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In The Matter Of:
STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

July 31, 2025

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STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
VIDEO-CONFERENCED OPEN MEETING
CARSON CITY, NEVADA/LAS VEGAS, NEVADA
THURSDAY, JULY 31, 2025

The Board: Joy Grimmer, Chairperson
Janell Woodward, Member
Dr. Blaine Harper, Member
Dr. Keiko Duncan, Member
Christopher Viton, Member
Laura Rich, Member
Jim Barnes, Member
Jim Wells, Member

For the Board: Radhika Kunnel,
Deputy Attorney General

Brandee Mooneyhan,
Legal Counsel

For Staff: Jessica Crane,
Executive Assistant
Michelle Weyland,
Chief Financial Officer
Nik Proper,
Interim Operations Officer
Leslie Bittleston,
Quality Control Officer

Reported by: Nicole J. Hansen, CCR #446

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1 CARSON CITY, NEVADA; THURSDAY, JULY 31, 2025; 9:00 A.M.
2 -o0o-

3
4 CHAIR GRIMMER: Good morning, everyone. This
5 is the Public Employee Benefit Program Meeting on July
6 31, 2025, at 9:00 a.m. We're conducting this meeting
7 here in Carson City, Nevada. I'd like to call the
8 meeting to order. And since our last meeting, we have
9 had three new members. They are Jim Wells, Keiko Duncan
10 and Blaine Harper.

11 And, Staff, will you please call the roll.

12 EXECUTIVE ASSISTANT CRANE: Good morning,
13 everyone. Starting roll. Joy Grimmer?

14 CHAIR GRIMMER: Here.

15 EXECUTIVE ASSISTANT CRANE: Jim Barnes?

16 MEMBER BARNES: Here.

17 EXECUTIVE ASSISTANT CRANE: Janelle Woodward?

18 MEMBER WOODWARD: Here.

19 EXECUTIVE ASSISTANT CRANE: Laura Rich?

20 MEMBER RICH: Here.

21 EXECUTIVE ASSISTANT CRANE: Jim Wells?

22 MEMBER WELLS: Here.

23 EXECUTIVE ASSISTANT CRANE: Blaine Harper?

24 MEMBER HARPER: Here.

25 EXECUTIVE ASSISTANT CRANE: Chris Viton? I
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1 think I see him, but --

2 MEMBER VITON: Here. Sorry.

3 EXECUTIVE ASSISTANT CRANE: And Keiko Duncan?

4 MEMBER DUNCAN: Here.

5 EXECUTIVE ASSISTANT CRANE: Thank you.

6 Jennifer McClendon is absent today, but we do have a
7 quorum. Please remember to state and spell your name for
8 our transcriber. Thank you.

9 CHAIR GRIMMER: Okay. We will move onto
10 Agenda Item Number 2: Public comment. Public comment
11 will be taken during this agenda item. No action may be
12 taken on any matter raised under this item unless the
13 matter is included on a future agenda as an item of which
14 action may be taken. Public comments will be taken under
15 advisement but will not be answered during the meeting.
16 Comments will be limited to three minutes per person.
17 And I see we have someone here in Carson City, so we'll
18 begin with you. Thank you.

19 MS. LAIRD: Thank you. Good morning to all.
20 My name for the record is Terry Laird. I'm the Executive
21 Director at RPEN: Retired Public Employees of Nevada.
22 Founded nearly 50 years ago, we are a nonprofit
23 non-partisan organization with 17 chapters statewide and
24 nearly 7,000 dues-paying members. We welcome PEBP now
25 under the umbrella of the all new Nevada Health Authority
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1 as well as any new members sitting on the Board today
2 along with former Board Members, though we do have a few
3 concerns as PEBP moves forward with the Nevada Health
4 Authority.

5 RPEN's mission through the years of our
6 service has been to protect the pensions and healthcare
7 benefits earned by our members through their years of
8 dedication while working; many benefits that were
9 promised to be there when they retired. Since the
10 transition to the Medicare Exchange many years ago, most
11 of our members are comfortable with it though it wasn't
12 easy in the beginning. They were given a choice of going
13 online to make their choice is something that many
14 retirees still are not comfortable with.

15 Since I became Executive Director of RPEN in
16 2016, we revamped our member newsletter to allow a forum
17 for PEBP through its Executive Officer to write a column
18 at their discretion whether it was during open enrollment
19 or some other event that retirees should be made aware
20 of.

21 In the beginning, former Executive Officer
22 Damon Haycock appreciated the opportunity and Member
23 Misticone, and unfortunately over time and with new
24 executive officers arriving, the columns didn't seem as
25 important and then I took to printing the PEBP Board

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1 meeting notes as a former broadcast journalist myself in
2 the last year via benefits Chris Garcia has also taken
3 advantage of this opportunity, and we are hopeful the new
4 Executive Officer selected today will want to take
5 advantage of this forum as well especially in light of
6 the changes ahead for PEBP and the Health Authority.

7 RPEN is also concerned with issues facing
8 State employees. We do have quite a few active
9 participants at RPEN who are still working. Regarding
10 the Carson-Tahoe Hospital issue with UnitedHealthcare.
11 Earlier in year, the PEBP Board voted to extend that
12 contract with Carson-Tahoe until December 2025. However,
13 we have since learned this decision was rescinded and
14 that Carson Tahoe is telling clients they don't accept
15 PEBP insurance. We don't see the Carson-Tahoe contract
16 within Item 11.4 under the status of contract
17 negotiations either today, so we will be anxious to hear
18 about anything during this meeting that may arise in
19 regard to this troublesome issue. Thank you.

20 MR. ERVIN: Ted Ervin: E-R-V-I-N, for the
21 Nevada Faculty Alliance, the Statewide Association of
22 Professional Employees at Nevada's public colleges and
23 universities.

24 First let me give a warm welcome to the new
25 Board Members: Dr. Keiko Duncan, Dr. Blain Harper, Chris
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1 Viton and Jim Wells. We look forward to your service and
2 maximizing State employee and retiree benefits within the
3 physical constraints of funding revenue. We'd also like
4 to thank Michelle Kelley, Betsy Strasburg and Theresa
5 Carsten for their past service on the Board as well as
6 wish a happy second retirement to outgoing Executive
7 Officer Celestena Glover. Thank you to Nik Proper for
8 stepping in as Interim EO. We also thank the two
9 candidates for the Executive Officer position for
10 applying, and we look forward to hearing your visions for
11 PEBP.

12 With the transition to the new Nevada Health
13 Authority or SB 494, there are many opportunities but
14 also challenges for PEBP. This new board will have the
15 task of discerning where services can be leveraged by
16 collaboration within the Health Authority and when the
17 unique nature of PEBP requires its own direction for the
18 benefit of employees and retirees. You have hard work to
19 do and difficult decisions to make.

20 The Nevada Faculty Alliance represents our
21 constituents: Professional Employees of the Nevada
22 System of Higher Education through advocacy, analysis,
23 and our institutional memory of what has worked and has
24 not worked in the past. We are available to support
25 Board members and answer questions.

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1 We are very concerned about two situations
2 that need immediate attention from PEBP. First as
3 mentioned, a permanent solution must be found with
4 keeping Carson-Tahoe Health in-network for the many State
5 employees in Carson City and the surroundings. What
6 progress is being made? If CTH and UMR cannot cooperate,
7 it may be time to go out for bids for different medical
8 network and third-party administrator providers.

9 Second, as of the June 30th budget report in
10 Item 6.2.1, cash reserves have fallen tens of million
11 dollars below the actuarial mandated IBNR, catastrophic
12 and HRA reserves. What is the plan and timeline to
13 replenish the reserves while maintaining planned
14 benefits? Finally, we have reviewed the master plan
15 document revisions in Agenda Item 8. They make sense and
16 we support approval. Thank you very much.

17 CHAIR GRIMMER: Thank you. Okay. Seeing no
18 further public comment here in Carson City, can we go
19 online.

20 PEBP STAFF: One moment, Madame Chair. It
21 looks like we have about nine in the lobby.

22 CHAIR GRIMMER: Thank you.

23 PEBP STAFF: If you would like to call in to
24 provide public comment, please dial 6699006833, and when
25 prompted to provide a meeting ID, please enter
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1 842264718199 and then press pound. When prompted for a
2 participant ID, please press pound. Joining the Zoom
3 meeting as an attendee is for making public comment only.
4 If you do not wish to make a public comment, please leave
5 the Zoom meeting now so that you're not accidentally
6 called upon. Please feel free to watch the YouTube live
7 stream on the PEBP YouTube channel. The link for the
8 live stream is located on the agenda.

9 For those who have joined for public comment,
10 your name or the last four digits of your phone number
11 will be announced. You will be advised you have been
12 unmuted. Please slowly state and spell your name for the
13 record and proceed with your comments.

14 Amy Pason? Please slowly state and spell
15 your name for the record if you wish to make public
16 comment.

17 MS. PASON: Amy Pason: A-M-Y P-A-S-O-N, and
18 I'm representing the Nevada Faculty Alliance. I have
19 submitted written comment but I wanted to highlight some
20 of the things in the written comment.

21 First, PEBP is headed into a new era under
22 the Nevada Health Authority, and we are excited about the
23 possibilities of being able to provide better healthcare
24 for all of our Nevadans under this new system. We wanted
25 to also appreciate the work that was done during session

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1 on SB 494, especially talking with Stacie Weeks to be
2 able to amend sections that related to the PEBP and
3 certainly to the Board membership here. We are grateful
4 that we were able to clarify the independence of the PEBP
5 Board through some of those amendments. As all of you
6 that are sitting on the Board, you represent State
7 employees of different groups, and you know best about
8 how to the plan affects your employees that you represent
9 and the different impacts and needs that we have for
10 health in our State. And so we hope that you always keep
11 in mind that as you are making decisions about our plans.

12 We also appreciate the inclusion in SB 494 to
13 be able to collect data and report on the healthcare
14 costs for retirees. This was a study and some identical
15 language that was part of AB 188 that was unfortunately
16 vetoed by the Governor at the end of session. But
17 although AB 188 that was about restoring retiree health
18 benefits to our State employees, even though that was
19 vetoed, we hope that this Board continues to keep retiree
20 health benefits in mind as part of your overall decision
21 making and continue to explore ways to restore retiree
22 health benefits especially for those who are hired after
23 2011.

24 This is not just the right thing to do for
25 our retirees that have already served the State, but this
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1 is also a mechanism to retain our current State employees
2 who often have to think about whether or not to seek
3 employment elsewhere maybe to local governments or other
4 states to places that provide healthcare benefits in
5 retirement.

6 And finally, whoever is chosen as the
7 Executive Officer, we look forward to and we encourage
8 that Executive Officer to continue to have open lines of
9 communication with advocacy stakeholder groups such as
10 NFA and encourage the EO to meet with those stakeholder
11 groups. We look forward to collaborating with the new
12 Board members and the new Executive Officer as we work to
13 make sure that Nevadans are healthy. Thank you.

14 PEBP STAFF: Thank you. Caller with the last
15 four digits 4108, please press star six to unmute and
16 please slowly state and spell your name for the record if
17 you wish to make public comment.

18 I'll circle back to caller Chris Syverson.
19 Please slowly state and spell your name for the record if
20 you wish to make public comment.

21 MS. SYVERSON: I do not wish to make public
22 comment at this time.

23 PEBP STAFF: Thank you.

24 PEBP STAFF: Douglas Unger, please slowly
25 state and spell your name for the record if you wish to
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1 make public comment.

2 MR. UNGER: Doug: D-O-U-G U-N-G-E-R,
3 immediate past president UNLV Chapter Nevada Faculty
4 Alliance and a member of the UNLV Employee Benefits
5 Advisory Committee. Thank you, Chair Grimmer and the
6 PEBP Board for your service and consideration.

7 Concerning Agenda Items Numbers 4 and 5, the
8 interviews of two candidates followed by the
9 recommendation for the Governor's office of one to be
10 appointed as the new PEBP Executive Officer, we thank the
11 two candidates and look forward to positive development
12 for PEBP's transition into the new Nevada Health
13 Authority under new administrative guidance.

14 We are also grateful that the Governor and
15 legislature are acting this week, which is about as
16 swiftly as possible, I believe, to complete the PEBP
17 Board appointments according to the new process set out
18 in NRS 287 before these crucial decisions are made. It
19 feels as though we almost have a complete PEBP Board, and
20 that's very comforting.

21 Not on the agenda today but much on our
22 minds, is Governor Lombardo's veto of AB 188 which passed
23 the 83rd Legislature with bipartisan support. A bill
24 intended to raise contributions to retiree HRA's of \$1
25 per month per year of service capped at 20 years and as
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1 well, moderately raise the limit that a State retiree can
2 save up in an HRA for future medical procedures or
3 emergencies. Reasons detailed by the Governor's message
4 for his veto are allegedly insufficient appropriations to
5 cover quote, "The program's health reimbursement reserve
6 requirements," unquote. Also, that implementation
7 allegedly quote, "Increases the program's administrative
8 workload," unquote. State employees stakeholder groups
9 disagree with these assessments as reported to the
10 Governor in fiscal notes attached to the bill.

11 In the interest of fairness to State employee
12 retirees, we most cordially request of the PEBP Board
13 and/or the new Nevada Health Authority to incur a modest
14 expense for an independent actuary to revisit the
15 accounting and report accurately on potential reserve
16 requirements and administrative workload.

17 State employee retirees have not seen a raise
18 to HRA contributions in almost a decade of
19 ever-increasing costs. Such an actuarial report will
20 encourage faith and confidence in PEBP's transition to
21 the new Nevada Health Authority's administration and the
22 positive changes that are hopefully on the way. Thank
23 you.

