they'll be assigned a higher risk
8 score, and this is really meant to be a predicted indicator
9 for what we think the overall costs and the needs will be for
10 each member, relatively speaking, going forward. So it's a
11 way -- it's a way to assess the expected costs are between
12 the different plans.

13 And what we show here on this slide is that the
14 risk in the HMO -- excuse me, in the EPO is about 30 percent
15 higher than that in the low deductible health plan and about
16 40 percent higher, 40 points higher than in the CDHP, and we
17 normalize this to be 1.0 across the entire membership. So if
18 we took an average of the scores, we get 1.0, so it's just a
19 relative risk.

20 And so what we have with EPO is higher costs,
21 richer benefit design, much higher employee premiums and much
22 higher health risk. So this -- these are all the hallmarks
23 in an ongoing migration from EPO to the low deductible PPO.
24 Those are all hallmarks of the selection spiral that we were
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1 just -- we were just mentioning where every year, the cost
2 for the EPO, we're expecting to go up from the -- from the
3 members' perspective, and that increase in premiums leads to,
4 generally speaking, the lower cost people that are in that
5 plan, reassessing the value of the plan.

6 They -- some of them move to the low deductible
7 plan or perhaps even the CDHP plan, and then that movement of
8 the lower cost people leads to the average for that plan
9 increasing at a rate higher than overall trend, and then you
10 repeat that the next year. And that's -- we're seeing that
11 over the last couple of years.

12 To tie this all together, on the last slide,
13 we're -- we're measuring or showing what we're calling plan
14 efficiency. So, can we quantify all of those aspects? So we
15 have the per capita costs. We have the actuarial value, and
16 we have the risk scores. So we want to normalize for the
17 differences in plan design. We want to normalize in the
18 differences in risk to get a -- get a sense for which plan
19 option is managing care in the most cost efficient manner.

20 So, you may have a higher cost plan if you have
21 high risk, but it's managing that risk efficiently. It's
22 going to be high cost regardless because it's a higher risk
23 membership. But if you account for these differences that
24 may actually -- you may see and sometimes you do see that

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1 that plan has the lowest normalized cost and is the most
2 efficient plan.

3 What we're seeing here is that the EPO with, by
4 this measure is the least efficient plan, just looking at the
5 bottom line there. The lower number -- a lower number means
6 greater efficiency or better efficiency. And the low
7 deductible PPO is the most efficient plan, and I think we're
8 seeing that. The members recognize that. The combination of
9 plan value, the premium costs, they're migrating to this
10 plan, and that plan has, relatively speaking, lower
11 normalized costs. So it's -- you could think of it as the
12 best value plan. That's another way to characterize it.

13 And I thought this can be a helpful way to, on a
14 -- try to put all these different factors into one
15 comparative metric and do as best of a same fruit kind of
16 comparison that we can, given that there's differences in
17 plan design, differences in membership, differences in
18 premium costs and to use that as a foundation for the
19 discussions, I think, some of us are anticipating over the
20 next couple of months.

21 MEMBER WEEKS: Stacie Weeks. I just have a
22 question on that. Let's just say we, I'm just throwing this
23 out there, kind of focus in on that plan. We put most
24 members or all members in a plan like that. I'm just
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1 throwing this out there. It might not be the best idea, but
2 I'm just thinking out loud. And so we have all the risk in
3 one pool, but we provide cost sharing subsidies to those
4 folks that might need or choose or want to pay a little more
5 for some of the, you know, to get higher actuarial value,
6 similar to the Exchange, right? So if you're in a silver
7 plan, you can get a cost sharing subsidy, and that might
8 bring your actuarial value up. So members can still get that
9 sort of broader, more beneficial product from a cost sharing
10 standpoint, but you still have some members -- so that way
11 you can have one pool. So you don't have to have multiple
12 plans to get to a different actuarial value. You could try
13 to do it within one pool.

14 I'm just trying to think about -- because, again,
15 I think with this many members, it's really going to be
16 challenging for us to ever have even more than one, but maybe
17 two plans. I just don't see how we do it unless we think
18 about creating tiers of maybe cost sharing subsidies and
19 other things to get better actuarial value to certain members
20 that might need it in the same product. Does that make any
21 sense to you, what I'm trying to think about doing?

22 MR. WARD: Richard Ward for the record. There's
23 a lot of merit in that.

24 MEMBER WEEKS: Yeah.
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1 MR. WARD: I will say that everything is -- all
2 these plans are already pooled from a risk prospective,
3 and --

4 MEMBER WEEKS: But they're having adverse
5 selection.

6 MR. WARD: There is, and it's the -- the
7 methodology that's used to determine the employee premiums.

8 MEMBER WEEKS: Got it.

9 MR. WARD: In that the premiums are determined
10 using the difference in costs on a dollar per dollar basis.
11 So it's -- one of the ways to characterize this is a base
12 buy-up approach where everybody gets, for the same tier, gets
13 the same subsidy, and then they pay the full difference on a
14 dollar for dollar basis, and so that can lead to that
15 difference being leveraged between the lower plan and the
16 higher plan, and we're starting to see that. We are seeing
17 that.

18 MEMBER WEEKS: Uh-huh.

19 MR. WARD: Between the EPO and the other two
20 plans.

21 MEMBER WEEKS: Stacie Weeks. Sorry. Can we
22 procure them all together in a way where we require them to
23 sort of blend some of that across the product so we're not
24 getting that kind of premium affect?

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1 MR. WARD: Richard Ward for the record. That
2 methodology is Board policy, I believe. So they're
3 self-insured and they all -- looking here in case I speak out
4 of turn, but they utilize the same vendor contracts.

5 MEMBER WEEKS: Okay.

6 MR. WARD: So with it being a self-insured plan,
7 there's discretion in exploring some of those options that
8 you're mentioning.

9 MEMBER WEEKS: Thank you.

10 MS. GLOVER: Celestena Glover for the record. In
11 the past when we did have the CDHP and the HMO's, the percent
12 of the subsidy was higher for the CDHP than it was for the
13 HMO because the CDHP has been, was at the time and still is
14 the primary plan.

15 MEMBER WEEKS: Uh-huh.

16 MS. GLOVER: And at the time, we needed to look
17 at -- we had to stay within, and I'm -- I'm not sure it's
18 still that way, but at the time when we did that, we also had
19 to keep employee only premium out of a point where the
20 percent of employee payroll was kept fairly low.

21 MEMBER WEEKS: Uh-huh.

22 MS. GLOVER: So that's part of how we did that,
23 and CDHP has stayed pretty consistent with the employee
24 premium. So if we go down the path of sunseting one or more
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1 plans then that is something we may need to look at again is
2 how are we subsidizing those plans, keeping in mind the
3 legislature may or may not agree with those ideas, so.

4 MR. WARD: That's the end of our materials.

5 CHAIRWOMAN GRIMMER: Okay. Any other questions?
6 Okay. We will close Agenda Item Number 7, and move on to
7 Agenda Item Number 8, discussion regarding the framework for
8 development of the agency budget request for the 2026 through
9 2027 biennium. Celestena Glover. For possible action.

10 MS. GLOVER: This is Celestena Glover for the
11 record. What we have before you is a high level budget
12 framework report. It provides you some background on how we
13 are required to develop our budgets, any marching orders we
14 receive from the Governor's Office and GFO. That's the
15 Governor's Finance Office.

16 There was a change in last session. In the past,
17 typically base budget was the first year of the biennium, so
18 it would have been 2024, but they changed that to the second
19 year, which we thought might be better, but it is proving to
20 be challenging because we don't have real numbers. We have
21 budgeted numbers, and that's where -- in the past we've used
22 actual expenses to determine where we're going forward. Now
23 we're -- we don't have that number. We're still looking at
24 '24, so we have a starting point, but really it's '25 budget

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1 that's putting us in a position where we have to make some
2 changes, for lack of a better term, on what we're going to
3 need going forward.

4 Our direction is essentially a flat budget, which
5 is pretty typical. Normally we get either direction for a
6 flat budget or cut budgets. This go around, it looks like
7 we're looking at flat budgets, which we're glad it's not the
8 cut. But they do allow for agency specific inflation, so for
9 us it's going to be based on our caseload. So if we're
10 projecting higher enrollment, which, with to fill vacancies,
11 that is definitely a potential and also the increase in
12 retiree accounts, again, another potential for increasing
13 enrollment, so something that will take into account.

14 The other piece of inflation, of course, for PEBP
15 is going to be trained and experienced for setting our plan
16 rates. The last two years, so plan year '23, we ended up
17 with a shortfall at the end of the year for paying medical
18 and dental claims. We're seeing that again this year. We
19 are going to IFC for additional funding, so we can close out
20 the year.