24 PEBP STAFF: Thank you. Notetaker Kathy, you
25 have been unmuted. Please slowly state and spell your
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1 name for the record if you wish to make public comment.

2 Ian Hartshorn, please slowly state and spell
3 your name for the record if you wish to make public
4 comment.

5 MR. HARTSHORN: Thank you. My name is Ian M.
6 Hartshorn: H-A-R-T-S-H-O-R-N. I'm a professor at the
7 University of Nevada-Reno and a PEBP member speaking only
8 as a member and on my own behalf.

9 I'm speaking today to encourage the Board to
10 work diligently and in member interest to resolve the
11 issues with PEBP coverage in the Carson-Tahoe Health
12 System. The imminent loss of coverage is affecting me
13 personally. I see a specialist at CTH with expertise in
14 a condition that is not easily replaced. The upcoming
15 loss of coverage has forced me to reschedule a surgery
16 and basically rush it to ensure I don't have to pay out
17 of pocket. Despite this, I'm lucky. The condition isn't
18 life-threatening.

19 For some PEBP members in Carson City dealing
20 with other conditions, not being able to access CTH could
21 cause a life-threatening illness or force them into
22 disastrous financial arrangements. For thousands more,
23 it's a costly inconvenience that means more time off work
24 and more time away from their families. I know members
25 of this Board have been working on this issue. Thank you
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1 for your service. I also know we have new Board Members.
2 I'm asking you to please familiarize yourselves with this
3 issue and work diligently on it.

4 If contractual obligations prevent a
5 reasonable settlement with Carson Tahoe Health, those
6 contracts need to be rewritten. In addition to your
7 fiduciary obligations, you have a moral one to our
8 members. Public employees in the State's capitol being
9 unable to access the largest health network in that city
10 is dangerous and unworkable. I hope you can resolve
11 these issues in a timely manner, and I thank you for your
12 time.

13 PEBP STAFF: Thank you. Jean McFarland, you
14 have been unmuted. Please slowly state and spell your
15 name for the record if you wish to make public comment.

16 Laura D., please slowly state and spell your
17 name for the record if you wish to make public comment.

18 William Paul, you have been unmuted. Please
19 slowly state and spell your name for the record if you
20 wish to make public comment.

21 MS. TRIPPI: Hi. It's actually not William
22 Paul. It's going to be Dr. Dana Trippi. That's:
23 D-A-N-A T-R-I-P as in Paul, P as in Paul, I. Can you
24 hear me okay?

25 PEBP STAFF: Yes, we can. I apologize for
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1 that. That was the display name shown. Go ahead with
2 your comments.

3 DR. TRIPPI: Thank you so much. Good
4 morning, esteemed members of the Public Employee's
5 Benefits Program. I'm Dr. Dana Trippi. I'm an obesity
6 specialist and also a clinician in your obesity care
7 measurement program. Thank you for the opportunity to
8 speak on behalf of the State employees living with
9 obesity and cardiovascular risk.

10 I urge you to expand coverage to include
11 GLP-1 medications for non-diabetic employees with
12 established cardiovascular risks following the model of
13 Nevada Medicaid. Cardiovascular risks or cardiovascular
14 disease is the leading cause of death in the U.S.,
15 inflicting severe morbidity and mortality on our
16 communities. Obesity is a key driver in this crisis
17 fuelling chronic conditions like stroke, heart attack,
18 heart failure.

19 GLP-1 medications offer a proven solution. A
20 2025 analysis by AON, which is spelled A-O-N, a top U.S.
21 consulting firm, found that GLP-1 users with obesity and
22 cardiovascular risks saw a 7 percent improvement in
23 medical spend growth by the second year. This was
24 excluding medication costs. This was driven by a
25 remarkable 44 percent reduction in hospitalizations for
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1 major adverse cardiovascular events which we call MACE
2 which includes stroke, heart attack and heart failure
3 compared to an matched controlled group over 24 months.

4 As a clinician, I see firsthand the clear
5 correlation between obesity and other chronic
6 debilitating diseases. For example, in coronary heart
7 disease, that population, out of that population, 80
8 percent of those are going to be overweight or obese. So
9 GLP-1 medications such as Wegovy are a critical tool to
10 break that cycle improving health and outcomes and
11 reducing long-term costs.

12 Nevada Medicaid already covers these
13 medications for similar populations, again recognizing
14 their clinical and economic value. State employees do
15 deserve the same access. By aligning with Medicaid's
16 approach, you are ensure equitable care and empower
17 employees to manage their health effectively. The
18 evidence is very clear. Investing in GLP-1 medications,
19 it reduces hospitalizations. It lowers medical spend
20 growth and enhances quality of life.

21 I do respectfully ask the Board to prioritize
22 this coverage expansion in your health plan. Together, I
23 know we can reduce that burden of cardiovascular disease,
24 support our workforce, and create a healthier, more
25 sustainable future for Nevada. Thank you very much for
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1 your time and consideration.

2 PEBP STAFF: Thank you. Chris Syverson, you
3 have your hand up?

4 MS. SYVERSON: Thank you, Nik. Hi, this is
5 Chris Syverson, CEO of Nevada Business Group on Health,
6 and thank you, Board, for allowing me to comment.

7 There have been many comments on the contract
8 between UnitedHealthcare and Carson-Tahoe Hospital. I
9 just wanted to remind the Board that Nevada Business
10 Group on Health does contract with Carson-Tahoe Health,
11 and that we would be able to write our contract into
12 UnitedHealthcare and be the contractor for Carson-Tahoe
13 Health. If more information is needed, I believe that
14 Carson-Tahoe Health has been in contact with the
15 contracting members. Thank you.

16 PEBP STAFF: Thank you. Caller with the last
17 four digits: 9199. Please press star six to unmute and
18 please slowly state and spell your name for the record.

19 MS. OPFERMAN: Good morning, Chair and
20 Members of the Board. My name is Tess Opferman. That is
21 spelled: O-P-F-E-R-M-A-N, and I am speaking on behalf of
22 the acting retirees. I apologize not being able to be
23 there in person this morning.

24 First, I know that there are a number of new
25 PEBP Board Members in the room, so I just want to welcome
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1 you to the board. I look forward to working with you
2 over the coming months and years to put some much needed
3 change in place.

4 First I wanted to say a big thank you for
5 Stacie Weeks for working with us on SB 494. We got some
6 changes in that bill that we very much appreciated. One
7 of the things that was added to SB 494 was the ability
8 for PEBP to produce a report about the costs faced by
9 Medicare retirees. We look forward to working with this
10 board with you all on producing that report so that we
11 have a really good sense of the costs faced by Medicare
12 retirees in terms of their Medicare coverage and also
13 look at their HRA rates.

14 Those rates have not been increased in many
15 years. They are receiving \$13 per month per year worked.
16 We feel strongly that that needs to be increased but we
17 also realize there may need to be some data to back that
18 up and feel strongly that the report produced by PEBP
19 will help to give us a better understanding of those
20 numbers and expenses faced by the Medicare retirees.

21 We were disappointed that AB 180 was vetoed
22 by the Governor. That bill had a number of provisions in
23 it that we felt would be very beneficial to our PEBP
24 retirees, but we understand that was vetoed and so
25 therefore, we look forward to working with this board and
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1 with a new Executive Director to make sure that our
2 Medicare retirees get their coverage throughout their
3 retirement. With that, I look forward to hearing the
4 rest of the meeting. Thank you very much.

5 PEBP STAFF: Thank you. We're going to try
6 caller last four digits 4108 again. Please press star
7 six to unmute if you wish to make public comment.

8 Madame Chair, that concludes public comment.

9 CHAIR GRIMMER: Thank you. Okay. We will
10 close Agenda Item Number 2 and go on to Agenda Item
11 Number 3: PEBP Board disclosures for applicable board
12 meeting agenda items. Deputy Attorney General Radhika
13 Kunnel.

14 DAG KUNNEL: Good morning, Madame Chair.
15 Good morning, everyone. My name is Radhika Kunnel,
16 Deputy Attorney General, for the record.

17 This agenda item is to allow me to make a
18 disclosure regarding conflicts of interest on behalf of
19 the Board members who are eligible for Public Employee
20 Benefits Program, PEBP benefits. Pursuant to NRS
21 2801A.420, on behalf of the Board members who are
22 eligible for PEBP benefits or whose families are eligible
23 for PEBP benefits, I offer this disclosure that they will
24 be voting on those items that may affect the benefits
25 available to them or their family members. The law does
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1 not require abstention from voting merely because the
2 board member or their family member is eligible for PEBP
3 benefits.

4 At this time, I invite any member of the
5 Board who has any additional disclosure to make it now.
6 Thank you.

7 CHAIR GRIMMER: Okay. Seeing no additional
8 disclosures being brought forward, I'll close Agenda Item
9 Number 3 and move on to Agenda Item Number 4: Applicant
10 interviews for position of Executive Officer of PEBP.
11 Applicants to be interviewed. We are estimating it will
12 be approximately one hour. And do we have our first
13 interviewee?

14 PEBP STAFF: Madame Chair, we'll take a quick
15 break and get them here, so everyone hang on tight. Be
16 ready in a few minutes. Thank you.

17 (Recess.)

18 CHAIR GRIMMER: The first applicant is
19 Theresa Carsten.

20 MS. CARSTEN: Good morning.

21 CHAIR GRIMMER: Good morning. I'll start
22 with the first question. Could you please describe your
23 qualifications as they relate to the provisions of NRS
24 287 regarding the minimum qualifications of the Executive
25 Officer.

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1 MS. CARSTEN: So I have a Bachelor's degree
2 from the University of Nevada-Reno in psychology, so that
3 meets, I believe, the health sciences requirement. And
4 then I believe it asks for seven years of experience
5 pertaining to contract management business
6 administration. In my previous role as Chief of Managed
7 Care and in my current role as Deputy Administrator, I
8 have a combined experience of about seven years and six
9 months of contract management oversight of managed care
10 entities which the just Medicaid's language for the
11 health insurance programs for the low-income population
12 of Nevada and oversight of actuarial services as well.

13 CHAIR GRIMMER: Thank you.

14 MEMBER BARNES: Jim Barnes asking. The
15 position of PEBP Executive Officer reports to the Nevada
16 Health Authority Director and statutorily receives
17 direction from the PEBP Board, is accountable for the
18 PEBP budget, has obligations to plan participants, and is
19 also responsible for the PEBP staff. How would you
20 create a positive working environment in the agency and
21 develop a plan design that addresses stakeholder needs
22 and wishes in a market with continued cost increases?

23 MS. CARSTEN: I think it's important for
24 staff to feel supported and encouraged. I think for
25 myself, I always encourage honesty with my employees and

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1 coworkers. I think it's important for staff to feel safe
2 to express free-thinking ideas and not feel like they're
3 going to be judged for that, so creating an environment
4 in which they feel supported for their ideas and work. I
5 think also celebrating big and small accomplishments
6 helps staff feel supported, and I think also creating an
7 environment where mistakes are made are not the biggest
8 thing in the world, right. So we always learn from
9 success, but I think we can't fail to remember that
10 sometimes our biggest lessons come from failure. The
11 goal obviously not being that we want a bunch of
12 failures, but to also recognize that as you're growing
13 and learning, sometimes you don't always get it right.
14 So I think that's important for a work environment.

15 As far as working on plan designs with
16 stakeholders, I think it's very important to work with
17 the PEBP Board as well as getting more participation from
18 the PEBP members themselves. I know under the Nevada
19 Health Authority, there are goals that include PEBP, and
20 so working with the Department's community engagement
21 leader to make sure that PEBP's goals and objectives are
22 aligned with the new health authorities I think would be
23 really helpful.

24 One of the things that I would do in
25 relationship to stakeholder engagement is kind of work
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1 with the team on identifying what's working, what isn't
2 working, what's required and do a gap analysis on that.
3 I think where I work, some of the members have expressed
4 to me that the gap is there's just not time in the day
5 for them to participate and give feedback because they
6 work during the day, and so looking at ways to engage
7 members that maybe might be outside of work hours
8 workshops, listening sessions, things of that nature.

9 MEMBER BARNES: Thank you.

10 MEMBER WOODWARD: Good morning. Janell
11 Woodward. Describe your experience managing an
12 organization that relies heavily on the use of vendors
13 for providing statutory required services including
14 health insurance, if applicable, in your current or
15 previous roles.

16 MS. CARSTEN: So while I've been at Medicaid,
17 I've primarily worked with our managed care contracts,
18 and they have several regulations and federal laws, so
19 I'm familiar with those. In addition to our managed care
20 contracts, we have a contract with what's referred to as
21 an external quality review organization, and they are
22 responsible for assisting us in making sure that we are
23 meeting compliance and performance metrics, and so I've
24 overseen that contract for quite some time as well.

25 And then lastly, we have multiple contracts
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1 for services with our actuary, one of them being the rate
2 setting procedure that happens annually as well as they
3 work on our cost efficiency reports for our labor
4 programs.

5 MEMBER WOODARD: Thank you.

6 MEMBER RICH: Laura Rich, for the record.
7 Describe your experience with healthcare cost containment
8 measures and member management with respect to healthcare
9 containment.

10 MS. CARSTEN: So in my position at Medicaid,
11 one of the various things that we do is look at
12 utilization reports, cost trend reports, data on
13 high-cost utilization services like ED visits, high-cost
14 pharmaceuticals, and then we use that data to kind of
15 drive our decisions around how can we contain costs or
16 make decisions to lower costs in certain circumstances.