21 And my expectation based on what we've been
22 budgeted for is the same thing is gonna happen if we don't
23 account for those increases. We don't have the excess
24 reserves to cover those shortfalls so that is forcing us to

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1 hit catastrophic reserves. We do have some savings and other
2 expenditure categories, so we're using that and then
3 offsetting with catastrophic reserves. Right now we're
4 looking at probably hitting it for about three and a half
5 million dollars, but we're looking at potentially a
6 10,000,000 dollar shortfall. So we've got savings in other
7 places in the budget, so it's a combination of the two. So
8 we're going to take that into account when we build the
9 '26-27 budget.

10 Enhancements, we're not really looking at a lot
11 of enhancements. But anything we request has to meet the
12 Governor's three-year plan. And in the report, you'll see
13 that that includes education and workforce, economic growth
14 and business development, health and wellness, public safety
15 and infrastructure, government support services and rural and
16 natural resources.

17 Right now we're not recommending any major budget
18 enhancements. Our primary focus really is going to be on
19 making sure that the funding we get helps offset any employee
20 premium increases because, like I said, we are expecting
21 that. We -- our only enhancement really that we're asking
22 for is equipment and software for our conference room so that
23 we can do virtual meetings and their trainees and things like
24 that, so we can utilize that better than we can right now.

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1 We can use it for a meeting, but we don't -- we're not really
2 set up for anything else in there. As I said, my focus is
3 going to be on making sure the employer contribution does
4 definitely offset employee premiums.

5 And then part of the discussion really will be
6 the subsidy policy when we go to GFO and when we go to the
7 legislature. And then during the September, October and
8 November meetings are we, you know, changing benefit design
9 for '26? Are we sunseting plans? What is it that the Board
10 wants to do? And we'll take all of that into account.

11 Budgets are, of course, confidential until the
12 Governor does the State of the State address. So once this
13 becomes Governor's recommended budget, we won't have any
14 further discussion. I avoided putting any dollar amounts in
15 here, just to -- just to maintain that, that level of
16 confidentiality of not kind of slip onto the wrong side of
17 that.

18 And with that, I'll take any questions. The
19 recommendations are there, and essentially it's to approve
20 the submission of the agency request budget based on the
21 existing plan benefit design and include the enhancements
22 that we requested for the new equipment and software to
23 enhance our capability in the conference room.

24 MEMBER STRASBURG: Betsy Strasburg. Earlier when
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1 we were talking about the financial statements, you mentioned
2 some software. Is that part of your regular operating budget
3 and not an enhancement?

4 MS. GLOVER: This is Celestena Glover for the
5 record. We have not included it as an enhancement yet.
6 We're investigating what our options are. In the past we've
7 been using Excel spreadsheets, but we're looking at, is there
8 a better option? If our budget can handle it in 2025, we
9 would like to purchase it then, instead of waiting, but then
10 we would include it in the '26-27 budget as an ongoing
11 expense.

12 We haven't come up with something that we think
13 is viable for us primarily because we're so small as far as
14 the number of staff. Essentially, financial statements are
15 being worked by Michelle Weyland, our CFO, and myself. So we
16 don't have accountants on staff, so that it makes it a little
17 bit harder, and neither one of us are accountants. We're
18 budget analysts essentially. So we can build a budget. But
19 do a financial statement, that's a whole nother world, so we
20 are looking at that. If we can -- if we can afford to
21 purchase it sooner, we will, so that we can get through the
22 next go around for financial statements. Otherwise, we would
23 consider that as one of our software expense.

24 MEMBER STRASBURG: Betsy Strasburg. Maybe we
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1 source that expertise from another agency, may be an option.

2 MS. GLOVER: This is Celestena Glover for the
3 record. That's a possibility. The financial statement
4 expertise may be out there, but PEBP's specific knowledge is
5 the drawback because we have two different funds that we have
6 to do the financial statements for the retiree fund, seems
7 like it would be simpler, but it really isn't. And then we
8 have all of OPEBP requirements that have to go into our
9 financial statements that some of the other accountants may
10 not have to deal with at the same level. So, we will look at
11 that, but it's difficult.

12 CHAIRWOMAN GRIMMER: Okay. With no further
13 discussion, this is an action item. I would entertain a
14 motion at this point.