17 So one example I can think of is we were
18 asked why more of our mothers were not accessing
19 long-acting reversible contraception after birth. And
20 when we reached out to stakeholders in the hospitals,
21 what we were told was: Well, you don't pay for it.
22 We're like: We do pay for it. And the feedback that we
23 got was we pay the daily rate for the birth, but we're
24 not paying for the supply and insertion of the LARC. So
25 when you think about that, that's numerous moms leaving

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1 the hospital without that contraception. And when moms
2 have close births, then that can lead to complications
3 later. So we've changed our reimbursement structure.
4 And I remember one of my staff saying well, that's going
5 to make us spend more money on less money. And the idea
6 of placing a LARC device that possibly can last about
7 five years and preventing very low birth weight baby from
8 being in the NICU for multiple months, we explained to
9 the staff how that's the cost analysis on the cost
10 drivers that we were using. So I think just using that
11 information to do data-driven decisions is helpful.

12 And then we work with our actuary on several
13 different risk mitigation strategies. Our MCO's are
14 contracted to drive chronic disease management programs,
15 so there's several other examples, but that's the one
16 that came to mind.

17 MEMBER WELLS: Good morning. Jim Wells.
18 What is your leadership style with your staff? And give
19 an example of how you've adjusted your leadership style
20 when an objective was not being met or you were
21 persuading someone to your view.

22 MS. CARSTEN: So I think leadership style
23 really has to meet the situation and the particular staff
24 member or team that you're working with where you're at.

25 My work right now is primarily with staff that have

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1 high-level skills and abilities, and so I'm used to
2 providing an assignment, delegating work and a timeline
3 and expecting the results. But sometimes that doesn't
4 happen and you have to adjust your style to address the
5 concerns that you have.

6 And so just recently, one of my teams was
7 responsible for a project that I was notified by a
8 different staff member was about three weeks behind
9 target.

10 And so what I did was I got with the staff.
11 I brought them in, asked them some questions that would
12 lead them to identify that they were missing steps in
13 their process. And really what they came back and said
14 was: We don't think we understood the assignment. And I
15 said: You know, when you don't understand something, you
16 need to ask for clarity. So we set some expectations
17 about what they could expect from their supervisors and
18 what we could expect from them, coached them a little bit
19 on, you know, utilizing your tools and your partners to
20 get your project back on track.

21 And so I think that really took the
22 leadership style from the beginning of the project
23 assignment from like a delegate of like authority
24 assignment to more of a coaching and bureaucratic
25 process, right. Like here are the steps that you have to

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1 take to meet the policies and procedures to get us to the
2 timeline for the project to be completed.

3 MEMBER HARPER: Blaine Harper, for the
4 record. For the last two jobs you've held, take me
5 through one, when you left why did you leave? And two:
6 When you joined the next one, why did you choose it?

7 MS. CARSTEN: That's a great question. In
8 2017, I was working as a health program manager for the
9 Division of Public and Behavioral Health, and the staff
10 in Medicaid contacted me to explain to me that their
11 chief at the time was resigning to take a new position
12 and they asked if I would consider coming back. I really
13 enjoyed my previous time with Medicaid and managed care,
14 and in looking at the position, it was a promotional
15 opportunity, so I applied and obtained that position. So
16 that's why I left the Division of Public and Behavioral
17 Health.

18 And then the current position I'm in, I was
19 asked in February of '23 to cover the position in an
20 interim level and through legislative session. So
21 working with the administrator at the time, because I was
22 nervous to leave a position and become unclassified
23 because I think all classified people that have fear. So
24 and she said: Please consider taking this on a permanent
25 basis. You're doing so well, the staff are doing so

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1 well, and I really need somebody with a strong benefit
2 coverage history that is good at directing this managed
3 care benefit. And so I accepted that and we've been
4 cruising along ever since.

5 MEMBER VITON: Good morning. Chris Viton,
6 for the record. Describe for us your goals for the first
7 six months, 12 months and 24 months if you're selected
8 for the position.

9 MS. CARSTEN: So as a current member of the
10 executive leadership team for the Nevada Health
11 Authority, I recently participated in the leadership
12 summit that was held, and what occurred at that meeting
13 was the director of the Department walked us through some
14 goals for the Health Authority, and each of the team
15 members went around on those goals and tried to develop
16 specific strategies for each of their agencies: PEBP,
17 Silver State Health Exchange, Medicaid, just to name a
18 few. And as part of that process, we were required to
19 come up with short-term, mid-term and long-term goals for
20 specific strategies.

21 And so I just bring that here because I don't
22 have specific six, 12 and 24-month goals for PEBP, but
23 what I would say is that I think PEBP is going to be
24 working closely with the Department to make sure that
25 their goals align with the Department's vision, and I

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1 would be eager to be part of that process and make sure
2 that that alignment occurred.

3 I know for the first 90 days, if I was
4 selected, I would focus on, you know, understanding
5 staff's skills and abilities, roles and responsibilities,
6 looking at the vendor contracts. Does that language, can
7 it be improved upon to better serve Nevada and PEBP
8 members. Also, I think that's going to be a necessary
9 step to meet the needs of the Nevada Health Authority
10 because one of the goals there is to align the State
11 purchasing strategy. I'm very interested to see how that
12 will be coordinated, but I think those would be my first
13 couple of steps working in accordance with, in
14 coordination with the Nevada Health Authority to get the
15 most that PEBP can out of that new setup.

16 MEMBER DUNCAN: Good morning.

17 MS. CARSTEN: Good morning.

18 MEMBER DUNCAN: Tell us about a time when you
19 made a significant mistake in your work, how you
20 corrected it and what you've learned from the experience.

21 MS. CARSTEN: Mistake correction? So the
22 example that comes to mind is when I was working at the
23 Division of Public and Behavioral Health, I had a grants
24 project analyst on my team. However, their supervision
25 and management was split, right. There was a program

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1 side and a fiscal side. And so the program side of that
2 position was really led by me, and then the fiscal side
3 of that component was overseen and supervised by Northern
4 Nevada Adult Mental Health Services fiscal ASO. And I
5 was told towards the end of close to budget closeout
6 period that there was a significant overage in our budget
7 and that NNAMHS could not reconcile it and they were
8 having trouble reviewing the documents provided by the
9 grant projects analyst and were concerned that this
10 overage was going to be a big deal at budget closeout.

11 So I met with the grant project analyst, I
12 collected the contract and budget logs, walked through
13 those, found a couple -- more than a couple duplicative
14 invoice entries as well as an error in one of the
15 calculations of the formulas in the worksheet and was
16 able to work with NNAMHS to show them where these errors
17 were. And really, it became from like a \$60,000 overage
18 down to like \$1,500 which was much more manageable.

19 So I would say even though it wasn't my
20 specific mistake, I think my mistake was in thinking that
21 I could lead a program without knowing all of the pieces
22 of it, especially the budget component. And so I worked
23 with the fiscal team, the ASO over there and said: You
24 need a new process. I can't have a program if I don't
25 have a budget, so I will work with the grants project

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1 analyst, review and oversee the logs that are turned in
2 and then work with you to check off and reconcile the
3 obligations that then become expenditures and then we'll
4 make sure that the budget balances. And so I think what
5 I learned is sometimes you're not assigned an activity,
6 but it doesn't mean you shouldn't have eyes on the
7 activity.

8 CHAIR GRIMMER: Joy Grimmer, for the record.
9 Tell us about a time where you were tasked with
10 implementing significant program or policy change despite
11 resistance from others. What specific actions did you
12 take to accomplish the task and overcome the resistance?

13 MS. CARSTEN: So Nevada Medicaid was given
14 legislative authority to expand managed care from the
15 urban areas to the rural and frontier areas of Nevada
16 after 27 years of us operating managed care. So there
17 was a big collapse, right. And so primarily managed care
18 has always been in urban areas. And so when the rural
19 hospitals, critical access hospitals and the county
20 managers understood that we had been granted this
21 legislative authority to move forward on this project,
22 there was a lot of apprehension that we were hearing from
23 them.

24 So as a division, we decided it would be best
25 if our administration and some of our managed care staff
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1 created what we called the Rural and Frontier Managed
2 Care Tour. And so we were -- our goal was to go to each
3 of the critical access hospitals, tour them, provide
4 feedback and information and sit down listening session
5 of what your concerns are, are there fears that we can
6 immediately dissuade or are there things that we need to
7 work on and get back and fix and bring back, you know,
8 updates to you.

9 And when the director of the Department of
10 Health and Human Services heard that that was our plan,
11 he said: This is a great time to send every division out
12 there, so our tour grew and each administration sent
13 somebody from each division. So we had child welfare
14 there, welfare and supportive services, aging and
15 disability. And the feedback that we got from almost
16 every one of the hospitals and counties that participated
17 was: This is like a one-stop shop of answers that we've
18 been looking for for decades.

19 And so really once we were able to provide,
20 you know, responses and resolutions to their concerns as
21 well as give them information on what managed care is,
22 it's not a big scary thing. And they do have
23 requirements in this contract that are going to require
24 them to invest in our communities. What are your

25 community's health needs priorities? What can you ask of
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1 them as part of these community reinvestment dollars so
2 that, you know, this benefits your county and
3 accessibility within your county.

4 And that really helped. We got a lot of
5 positive feedback from that. Everybody was left with
6 names and telephone numbers and email addresses of people
7 that they said they'd been looking for for 25 years. And
8 so I think, you know, nothing gets solved overnight, and
9 they didn't build Rome in a day, but I think it really
10 strengthened the access with our rural partners.

11 MEMBER BARNES: Jim Barnes, for the record.
12 Ethics are a key factor for leaders of public service.
13 Tell us about a time when your ethics were challenged at
14 work and how you dealt with it. What specifically will
15 you do to ensure high ethical standards in the Public
16 Employees Benefits Program and the protection of the
17 public trust and fiscal stewardship?

18 MS. CARSTEN: So as far as ethics is outlined
19 in the Nevada Revised Statute, I don't have an example of
20 a challenge specific to those instances. I will say that
21 throughout my career, you always feel challenged in your
22 role with a scenario of whether you feel something is
23 right or wrong. I think that's just living of life,
24 right. Like everybody gets that.

25 I think one of the experiences that comes to
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1 mind for me is when I came back to Medicaid, I had a
2 vendor call me and say, you know, we were asked to do
3 some work for Medicaid. The team doesn't report to your
4 team, but it got put in our contract, and we've been paid
5 for it, but we never completed the work. And I was like:
6 Well, that's odd. What happened there?

7 Turns out that for this vendor to complete
8 the work, what they needed was data from the Division
9 that the Division was going to get from an outside
10 source, and the team that was responsible for it kept
11 communicating that the data wasn't available. So the
12 vendor's concern was that it was towards the end of the
13 year and they had to close out their books and they that
14 money on their books for something that they didn't
15 complete. So first of all, honest vendor. Love that.
16 That could have been really bad if they didn't
17 self-disclose that.

18 So what I did was I worked with our fiscal
19 team to let them know that we did in fact pay money for
20 projects that had not been completed. But I also knew
21 that I had work that needed to be done that was federally
22 required for something that ironically did not end up in
23 the budget deal the previous biennium, and it was an
24 independent review for a new plan that we had onboard.

25 So what we did was we talked about, you know,
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1 do we need from a fiscal perspective to have them return
2 the \$60,000 so then we can expend it on a different
3 project or can we revise through an amendment process and
4 documentation on fiscal's end and the vendor's end to
5 amend and say that this \$60,000 was more towards this
6 project that they're going to start now and then the
7 remaining balance of it being applied at the next start
8 of the fiscal year.

9 And so in working with administration and the
10 contract vendor through that, we were able to come to an
11 agreement to move the money. And then I said to
12 administration like it's great that we didn't spend
13 money, but we didn't get like that's taxpayer funding
14 like we can't spend money that we don't get something
15 for, so I'm glad that we were able to identify it and
16 move it, but the largest pieces, how did that happen? So
17 we worked with all of the leaders of the people that were
18 involved and we created a process and a training for them
19 so that they really understood like we can't pay taxpayer
20 funding for services that are not received, and there are
21 supposed to be processes in place for that
22 accountability.

23 And I think what happened is we just had a
24 group of people at that time that were meeting a project
25 and not meeting money, and sometimes we need to train our
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1 staff that projects are money and we have to be in
2 alignment on all of those requirements.

3 MEMBER BARNES: Thank you.

4 MEMBER WOODARD: Janelle Woodward, for the
5 record. Currently, PEBP provides a consumer-driven
6 health plan option and health maintenance organization in
7 Southern Nevada and exclusive provider organization in
8 Northern Nevada. How would you go about addressing these
9 -- assessing these programs and their effectiveness
10 currently with respect to coverage and fiscal
11 sustainability? And how would you use these findings to
12 improve options for PEBP members?

13 MS. CARSTEN: So I think I talked a little
14 bit in the beginning about reviewing the contract
15 language and requirements. I know as a previous member
16 of the PEBP Board, there's a lot of data online related
17 to utilization reports and benefit coverage. And so I
18 think one, when you say assessing the effectiveness of
19 the needs, I think really, who decides that, right? Like
20 members have to -- we have to have feedback from members
21 on what's working for them and what's not working for
22 them. And first, we have to get them to the table.

23 And I recognize, you know, my time on the
24 Board was short, but members really only showed up when
25 things weren't working and they were in dire straits.

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1 And I think yes, we absolutely want to address those
2 issues, but we want to address the needs of the members
3 that, you know, don't understand their insurance, aren't
4 accessing and utilizing their insurance for preventative
5 care because they don't understand how their insurance
6 works.

7 So I think there's a lot of things that can
8 be done in assessing the programs and the different types
9 of coverage. I also realize and recognize, you know,
10 this program is a little bit -- a lot different than the
11 one that I currently operate as a self-insured funded
12 program. You have to pay for the claims as they come in,
13 and so making sure that the information that you are
14 getting from our actuary and claims data information is
15 going to be really important.

16 And then I think also, as we were
17 participating in the leadership summit, PEBP staff, you
18 know, really did describe the differences in the
19 different programs and how the concern, right, of if
20 we're able to use one contract for mass purchasing power,
21 how are we going to account for all of those differences.
22 So I think it's going to be really important to work with
23 the Board, work with the members and work with lawmakers
24 to understand how all of these different things are going
25 to impact the goals to get us to better coverage and more

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1 sustainable coverage for the all Nevadans.

2 MEMBER RICH: Last but not least, Laura Rich
3 for the record. Is there anything else that you'd like
4 to share with the Board about your application and
5 interest in the position? And if you're appointed with
6 the Director of Nevada Health Authority, when would you
7 be available to start?

8 MS. CARSTEN: So let me answer your questions
9 and then I have questions for you guys. So I just want
10 to say I would be very honored to be selected for this
11 position, but I am -- I love our State employees and our
12 retirees, and I think that in the last three years of
13 Medicaid, three of our staff have passed away. And I
14 just think it's really important to make sure that we
15 have quality coverage for our staff and that they
16 understand how to utilize it so that they can live
17 healthy and long lives.

18 And then because of that, if I'm not the best
19 candidate, no harm, no foul. I'm perfectly fine where I
20 am, although I would love to learn new things and be of
21 use. But I really do think it's important to pick the
22 best candidate because we've got a lot of big changes
23 coming through the Health Authority, so we're going to
24 have to have strong people lead through that.

25 And then in relationship to starting time, I
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1 do have annual leave. I'm leaving the country from
2 August 13th. I'll return the 25th to work. I've
3 discussed with my Medicaid administrator, you know, if I
4 was selected for this position, I don't know what would
5 be a good time for her, and she has basically said that
6 if I can be available for phone calls and support through
7 the transition of replacing my position then, you know,
8 next week, you know. I know decisions aren't made that
9 fast.

10 So I think as far as time is concerned, as
11 long as you don't expect me to show up while I'm out of
12 the country, then I will be here.

13 I do have kind of two questions, compound
14 questions. What would you like to see as a Board
15 continued, changed or new ideas from a new Executive
16 Officer and what skills and abilities would be needed to
17 implement what you're looking for?

18 MEMBER RICH: Laura Rich, for the record. I
19 think being that I was previous to Celestena Glover, I
20 was the Executive Officer, so I can appreciate the
21 position. I think that the Nevada Health Authority
22 provides a lot of potential opportunities, and I think
23 that, you know, PEBP has been in kind of a status quo
24 type situation for many years now, and I think these
25 opportunities would be great.

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1 You know, we don't know what those
2 opportunities are, but having someone that can come in
3 and be willing to disrupt things and to really challenge
4 what is in place today and not just accept well, this is
5 the way the State does things is very -- I would
6 appreciate that personally. I think it's necessary, you
7 know, in the agency. I see the utilization report. I
8 see the budget report, right. Things are just getting
9 more expensive. Healthcare is more expensive. And I did
10 appreciate what you had said. People don't understand
11 their insurance. They really don't. And while the high-
12 deductible plan is probably the most efficient of our
13 plans, I really do think people don't use it. It's
14 efficient because people don't use it because it's
15 expensive for them, right, for a good portion of them,
16 right. You have to spend that deductible. And for our
17 State employees who can't afford that because they're so,
18 you know, they're living paycheck-to-paycheck. And so
19 when you've got to work out \$2,000 or \$3,000 before your
20 insurance even kicks in, a lot of people just don't go to
21 the doctor, right. And then when they do, it's very,
22 very complicated.

23 I can tell you I was the Executive Officer of
24 PEBP and was on the CDHP and broke my hand and, you know,
25 I was probably the person best position to navigate my
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1 healthcare. And I still had to go into the UMR office
2 and ask: Why are these claims being processed this way?
3 Why is this being processed that way? And I had that
4 luxury, but most people do not. And so I do appreciate
5 your comments about, you know, helping members and
6 navigating insurance because it's complicated and we
7 don't make it easy not just PEBP but --

8 MS. CARSTEN: Insurance in general.

9 MEMBER RICH: -- insurance is general is just
10 not easy.

11 MS. CARSTEN: Thank you.

12 MEMBER RICH: Do you have any other
13 questions?

14 MS. CARSTEN: No, that that's it. Thank you.

15 PEBP STAFF: One moment.

16 (Recess.)

17 CHAIR GRIMMER: Thank you for being here
18 today. We're going to take turns asking questions, so I
19 will start with the first one. And for the record, we
20 have Holly Luna here as an applicant.

21 Could you please describe your qualifications
22 as they relate to the provisions of NRS 287 regarding the
23 minimum qualifications of the Executive Officer.

24 MS. LUNA: Sure. So first, I believe --

25 thank you for allowing me to come and join in this
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1 opportunity for the Executive Officer position. And I
2 believe that my qualifications are that I've had almost
3 20 years of public service experience, and the first
4 position that I had -- good morning, Mr. Wells -- I
5 worked as a CFO for the Douglas County School District,
6 so I do know Mr. Wells from that.

7 At my time at the school district, I managed
8 the departments of budget and finance as well as the
9 self-insured health insurance programs and the worker's
10 compensation programs. While I was there, I also managed
11 the capital and bond financing programs. And
12 additionally in that capacity, I managed seven
13 departments, and so about 110 plus employees.

14 And then since then, I have also worked at
15 the Airport Authority in capacities of the Director of
16 Contracts and Procurement. In that position, I managed
17 multiple contract negotiations and the solicitation
18 processes, sometimes very complex processes for
19 construction. And in my current capacity as the project
20 controls director for the MORA program which is a
21 billion-dollar infrastructure at the airport, I am
22 managing executive summaries, dashboards and financial
23 summaries for key stakeholders.

24 CHAIR GRIMMER: Thank you.

25 MEMBER BARNES: Jim Barnes, for the record.
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1 Good morning.

2 MS. LUNA: Good morning.

3 MEMBER BARNES: The position of PEBP
4 Executive Officer reports to the Nevada Health Authority
5 Director and statutorily receives direction from the PEBP
6 Board, is accountable for the PEBP budget, has
7 obligations to plan participants, and is also responsible
8 for the PEBP staff. How would you create a positive
9 working environment in the agency and develop a plan
10 design that addresses stakeholder needs and wishes in a
11 market with continued cost increases?

12 MS. LUNA: That is a very in-depth question,
13 and I think it's deserving of a great answer, so I hope I
14 can provide that.

15 I think the first is that I would want to
16 work with the director and with the PEBP Board of
17 understanding kind of the near and immediate goals of
18 this transition from PEBP as a stand-alone into an
19 integrated position, and I would want to have obviously
20 the first is that we'd want continuity of leadership. So
21 it's coming in understanding the groundwork,
22 understanding what the current priorities are not wanting
23 to shift those immediately, right.

24 We need to have the continuity and
25 uninterrupted as you transition leadership but would
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1 also want to look -- as you'd indicated the financial
2 stewardship, it would be understanding what the shared
3 contracts as we go forward with the whole Nevada
4 Authority versus a stand-alone PEBP, working to see what
5 the solicitations as you'll do as a combination what that
6 can provide, whether that's through the benefits program,
7 the pharmaceutical. Those contractual obligations will
8 make a very large difference for PEBP itself.

9 Obviously with the budget constraints, we're
10 -- I'm going to have to get clear narrative from the
11 director and the Board and perhaps have conversations
12 with legislators as well as to what the intent was and
13 how to move forward. So I want to prioritize, you know,
14 stabilizing the current plan environment while ensuring
15 some operational resilience and being able to move
16 forward.

17 I don't want to come in and dismantle or
18 disrupt the current staff. I want to build on what
19 exists. And I understand that there's got to be great
20 institutional knowledge amongst PEBP as well as with the
21 folks that, you know, Director Weeks with the Nevada
22 Health Authority and the other programs that will be
23 pulled into there. So I want to foster a knowledge in
24 the current team environment so that they have ownership
25 and have autonomy and feel respected.

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1 MEMBER BARNES: Thank you.

2 MEMBER WOODWARD: Good morning. Janelle
3 Woodward, for the record. Describe your experience
4 managing an organization that relies heavily on the use
5 of vendors for providing statutory-required services
6 including health insurance, if applicable, in your
7 current or previous roles.

8 MS. LUNA: Could you repeat it again? I just
9 want to make sure I heard it correctly.

10 MEMBER WOODWARD: Sure. Describe your
11 experience managing an organization that relies heavily
12 on the use of vendors for providing statutorily-required
13 services including health insurance, if applicable, in
14 your current or previous roles.

15 MS. LUNA: Thank you. So in my previous role
16 as the CFO for the Douglas County School District, as I'd
17 indicated, managed both the self-insured health insurance
18 program as well as the worker's compensation programs.
19 And so both are required.

20 And so with that, the self-insured health
21 insurance program, we managed contracts through a broker
22 for both the administration of the program because it was
23 self-insured and with the worker's compensation, we
24 worked with insurance carriers. In both, we had the stop
25 loss insurance that we needed to negotiate. And amongst

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1 all of that, it wasn't as if it was stand-alone me making
2 these decisions. We had a self-funded health insurance
3 committee that was utilized both union representatives as
4 well as district representatives and of course we had a
5 broker that provided dedicated plan suggestions and
6 benefit programs.

7 On the worker's compensation side, that was
8 more directly with working with a broker of choice and
9 utilizing actually other school district resources as
10 well to understand what they were doing and how they were
11 combating certain pricing complications. And so I think
12 those would be the what I managed in my prior position.

13 MEMBER WOODARD: Okay. Thank you.

14 MEMBER RICH: Laura Rich, for the record.
15 Describe your experience with healthcare cost containment
16 measures and vendor management with respect to healthcare
17 cost containment.

18 MS. LUNA: So I think that there's a number
19 of things that you can look at. Obviously, one of them
20 that is very complicated is the prescription costs. And
21 because it is not a transparent system the way that it is
22 currently set up. And so that one is very difficult to
23 manage, but I also feel like that is where when we're
24 talking rebates that that is something that is where you
25 could see additional price decrease to the plan user.

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1 When it comes to the healthcare costs, the
2 medical costs, one of those is -- one of the main drivers
3 there is obviously plan benefits. And so you have to
4 take a look at your plan document. And there are things
5 that are required now with the Affordable Healthcare Act,
6 and there are things that are not required. And so you
7 have to take a look through a lens where you are doing a
8 plan benefit analysis and really digging into the detail
9 of what that plan document is allowing you to offer and
10 applying that consistently as well as looking at, you
11 know, your plan users and your members and understanding
12 if you do make a change, how that impacts those members.
13 But I would say that your plan document is a major driver
14 of your healthcare costs and as are prescription.

15 And obviously, when you have a very large
16 single-user medical costs, you know, I understand that
17 there's a lot of increased cancer users' expenses right
18 now. And so, you know, that's just taking a look at your
19 stop loss as well and ensuring that you can get the best
20 stop loss contract.

21 MEMBER WELLS: Good morning. Jim Wells, for
22 the record. What is your leadership style with your
23 staff? Give an example of how you've adjusted your
24 leadership style when an objective was not being met or
25 you were having difficulty persuading someone to your

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1 plan.

2 MS. LUNA: Thank you for that question. My
3 leadership style is to provide a backdrop where I am
4 available and ready in the event that you need my
5 assistance. I really prefer an autonomous workforce
6 where, you know, the folks that are in these positions
7 are there for a reason. They've been hired in due to
8 their expertise and background and knowledge, and that my
9 style of leadership is one where I would encourage you,
10 where I would again be the backdrop if you have
11 questions, concerns, that I would be a resource for you.
12 I would be collaborative in working and resolving through
13 problems, specific challenges.

14 I think one of the things that is a useful
15 tool as a leader is to ask questions versus just being
16 primarily responsive to your question, you know, allowing
17 you to kind of work through that process and provide
18 alternatives yourself.

19 As far as a particular instance where I may
20 have had to change that, if you have someone who might be
21 reluctant to make that decision or to provide input, it
22 could be by choice, it could be by lack of willingness,
23 or it could be by lack of, you know, background or
24 knowledge.

25 So as an instance, I had an employee who was
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1 reluctant to do public presentations even though that was
2 part of the position, and it wasn't because she wasn't
3 outgoing. It was merely a matter of this person being
4 uncomfortable in doing so, and so it was a matter of kind
5 of digging into that and understanding what was the
6 reason for the lack of willingness to do that. And after
7 providing job shadowing opportunities in which she was
8 not the front and center of the responsibility and she
9 was allowed to move into the responsibility over time,
10 she's since been very successful and has been
11 complimented by people in public appearances and speaking
12 engagements.

13 MEMBER HARPER: Blaine Harper, for the
14 record. What are the last two jobs you've held? Take me
15 through one: When you left, why did you leave? And two:
16 When you joined the next one, why did you choose it?

17 MS. LUNA: Great question. So I have not
18 left my current position, so I won't have a conversation
19 with that. But I joined as the Chief Financial Officer
20 at Douglas County School District had indicated that I
21 needed to move into a different segment of my life. I'd
22 had a child and I wanted to move from the Bay Area. I
23 had never worked in public sector and was very interested
24 in it, and my background and extensive financial
25 knowledge translated well into that position, and I

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1 served there for 11 years.