15 MEMBER WEEKS: Stacie Weeks to approve the item.
16 What number are we on, 5? Sorry, 8.

17 CHAIRWOMAN GRIMMER: Eight, yes.

18 MEMBER WEEKS: Eight.

19 MEMBER STRASBURG: Second. Betsy Strasburg.

20 CHAIRWOMAN GRIMMER: Okay. We have a motion and
21 a second. Any further discussion? Seeing none, I'll call
22 for the vote. All those in favor, signify by saying aye.

23 (The vote was unanimously in favor of the
24 motion.)

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1 CHAIRWOMAN GRIMMER: All those opposed? Okay.
2 Motion passes.

3 We will move on to -- we will close out Agenda
4 Item Number 8 and move on to Agenda Item Number 9.
5 Acceptance of Claim Technologies Incorporated audit findings
6 for State of Nevada Public Employees' Benefits Program plans
7 administered by UMR for the period of January 1st, 2024
8 through March 31st, 2024. Joni Amato Claim Technology, and
9 this is for possible action.

10 MS. AMATO: Hi. Good morning. I'm Joni, J-o-n-i
11 Amato, A-m-a-t-o. The scope of the third quarter audit for
12 2024 for UMR included medical and dental claims paid during
13 the period of January 1, 2024 through March 31, 2024. The
14 medical and dental claims paid during the quarter three
15 totaled approximately \$70,000,000 and included 223,000
16 claims. This was a bit of an increase in paid claims from
17 the prior quarter. The audit included four components, the
18 quarterly performance guarantee validation, 100 percent
19 electronic screening with 50 targeted samples, a
20 statistically valid stratified random sample of 200 claims
21 and data analytics.

22 The results of the random sample audit show that
23 UMR's performance improved from the prior quarter an overall
24 accuracy and claim turnaround time, both, within 14 days and
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1 within 30 days.

2 Performance and financial accuracy decreased from
3 the prior period. The performance guarantees were met for
4 overall accuracy and claim turnaround time with 92 percent
5 processed within 14 days.

6 The performance guarantees for financial accuracy
7 and claim turnaround time of 99 percent within 30 days were
8 not met. This results in a penalty of 2.5 percent of
9 administrative fees for the quarter or \$33,586.70, but we
10 recommend reviewing the financial errors identified in the
11 random sample audit to ensure that root causes have been
12 identified and if there's any claim process or training that
13 needs to take place that that's done. Any system corrections
14 are made where appropriate.

15 We also advise follow-up to ensure recovery of
16 any -- of the -- of the identified overpayments identified in
17 the random sample audit. Additionally, we recommend review
18 of the electronic screening and targeted sample results to
19 focus on potential recovery and process improvements,
20 specifically in the categories of incorrect provider
21 discounts supplied, services not provided or I'm sorry,
22 services not prior authorized and duplicate payments.

23 Thank you for your time. And if you have any
24 questions, I would be happy to take those.

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1 CHAIRWOMAN GRIMMER: Okay. Are there any
2 questions? Okay. Seeing none, do we have UMR on the line?
3 Oh, do you want to present anything? No.

4 Okay. This was an item listed for possible
5 action. Do we have a motion?

6 MEMBER STRASBURG: Motion to accept the audit as
7 presented.

8 MEMBER WOODWARD: Janell Woodward. I'll second.

9 CHAIRWOMAN GRIMMER: We have a motion and a
10 second. Is there any further discussion?

11 Okay. Seeing none, I'll call for a vote. All
12 those in favor, signify by saying aye.

13 (The vote was unanimously in favor of the
14 motion.)

15 CHAIRWOMAN GRIMMER: All opposed? Motion passes.

16 We will close out Agenda Item Number 9 and move
17 on to Agenda Item Number 10, discussion and acceptance of
18 Claim Technologies Incorporated audit findings for State of
19 Nevada Public Employees' Benefits Program plans administered
20 by Express Scripts for the period of July 1st, 2022 through
21 June 30th, 2023. Joni Amato, Claim Technologies
22 Incorporated. For possible action.

23 MS. AMATO: Hi. Joni Amato for the record. And
24 I'm going to turn this over to my colleague Julie Weissmann
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1 with PillarRX, and she'll present the findings.

2 MS. WEISSMANN: Hello, everyone. For the record,
3 my name is Julie, J-u-l-i-e, Weissman, W-e-i-s-s-m-a-n-n, and
4 I'm the audit leader at PillarRX, responsible for all the
5 audit products here. We completed the audit of Express
6 Scripts for fiscal year 2023, which covered the July 1st,
7 2022 through -- through June 30th, 2023. The audit consisted
8 of a pricing and fees audited and along with that the
9 reconciling of their guarantees, a benefit payment accuracy
10 audit, a rebate review and a performance guarantee review.