2 I ended up resigning and I moved temporarily
3 to Montana for some personal and family reasons. At the
4 end of that same year -- I was there almost 11 years. At
5 the end of that same year, I took on the role of
6 contracts and procurement at the Airport Authority, and I
7 chose that position because it gave me an opportunity to
8 work in contracts and solicitations. I think back in the
9 day, I might have wanted to be an attorney, and so having
10 that access to contracts is still a very fascinating role
11 for me to be able to dig into language and verbiage and
12 to look out for the best interests of the entity that I
13 work for and getting the best bang for the buck, if you
14 will, and problem solving solutions. I really very much
15 appreciate the contracts and solicitation side of the
16 house.

17 I will tell you that in my current position,
18 I was appointed to the position of the controls MORA
19 Project Controls Director by the president CEO, and I was
20 selected for that position because of my financial acumen
21 and my ability to communicate well and thoroughly and be
22 responsive. It's a billion-dollar infrastructure
23 program. It's going to happen over the next four to five
24 years. It's a very small group of people doing a very
25 huge lift. And I feel that my background and my

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1 leadership style, the president and CEO felt that that
2 was a very good fit, and so I was appointed to that
3 position, and I remain in that position to this day good.

4 MEMBER VITON: Good morning. Chris Viton,
5 for the record. Could you describe your goals for your
6 first six months, 12 months and 24 months if you're
7 selected for the position.

8 MS. LUNA: I was going to ask the question at
9 the end of the meeting about what the PEBP Board and the
10 Director wanted for that. So in the meantime, what I'll
11 do is I'll describe without that knowledge, how I would
12 approach that.

13 In the first six months, my intent would be
14 to glean information. It would be a lot of meetings and
15 cooperative conversations with the various key
16 stakeholders. That would include the PEBP Board. That
17 would include Director Weeks. That would include
18 legislators who facilitated AB 494 and really digging
19 into what are the opportunities and the immediate
20 challenges that we need to address immediately in the
21 first six months.

22 It sounds to me from everything that I have
23 read is you already are underway with some very large
24 changes of your core and the implementation. I do have a
25 background of ERP implementations as well, and so that

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1 would be of interest to me to make sure that that
2 continues and that that is a successful implementation.
3 It sounds like HR and payroll is you're in the thick of
4 it and it needs to be facilitated, so I think the first
5 six months is a lot of gathering of information,
6 listening.

7 And then in the next the following six
8 months, which would take you through a year, would be
9 looking to implement some of those changes. If there are
10 quick wins, categorizing quick wins versus long-term
11 goals, help facilitate those quick wins, whatever those
12 might be.

13 And then in the greater 24 months, that's
14 where the real rubber is going to meet the road with
15 regards to the combination and integration of PEBP into
16 the Nevada Health Authority and looking at those
17 solicitations and contracts and seeing where we are going
18 to be best served from the combination and the
19 integration of PEBP, whether that be having the shared
20 contracts and reaping the benefits of lower
21 administrative costs, having the shared benefit network
22 so that we have greater access and lower costs to our
23 members, better healthcare access, having, you know,
24 potentially smarter budget and forecasting where you can
25 have enhanced actuarial forecasting and financial

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1 modeling for a sustainable plan funding, and then really
2 just strategic data sharing and information amongst the
3 various organizations that are going to be feeding into
4 the one Nevada Health.

5 I think that that real work is it's going to
6 take time to build the momentum, so we need to separate
7 what we can look at as very short-term, near-term wins
8 and get those under your belt. I think that if you can
9 show not only your team, our team, but the greater Nevada
10 Health Authority, their team, that you're able to
11 successfully implement some small changes and move
12 towards that integration, but that helps build momentum
13 and that people are more willing and more have a
14 determination to meet those longer-term goals that might
15 be a little bit harder to integrate and proceed with.

16 MEMBER DUNCAN: Good morning. Keiko Duncan,
17 for the record. Tell us about a time when you made a
18 significant mistake in your work, how you corrected it
19 and what you learned from the experience.

20 MS. LUNA: A significant mistake in my work.
21 I could think of one. As the CFO for the Douglas County
22 School District, it was not -- I think it was about two
23 years in is when the Great Recession hit and we really
24 started to see significant forecasts of decadence to the
25 K-12 funding from the State of Nevada. And as probably
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1 everyone is aware, it's very difficult to steer a
2 governmental ship, right. And so school district is very
3 reliant on State funding, and one of the things that we
4 needed to do was to have conversations about what to
5 reduce and where and how to facilitate those reductions.

6 And so one of the things that I would say was
7 a significant mistake on the front end was I had asked
8 for, you know, various costs associated with different
9 initiatives, if you will, within the school district, and
10 I did not verify those costs and I ran with those costs.
11 That did have significant input later on as we were, you
12 know, challenged on certain things about the cost of ex
13 versus Y or the pros and cons, and I did have to go back
14 and review each of those costs. I did that personally.
15 And I think what that proved to me was to do some trust
16 but verify moving forward.

17 CHAIR GRIMMER: Joy Grimmer, for the record.
18 Tell us about a time where you were tasked with
19 implementing significant program or policy change despite
20 resistance from others. What specific actions did you
21 take to accomplish the task and overcome the resistance?

22 MS. LUNA: That's a great question, and it
23 was I actually volunteered at the Airport Authority in my
24 past position as the Director of Contracts and
25 Procurement. I volunteered to project manage the ERP
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1 implementation which is ERP is enterprise resource
2 planning. It's the financial system. It also integrated
3 the HR system.

4 The way that the Authority chose to implement
5 the system was kind of an unfortunate set of
6 circumstances. They implemented the HR first and then
7 implemented the finance which is a little difficult to go
8 back into when you take a look at a system that's really
9 built upon a poor backbone and structure of a financial
10 chart of accounts. So it really would make more sense to
11 do charter accounts, financials first and then bring in
12 the HR. That's not how it rolled out. So HR was
13 implemented first. We then stepped in to do the
14 financial implementation.

15 Where it gets to the point where people were
16 reticent to change, it just is. It's a very large
17 change. You've been on a system for a very long time.
18 You're moving to a new system. You don't get a choice as
19 the individual user of the system or as a leader even of
20 a department, say finance or budgeting. They did not get
21 a choice in that, so there was resistance to the change.

22 And how I worked through that resistance was
23 we built a system of what we would call super users, and
24 we took leads from each of the departments that were
25 affected and impacted and we brought them into the

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1 implementation specifically. They sat, if you will, at a
2 roundtable, although it was during COVID so we did it all
3 virtually during Teams process, and they participated in
4 the setup and the structure.

5 There were certain things that we had to do
6 to make the system work or to provide guardrails, if you
7 will, that we had never had before in the financial
8 system, but they sat in on those decisions and they were
9 able to see the inner workings and the process and how we
10 went about making decisions. They were participants in
11 the decisions. And that change manage style of bringing
12 people into the fold and having them participate in the
13 implementation, it went a long way. They had an
14 ownership of the outcome.

15 So when that rolled out, which was
16 successfully done on budget and on time, when it rolled
17 out, they had ownership of each of those individual
18 models, and they became also the benefit of having them
19 as a super user is they became essentially an owner of
20 that module. People were able to contact them for
21 questions, and they knew it from the day one when we went
22 live. They were able to take those questions and move
23 with them. Certain ones still had to kind of percolate
24 up and you had to come back to the implementation team or
25 go back to the vendor for some significant help if there

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1 was some, you know, a lurch somewhere in the system. But
2 by and far, they were capable, they understood the
3 process, they knew how the decisions were filled in and
4 made, and they were capable of answering questions moving
5 forward.

6 MEMBER BARNES: Jim Barnes, for the record.
7 Ethics are a key factor for leaders in public service.
8 Tell us about a time your ethics were challenged at work
9 and how you dealt with it. What specifically will you do
10 to ensure high ethical standards in the Public Employees
11 Benefits Program and the protection of the public trust
12 and fiscal stewardship?

13 MS. LUNA: That is a key component of any
14 public service position not just the Executive Officer.
15 I can tell you that as the CFO for Douglas County School
16 District, at one point, there was a significant
17 discussion by a parental group on the effects of radon in
18 schools, and we had a number of schools at Lake Tahoe
19 that were specifically impacted by this.

20 And so we chose to do full disclosure, and we
21 took great expense of having all of our schools tested.
22 We brought in outside experts clear up until, you know, I
23 believe there was a representative from the State of
24 Nevada Health Agency at some point in there as well. I
25 can't remember the gentleman's name off the top of my

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1 head, but we did full disclosure and we did not attempt
2 to bury any conversation, to bury any results.

3 If there were high-radon readings, which we
4 did have, we created a protocol and we had to do
5 remediation. One actually, it was very significant in
6 that we had to perform mitigation efforts. My memory
7 might be a little off, but I want to say it was within
8 two to three weeks of school starting, and that would
9 have obviously had significant interruption or disruption
10 to not only that school but obviously all of parents and
11 children.

12 And so the ethics piece of this is the full
13 disclosure. It was if you asked a question, we were
14 going to answer it. If you did not believe us, we were
15 going to get you the resource and have someone else, you
16 know, take us out of the picture if for some reason you
17 thought that we weren't providing you with a credible
18 answer.

19 And so I think as whether it's, you know, me
20 as the Executive Officer or individual that's working in
21 the PEBP office, I think highest of ethics is very much
22 appropriate and required. And the expectation is that's
23 how I would lead. Honestly and integrity are integral to
24 every single public service position. We are paid
25 through taxpayer-funded dollars, and we need to be

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1 accountable to taxpayers.

2 And specifically, when we're talking in this
3 particular program with members' benefits and, you know,
4 retiree's benefits, that's personal. That's very
5 personal. That's not just a widget. It's not just
6 another number. It's personal. And I think that having
7 the first step forward with honesty and integrity is I'm
8 I'm not going to win everybody over. Right? You're
9 going to have disagreements with people. But when you
10 can provide data-driven decisions that reflect why we
11 made a choice, that's something else for me on the ethics
12 which to me is linked to honesty and integrity, is you'll
13 never hear me just say yes. You'll never hear me just
14 say no. You're going to hear me say: Yes, and here's
15 why. You're going to hear me say: No, and this is why.
16 It's accountability and providing full disclosure.

17 MEMBER BARNES: Thank you.

18 MEMBER WOODWARD: Janelle Woodward, for the
19 record. Currently, PEBP provides a consumer-driven
20 health plan option and health maintenance organization in
21 Southern Nevada, an exclusive provider organization in
22 Northern Nevada. How would you go about assessing these
23 programs and their effectiveness currently with respect
24 to coverage and fiscal sustainability? And how would you
25 use these findings to improve options for PEBP members?

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1 MS. LUNA: If I recall in my reading, it
2 sounds like these have, you know, low interest or
3 participation. And so if I've read that wrong, I
4 apologize. But I'm going to go off of what I think I've
5 read.

6 So with that, you don't have the current
7 sustainability built within those plans, and so you do
8 need to either look at what are the drivers of why we're
9 not having plan participation. Is that that there is not
10 sufficient explanation? I do know that when you have
11 those types of plans that people are reticent to join
12 them. I'm very aware of what a PPO does. I'm very aware
13 of what an HMO does, but am I really aware of how that
14 impacts me on high-deductible plans? Do I really
15 understand the ins-and-outs? So could it be a matter of
16 education? My guess is education has probably been
17 offered and that you just have perhaps a lack of
18 participation. People really are very scared of change,
19 right, if I've always had a PPO plan. I'm scared of
20 stepping over and going to a different type of plan.

21 So what I would do is we'd have to have
22 conversations about what does that look like to provide a
23 sustainable plan? Do you have to change perhaps some of
24 those benefits? Is there a way to bring those folks that
25 are on that plan into the fold of a different plan and

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1 then eliminate that plan.

2 That's not something that you do lightly.

3 It's not something you just wave a magic wand and solve a
4 problem. You do have to have a considerable information,
5 but I do believe in making data-driven decisions as well
6 as having conversations and understanding, you know, is
7 it a lack of reticence of people coming and joining that
8 plan? Is it something that you could interest those plan
9 members to go elsewhere into a different plan.

10 MEMBER WOODARD: Thank you.

11 MEMBER RICH: Laura Rich, for the record.

12 Last question. Is there anything else you'd like to
13 share with the Board about your application and interest
14 in the position? And if you're appointed by the Director
15 of the Nevada Health Authority, when would you be
16 available to start?

17 MS. LUNA: Thank you for that. I feel like
18 I've hopefully provided you with sufficient background.
19 I have financial acumen. I have experience with budget
20 forecasting. I have experience with ERP implementation.
21 I have experience with working with teams of people, so I
22 can talk about that experience, but I think what I want
23 to talk about is why this opportunity really intrigues
24 me.

25 I feel that you are clearly in a state of
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1 flux and change, that there is an enormous amount of
2 change that is probably already underway and that will be
3 underway over the next several years, and I am not
4 uncomfortable with change. I embrace change. I'm a
5 change agent. I do that not lightly. I don't make
6 changes for changes purposes just to make a change. I
7 think one of the things for me I believe it was -- and
8 I'm going to refer to my notes because I did write this
9 down. There is a person, Admiral Grace Hopper, a U.S.
10 Navy officer. She is attributed with the saying, "The
11 most dangerous phrase in the language is: We've always
12 done it that way."