11 The audit period covered approximately 463 paid
12 pharmacy claims with approximately a net paid amount of
13 \$71,000,000. We found the following items during this item
14 of Express Scripts. The reconciliation and pricing and fees
15 portion of the audit showed an amount of approximately
16 \$405,789 in additional under-performance guarantees that were
17 found and were confirmed errors by Express Scripts.

18 The differences that were found were primarily
19 that the contract inclusion/exclusion for vaccines was not
20 appropriately followed. Vaccine claims should have been
21 included in the guarantees. However, Express Scripts
22 excluded them. This caused both the pricing and dispensing
23 fee dollars to calculate incorrectly, which showed more money
24 due to PEBP.

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1 The benefit payment accuracy audit had no
2 financial or material findings. Express Scripts provided all
3 the appropriate documentation for our initial observations
4 that we found, but we would like to recommend that the
5 reimbursements that were made in 2023 that were brought about
6 and displayed in the audit were actually payback, and you
7 received those monies that were already approved.

8 The performance guarantee review showed that
9 Express Scripts missed the performance standards on nine
10 separate standards. These have already been agreed to by ESI
11 for a penalty amount of \$763,195.48. The missed targets and
12 penalties again have already been agreed to by ESI, and I
13 have confirmation that they should have already been credited
14 to the PEBP as well.

15 Lastly, the rebate review of the minimum rebate
16 guarantees found an additional \$5,154,762 and additional
17 guarantees due to PEBP. The additional amount is due to
18 contract interpretation differences. The majority of these
19 differences were because the rebate amount received was less
20 than the calculated rebate amount by PillarRX. PillarRX and
21 ESI have different interpretations of this contract language.
22 ESI states that the guaranteed rebate amount listed in the
23 contract can be prorated based on a day supply amount.

24 However, it is PillarRX's stance that there is no
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1 verbiage or methodology on the contract -- in the contract
2 that allows for prorating of this amount. So at this time,
3 PillarRX stands by their amount of this additional amount
4 money owed to PEBP. Additionally, there's been some back and
5 forth, so this is an item that needs to be discussed, so
6 thank you for your time. And I guess we can go ahead and
7 discuss those questions regarding those rebate guarantees.

8 CHAIRWOMAN GRIMMER: Okay. Thank you for that.
9 Are there any questions?

10 MEMBER STRASBURG: Betsy Strasburg. Officer
11 Glover, did you have a chance to look at the contract
12 interpretation with married with Express Scripts and our
13 auditor?

14 MS. GLOVER: This is Celestena Glover for the
15 record. Yes, we had a pre-meeting with auditors before we
16 discussed it with ESI. We dug into the contract to see if
17 there was some language allowing for proration, and we agreed
18 with Pillar and CTI that that language is not there. And
19 based on that, the \$5,000,000 is a shortfall in the rebates
20 paid to PEBP.

21 There has been some e-mails back and forth
22 between PEBP and ESI to potentially amend the contract.
23 Their request for us to go back to July 1st of 2022 for
24 retroactive amendment, which I rapidly said, no, we can't do

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1 that. That is not -- you know, we can request permission for
2 a retroactive contract, but it takes some justification and
3 maybe it's a month or two but not two years. So we have not
4 come to necessarily an agreement as to whether or not we even
5 want to amend the contract moving forward because that would
6 reduce our rebates.

7 And, you know, like the Board, I too have a
8 fiduciary responsibility to the plan to ensure that we are
9 receiving the services we pay for and that we are receiving
10 whatever rebates, provider, overpayments to be refunded,
11 anything of that nature, I need to make sure that I'm doing
12 what's right for the program, for the members of our program
13 and for the State.

14 MEMBER STRASBURG: So what would be -- Betsy
15 Strasburg again. What would be the best to resolve this
16 disconnect.

17 MS. GLOVER: The next step really would be --
18 this is Celestena Glover for the record. Obviously, if the
19 Board approves this audit the way it is now, then we would
20 require that ESI refund us and pay the penalties. The
21 penalty is an offset to current expenses. We are holding the
22 final payment until we can get this resolved.