13 And I think given that the transformative
14 changes that are already occurring or are about to occur
15 that perhaps PEBP and PEBP staff can't continue to do it
16 this way. And so for me, I have strengths in the areas
17 of change management and effective communication and
18 collaborative leadership, and I believe those are all
19 things that are needed for this position. And I believe
20 that I could be that candidate for you. And I would
21 welcome the opportunity to join with your team.

22 As far as when I would be able to start, I
23 have a bit of a project that I'm underway right now, and
24 so I would like the ability to put a period at the end of
25 the sentence for that. I don't want to leave my current
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1 employer hanging. That could take several weeks. But I
2 would think I'd be able to be onboard by the end of
3 September if an offer was made.

4 CHAIR GRIMMER: Thank you. Joy Grimmer, for
5 the record. Did you have any questions for us?

6 MS. LUNA: Well, one of them you kind of
7 turned it around on me, so but I would like to still have
8 the opportunity to ask that question which is: What does
9 success in this role look like to you as the PEBP Board
10 at six months, 12 months?

11 MEMBER RICH: Laura Rich, for the record. I
12 think in my opinion, there's a lot of change happening
13 within PEBP and in the new structure of the State with
14 the Nevada Health Authority.

15 So I think short-term, you know, probably
16 looking at the, you know, six months to next year is
17 working with Stacie Weeks and her team to really identify
18 opportunities to potentially take this program in, you
19 know, maybe not in another direction but improvements,
20 figuring out how we can, you know, get to that
21 potentially low-hanging fruit that we haven't really been
22 able to tackle.

23 And then long-term, major changes potentially
24 that, you know, may be taking this program in a different
25 direction potentially leveraging, you know, the Medicaid

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1 population in a way -- or not the Medicaid population but
2 as a buyer in the state, as a purchaser of healthcare and
3 leveraging the volume of people that we have in that
4 population together how we can, you know, work together
5 with Medicaid to develop strategies that help both the
6 PEBP program and Medicaid in terms of, you know, the
7 State in general and really just identifying and I think
8 you touched on some of that, you know.

9 Pharmacy is big. Pharmacy is if you look at
10 the utilization, I mean, it's just year-over-year, it is
11 skyrocketing and figuring out how we can work together as
12 a State to tackle that and how, you know, how we can
13 bring those costs down.

14 So I think really for me, success is
15 partnering with those other pieces of the Health
16 Authority to figure out where PEBP fits in and to figure
17 out where, you know, what we can do to collaborate and
18 make this program a better program for the State
19 employees and retirees. Thank you.

20 CHAIR GRIMMER: Does anyone else have
21 anything they'd like to add? Joy Grimmer, for the
22 record. Okay.

23 MEMBER WOODWARD: Janell Woodward, for the
24 record. This is from a little different angle but, you
25 know, the Public Employees Benefit Program, it's about
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1 the public employees. It's not all about the dollar.
2 And so I think that when we have a limited budget, you
3 know, this is the money we have to work with and nothing
4 more, we need to -- success to me would be that we're
5 able to or you're able to come up with ways to give the
6 biggest bang for the buck, I guess, you know, do the best
7 for our employees.

8 State employees typically make less money
9 than even a city or county employee and of course our
10 federal counterparts as well. The benefits are a big
11 thing, you know, so you're serving the public and, you
12 know, you may not make much money, but maybe you have
13 good health insurance or you have, you know, and that's
14 it's not a this is an issue across the board for
15 everybody in every business and across the board not just
16 State government or local government.

17 But I would love to see that success of doing
18 the best we can with what we're given and come up with
19 ways to what can we do differently than what we've done
20 in the past. I've heard that saying that you gave many
21 times, so not what we've always done in the past, but
22 what can we do going forward to come up with some great
23 ideas and look at the opportunities that we have with the
24 change.

25 MS. LUNA: Thank you.
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1 CHAIR GRIMMER: Any other questions?

2 MS. LUNA: I do. One more, which is what
3 level of collaboration or communication does the Board
4 expect from the Executive Officer through the year? You
5 obviously have scheduled Board meetings, but could you
6 provide to me some sort of insight? And every Board
7 member is going to be different, and I get that, but what
8 would be the expectation of the Board as a whole or
9 individually?

10 MEMBER RICH: So Laura Rich, for the record.
11 Previous to I was two Executive Officers previously. And
12 I think in general, you have to use your own judgment as
13 to when it's appropriate to bring in the Board.

14 I know I was the Executive Officer during
15 COVID, so there were a lot of opportunities to, you know,
16 really kind of give the Board a heads-up as to kind of
17 this is -- and things were happening so quickly that we
18 couldn't do it through Board meetings, and so I would
19 give updates every once in a while. This is what's
20 happening. This is, you know, what potentially the
21 Governor's office is, you know, decisions that are being
22 made and impacting PEBP. We'll have to be talking about
23 this at the next Board meeting, etcetera, etcetera just
24 so that Board members didn't show up or get their Board
25 packet a week in advance and be blindsided by it. So I

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1 think it's just using best judgment as to when it's
2 appropriate to pull in the Board. You know, obviously,
3 the details I don't think it's necessary and the Board
4 members all have their own jobs and their own rules, and
5 so, you know, it's really using the best judgment, I
6 think.

7 CHAIR GRIMMER: Anyone else have anything?
8 Thank you.

9 MS. LUNA: Thank you. Appreciate your time.

10 PEBP STAFF: Madame Chair, do you want to
11 take a break?

12 CHAIR GRIMMER: Let's take a short break.

13 (Recess.)

14 PEBP STAFF: We're back.

15 CHAIR GRIMMER: Thank you. Joy Grimmer, for
16 the record. We will close out Agenda Item Number 4 and
17 go to Agenda Item Number 5: Discussion and possible
18 action regarding recommendation to the Director of the
19 Nevada Public Authority and the Governor regarding the
20 appointment of the Executive Officer of the Public
21 Employees Benefit Program. This is for possible action.
22 And do we have any discussion from the members?

23 MEMBER WELLS: Jim Wells, for the record.
24 Frankly, I am excited that we had two candidates who I
25 think either one of them could do the job. I was a
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1 little bit nervous. When this job posts, you don't
2 always have -- sometimes you have one candidate to come
3 forward and to have two of this caliber, I think we're
4 really lucky. And irregardless of where the one we don't
5 select, I would hope that the State works hard to find a
6 position for the other one in a managerial role because
7 both of them, I think, deserve it. And where the State
8 is today, I think that there's more than one opportunity
9 for either one of these individuals.

10 I will say that I lean a little bit towards
11 Theresa more because of her two things. Kind of one:
12 Her experience as a participant. Two: Her experience
13 with Medicaid and the managed contracts and the Health
14 Authority in general kind of going through that
15 legislative session and her experience kind of as the
16 part of the executive team over the Health Authority
17 leads me to kind of favor her slightly. But like I said,
18 two great candidates. Couldn't be more happy.

19 CHAIR GRIMMER: Does anyone else have any
20 discussion?

21 MEMBER RICH: Laura Rich, for the record. I
22 echo Mr. Wells 'thoughts. I think they were both really
23 great candidates. One comes with a lot of fiscal
24 experience, and I think that would be great, but at the
25 same time, I do think that Theresa is a -- she's been

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1 knee deep in the MCO and healthcare world and understands
2 it on a deeper level, I think. So I think I would tend
3 to kind of think maybe that she was a slightly better
4 candidate because of that.

5 CHAIR GRIMMER: Any other discussion from the
6 Board?

7 MEMBER DUNCAN: If I may. Keiko Duncan, for
8 the record. I would definitely echo those two comments.
9 I do know that in the current state, fiscal
10 responsibility is very important, especially with these
11 budgets. I appreciated your comment about doing more
12 with less I believe it was, right. I think that
13 creativity is going to be very important with whomever
14 steps into this role.

15 I would agree that Ms. Carsten with more
16 healthcare plan experience is very important. I think
17 that world of working through people-driven decisions
18 alongside data-driven decisions, I think she definitely
19 represented that very well, and I would certainly lean
20 towards her as a candidate, as the best candidate.

21 CHAIR GRIMMER: Thank you. Does anyone else
22 have anything?

23 MEMBER BARNES: Jim Barnes, for the record.
24 I'm in agreement. I think they're both excellent
25 candidates. I would probably lean towards Theresa too
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1 just based on her experience.

2 CHAIR GRIMMER: Thank you. Is there anything
3 further or does anyone wish to make a motion?

4 MEMBER WELLS: Yeah, I'll make a motion to
5 recommend Theresa Carsten to the Director and Governor
6 for appointment to the Executive Officer of PEBP.

7 CHAIR GRIMMER: Thank you. Do we have a
8 second?

9 MEMBER WOODWARD: Janelle Woodward. I'll
10 second.

11 CHAIR GRIMMER: Okay. Thank you. Having a
12 motion and a second. Is there any further discussion?
13 Seeing none, all of those in favor, signify by saying
14 aye.

15 THE BOARD: Aye.

16 CHAIR GRIMMER: All of those opposed? Okay.
17 Motion passes. We will close Agenda Item Number 5 and go
18 on to Agenda Item Number 6: Consent Agenda. Consent
19 items will be considered together and acted on in one
20 motion unless an item is pulled to be considered
21 separately by the Board.

22 Are there any items, other Agenda Item 6 that
23 the Board would like to pull for further information?

24 MEMBER BARNES: Yes. Jim Barnes, for the
25 record. I'd like to pull 6.2.1.

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1 CHAIR GRIMMER: Are there any other items?
2 Okay. Seeing none, do we have a motion to approve all
3 items under Consent Agenda except for 6.2.1?

4 MEMBER RICH: I'm make the motion -- Laura
5 Rich, for the record -- to approve all items under the
6 Consent Agenda discussion item.

7 CHAIR GRIMMER: Thank you. Do we have a
8 second?

9 MEMBER BARNES: Jim Barnes, for the record.
10 I'll second that.

11 CHAIR GRIMMER: Thank you. Is there any
12 further discussion? Okay. Seeing none, I'll call for
13 the vote. All of those in favor, signify by saying aye.

14 THE BOARD: Aye.

15 CHAIR GRIMMER: All of those opposed? Motion
16 passes.

17 Who do we have here to present on Item 6.2.1?

18 MS. WEYLAND: Michelle Weyland, for the
19 record.

20 CHAIR GRIMMER: Thank you.

21 MEMBER BARNES: Jim Barnes, for the record.
22 I had a question. I was wondering if you could tell us
23 where PEBP is regarding the reserves as of June 30th,
24 2025.

25 MS. WEYLAND: Michelle Weyland, for the
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1 record. As of reserves of as of June 30th, 2025, we are
2 below recommended levels. We are aware of that. That
3 was part of the biennium budget bill to bring in
4 additional premiums and subsidy to bring our reserves
5 back up.

6 The problem -- the reason we are below is due
7 to the fact that the expenses were medical, dental and
8 our claims have been so high that we are currently \$37
9 million dollars over our budgeted authority for this
10 year, so we have had to do work programs that have
11 reduced the reserves which was part of the calculations
12 when we were building the budget last fall.

13 MEMBER BARNES: Okay. Thank you.

14 MEMBER RICH: Laura Rich, for the record. I
15 just have an additional question on that. So that's at
16 we're talking third-quarter levels, right, so this is I
17 know the utilization was another quarter report. What do
18 you anticipate? What are you forecasting in terms of
19 claims? How much over budget? And then also, knowing
20 that that's going to roll into the next budget here and
21 will likely fall onto State employees in the term in the
22 form of rate increases, is there any plan to mitigate
23 that between now and then? And that may be a Segal
24 question if they're on.

25 MS. WEYLAND: To answer your first question,
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1 that \$37 million does include all FY '25 expenditures
2 expected through the end of fiscal year, so I had final
3 numbers by then.

4 MEMBER RICH: Okay. Good. It's not as bad
5 as I thought. Okay.

6 MS. WEYLAND: It's not great, but no. Then
7 as for mitigation, yes, that is for the long-term
8 strategy that does need to be discussed with the new
9 leadership of Nevada Health Authority, with our
10 actuaries, with their actuaries and with the Governor's
11 office. I was waiting for Mr. Wells. Absolutely.

12 MEMBER WELLS: This is Jim Wells, for the
13 record. What were the actuarial established reserves for
14 the FY 25 for the IDNR, catastrophic? Right now you're
15 showing them at 33.5, 30.8, and a little over nine. Is
16 that what the actuaries gave you or is that after
17 you've --

18 MS. WEYLAND: No, that's after several work
19 programs. I would need to get that those recommended
20 numbers to you. I don't have them right at my
21 fingertips, but I should have them to you before the end
22 of the day.

23 MEMBER WELLS: Was some of that included in
24 the legislatively approved budget to the re-establish the
25 reserves?

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1 MS. WEYLAND: Yes, sir, it was. Michelle
2 Weyland, for the record.

3 MEMBER WELLS: That's what I thought. Thank
4 you.

5 CHAIR GRIMMER: Thank you. Any further
6 discussion? Okay. Seeing none, is there a motion to
7 approve Item 6.2.1: Quarter 4 budget report?

8 MEMBER BARNES: Jim Barnes, for the record.
9 So moved.

10 CHAIR GRIMMER: Okay. Do we have a second?

11 MEMBER WOODWARD: Janell Woodward. I second.

12 CHAIR GRIMMER: Okay. Seeing no further
13 discussion, I'll call for a vote. All of those in favor,
14 signify by saying aye.

15 THE BOARD: Aye.

16 CHAIR GRIMMER: All of those opposed? Motion
17 passes. We'll close Agenda Item Number 6 and go the
18 Agenda Item Number 7: Executive Officer Report, Nik
19 Proper, Interim Executive Officer. This is information
20 and discussion.