23 But my recommendation is that, yes, we collect
24 the 5,000,000 dollar shortfall in rebates, the 5.154762.98.
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1 That we collect that rebate. If the Board wants us to go
2 into negotiation for a potential contract amendment, we can
3 do that or leave things status quo. I'm sure that, you know,
4 ESI will have a different opinion because this is a lot of
5 money, but I don't know if they're on the line to respond to
6 the audit, if anybody has some other comments for that.

7 MEMBER STRASBURG: So I'm confused here. Betsy
8 Strasburg. So if we accept the audit, then we're saying that
9 the need Express Scripts to give you the five point --
10 \$5,000,000, correct?

11 MS. GLOVER: Correct. This is Celestena Glover
12 for the record. Yes, we would collect the penalty, the
13 763,000. We would collect the 5.1, almost 5.2 million dollar
14 rebate and the 400,000, 405,000 overpayment from the
15 discounts. So we would be looking at collecting all of that.
16 We know that for the penalty, the 700,000, typically that is
17 done as an offset to a current invoice. And then the --
18 because the 5,000,000 really hits our revenue side, not our
19 expenditure side, that would be a payment that ESI would need
20 to make to us.

21 MEMBER STRASBURG: One other question. Betsy
22 Strasburg. Is this the first audit with Express Scripts or
23 have we had this type of audits before?

24 MS. GLOVER: This is Celestena Glover for the
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1 record. ESI has an audit every year. We have several of our
2 vendors. UMR has quarterly audits. Some of our vendors are
3 quarterly. Some of them are annual and some of them
4 self-report. So ESI has an additional audit.

5 CHAIRWOMAN GRIMMER: Okay. Any further
6 questions? Do we have anyone online from ESI that wishes to
7 respond?

8 MS. LANGLIN: This is Nancy Langlin from ESI for
9 the record. So, yeah, I mean, I pretty much agree with most
10 everything that Celestena said. You know, we are actively
11 trying to negotiate, you know, an amendment to the contract
12 or some type of electronic sign-off in order to be able to
13 issue the payment for the rebates. I think it was mentioned
14 a few minutes ago that the payments for the pricing
15 guarantees and the performance guarantees had already been
16 paid at this point, but the rebate payment is still
17 outstanding. It is a big, you know, chunk of money, and so
18 we are hoping to have quick resolution to be able to pay out
19 PEBP for the additional monies due.

20 CHAIRWOMAN GRIMMER: Okay, thank you.

21 Any further discussion? This item is for
22 possible action. I will take a motion at this point.

23 MEMBER MCCLENDON: This is Jennifer McClendon. I
24 move to accept CTI's audit of ESI.

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1 MEMBER STRASBURG: Bepsy Strasburg. Second.

2 CHAIRWOMAN GRIMMER: Okay. We have a motion and
3 a second. Is there any further discussion? Seeing none,
4 I'll call for the vote. All those in favor, signify by
5 saying aye.

6 (The vote was unanimously in favor of the
7 motion.)

8 CHAIRWOMAN GRIMMER: All those opposed? Motion
9 passes.

10 We will close Agenda Item Number 10 and move on
11 to agenda Item Number 11. Public comment period. Public
12 comment will be taken during this agenda item. Comments are
13 limited to three minutes per person.

14 MR. HOPKINS: Madam Chair, we have one on Zoom
15 right now. I'll get the slide up and make the announcement.

16 CHAIRWOMAN GRIMMER: Thank you.

17 MR. HOPKINS: It looks like they just dropped
18 off, but I'll make the quick announcement just in case.

19 CHAIRWOMAN GRIMMER: Okay.

20 MR. HOPKINS: I'll leave the slide up for a
21 minute. For those who have joined for public comment, your
22 name or last four digits of your phone number will be
23 announced. You'll be advised you've been unmuted. Please
24 slowly state and spell your name for the record, and proceed
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1 with your comments.

2 Madam Chair, that concludes public comment.

3 CHAIRWOMAN GRIMMER: Okay. Seeing no more public
4 comment in Carson City or online, we will close public
5 comment, Agenda Item Number 11.

6 And we will adjourn. Thank you for everyone's
7 time. Thank you.

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1 STATE OF NEVADA,)
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I, KATHY JACKSON, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Thursday, the 25th day of July, 2024, I was present on Zoom for the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 55, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 5th day of August, 2024.

KATHY JACKSON, CCR
Nevada CCR #402

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

July 25, 2024

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

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