21 EO PROPER: Nik Proper, for the record. I'll
22 be providing a brief update on two transitions that PEBP
23 is going through. Today is July 31st, so in 31 days, the
24 Health Authority, so it went into effect on July 1st.

25 And PEBP staff has been work working very closely with
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1 leadership, and there's been some internal changes with
2 PEBP such as moving HR services from DHRM to Nevada
3 Authority HR, creating new email domains and new division
4 numbers, town hall meetings for PEBP staff and for all
5 Division staff for late June and July with Director Weeks
6 explaining the intent and goals of the program.

7 And last week, I attended a two-day Nevada
8 Health Authority leadership summit with actual Board
9 members Ms. Duncan and Ms. Rich. It was actually a great
10 opportunity for everybody to get to know people that I
11 would normally never work with in Medicaid, so I thought
12 it was just a great opportunity to enhance the mission
13 and just see where we're going next. So I want to give a
14 big shout-out to Director Weeks and everybody at the
15 Health Authority for a successful rollout of the first 31
16 days.

17 The second transition that we're working with
18 is with OPM and the ERP system relating to interface
19 files. October 1st is the HRM go-live for PEBP's payroll
20 concerns, and so current a file's been created. We're in
21 a testing environment, and no issues as of yet. So
22 again, this is for October go-live and just in the
23 testing phase, but everything is looking good where we're
24 at. I'm available for any questions on these topics or
25 next agenda, whatever the Board prefers.

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1 CHAIR GRIMMER: Thank you for that. Are
2 there any questions or discussion?

3 MEMBER WELLS: A question. This is Jim
4 Wells, for the record. A couple of people mentioned at
5 the beginning of the meeting Carson Tahoe. Where are we
6 at this point? I mean, have they pulled out really
7 telling people they don't have coverage? Where are we?

8 EO PROPER: Nik Proper, for the record. That
9 was news to me. I've talked to other people and I'm in
10 communication with Director Weeks as we speak, and that
11 was news to her, so we are reaching out to Carson Tahoe
12 for verification if they have cancelled before the end of
13 the year and if they are telling people that. Because if
14 so, then we're a completely blind sighted. That was
15 really not acceptable if that is the case. The next few
16 weeks with Nevada Health Authority leadership and Carson
17 Tahoe to work on remediating this issue, but I can't give
18 you any specifics, obviously, but we're definitely in
19 talks, so thank you for asking that.

20 MEMBER WELLS: As thanks.

21 CHAIR GRIMMER: Any further discussion?
22 Seeing none, we'll close Agenda Item Number 7 and go to
23 Agenda Item Number 8: Discussion and possible action on
24 recommended plan, design and master plan document changes
25 for plan year 2026. Leslie Bittleston, Quality Control
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1 Officer.

2 QA OFFICER BITTLESTON: Thank you. Leslie
3 Bittleston, Quality Control Officer. You will hear an
4 update from Brandee a little later in the meeting about
5 the legislative updates. So this document will address
6 some of those legislative updates. We are not prepared
7 yet to present everything, so I will be coming at a later
8 present meeting with more plan updates. So this today
9 will go over just some of the plan updates.

10 Number one on page one, this was requested by
11 UMR staff: Behavioral interventions. The language that
12 you see crossed out is the old language, and the new
13 language is in red for behavioral interventions.
14 Basically, the old language removed or the new language
15 removed visit limits and clarified what behavioral
16 interventions are for individuals with obesity and risk
17 factors for cardiovascular disease. So the updated
18 language is in red. That change has already been
19 completed and effective July 1st, so it is in the master
20 plan documents as presented on the web site.

21 Number two, going on to page two: Eating
22 disorders. This is a component of the behavioral
23 interventions requested by UMR staff. We wanted to
24 ensure that an eating disorder was included in the mental
25 health disorders that are covered under the plan, so we

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1 added just a couple of small words. The words in red are
2 new language. The words in black are existing language.
3 So we just added an eating disorder and licensed
4 dietitian for the medical professional that treats eating
5 disorders. As with the first behavioral interventions,
6 this change has already been completed in master plan
7 documents.

8 Going down to middle of page two, the
9 following change will be effective January 1st of 2026.
10 This will be part of the update you will hear from
11 Brandee in a little while. Genetic counseling. This is
12 from SB 189 passed, 2025. Genetic counseling provides
13 guidance and information relating to genetic disorders.
14 It must be provided by a licensed healthcare provider who
15 specializes in that field. So that will be an
16 enhancement that will be effective January 1st, 2026.

17 Moving to the bottom of page two, this is a
18 mandatory IRS change. This raises the CDHP deductible
19 and -- excuse me -- out-of-pocket maximums. That is a
20 typo. We are not changing out-of-pocket maximums. We
21 are only changing deductibles for in-network. And as you
22 can see, it is being raised to \$1,700. It's a \$50
23 increase for individuals, being raised to \$3,400, which
24 is a hundred-dollar increase for family members. That
25 change will be effective July 1st of 2026.

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1 The HSA, going over to the top of page three,
2 the HSA contribution limit. This is also a mandatory IRS
3 requirement. It is increasing to \$4,400 for an
4 individual, \$100 increase and going up to \$8,750 for a
5 family, which is a \$200 increase. This change will be
6 effective July 1st, 2026.

7 Moving on to the middle of page two, we have
8 some enhancements that we are presenting to the Board for
9 approval for July 1st, 2026. The first one is speech
10 therapy. Speech therapy, we are removing -- oh, looks
11 like we have a typo. We are raising the age from 19 to
12 26, and we are including stuttering and stammering in the
13 treatments. We have estimated that the increase to the
14 plan will be no more than \$50,000 a year for this change
15 or enhancement, I should say.

16 Autism Spectrum Disorder, this next one is as
17 a result of SB 257 from 2025. This revises the
18 definition of Autism Spectrum Disorder in our NRS and
19 also expands the treatment of Autism Spectrum Disorder.
20 Currently, in NRS, these treatments are available up to
21 age 22. There is no change to that, but this red
22 language is new language that will go into the MPD's
23 effective July 1st of 2026. Okay. Going on to the next
24 one, or did I miss one?

25 OE PROPER: Nik Proper, for the record.
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1 QA OFFICER BITTESTON: Oh, I missed the wigs.
2 Excuse me. I'm so sorry. I'm like I know I missed
3 something. Sheesh. My apologies.

4 Going back to number two: Wigs. Currently,
5 we cover wigs for those who have been diagnosed with
6 cancer and are undergoing chemotherapy. A couple of
7 years back, it was presented to the Board that alopecia
8 is something that should be included in wigs, so we did
9 an analysis on how much it would cost the plan to include
10 wigs for those that have been diagnosed with alopecia and
11 determined that it would be less than \$5,000 roughly per
12 year to include alopecia as a diagnosis for wigs. So the
13 new language will read same as above. The red is new
14 language. The black is existing language. So patients
15 undergoing chemotherapy or have been diagnosed with
16 alopecia may be eligible for one wig, any type, synthetic
17 or not, per plan year up to \$350. That change will be in
18 effect if approved July 1st of 2026. Thank you for
19 pointing out my --

20 Okay. Going onto page number four:
21 Behavioral health visits. This is in response to the UMR
22 third-quarter audit observation, which you will hear from
23 Joni Amato in just a few minutes.

24 So behavioral therapy, the way that the MPD
25 describes behavioral therapy is by visit currently. And
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1 it has been brought to PEBP's attention that sometimes, a
2 member may have more than one therapy session in the same
3 day with the same provider but different types. For
4 example, a member may have an individual session, and
5 then 30 minutes later may have a group session that is at
6 the same location on the same day with the same provider.
7 So we wanted to clarify within the MPD's that this is not
8 per day. It is per session and per session type. So if
9 the individual does have an or if the member has an
10 individual therapy session on day ex, they are required
11 to pay a co-pay for that. And if they have a group
12 therapy session on that same day, that is also a \$30
13 co-pay. So this is just a clarification based on the
14 previous or the UMR third- quarter audit, which you will
15 hear about in the just a minute.

16 We are not going backwards with this. We are
17 going to make this change effective July 1 of 2026. This
18 is to allow UMR to update their system and all of the
19 edits within their system to ensure that these payments
20 and co-pays are being collected as intended.

21 Going onto the next one: Provider
22 qualification for obesity care management. As you can
23 see, there is some crossed-out language and some new
24 language in red. In the past, there were or currently,
25 there is outdated boards and references to certification

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1 programs that are no longer appropriate, so we updated
2 the language to allow UMR to bring in providers for this
3 program that may include physicians, nurses or anybody
4 with a specific type of training. And it's over and
5 above current training but specializing in obesity
6 management including diagnosis, treatment and the
7 management. So it allows UMR to kind of expand their
8 provider pool for this program.

9 And that is all for today's presentation. As
10 I said, I will have more at future board meetings. The
11 recommendation is to approve as presented and allow staff
12 technical adjustments as necessary when plans when
13 documents are updated.

14 CHAIR GRIMMER: Thank you. Are there any
15 questions from any of the Board members? Seeing none, is
16 there a motion to approve and allow staff to make
17 additional adjustments?

18 MEMBER RICH: This is Laura Rich. So moved.

19 CHAIR GRIMMER: Do we have a second?

20 MEMBER BARNES: Jim Barnes, second.

21 CHAIR GRIMMER: All of those in favor,
22 signify by saying aye.

23 THE BOARD: Aye.

24 CHAIR GRIMMER: All opposed ? Motion passes.

25 We will move on to Agenda Item Number 9:
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1 Discussion and acceptance of Claim Technologies

2 Incorporated audit findings for State of Nevada Public
3 Employees' Benefits Program plans administered by UMR for
4 the period of October 1, 2024 through December 31st,
5 2024. Joni Amato. And this is for possible action.

6 MS. AMATO: Good morning. For the record,
7 Joni: J-O-N-I. Amato: A-M-A-T-O. The scope of the
8 third quarter of 2025 UMR audit included all claims
9 processed during the period of January 1, 2025, through
10 March 31, 2025, and it included all medical and dental
11 claims paid during that period.

12 During that period, there was approximately
13 \$71.8 million dollars paid and it included approximately
14 238,000 claims. The audit included the quarterly
15 performance guarantee validation, 100 percent electronic
16 screening with the 50 targeted samples, a statistically
17 valid stratified random sample of 200 claims.

18 In our auditor's opinion, UMR's performance
19 and overall accuracy maintained its level at 99 percent.
20 Financial accuracy and claim turnaround time within 14
21 days and 30 days all decreased just slightly this quarter
22 when compared to the prior quarter results. The
23 performance guarantees for the measures of financial
24 accuracy, overall accuracy and claim turnaround time
25 within 14 days were all met. The metric for claim

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1 turnaround time within 30 days was not met, and a penalty
2 is due for the third quarter in the amount of \$13,963.67.

3 CTI also reviewed the quarterly UMR
4 self-reported performance guarantee results for all of
5 the 27 quarterly guarantees, and they found that all of
6 those were met.

7 The random sample audit identified two
8 financial errors due to incorrect discount application
9 and one claim that was paid in error that was paid
10 outside the timely filing period for the plan. Based on
11 the targeted screening sample, we recommend review of the
12 results to focus on potential recovery and process
13 improvements in the categories identified with errors,
14 for example duplicate payments, incorrect provider
15 discounts and some plan exclusions. I'm happy to take
16 any questions you all might have.

17 CHAIR GRIMMER: Thank you for that. Board,
18 is there any questions? Are there any questions? Okay.
19 Seeing none, is there a motion to approve Agenda Item
20 Number 9?

21 MEMBER RICH: Laura Rich, for the record. I
22 move to approve Agenda Item Number 9.

23 MEMBER BARNES: Jim Barnes, for the record.
24 I second that motion.

25 CHAIR GRIMMER: Any further discussion?
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1 Seeing none, all of those in favor, signify by saying
2 aye.

3 THE BOARD: Aye.

4 CHAIR GRIMMER: All opposed? Okay. Motion
5 passes. We will go on to Agenda Item Number 10:
6 Discussion and possible action of Pharmacy Benefit
7 Manager Market Check. Richard Ward from Segal.

8 MR. WARD: Hi. Good morning. I'm sorry that
9 I'm not able to attend in person. Thank you for the
10 opportunity to participate virtually. I look forward to
11 joining future meetings in person.

12 Looking at so this reviews the current
13 contract pricing in the Express Scripts' contract, the
14 pricing guarantees with what's available in the market to
15 measure how competitive the pricing is and then solicit a
16 proposal from Express Scripts to move the PEBP contract
17 pricing closer to or equal to what the market has the
18 best that the market has to offer.

19 Our analysis in the proposal is for plan year
20 26, but if it's approved soon, if new terms are approved
21 soon by PEBP and the Board, then Express Scripts will be
22 able to apply this improved pricing retroactive July '21.
23 Normally, we're having this discussion in March, at the
24 March 4th or the May 4th meeting, but right now in the
25 industry, the emergence of biosimilars is changing the

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1 rebate landscape and really complicating things. So
2 there are a number of drugs like Humera that are widely
3 used or have been widely used that are heavily rebatable
4 that now have or will soon have biosimilar alternatives
5 which are not generally rebatable, so the average rebate
6 per script is changing within the industry and
7 accommodating that within a competitive contract
8 structure with appropriate pricing guarantees is more
9 complicated now than it has been in prior years. So this
10 process took longer this year than it has in prior years,
11 and we appreciate the collaboration with Express Scripts
12 this year on this year's review.

13 So Market Check is, as I said, we compared
14 current pricing with what the market has to offer and how
15 we determined what the market has to offer is that we
16 select other peer entities which are comparable by
17 demographics, geography, the program composition and
18 benefit levels. And in this peer group, it's mostly
19 other western states and includes contracts that are with
20 a range of PBM's, so we're really getting a good variety
21 of peer experiences in the industry.

22 We take a focus on net costs. And I'm going
23 to direct us to page 244 of the packet which is page two
24 of our report where we summarize the net drug spent
25 netted discounts and then admin fees and consider rebates

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1 to get to the total net cost. And that's really what our
2 focus is. It would be okay to have less-aggressive
3 discounts or less-favorable discounts in exchange for
4 better rebate terms or vice-versa, so we're taking a full
5 cost here. And while rebates are a significant component
6 of the value of the net pricing guarantees, we're not
7 chasing rebates for the sake of maximizing rebates.

8 That's notable here because in the top line
9 of this table, the current contract terms are already
10 more favorable from a claims discount perspective than
11 the benchmark average: \$128 million versus \$134 million.
12 So the current pricing guarantees or discounts are
13 already more competitive or more aggressive than we
14 generally see in the market.

15 And then skipping down three rows to rebates,
16 at just below \$43 million that that first column compared
17 to almost \$51 million in rebates, that's where the
18 current contract is less competitive. And so we worked
19 with -- we solicited a proposal from ESI to improve
20 contract pricing terms. And as a result, we have an
21 improved schedule of pricing guarantees for both
22 discounts and for rebates that moves about halfway
23 between the difference that we see between the bench
24 market average and the current contract terms.

25 So just looking at the bottom row here, the
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1 bottom rows, the current pricing is about 4.7 percent
2 below a competitive benchmark or about \$3.1 million and
3 the proposal from Express Scripts is about a 2.4 percent
4 improvement or about a \$1 and a half-million-dollar
5 improvement.

6 And we in our opinion, this is a good, fair
7 offer given the changes in the market and the timing, and
8 it is our professional recommendation to accept this
9 proposal. And I'll pause there to see if there are any
10 questions or discussion.

11 CHAIR GRIMMER: Are there any questions from
12 the Board Members? Okay. Seeing none, does anyone wish
13 to make a motion or do you wish to table this to the next
14 meeting?

15 MEMBER RICH: This is Laura Rich. I think
16 that we should make a motion or I want to make a motion
17 to approve the new favorable contract pricing as advised
18 by Segal.

19 CHAIR GRIMMER: Thank you. Do we have a
20 second?

21 MEMBER BARNES: Jim Barnes. I second that.

22 CHAIR GRIMMER: Okay. Any further
23 discussion?

24 MEMBER WELLS: Yes. This is Jim Wells.
25 Richard, I think you said something about if we approve
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1 this timely, it will be retroactive. And I thought you
2 said to July of 2021. Is that what you said?

3 MR. WARD: I apologize if I misspoke. What I
4 meant to say and what I should have said if I didn't say
5 it is July 1st, 2025, so before the full 12-month period
6 of plan year 26.

7 MEMBER WELLS: Okay. That makes more sense.
8 And it still looks to me as if we are on that table on
9 the second page, the market we're still below -- we're
10 still above what our peers are paying in our region.

11 MR. WARD: That is correct, the peer average.
12 But there is a range of terms associated with that
13 average. And so while we're not showing a range here,
14 the total value of the current contract terms is fairly
15 close to the range of net value that we see within the
16 benchmark group. And it can be challenging to negotiate
17 a renewal when there's not -- when it's not an open bid
18 process that you would have with an RMP. So it's not as
19 competitive an environment, I guess.

20 MEMBER WELLS: And so looking at the table on
21 page three, you kind of give that range. So I'm taking
22 it that's kind of where that range came from that's
23 giving your average in the table on page two?

24 MR. WARD: Correct. And that's looking at it
25 on a line-item basis, so some of the peers or one line
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1 item -- a given peer for a given line item might be at
2 the low end, but they may be at the high end for another
3 line item, and then we take the total value for that.

4 MEMBER WELLS: Yeah. It's all about moving
5 numbers. I will tell you my only concern with this if
6 you look at the table on page three is the reduction in
7 discounts for the brand. Brands are where all of the
8 expenses are. I mean generic do go up but not nearly as
9 fast. We're getting some better discounts on the generic
10 stuff, but I think a little bit of concern about the
11 production of brand discounts. That's just my personal
12 opinion.

13 CHAIR GRIMMER: Thank you for that. Any
14 further discussion? We'll take a vote. All of those in
15 favor, signify by saying aye.

16 THE BOARD: Aye.

17 CHAIR GRIMMER: All of those opposed? Okay.
18 Motion carries.

19 Okay. We'll close this item and move on to
20 Agenda Item Number 11: For presentation and possible
21 action on the status and approval of new PEBP contracts,
22 contract amendments and solicitation. Michelle Weyland.

23 CFO WEYLAND: Michelle Weyland, for the
24 record. Section one lists the current contracts as of
25 today which includes the newly-executed contracts for
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1 Extend Health, Willis, Towers, Watson and also Health
2 Plan of Nevada. No action is necessary. No new
3 contracts to discuss at this time. Contract amendments,
4 as discussed, Express Scripts, we would like to move
5 forward with the amendment to include the plan year 26
6 Market Check letter, incorporate updated pricing for the
7 Hinge health program and also add additional authority
8 for plan year '26 as the increased costs. We are running
9 out of authority in the contract.

10 We would also like to extend and diversify
11 dental, our dental network for one year to give us time
12 to work through some of our other RFP's and other
13 contract negotiation items. And then we need to revise
14 the EideBailly, the state outside auditor's contract as
15 the State financial audit is so far behind, they are just
16 now curing up the SFY '24 audit. So the funds that were
17 approved for plan year or fiscal year 25 need to be moved
18 forward to '26 to expend for the State fiscal year 24
19 audit.

20 Staff recommends approval of these contract
21 amendments as stated above. Current status of the
22 solicitations with the eligibility enrollment has been
23 awarded to the winning vendor. Negotiations are ongoing.
24 We are working with leadership at Nevada Health Authority
25 to move forward with that. And the rest of the RFP's are
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1 currently pending based on the need to get guidance from
2 our new leadership. Any questions?

3 MEMBER DUNCAN: Keiko Duncan, for the record.
4 Excuse me. As a new board member, maybe I missed some
5 conversations, but why is the fiscal year 24 audit late?

6 MS. WEYLAND: You will need to speak to the
7 controller's office and EideBailly about that.

8 MEMBER WELLS: So this is Jim Wells, for the
9 record. The controller's office has been behind for I
10 think this is the third consecutive year, and they
11 continue to fall further and further behind in the
12 schedule for the State's master audit. And so because
13 the State's master audit has not been done, there's no
14 reason to pull in individual audit from the individual
15 requirements.

16 MEMBER DUNCAN: Makes sense.

17 MEMBER WELLS: They keep telling me -- well,
18 they told me before I left that the intent was to be on a
19 normal cycle not this fiscal year but next.

20 MS. WEYLAND: Thank you, Mr. Wells.

21 MEMBER DUNCAN: Yes, thank you.

22 CHAIR GRIMMER: Any further discussion? Do
23 we need to take a motion to --

24 MS. WEYLAND: Well, there was one
25 recommendation, so yes.

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1 CHAIR GRIMMER: All right. Do we have a
2 motion to approve this item?

3 MEMBER WELLS: This is Jim Wells. I'll make
4 a motion the approve the contract and amendments that
5 were outlined in Agenda Item Number 11.

6 CHAIR GRIMMER: Okay. Do we have a second?

7 MEMBER BARNES: Jim Barnes. I second the
8 motion.

9 CHAIR GRIMMER: Thank you. Is there any
10 further discussion? Okay. Seeing none, all of those in
11 favor, signify by saying aye.

12 THE BOARD: Aye.

13 CHAIR GRIMMER: All of those opposed? Okay.
14 Motion passes. We will close Agenda Item Number 11 and
15 go on to Agenda Item Number 12. And I have been asked to
16 turn this over to the Deputy Attorney General.

17 DAG KUNNEL: It is my understanding that this
18 agenda item is noticed for an election, election to the
19 Chair position of this Board. Is that correct, Madame
20 Chair?

21 CHAIR GRIMMER: That is correct.

22 DAG KUNNEL: Perfect. So pursuant to the
23 rules of order and NAC's, the procedure is to identify a
24 presiding officer which can be you or your designee and
25 then open the floor for nominations for the position.

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1 Just to highlight, only the voting members can vote on
2 it. It would be all Board members from PEBP.

3 After the nomination process, Madame Chair,
4 the Chair for this election process would close the
5 nominations. Depending on upon the number of
6 nominations, it would either be an uncontested or a
7 contested election. If it is an uncontested election,
8 Madame Chair of the Board election process can proceed to
9 taking a vote on the election. If it is a contested one,
10 the procedure involves allowing all nominees to make
11 their case or make a statement to the Board prior to
12 proceeding to the Board, and the nomination does not have
13 to be seconded.

14 And at the end of the voting process, Madame
15 Chair and the Chair of the election will then declare the
16 winner or the elected who will become the Chair moving
17 forward for this Board.

18 CHAIR GRIMMER: Okay. Thank you.

19 DAG KUNNEL: Thank you.

20 CHAIR GRIMMER: I will act as the Chair for
21 the election. I would like to make a motion to elect Jim
22 Wells as a Public Employees Benefit Program Chair. Are
23 there any other?

24 MEMBER WOODWARD: I'd like to make a motion
25 for Joy Grimmer. I'd like to nominate.

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1 CHAIR GRIMMER: Any other nominations?
2 Discuss? Okay, Board members. We can discuss. Please
3 let us know if we cannot discuss an item.

4 DAG KUNNEL: Madame Chair, if I may interrupt
5 here. This is Radhika Kunnel. So if we have two
6 nominations, as I see, so the next step would be to allow
7 them to make their case, each of them to make their case.
8 Would you like to close the nomination process first?
9 First, would you like to close the nomination process?
10 And after that, I'll give them an opportunity to make
11 their case on the election.

12 CHAIR GRIMMER: Do we want to close the
13 nomination process? Is there a motion to close the
14 nomination process?

15 MEMBER RICH: I'll move to close the
16 nomination process. Laura Rich.

17 CHAIR GRIMMER: Okay. Do we have a second?

18 MEMBER HARPER: Blaine Harper, for the
19 record. I second.

20 CHAIR GRIMMER: Thank you. Okay. All of
21 those in favor of closing the nominations, signify by
22 saying aye.

23 THE BOARD: Aye.

24 CHAIR GRIMMER: All of those opposed? Motion
25 carries. Okay. Joy Grimmer, for the record. I will go
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1 first. I would like to say thank you for my nomination,
2 but respectfully decline and put my vote in favor of
3 Mr. Wells.

4 MEMBER WELLS: I was going to do the same
5 thing. No. I appreciate the nomination from the Chair
6 and would be willing to accept it if that's the will of
7 the Board.

8 CHAIR GRIMMER: Okay. Thank you. Do we have
9 a motion to approve Mr. Wells as the Board Chair for
10 PEBP?

11 MEMBER RICH: I'll make a motion to approve
12 Jim Wells as the Board Chair. Laura Rich.

13 CHAIR GRIMMER: Do I have a second?

14 MEMBER DUNCAN: Keiko Duncan, second?

15 CHAIR GRIMMER: Okay. Any further
16 discussion? Seeing none, all of those in favor, signify
17 by saying aye.

18 THE BOARD: Aye.

19 CHAIR GRIMMER: All of those opposed? Okay.
20 Motion passes. We will close Agenda Item Number 12 and
21 move on to Agenda Item Number 13: Public comment.
22 Public comment will be taken during this agenda item.
23 Comments are limited to three minutes.

24 Do we have anyone for public comment here in
25 Carson City? Okay. Seeing none, do we have anyone
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1 online?

2 PEBP STAFF: Madame Chair, I'll get them
3 right now.

4 CHAIR GRIMMER: Thank you.

5 PEBP STAFF: To join the Zoom meeting as an
6 attendant is for making comment only. If you do not wish
7 to make a public comment, please leave the Zoom meeting
8 now so you're not accidentally called upon. Please feel
9 free to watch the YouTube live stream on the YouTube
10 channel. The link for the live stream is located on the
11 agenda.

12 For those who have joined for public comment,
13 your name and last four digits of your phone will be
14 announced. You'll be advised you've been unmuted.
15 Please slowly state and spell your name for the record if
16 you wish to make comment.

17 Caller with the with last four digits 4108,
18 please press star six to unmute. Please slowly state and
19 spell your name if you wish to make public comment. Try
20 one more time. Caller with the last four digits 4108.
21 Please press star six if you wish to make public comment.

22 Madame Chair, that is all we have for public
23 comment.

24 CHAIR GRIMMER: Okay. Seeing no further
25 public comment, Joy Grimmer, for the record. I will
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1 close public comment and we will adjourn. Thank you for
2 everyone's time today.

3 (The meeting concluded at 11:51 a.m.)

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STATE OF NEVADA,)
)
 WASHOE COUNTY.)

I, NICOLE J. HANSEN, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board Meeting, do hereby certify:

That on the 31st day of July, 2025, I was
remotely present at said meeting for the purpose of
reporting in verbatim stenotype notes the within-entitled
public meeting;

That the foregoing transcript, consisting of pages 1 through 101, inclusive, includes a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Reno, Nevada, this 1st day of
August, 2025.

NICOLE J. HANSEN, NV CCR #446
RPR, CRR, RMR

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